

Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective Jan. 1, 2018

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Texas (BCBSTX) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2018. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network. Based on claims data, members impacted by these changes were sent letters from BCBSTX to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions or drugs moving to a lower out-of-pocket payment level, revisions (drugs still covered but moved to a higher out-ofpocket payment level) and/or exclusions (drugs no longer covered) were made to the BCBSTX drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes that were effective Jan. 1, 2018 are outlined below.

Please Note: If you have patients with an individual benefit plan offered on/off the Texas Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our <u>Member Services website</u>.

Drug List Updates (Coverage Additions) – As of Jan. 1, 2018

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Basic 5-Tier, Enhanced, Enhar	nced 5-Tier Drug Lists
ADYNOVATE	Hemophilia
COSENTYX	Psoriasis/Psoriatic arthritis
COSENTYX SENSOREADY PEN	Psoriasis/Psoriatic arthritis
MAVYRET	Hepatitis C
NITYR	Tyrosinemia
NUWIQ	Hemophilia
VOSEVI	Hepatitis C
Enhanced, Enhanced 5-Tie	r Drug Lists
APRISO Ulcerative Colitis/Crohn's Diseas	
Performance and Performance S	Select Drug Lists
abacavir sulfate soln 20 mg/mL	HIV/Anit-Infectives
adapalene-benzolyl peroxide gel 0.1-2.5%	Acne
Afluria 2017-2018, Afluria PF 2017-2018	Influenza Vaccine
Afluria Quadrivalent 2017	Influenza Vaccine
aprepitant capsule 40 mg, 125 mg	Nausea/Vomiting
BENLYSTA SC auto-injector, BENLYSTA SC prefilled	Systemic Lupus Erythematosus (SLE)
syringe	
BUTALBITAL/ASPIRIN/CAFFEINE	Headache

DIAZEPAM RECTAL GEL	Seizures
eletriptan hydrobromide tab 20 mg, 40 mg	Migraines
ENBREL MINI	Rheumatoid Arthritis
FERROUS SULFATE	Iron Supplement
Flublok Quadrivalent 2017	Influenza Vaccine
fosamprenavir calcium tab 700 mg	HIV/Anit-Infectives
glatiramer acetate soln prefilled syringe 40 mg/MI	Multiple Sclerosis
HAEGARDA	Hereditary Angioedema (HAE)
IDHIFA	Cancer
INGREZZA	Tardive Dyskinesia
IRON UP	Iron Supplement
lamotrigine tab 25 mg (35) starter kit	Bipolar Disorder
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	Bipolar Disorder
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	Bipolar Disorder
lanthanum carbonate chew tab 750 mg, 500 mg, 1000 mg	Kidney Disease
LYNPARZA	Cancer
MAVYRET	Hepatitis C
NERLYNX	Cancer
NITYR	Tyronsinemia
NOVAFERRUM PEDIATRIC DROP	Iron Supplement
NUWIQ	Hemophilia
pot phos monobasic w/sod phos di & monobas tab 155-852-	Phosphorus Supplement
130 mg	
prasugrel hcl tab 5 mg, 10 mg	Cardiovascular Event Prophylaxis
scopolamine td patch 72 hr 1 mg/3 days	Nausea/Vomiting
sodium citrate & citric acid soln 500-334 mg/5 mL	Kidney Disease
sodium phenylbutyrate tab 500 mg	Urea Cycle Disorders
TRIMPEX	Anti-Infective
vigabatrin powder pack 500 mg	Infantile Spasms
VOSEVI	Hepatitis C

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2018

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Performance ar	nd Performance Select D	Prug Lists
amlodipine besylate-benazepril hcl cap	Preferred Generic	Hypertension
2.5-10 mg		
amlodipine besylate-olmesartan	Non-Preferred Generic	Hypertension
medoxomil tab 5-20 mg, 5-40 mg, 10-20		
mg, 10-40 mg		
ADDERALL XR 24 hr capsule 10 mg, 15	Non-Preferred Generic	ADHD
mg, 20 mg, 25 mg †		
benzonatate cap 150 mg	Non-Preferred Generic	Cough/Cold
BROVANA	Preferred Brand	Bronchitis/COPD/Emphysema
cholecalciferol oral liquid 400 unit/mL	Preferred Generic	Vitamin/Supplement
clindamycin hcl cap 75 mg	Preferred Generic	Anti-Infectives
CONCERTA tablet 18 mg, 27 mg, 36	Non-Preferred Generic	ADHD
mg, 54 mg †		
COSENTYX	Preferred Brand	Psoriasis/Psoriatic Arthritis
COSENTYX SENSOREADY PEN	Preferred Brand	Psoriasis/Psoriatic Arthritis
dipyridamole tab 50 mg	Preferred Generic	Thromboembolism Prophylaxis
doxepin hcl cap 75 mg	Non-Preferred Generic	Depression/Anxiety/Insomnia
duloxetine hcl enteric coated pellets cap	Preferred Generic	Depression/Anxiety

Journage Preferred Generic BPH Utalasteride cap 0.5 mg Preferred Generic Pain GUYXAMB (empagiffozin-linagiliptin tab Non-Preferred Brand Endometricosis LUPANETA PACK Non-Preferred Brand Endometricosis/Cancer LUPANETA PACK Non-Preferred Brand Endometricosis/Cancer LUPRON DEPOT-PED Preferred Generic Cancer/Arthritis 200 mg/8 mL Preferred Generic Hypertension methytyprednisolone tab 16 mg Preferred Generic Cancer/Arthritis Non-Preferred Generic Inflammatory Conditions Preferred Generic Neuropsianate-eth estrad tab 0.18- Preferred Generic Hypertension 25/0.215-25 mg-mcg Omesartan medoxomil- Non-Preferred Generic Hypertension 0mg Omesartan medoxomil- Non-Preferred Generic Hypertension vortohrothaizide tab 20-5-12.5 mg. 40-512.5 mg. 40-512.5 mg. 40-512.5 mg. vof-512.5 mg. 40-10.25 Mon-Preferred Generic Hypertension vortohrothaizide tab 20-512.5 mg. 40-512.5 mg. 40-512.5 mg. vof-512.5 mg.	60 mg		
flurbiprofen tab 100 mg Preferred Generic Pain GLYXAMB (empagifiozin-linagliptin tab 10-5 mg, 25-5 mg) Non-Preferred Brand Endometriosis LUPANETA PACK Non-Preferred Brand Endometriosis/Cancer LUPRON DEPOT Preferred Brand Endometriosis/Cancer methortexate sodium inj pf 100 mg/4 mL, 200 mg/8 mL Preferred Generic Cancer/Arthritis 200 mg/8 mL Preferred Generic Hypertension methylodopa tab 500 mg Preferred Generic Hypertension nethylopedinisolone tab 16 mg Preferred Generic Contraception 250/25-25 mg-mcg Orderered Generic Hypertension ofmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg, 40- 12.5 mg, 40-25 mg Non-Preferred Generic Hypertension ofmesartan-amlodpine- hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-25 mg Non-Preferred Generic Hypertension propranolo hcl tab 40 mg Preferred Generic Hypertension Mon- Preferred Generic Asthma/COPD VAGIFEM tablet 10 mg 1 Non-Preferred Generic Asthma/COPD VAGIFEM tablet 10 mg 1 Non-Preferred Generic Asthma/COPD VAGIFEM tablet 10 mg 1 Non-Preferred		Preferred Generic	RPH
GL YXAMBI (empaglifizin-linagliptin tab 10-5 mg, 25-5 mg) Non-Preferred Brand Diabetes LUPRND EPOT Preferred Brand Endometriosis/Cancer LUPRND DEPOT-PD Preferred Brand Endometriosis/Cancer methotrexate sodium inj pf 100 mg/4 mL, 200 mg/8 mL Preferred Brand Endometriosis/Cancer methydopa tab 500 mg Preferred Generic Hypertension methydopa tab 500 mg Preferred Generic Hypertension methydopa tab 500 mg Preferred Generic Hypertension norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg Preferred Generic Hypertension d0 mg Oimesartan medoxomil- hydrochorothiazide tab 20-12.5 mg, 40- 12.5 mg, 40-12.5 mg, 40-10.12.5 Non-Preferred Generic Hypertension ycotrolorothiazide tab 20-5-12.5 mg, 40-512.5 mg, 40-12.5 mg, 40-10.12.5 Non-Preferred Generic Hypertension ycotrolorothiazide tab 20-512.5 mg, 40-512.5 mg, 40-10.25 mg Preferred Generic LUcers ycotrolorothiazide tab 1 gm Preferred Generic LUcers ycotrolorothiazide tab 20-512.5 mg, 40-512.5 mg, 40-52 mg Preferred Generic Asthma/COPD theophylline tab sr 12 hr 200 mg Preferred Generic Hypertension ycotralitat tab 1 gm Non-Prefe			
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SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Preferred Brand	Fibromyalgia
SAVELLA TITRATION PACK	Preferred Brand	Fibromyalgia
ZOHYDRO ER (hydrocodone bitartrate	Non-Preferred Brand	Pain
cap sr 12hr abuse-deterrent 10 mg, 15		
mg, 20 mg, 30 mg, 40 mg, 50 mg)		

t Members only have coverage for the brand, even if a generic is available. Member cost share for the brand dug aligns with a non-preferred generic tier.

Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2018

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
	5-Tier, Enhanced, Enha	nced 5-Tier Drug Lists F	
ALKERAN	Cancer	Generic equivalent avai	
		talk to their doctor or ph	
		medication(s) available	
BENICAR/ BENICAR HCT	Hypertension	Generic equivalent avai	
		talk to their doctor or ph	
		medication(s) available	
CYCLOSPORINE	Immunosuppressant	Generic equivalent avai	
MODIFIED 50 mg capsule		talk to their doctor or ph	
		medication(s) available	
EMEND 80 mg, EMEND	Antiemetic	Generic equivalent avai	
Tripack		talk to their doctor or ph	
		medication(s) available	for their condition.
EPZICOM	HIV/ Antivirals	Generic equivalent avai	
		talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
IMITREX nasal spray 5	Headache	Generic equivalent avai	lable. Members should
mg/act, 20 mg/act		talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
KALETRA solution	HIV/ Antivirals	Generic equivalent avai	lable. Members should
		talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
NITROSTAT	Antianginal	Generic equivalent avai	lable. Members should
		talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
SEROQUEL XR	Depression/ Bipolar	Generic equivalent avai	lable. Members should
	Disorder	talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
TAZORAC (tazarotene	Acne	Generic equivalent avai	lable. Members should
cream 0.1%)		talk to their doctor or ph	
		medication(s) available	for their condition.
VAGIFEM	Menopause	Generic equivalent avai	
		talk to their doctor or ph	armacist about other
		medication(s) available	
VALCYTE solution	Antiviral	Generic equivalent avai	
		talk to their doctor or ph	armacist about other
		medication(s) available	
	Basic, Basic 5-Tier Dr	ug Lists Revisions	
ATROVENT HFA	Asthma/ COPD	Ipratropium Bromide	SPIRIVA, INCRUSE,

			ELLIPTA
AZILECT	Parkinson's Disease	Generic equivalent avai	
-		talk to their doctor or ph	
		medication(s) available	
DAKLINZA	Hepatitis C	N/A	HARVONI, EPCLUSA
LIALDA	Ulcerative Colitis	Generic equivalent avai	lable. Members should
		talk to their doctor or ph	
		medication(s) available	
NILANDRON	Cancer	Generic equivalent avai	
		talk to their doctor or ph	
		medication(s) available	for their condition.
D	D		
Drug ¹	Drug Class/Condition Used For	Preferred Al	ternative(s) ^{1,2}
		Select Drug List Revisi	
ACETAMINOPHEN/	Headache	butalbital-acetaminophe	
		capsule 50-325-40-30 n	
		caffeine-codeine capsul	e 50-325-40-30 mg
(acetaminophen-caffeine- dihydrocodeine cap 320.5-			
30-16 mg)			
AUGMENTED	Topical Steroid	betamethasone dipropio	onate cream.
BETAMETHASONE		betamethasone dipropio	
DIPROPIONATE		betamethasone dipropio	
(betamethasone			
dipropionate augmented gel			
0.05%)	-		
BETAMETHASONE DIPROPIONATE	Topical Steroid	betamethasone dipropio betamethasone dipropio	
(betamethasone		betamethasone dipropio	
dipropionate augmented gel			mate augmented om
0.05%)			
CHLOROQUINE	Malaria	chloroquine phosphate	tablet 500 Mg,
PHOSPHATE		hydroxychloroquine sulf	ate tablet
CLEMASTINE FUMARATE	Allergic Rhinitis		
		carbinoxamine tab 40 m	
	Cough & Cold	cheratussin ac syrup, vi	
FLUOXETINE HCL CAP DELAYED RELEASE 90	Antidepressant	fluoxetine hcl cap 10 mg mg, fluoxetine hcl cap 4	
MG		$\frac{1}{1}$ mg, nuoveune nu cap 4	o mg
levofloxacin oral soln 25	Anti-Infective	ciprofloxacin oral susp,	ciprofloxacin hcl tab.
mg/ml		levofloxacin tab	,
LEVONORGESTREL AND	Oral Contraceptives	Ashlyna, Daysee, Fayos	sim
ETHINYL ESTRADIOL			
(levonorgestrel-ethinyl			
estradiol (continuous) tab			
90-20 mcg) LINDANE	Lice	permethrin cream, mala	thion lation
METHERGINE	Postpartum	N/A	
	Bleeding	1 4/7 1	
METHYLPHENIDATE HCL	ADHD	amphetamine-dextroam	phetamine tablet.
(methylphenidate hcl chew		methylphenidate tablet,	
tab 2.5 mg, 5 mg, 10 mg)			

METOCLOPRAMIDE ODT	Nausea/ Vomiting	metoclopramide tablet (non-orally
METOPROLOL/HYDROCH LOROTHIAZIDE (metoprolol & hydrochlorothiazide tab 100-50 mg)	ADHD	disintegrating), metoclopramide solution hydrochlorothiazide tablet, metoprolol tablet
NINJACOF-XG	Cough & Cold	cheratussin ac syrup, virtussin ac solution
OXYMORPHONE HYDROCHLORIDE	Pain	oxycodone tablets, oxymorphone tablets (immediate release), OXYCONTIN tablets
potassium chloride oral soln 20% (40 mEq/15ml)	Hypokalemia	potassium chloride microencapsulated crys cr tab, potassium chloride oral soln 10% (20 Meq/15ml), potassium chloride powder packet 20 Meq
TOLMETIN SODIUM	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet
Derferme	need Destances	Colort Drug List Evolutions
		Select Drug List Exclusions
ADAPALENE	Acne	Members should talk to their doctor or pharmacist about over-the-counter options (Differin gel). Also, there may be prescription alternatives available: tretinoin cream or tretinoin gel
AGGRENOX	Stroke/ Stroke	Generic equivalent available. Members should
	Prophylaxis	talk to their doctor or pharmacist about other medication(s) available for their condition.
ALKERAN (melphalan tab 2 mg)	Cancer	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
amphetamine/dextroamphet amine ER cap	ADHD	ADDERALL XR +
AXIRON (testosterone td	Hormone	Generic equivalent available. Members should
soln 30 mg/act)	Replacement Therapy	talk to their doctor or pharmacist about other medication(s) available for their condition.
AZILECT	Parkinson's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Butalbital/Acetaminophen/C affeine with Codeine cap 50- 300-40-30 mg	Headaches	Butalbital-acetaminophen-caffeine with codeine cap 50-325-40-30 mg
CAFERGOT	Migraines	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
Calcipotriene/Betamethason e Dipropionate Ointment 0.005-0.064%	Topical Steroid	Enstilar
CIPRO HC (ciprofloxacin- hydrocortisone otic susp 0.2- 1%)	Otic Anti-Infectives	CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%), ofloxacin otic soln 0.3%
COREG CR (carvedilol phosphate cap sr 24hr 10 mg, 20 mg, 40 mg, 80 mg)	Hypertension	atenolol tab (immediate release), metoprolol tartrate tab, metoprolol succinate tab sr 24hr
DÖXEPIN HYDROCHLORIDE (doxepin HCL cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint
EGRIFTA (tesamorelin	Antivirals/ HIV	This medication has been determined not safe

acetate for inj 1 mg, 2 mg	I	or not effective by Prime's Pharmacy and
(base equiv))		Therapeutics Committee. Members should talk
(base equiv))		to their doctor or pharmacist about other
		medication(s) available for their condition.
EMEND	Antiemetic	Generic equivalent available. Members should
	Antiemetic	talk to their doctor or pharmacist about other
		medication(s) available for their condition.
Estradiol tab 10 mg	Menopause	VAGIFEM †
FORTEO (teriparatide	Osteoporosis	TYMLOS (abaloparatide inj 3120 mcg/1.56ml)
(recombinant) inj 600	031000010313	
mcg/2.4 ml)		
KARBINAL ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL
KALETRA SOLUTION	Anti-Infective/ HIV	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
LIALDA (mesalamine tab	Ulcerative	Generic equivalent available. Members should
delayed release 1.2 gm)	Colitis/Crohn's	talk to their doctor or pharmacist about other
	Disease	medication(s) available for their condition.
Luride	Fluoride Supplement	Generic equivalent available. Members should
Lanao		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
methylphenidate ER tab	ADHD	CONCERTA †
MILLIPRED (prednisolone	Oral Steroid	Generic equivalent available. Members should
sod phosphate oral soln 10		talk to their doctor or pharmacist about other
mg/5 mL base equivalent)		medication(s) available for their condition.
MINASTRIN 24 FE	Birth Control	Generic equivalent available. Members should
(norethindrone ace-eth		talk to their doctor or pharmacist about other
estradiol-fe chew tab 1 mg-		medication(s) available for their condition.
20 mcg (24))		
PAROXETINE ER 25 MG	Antidepressant	paroxetine tablets (immediate release)
PERFOROMIST (formoterol	Asthma/COPD/Bron	BROVANA (arformoterol tartrate soln nebu 15
fumarate soln nebu 20	chitis	Mcg/2ml)
mcg/2ml)		
PRISTIQ (desvenlafaxine	Depression	Generic equivalent available. Members should
succinate tab sr 24hr base		talk to their doctor or pharmacist about other
equivalent)		medication(s) available for their condition.
PRUDOXIN (doxepin hcl	Dermatitis	betamethasone valerate cream, betamethasone
cream 5%)		valerate oint, tacrolimus oint, triamcinolone
		acetonide cream, triamcinolone acetonide oint
QUARTETTE (levonor-eth	Birth Control	Generic equivalent available. Members should
est tab 0.15-0.02/0.025/0.03		talk to their doctor or pharmacist about other
mg & eth est 0.01 mg)		medication(s) available for their condition.
RENVELA (sevelamer	Hyperphosphatemia	Generic equivalent available. Members should
carbonate packet 0.8 gm,		talk to their doctor or pharmacist about other
2.4 gm; tab 800 mg)		medication(s) available for their condition.
rimantadine hydrochloride	Influenza	This medication has been determined not safe
tab 100 mg		or not effective by Prime's Pharmacy and
		Therapeutics Committee. Members should talk
		to their doctor or pharmacist about other
POZEDEM (romoltoor tot 0	Incompie	medication(s) available for their condition.
ROZEREM (ramelteon tab 8	Insomnia	eszopiclone tab, zolpidem tartrate tab, OTC
mg)	Antidoproceent/	melatonin
SEROQUEL XR (quetiapine	Antidepressant/ Bipolar Disordor	Generic equivalent available. Members should
fumarate tab sr 24hr 50 mg,	Bipolar Disorder	talk to their doctor or pharmacist about other
150 mg, 200 mg, 300 mg)		medication(s) available for their condition.

		Ocucaria consistent assoilable. Marchara chastel
STRATTERA (atomoxetine	ADHD	Generic equivalent available. Members should
hcl cap 10 mg, 18 mg, 25		talk to their doctor or pharmacist about other
mg, 40 mg, 60 mg, 80 mg,		medication(s) available for their condition.
100 mg (base equiv))		
Tamiflu capsules	Influenza	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
TAYTULLA	Birth Control	junel fe 1/20 tablet, gildess fe 1/20 tablet, larin
		fe 1/20 tablet, microgestin fe tablet
TAZORAC (tazarotene	Acne	Generic equivalent available. Members should
cream 0.1%)	7 tone	talk to their doctor or pharmacist about other
		medication(s) available for their condition.
Tratingin migroonhoro gal	A 212 2	
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, 0.05%, 0.1%; tretinoin gel 0.01%, 0.025%, 0.05%
TRICOR (fenofibrate tab 145	High Cholesterol	Generic equivalent available. Members should
mg)	i iigii eileeelee	talk to their doctor or pharmacist about other
		medication(s) available for their condition.
Tridesilon	Topical Staroid	
	Topical Steroid	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
	Oral Official	medication(s) available for their condition.
VERIPRED 20	Oral Steroid	Generic equivalent available. Members should
(prednisolone sod		talk to their doctor or pharmacist about other
phosphate oral soln 20 mg/5		medication(s) available for their condition.
mL base equivalent)		
Virazole	Hepatitis C/ RSV	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
Yuvafem	Menopause	VAGIFEM †
ZELAPAR (selegiline hcl	Parkinson's Disease	rasagiline tablet, selegiline tablet
orally disintegrating tab 1.25		5 , 5
mg)		
ZETIA (ezetimibe tab 10 mg)	High Cholesterol	Generic equivalent available. Members should
	i iigii eileeelee	talk to their doctor or pharmacist about other
		medication(s) available for their condition.
ZONALON (doxepin hcl	Dermatitis	betamethasone valerate cream, betamethasone
cream 5%)	Dermanus	valerate oint, tacrolimus oint, triamcinolone
cream 5 %)		
Demonstration and the		acetonide cream, triamcinolone acetonide oint
Removal of select over-the-	Cough & Cold	benzonatate capsule, cheratussin ac
counter (OTC) controlled		(guaifenesin-codeine solution 100-10 Mg/5ml),
substance schedule V		virtussin a/c (guaifenesin-codeine solution 100-
products (i.e., CAPCOF,		10 Mg/5ml), OTC cough and cold products
CODITUSSIN AC, etc.)		
Removal of select over-the-	Vitamin/ Supplement	Members should talk to their doctor or
counter (OTC)		pharmacist about over-the-counter options.
vitamin/supplement products		. ,
I (i.e., Iron Chews Pediatric		
(i.e., Iron Chews Pediatric, Vitamin D2 400 mg tablet.		
Vitamin D2 400 mg tablet,		
Vitamin D2 400 mg tablet, Vitamin D3, etc.)	Fluoride	Members should talk to their doctor or
Vitamin D2 400 mg tablet, Vitamin D3, etc.) Removal of select over-the-	Fluoride	Members should talk to their doctor or
Vitamin D2 400 mg tablet, Vitamin D3, etc.) Removal of select over-the- counter (OTC) fluoride	Fluoride	Members should talk to their doctor or pharmacist about over-the-counter options.
Vitamin D2 400 mg tablet, Vitamin D3, etc.) Removal of select over-the- counter (OTC) fluoride products (i.e., Sensodyne	Fluoride	
Vitamin D2 400 mg tablet, Vitamin D3, etc.) Removal of select over-the- counter (OTC) fluoride products (i.e., Sensodyne Repair & Protect, Florical,	Fluoride	
Vitamin D2 400 mg tablet, Vitamin D3, etc.) Removal of select over-the- counter (OTC) fluoride products (i.e., Sensodyne	Fluoride	

	Performance Drug	List Exclusions
CLINDAGEL (clindamycin	Acne	clindamycin phosphate gel 1% (generic),
phosphate gel 1%)	Ache	clindamycin phosphate lotion 1%
DICLEGIS (doxylamine-	Antiemetic	Members should talk to their doctor or
pyridoxine tab delayed	/ unioniouo	pharmacist about over-the-counter options.
release 10-10 mg)		
EPI-PEN AND EPI-PEN JR	Anaphylaxis	epinephrine auto-injector 0.15 mg/0.3 mL
		(EPIPEN JR authorized generic)
EPZICOM	Anti-Infective/ HIV	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
ERYPED 200	Antibiotic	Generic equivalent available. Members should
		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
MINOCYCLINE HCL ER	Anti-Infectives	minocycline capsule, minocycline tablet
(minocycline hcl tab sr 24hr		
45 mg)		
minocycline hcl tab sr 24hr	Anti-Infectives	minocycline capsule, minocycline tablet
90 mg, 135 mg		
TACLONEX	Topical Steroid	ENSTILAR
	Performance Select D	
ACTICLATE (doxycycline	Anti-Infectives	doxycycline hyclate tab 100 mg, doxycycline
hyclate tab 150 mg)		hyclate cap 50 mg, doxycycline hyclate cap 100
		mg, ORACEA, SOLODYN
BENICAR (olmesartan	Hypertension	Generic equivalent available. Members should
medoxomil tab 20 mg)		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
BENICAR HCT (olmesartan	Hypertension	Generic equivalent available. Members should
medoxomil-		talk to their doctor or pharmacist about other
hydrochlorothiazide tab 20-		medication(s) available for their condition.
12.5 mg)		
clindamycin phosphate-	Acne	clindamycin phosphate gel 1%, tretinoin gel
tretinoin gel 1.2-0.025%		
PATADAY (olopatadine hcl	Allergic Conjuctivitis	Generic equivalent available. Members should
ophth soln 0.2% (base		talk to their doctor or pharmacist about other
equivalent))	Duin	medication(s) available for their condition.
TIVORBEX (indomethacin	Pain	diclofenac tablet, ibuprofen tab, indomethacin
cap 20 mg, 40 mg)	On hith a loss' (A sit'	capsule, meloxicam tablet
VIGAMOX (moxifloxacin hcl	Ophthalmic Anti-	Generic equivalent available. Members should
ophth soln 0.5% (base	Infective	talk to their doctor or pharmacist about other
equiv))	Doin	medication(s) available for their condition.
VIVLODEX (meloxicam cap	Pain	diclofenac tablet, ibuprofen tab, indomethacin
5 mg, 10 mg)	Dain	capsule, meloxicam tablet
ZORVOLEX (diclofenac cap	Pain	diclofenac tablet, ibuprofen tab, indomethacin
18 mg, 35 mg)		capsule, meloxicam tablet

t Members only have coverage for the brand, even if a generic is available. Member cost share for the brand dug aligns with a non-preferred generic tier.

DISPENSING LIMIT CHANGES The BCBSTX prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

Effective Jan. 1, 2018:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
	erformance Select Drug Lists Changes
Antibiotics	
Sivextro	6 tablets per 180 days
Antimalarials	
Malarone 62.5-25, 250-100	30 tablets per 90 days
Egrifta	
Egrifta 1 mg solution	60 vials per 30 days
Egrifta 2 mg solution	30 vials per 30 days
HAE	
Berinert	10 vials per 30 days
Haegarda 2000 unit	24 vials per 30 days
Haegarda 3000 unit	16 vials per 30 days
Ruconest	8 vials per 30 days
Huntington's Disease	
Austedo 6 mg	60 tablets per 30 days
Austedo 9 mg, 12 mg	120 tablets per 30 days
Idiopathic Pulmonary Fibrosis	
Esbriet 267 mg	180 capsules per 30 days
Insulin Combinations	
Soliqua	15 mLs per 30 days
Xultophy	15 mLs per 30 days
Neuromuscular Agent (cumulative across streng	
Lyrica 25, 50, 75, 100, 150, 200, 225, 300	90 capsules per 30 days
Opioid Dependence (cumulative across agents	
Bunavail 2.1, 4.2, 6.3	60 films per 30 days
buprenorphine-naloxone 2/0.5 tablet, 8/2 tablet	60 tablets per 30 days
Suboxone 2/0.5 film, 4/1 film, 8/2 film, 12/3 film	60 films per 30 days
Zubsolv 0.7, 1.4, 2.7, 5.9, 8.6, 11.4	60 tablets per 30 days
PCSK9	
Repatha 140 syringe, 140 autoinjector	2 syringes per 28 days
Parathyroid Hormone Analog for Osteoporosis	
Tymlos	1.56 mLs per 30 days
SSIA	
Nuplazid	60 tablets per 30 days
Tardive Dyskinesia	
Ingrezza	60 capsules per 30 days
Therapeutic Alternatives	
Allzital 325/25 mg	360 tablets per 30 days
Azelex cream 20%	30 grams per 30 days
Daraprim 25 mg	116 tablets per 180 days
Fexmid 7.5 mg	90 tablets per 30 days
Librax 5/2.5	240 capsules per 30 days
Lorzone 375 mg, 750 mg	120 tablets per 30 days
Naprelan 375 mg, 500 mg, 750 mg	60 tablets per 30 days
Noritate cream 1%	60 grams per 30 days
Tivorbex 20 mg, 40 mg	90 capsules per 30 days
Zipsor 25 mg	120 capsules per 30 days
Zorvolex 18 mg, 35 mg	90 capsules per 30 days

Zurampic 200 mg tablet	30 tablets per 30 days	
Vitamin B12 Deficiency		
Nascobal	1 bottle per 28 days	
Misc		
Diclegis	120 tablets per 30 days	
Rayaldee	60 capsules per 30 days	
Basic, Enhanced and Performance Drug Lists Changes		
Therapeutic Alternatives		
levorphanol	120 tablets per 30 days	
Vanatol LQ	1000 mLs per 30 days	
Basic and Performance Drug Lists Changes		
Therapeutic Alternatives		
Doxepin 5% cream	45 grams per 180 days	

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective Oct. 1, 2017, the Tardive Dyskinesia Prior Authorization (PA) program was added for standard pharmacy benefit plans, upon renewal for most members. This program includes the target drug Ingrezza.
- Effective Jan. 1, 2018, the following changes were applied:
 - The Combination GI Protectant Step Therapy (ST) program became a standard PA program. The target drugs remain the same: Duxexis, Vimovo and Yosprala. Members who may have had a prior authorization approval for a target drug within the program are not impacted until their current PA approval expires in 2018. After their PA expires, they will need to have a prior authorization request submitted for coverage consideration.
 - The target drug Doxepin 5% cream was removed from the Therapeutic Alternatives standard PA program and separated into a new standard PA program. The new standard PA program Topical Doxepin includes this target drug as well as the targets Prudoxin and Zonalon. Members on a current drug regimen for Doxepin but did not have the Therapeutic Alternatives PA program as part of their pharmacy benefit prior to Jan. 1, 2018, are being notified of the change, upon their renewal.
 - Several drug categories and/or targeted medications will be added to current PA and ST programs for standard pharmacy benefit plans, upon renewal for most members. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced, Performance and Performance Select Drug Lists		
Multisource Brand	AirDuo Respiclick	
Regranex	Regranex	
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid	
Strensiq	Strensiq	

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2018

URAT1 Inhibitor	Zurampic	
Basic, Enhanced and Performance Drug Lists		
Bonjesta/Diclegis	Diclegis	
Basic and Enhanced Drug Lists		
Vitamin B12 Deficiency	Nascobal	

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2018:

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced, Performance and Performance Select Drug Lists		
Huntington's Disease	Austedo	
Osteoporosis	Tymlos	
Basic, Enhanced and Performance Drug Lists		
Doxycycline/ Minocycline	Targadox	
Therapeutic Alternatives	Allzital, Auvi-Q, Azelex, Fexmid, generic metformin ER (Fortamet), levorphanol, Librax, Lorzone, Naprelan, Noritate, Tivrobex, Vanatol LQ, Vanos, Zipsor, Zorvolex	

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2018:

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced, Performance and Performance Select Drug Lists		
Gabapentin ER	Gralise, Horizant	
Insulin Combination Agents	Soliqua, Xultophy	
Basic, Enhanced and Performance Drug Lists		
Methotrexate Injectable	Otrexup, Rasuvo	

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members may also visit *bcbstx.com* and log in to Blue Access for MembersSM (BAMSM) and MyPrime.com for a variety of online resources.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent

contractors. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.