



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 2

This article is a continuation of the previously published Quarterly Pharmacy Changes Part 1 article. While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Texas (BCBSTX) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the Quarterly Pharmacy Changes Part 1 article. Your patient(s) may ask you about therapeutic or lower-cost alternatives if their medication is affected by one of these changes.

Changes effective Oct. 1, 2019, are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
INBRIJA (levodopa inhal powder cap 42 mg)	Parkinson's Disease
KALYDECO (ivacaftor packet 25 mg)	Cystic Fibrosis
MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))	Multiple Sclerosis
SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)	Plaque Psoriasis
SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk)	Cystic Fibrosis
SYMJEPI (epinephrine solution prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis
TREMFYA (guselkumab soln pen-injector 100 mg/ml)	Plaque Psoriasis
TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)	Plaque Psoriasis
Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists	
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions



Drug List Coverage Additions – As of Oct. 1, 2019 (cont.)

Preferred Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
AIMOVIG (ereenumab-aooe subcutaneous soln auto-injector 140 mg/ml)	Migraines
ambrisentan tab 5 mg, 10 mg (generic for LETAIRIS)	Pulmonary Arterial Hypertension
BALVERSA (erdafitinib tab 3 mg, 4 mg, 5 mg)	Cancer
bosentan tab 62.5 mg, 125 mg (generic for TRACLEER)	Pulmonary Arterial Hypertension
CABLIVI (caplacizumab-yhdp for inj kit 11 mg)	Acquired Thrombotic Thrombocytopenic Purpura (aTTP)
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (generic for EXJADE)	Iron Overload
DIACOMIT (stiripentol cap 250 mg, 500 mg)	Dravet Syndrome
DIACOMIT (stiripentol packet 250 mg, 500 mg)	Dravet Syndrome
erlotinib hcl tab 25 mg, 100 mg, 150 mg (base equivalent) (generic for TARCEVA)	Cancer
erythromycin ethylsuccinate for susp 400 mg/5 ml (generic for ERYPED 400)	Infections
ganirelix acetate inj 250 mcg/0.5 ml	Infertility*
INBRIJA (levodopa inhal powder cap 42 mg)	Parkinson's Disease
INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))	Tardive Dyskinesia
KALYDECO (ivacaftor packet 25 mg)	Cystic Fibrosis
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
loteprednol etabonate ophth susp 0.5% (generic for LOTEMAX)	Ophthalmic Inflammatory Conditions
MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))	Multiple Sclerosis
mesalamine cap dr 400 mg (generic for DELZICOL)	Ulcerative Colitis
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis
pyridostigmine bromide syrup 60 mg/5 ml (generic for MESTINON)	Myasthenia Gravis
QTERN (dapagliflozin-saxagliptin tab 5-5 mg)	Diabetes
sildenafil citrate for suspension 10 mg/ml (generic for REVATIO)	Pulmonary Arterial Hypertension
SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)	Plaque Psoriasis
solifenacin succinate tab 5 mg, 10 mg (generic for VESICARE)	Overactive Bladder
SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3 ml (1:1000))	Anaphylaxis
TREMFYA (guselkumab soln pen-injector 100 mg/ml)	Plaque Psoriasis
TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)	Plaque Psoriasis
VERELAN PM (verapamil hcl cap er 24hr 100 mg, 24hr 300 mg)	Hypertension
ZYKADIA (ceritinib tab 150 mg)	Cancer
Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Asthma; Atopic dermatitis



Drug List Coverage Additions – As of Oct. 1, 2019 (cont.)

Preferred Drug ¹	Drug Class/Condition Used For
Balanced, Performance Select and Performance Select Annual Drug Lists	
doxylamine-pyridoxine tab delayed release 10-10 mg (generic for DICLEGIS)	Morning Sickness/Nausea
penicillamine cap 250 mg	Wilson's disease
Performance and Performance Annual Drug Lists	
VASCEPA (icosapent ethyl cap 0.5 gm, 1 gm)	Hypercholesterolemia
Balanced Drug List	
APADAZ (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg)	Pain
BENZHYDROCODONE/ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg)	Pain
BIJUVA (estradiol-progesterone cap 1-100 mg)	Menopause
DXEVO 11-DAY (dexamethasone tab therapy pack 1.5 mg (39))	Inflammatory Conditions
FENOFIBRATE (fenofibrate tab 160 mg)	Hypercholesterolemia
FENTANYL CITRATE (fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (base equiv))	Pain
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Syndrome
LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg)	Pain
NIACIN (niacin (antihyperlipidemic) tab 500 mg)	Hypercholesterolemia
NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain
QBREXZA (glycopyrronium tosylate pad 2.4% (base equivalent))	Primary Axillary Hyperhidrosis
TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27))	Inflammatory Conditions
TYLACTIN COMPLETE 15 PE (nutritional supplement bar)	Nutritional Supplement
VITAFOL STRIPS (prenatal w/ b6-b12-cholecalciferol- folic acid film 1 mg)	Prenatal Vitamin

¹Third-party brand names are the property of their respective owner.

*Optional fertility component coverage for select health plans.

Drug List Updates (Coverage Tier Changes) – As of Oct. 1, 2019

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists		
cefixime cap 400 mg (generic for SUPRAX)	Non-Preferred Generic	Infections
OTREXUP (methotrexate soln pf auto- injector 7.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto- injector 10 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis

Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists (cont.)		
Drug¹	New Lower Tier	Drug Class/Condition Used For
OTREXUP (methotrexate soln pf auto-injector 12.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 15 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 17.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 20 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 22.5 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
OTREXUP (methotrexate soln pf auto-injector 25 mg/0.4 ml)	Preferred Brand	Rheumatoid Arthritis
Balanced Drug List		
aliskiren fumarate tab 150 mg, 300 mg (base equivalent) (generic for TEKTURNA)	Non-Preferred Generic	Hypertension
dexamethasone tab therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) (generic for DEXPAK)	Non-Preferred Generic	Inflammatory Conditions
timolol maleate tab 5 mg	Non-Preferred Generic	Hypertension

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Clarification from the previously published Part 1 article:
 - The Interleukin-5 (IL-5) Inhibitors PA program only includes the target drug Nucala. Future target drugs may be added later. As a reminder, this program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists.

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 MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: New Generic Specialty Drug Coverage Tier Changes

With the increase of generic specialty medications in the pharmaceutical market, BCBSTX is changing the way these medications may process starting on Oct.1, 2019. If a member is on Balanced, Performance, Performance Annual, Performance Select or Performance Select Annual Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lowercase boldface type, have a lowercase “p” or “np” indicator and be marked with a dot in the specialty column. Below are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

Reminder: New Generic Specialty Drug Coverage Tier Changes (cont.)

abiraterone acetate tab 250 mg (Zytiga)	bexarotene cap 75 mg (Targretin)
capecitabine tab 150 mg, 500 mg (Xeloda)	dalfampridine tab er 12hr 10 mg (Ampyra)
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec)
leuprolide acetate inj kit 5 mg/ml	melphalan tab 2 mg (Alkeran)
nilutamide tab 150 mg (Nilandron)	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)
ribavirin cap 200 mg (Rebetol)	ribavirin tab 200 mg (Copegus)
sildenafil citrate tab 20 mg (Revatio)	sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)
sodium phenylbutyrate tab 500 mg (Buphenyl)	tadalafil tab 20 mg (Adcirca)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	tetrabenazine tab 12.5 mg, 25 mg (Xenazine)
tobramycin nebu soln 300 mg / 5 ml (Tobi)	tretinoin cap 10 mg
trientine hcl cap 250 mg (Syprine)	vigabatrin powder pack 500 mg (Sabril)

Select Prescription Drug Lists' Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** Some members moved to a quarterly update upon their health insurance plan's renewal/effective date that started on or after April 1, 2019, regardless of prescription drug list. However, some members will remain on an annual update. If your patients have any questions about their drug list, please advise them to contact the number on their member ID card. Members may also visit bcbstx.com and log in to BAM or MyPrime.com to view their specific drug list.
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

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. 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.