

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

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

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
BELSOMRA (suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg)	Insomnia
EXJADE (deferasirox tab for oral susp 125 mg, 250 mg, 500 mg)	Iron Overload
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	Diabetes
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/mL, 60 mg/0.4 mL (150 mg/mL), 105 mg/0.7 mL (150 mg/mL), 150 mg/mL)	Hemophilia
JADENU (deferasirox tab 90 mg, 180 mg, 360 mg)	Iron Overload
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5 mL), 1 mg/dose (2 mg/1.5 mL))	Diabetes
REBINYN (coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit)	Hemophilia
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh)	COPD
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit, 25000-79000-105000 unit)	Enzyme Deficiency
Enhanced and Multi-Tier Enhanced Drug Lists	
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv))	Diabetes
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg)	Diabetes
ONGLYZA (saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv))	Diabetes
Performance and Performance Select Drug Lists	
CIPRO (ciprofloxacin for oral susp 250 mg/5 mL (5%) (5 gm/100 mL))	Anti-Infective
efavirenz tab 600 mg	HIV
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	Diabetes
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/mL, 60 mg/0.4 mL (150 mg/mL), 105 mg/0.7 mL (150 mg/mL), 150 mg/mL)	Hemophilia
HEPLISAV-B (hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5 mL)	Hepatitis B Vaccine
IMBRUVICA (ibrutinib cap 70 mg)	Cancer
IMBRUVICA (ibrutinib tab 140 mg, 280 mg, 420 mg, 560 mg)	Cancer
ODACTRA (House Dust Mite Allergen Extract)	Allergies
OPTIONS GYNOL II VAGINAL (nonoxynol-9 gel 3%)	Contraceptives

OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5 mL), 1 mg/dose (2 mg/1.5 mL))	Diabetes
QTERN (dapagliflozin-saxagliptin tab 10-5 mg)	Diabetes
REBINYN (coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit)	Hemophilia
SEGLUROMET (ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg)	Diabetes
SHINGRIX (zoster vaccine recombinant adjuvanted for im inj 50 mcg)	Shingles Vaccine
STEGLATRO (ertugliflozin l-pyroglytamic acid tab 5 mg (base equiv), 15 mg (base equiv))	Diabetes
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh)	COPD
trientine hcl cap 250 mg	Wilson's Disease
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit, 25000-79000-105000 unit)	Enzyme Deficiency
Performance Select Drug List	
BESIVANCE (besifloxacin hcl ophth susp 0.6% (base equiv))	Ophthalmic Anti-Infective
LIVALO (pitavastatin calcium tab 1 mg (base equiv), 2 mg (base equiv), 4 mg (base equiv))	High Cholesterol
minocycline hcl tab er 24hr 65 mg, 115 mg	Acne
SOLOSEC (secnidazole granules packet 2 gm)	Vaginal Anti-Infective
sumatriptan-naproxen sodium tab 85-500 mg	Migraines
VYZULTA (latanoprostene bunod ophth soln 0.024%)	Glaucoma

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective March 1, 2018**, the Sickle Cell Disease Prior Authorization (PA) program was added for standard pharmacy benefit plans. This program includes the target drug Endari.
- **Effective April 15, 2018**, the Iron Chelator Step Therapy (ST) program was discontinued.
- **Effective May 1, 2018**, the Hemlibra PA program was added for standard pharmacy benefit plans. This program includes the target drug Hemlibra.
- **Effective June 24, 2018**, the Calcitonin Gene-Related Peptide (CGRP) PA program was added for standard pharmacy benefit plans. This program includes the target drug Aimovig.
- **Effective July 1, 2018**, the following changes were applied:
 - The Huntington's Disease PA program and the Tardive Dyskinesia PA program combined to form one new standard PA program: Huntington's Disease/Tardive Dyskinesia. The new combined PA program criteria was updated and will include the current target drugs: Austedo, Ingrezza and Xenazine.
 - 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 July 1, 2018:

Drug Category	Targeted Medication(s)¹
Basic, Performance and Performance Select Drug Lists	
Neuropathy	Lyrica CR
Parkinson's Disease	Gocovri, Osmolex ER

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

Drug Category	Targeted Medication(s)¹
Basic, Performance and Performance Select Drug Lists	
Hereditary Angioedema (HAE)	Berinert, Firazyr, Ruconest
Oral Immunotherapy	Odactra

Drug Category	Targeted Medication(s)¹
Basic and Performance Drug Lists	
Therapeutic Alternatives	Wellbutrin XL [†]

[†] Target drug moved from the Antidepressants ST standard program to the Therapeutic Alternatives PA standard program. Grandfathering was also removed from the program criteria. Members on a current drug regimen are included in program participation.

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

Drug Category	Targeted Medication(s)¹
Basic, Performance and Performance Select Drug Lists	
Insomnia*	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, Zolpimist

* Members on a current drug regimen may be grandfathered from participation in the ST program, depending on the member's benefit plan.

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 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.

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

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

Prime Therapeutics LLC is a pharmacy benefit management company. Blue Cross and Blue Shield of Texas (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. 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.