BlueCross BlueShield of Texas

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective October 1, 2018

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Texas (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 October 1, 2018 are outlined below.

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

Preferred Drug[1]	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
ALINIA (nitazoxanide for susp 100 mg/5 mL)	Antiprotozoal
ALINIA (nitazoxanide tab 500 mg)	Antiprotozoal
ARNUITY ELLIPTA (fluticasone furoate aerosol powder breath activ 50 mcg/act)	Asthma, Allergic Rhinitis
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg)	HIV
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	Malaria
CIMDUO (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	HIV
ERLEADA (apalutamide tab 60 mg)	Cancer
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Biologics
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL)	Biologics
HUMIRA PEN (adalimumab pen-injector kit 40 mg/0.4 mL)	Biologics
IDELVION (coagulation factor ix (recomb) (rix-fp) for inj 3500 unit)	Hemophilia
MEFLOQUINE HCL (mefloquine hcl tab 250 mg)	Malaria
NORVIR (ritonavir powder packet 100 mg)	HIV
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV
TASIGNA (nilotinib hcl cap 50 mg (base equivalent))	Cancer
TOUJEO MAX SOLOSTAR (insulin glargine soln pen-injector 300 unit/mL)	Diabetes
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit)	Pancreatic Enzymes
Enhanced and Multi-Tier Enhanced Drug Lists	
CREON (pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000	Pancreatic Enzymes

unit, 24000-76000-120000 unit, 36000-114000-180000 unit)	
Performance and Performance Select Drug Lists	
ALINIA (nitazoxanide for susp 100 mg/5 mL)	Antiprotozoal
ALINIA (nitazoxanide tab 500 mg)	Antiprotozoal
ARNUITY ELLIPTA (fluticasone furoate aerosol powder breath activ 50 mcg/act)	Asthma, Allergic Rhinitis
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg)	HIV
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	Malaria
CIMDUO (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	HIV
clozapine orally disintegrating tab 12.5 mg	Antipsychotic
colesevelam hcl tab 625 mg	High Cholesterol
cyclophosphamide cap 25 mg, 50 mg	Cancer
DALIRESP (roflumilast tab 250 mcg)	COPD
DDAVP (desmopressin acetate nasal soln 0.01% (refrigerated))	Diabetes insipidus
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic for SAFYRAL)	Oral Contraceptive
ERLEADA (apalutamide tab 60 mg)	Cancer
erythromycin tab 250 mg, 500 mg	Anti-Infective
FIRVANQ (vancomycin hcl for oral soln 25 mg/mL, 50 mg/mL)	Anti-Infective
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Biologic
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL)	Biologic
HUMIRA PEN (adalimumab pen-injector kit 40 mg/0.4 mL)	Biologic
IDELVION (coagulation factor ix (recomb) (rix-fp) for inj 3500 unit)	Hemophilia
MEFLOQUINE HCL (mefloquine hcl tab 250 mg)	Malaria
methylergonovine maleate tab 0.2 mg	Postpartum hemorrhage, Uterine hemorrhage
methylphenidate hcl chew tab 2.5 mg, 5 mg, 10 mg	ADHD
miglustat cap 100 mg	Gaucher Disease
NOCTIVA (desmopressin acetate nasal emulsion spray 0.83 mcg/0.1 mL, 1.66 mcg/0.1 mL)	Nocturia
nortriptyline hcl soln 10 mg/5 mL	Antidepressant
NORVIR (ritonavir powder packet 100 mg)	HIV
OMBRA TABLE TOP COMPRESSOR (*respiratory therapy supplies - devices**)	Nebulizer/Respiratory supply device
oseltamivir phosphate cap 75 mg (base equiv)	Influenza
phytonadione tab 5 mg	Vitamin K Deficiency
praziquantel tab 600 mg	Antihelmintic
ritonavir tab 100 mg	HIV
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Cystic Fibrosis
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV

SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV
TASIGNA (nilotinib hcl cap 50 mg (base equivalent))	Cancer
tiagabine hcl tab 12 mg, 16 mg	Anticonvulsant
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.5%)	Glaucoma
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma
TOUJEO MAX SOLOSTAR (insulin glargine soln pen-injector 300 unit/mL)	Diabetes
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit)	Pancreatic Enzyme
Performance Select Drug List	
BONJESTA (doxylamine-pyridoxine tab er 20-20 mg)	Pregnancy-associated nausea and vomiting
sildenafil citrate tab 25 mg, 50 mg, 100 mg	Erectile Dysfunction

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective October 1, 2018,** the following changes will be applied:
    - The Doxycycline/Minocycline PA program will be renamed the Oral Tetracycline Derivatives PA program. All targeted medications and program criteria remain the same.
    - Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal for select members' plans. *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 categories added to current pharmacy PA standard programs, effective October 1, 2018

Drug Category	Targeted Medication(s)[1]
Basic, Performance and Performance Select Drug Lists	
Hemophilia Factor VIII, IX	Adynovate, Afstyla, Alprolix, Eloctate, Idelvion, Rebinyn

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

Drug Category	Targeted Medication(s)[1]
Basic, Performance and Performance Select Drug Lists	
Cystic Fibrosis	Symdeko
Basic and Performance Drug Lists	
Therapeutic Alternatives	Aplenzin†, Chlorzoxazone/Parafon Forte, Fenoprofen

[1]Third party brand names are the property of their respective owners
† Target drug moved from the Antidepressants ST standard program to the Therapeutic Alternatives PA standard program.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by 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 number on their member ID card. Members may also visit *bcbstx.com* and log in to Blue Access for Members℠ (BAM℠) and MyPrime.com for a variety of online resources.

New Hemophilia Factor VIII, IX PA Program

Starting on or after Oct. 1, 2018 (based on the member's drug list and plan renewal/effective date), a new PA program will be implemented targeting select medications used to treat hemophilia. Letters were sent to prescribing physicians who have patients impacted by this new Hemophilia Factor VIII, IX PA program. The letter informs providers of the new program and provides instructions for submitting a prior authorization request form to BCBSTX for coverage consideration under the patient's benefit plan.

The intent of this PA program is to appropriately select patients for treatment according to product labeling and/or clinical studies and/or clinical practice guidelines. Program criteria also requires a trial with inadequate response to a standard half-life (SHL) clotting factor agent before an extended half-life (EHL) clotting factor agent may be approved.

- According to guidelines from the U.K. (2016), previously untreated patients should not routinely use these formulations, except as part of a clinical trial. In patients minimally treated with a SHL agent, switching to an EHL agent can be considered after a certain amount of exposure days.
- Patients should be made aware that EHL Factor VIII products may not allow a reduction in infusion frequency for all individuals.
- New EHL coagulation factor products that stretch the time between infusions and lower bleeding risks were found to actually raise hemophilia treatment costs, according to a study of integrated pharmacy and medical claims data by pharmacy benefit manager (PBM) Prime Therapeutics.

References:

- James, D. *Switch to Extended Half-Life Hemophilia Factor Products Found to Double Costs*. Specialty Pharmacy Times. (April 24, 2018). at https://www.specialtypharmacytimes.com/news/switch-to-extended-half-life-hemophilia-factor-products-found-to-double-costs
- Hemophilia 2016; 22: 487–498

Appropriate Use of Opioids Program Reminder

The Appropriate Use of Opioids Program was implemented on Aug. 1, 2018, to promote the safe and effective use of prescription opioids. Elements in the program follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines.

To help reduce disruption in current approved drug therapy, the Appropriate Use of Opioids Program has been further refined to roll out through a phased approach over the next several months. Each phase of the program will gradually expand the point-of-sale safety checks placed on prescription opioid quantities, medication dosages, and the number of dispensing pharmacies and/or prescribing physicians.

- The first phase of the program was implemented Aug. 1, 2018, to a smaller membership subset. These members are those at the highest risk of potential prescription opioid abuse, based on patient claims data and per the CDC's safety guidelines.

The next phase was implemented Dec. 1, 2018.

- Full implementation is targeted for April 1, 2019.

Program awareness letters may be sent to prescribing physicians and/or affected members before each additional phase implementation.

Please note: The Appropriate Use of Opioids Program applies to most members with BCBSTX prescription drug coverage. Members may be subject to the program's criteria threshold limits, regardless of their plan renewal date. This program does not apply to members with Medicare Part D or Medicaid coverage. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.