

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2017

### **SELECT PRODUCTS EXCLUDED FROM RX COVERAGE**

**Effective Oct. 1, 2017**, select prescription drugs that are available over-the-counter (OTC) were added to the OTC equivalent exclusion drug list. Because these equivalent products with the same active ingredients in the same strength are available OTC without a prescription, the prescription versions of these medications are no longer covered under the prescription drug benefit.

Prescription Product Now Available OTC <sup>1</sup>	Condition Used For	OTC Equivalent Product Name <sup>1</sup>
Differin Gel 0.1%	Topical Acne	Differin Gel 0.1%
Rhinocort Aqua	Nasal Steroid	Rhinocort Allergy

### **MARKET WITHDRAWAL/PRODUCT RECALLS**

On June 8, 2017, the [U.S. Food and Drug Administration \(FDA\)](#) requested [Endo Pharmaceuticals](#) remove its opioid pain medication, reformulated Opana ER (oxymorphone hydrochloride), from the market. Endo Pharmaceuticals voluntarily removed the product from the market and stopped all shipments to suppliers and pharmacies effective Sept. 1, 2017.\* Members with a recent prescription claim for the medication, as well as their prescribing physician, were sent letters at the end of Aug. 2017 alerting them of this industry change. Effective Oct. 1, 2017, the product was removed from the BCBSTX prescription drug lists.

On Aug. 20, 2017, Leader Brand, Major Pharmaceuticals and Rugby Laboratories [voluntarily recalled all liquid medications manufactured by PharmaTech LLC](#) due to the possibility of contamination. Members with a recent prescription claim for the affected medications, as well as their prescribing physicians, were sent letters in Sept. 2017 to alert them of the recall and advised to stop taking the medication.

\* "News Release." *Endo Provides Update On OPANA® ER.* Endo Pharmaceuticals, 6 July 2017. Web. 28 July 2017.  
Lombardo, Cara. "Endo Says Shipments of Opana ER Will End Sept. 1." *The Wall Street Journal.* Dow Jones & Company, 21 July 2017. Web. 28 July 2017.

### **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. Changes that were effective Oct. 1, 2017 are outlined below.

#### **Drug List Updates (Coverage Additions) – As of Oct. 1, 2017**

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
<b>Basic (formerly known as Standard), Enhanced (formerly known as Generics Plus), Performance and Performance Select Drug Lists</b>	
Afstyla	Hemophilia
Fluticasone Propionate/Salmeterol 113-14, 232-14, 55-14 mcg/act (authorized generic for AirDuo)	Asthma/COPD
Isentress HD	Antivirals/HIV
Kisqali/Femara Dose Pack	Cancer
Rydapt	Cancer
Tymlos	Osteoporosis
Zytiga 500 mg tab	Cancer

<b>Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug Lists</b>	
Granix	Colony Stimulating Factors
Ixinity 250 units, 2000 units, 3000 units	Hemophilia
Sulfadiazine	Anti-Infectives
Viberzi	Irritable Bowel Syndrome
<b>Performance and Performance Select Drug Lists</b>	
Alunbrig	Cancer
atomoxetine hcl cap	ADHD
Austedo	Huntington's Disease
EPINEPHRINE (epinephrine solution auto-injector 0.15 mg/0.3 mL (1:2000) and 0.3 mg/0.3 mL (1:1000) mfg = Mylan	Anaphylaxis
Fluad, Fluarix Quadrivalent, Flublok, Flucelvax Quadrivalent, Flulaval Quadrivalent 2017-2018	Influenza Vaccine
Ingrezza	Tardive Dyskinesia
Jadenu Sprinkle	Iron Toxicity
melphalan tab 2 mg	Cancer
Menveo	Meningococcal Vaccine
mesalamine delayed release tab 1.2 gm	Ulcerative Colitis
Orencia 50 mg/0.4 mL, 87.5 mg/0.7 mL	Arthritis
Orenitram 5 mg	Pulmonary Hypertension
Rubraca 250 mg	Cancer
Selzentry 20 mg/mL	Antivirals/HIV
sevelamer carbonate	Hyperphosphatemia
Synjardy XR	Diabetes
testosterone td soln 30 mg/act	Low Testosterone
Xermelo	Cancer
Zejula	Cancer
<b>Basic (formerly known as Standard) Drug List</b>	
Synjardy XR	Diabetes
<b>Enhanced (formerly known as Generics Plus) Drug List</b>	
Zarxio	Colony Stimulating Factors
<b>Performance Select Drug List</b>	
doxycycline hyclate tab 75 mg, 150 mg	Antibiotics
moxifloxacin ophth soln 0.5%	Ophthalmic Anti-Infectives
oloptadine ophth soln 0.2%	Ophthalmic Anti-Infectives

## **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective Oct. 1, 2017**, the following changes will be applied:
  - Several drug categories and/or targeted medications will be added to current prior authorization (PA) 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 categories added to current pharmacy PA standard programs, effective Oct. 1, 2017**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard) Drug List</b>	
URAT1 Inhibitor	Zurampic

### **Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2017**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard) Drug List</b>	
Therapeutic Alternatives	Azelex, Noritate

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.

<sup>1</sup>Third party brand names are the property of their respective owners

<sup>2</sup>These 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. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

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.