

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – Part 1

## **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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be 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 effective Oct. 1, 2020 are outlined below.** 

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will be published closer to the October 1 effective date.

Please note: The drug list changes listed below apply only to some members whose health plan has a quarterly updated prescription drug list. BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2021.

Non-Preferred Brand <sup>1</sup>	Drug Class/	Preferred Generic	Preferred Brand
	Condition Used For	Alternative(s) <sup>2</sup>	Alternative(s) <sup>1, 2</sup>
Basic, Multi-Ti	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists Revisions		
APRISO (mesalamine	Ulcerative Colitis	Generic equivalent avail	lable. Members should
cap er 24hr 0.375 gm)		talk to their doctor or ph	armacist about other
		medication(s) available	for their condition.
DEPEN TITRATABS	Wilson's Disease	Generic equivalent avail	lable. Members should
(penicillamine tab 250		talk to their doctor or ph	armacist about other
mg)		medication(s) available	for their condition.
FIRAZYR (icatibant	Hereditary	Generic equivalent avail	lable. Members should
acetate inj 30 mg/3 ml	Angioedema (HAE)	talk to their doctor or ph	
(base equivalent))		medication(s) available	
JADENU (deferasirox	Chronic Iron Overload	Generic equivalent avail	
tab 90 mg, 360 mg)		talk to their doctor or ph	
		medication(s) available	
ORFADIN (nitisinone	Hereditary	Generic equivalent avail	
cap 2 mg, 5 mg, 10 mg)	Tyrosinemia Type 1	talk to their doctor or ph	
	(HT-1)	medication(s) available	for their condition.
Basic and Multi-Tier Basic Drug Lists Revisions			
AFINITOR (everolimus	Cancer	Generic equivalent avail	
tab 2.5 mg, 5 mg, 7 mg)		talk to their doctor or ph	
		medication(s) available	
TRAVATAN Z	Glaucoma, Ocular	Generic equivalent avail	
(travoprost ophth soln	Hypertension	talk to their doctor or ph	
0.004% (benzalkonium		medication(s) available	for their condition.
free) (bak free))			

## Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2020



BlueCross	BlueShield

Drug <sup>1</sup>	Drug Class/Condition Used For	Preferred Alternative(s) <sup>1,2</sup>	
		elect Drug Lists Revisions	
CARBINOXAMINE MALEATE	Allergic Conditions	carbinoxamine tablet 4 mg	
(carbinoxamine maleate soln 4			
mg/5 ml)			
CLOZAPINE ODT (clozapine	Schizophrenia	clozapine tablet	
orally disintegrating tab 12.5 mg)	<b>a</b>		
CROTAN (crotamiton lotion 10%)	Scabies	permethrin 5% cream	
DIDANOSINE (didanosine	Viral Infections	Members should talk to their doctor or	
delayed release capsule 200 mg,		pharmacist about other medication(s)	
400 mg)	L burgentenecien	available for their condition.	
DILT-XR (diltiazem hcl cap er	Hypertension	diltiazem tablet, diltiazem ER capsule,	
24hr 180 mg, 24hr 240 mg) ERY (erythromycin pads 2%)	Acne	verapamil tablet clindamycin topical solution,	
ERT (erythromychi paus 2%)	Ache	erythromycin gel	
GAVILYTE-C (peg 3350-kcl-na	Colonoscopy	peg 3350-kcl-na bicarb-nacl-na sulfate	
bicarb-nacl-na sulfate for soln 240	Prep/Laxative	for soln 236 gm, peg 3350-kcl-sod	
gm)		bicarb-nacl for soln 420 gm	
LEVOBUNOLOL HCL	Glaucoma	betaxolol ophth solution 0.5%, timolol	
(levobunolol hcl ophth soln 0.5%)	Cladoonia	maleate ophth soln 0.25%, timolol	
		maleate ophth soln 0.5%	
METHSCOPOLAMINE	Peptic Ulcers	glycopyrrolate tablet	
BROMIDE (methscopolamine		3, 1, , , , , , , , , , , , , , , , , ,	
bromide tab 2.5 mg, 5 mg)			
NEVIRAPINE ER (nevirapine tab	Viral Infections	Members should talk to their doctor or	
er 24hr 100 mg)		pharmacist about other medication(s)	
		available for their condition.	
NITROGLYCERIN ER	Angina	isosorbide dinitrate tablet, isosorbide	
(nitroglycerin cap er 2.5 mg)		mononitrate tablet	
NITRO-TIME (nitroglycerin cap er	Angina	isosorbide dinitrate tablet, isosorbide	
2.5 mg)		mononitrate tablet	
ONDANSETRON HCL	Nausea/Vomiting	ondansetron orally disintegrating tablet,	
(ondansetron hcl tab 24 mg)		ondansetron 8 mg tablet	
PAROMOMYCIN SULFATE	Parasitic Infections	Members should talk to their doctor or	
(paromomycin sulfate cap 250		pharmacist about other medication(s)	
mg)	Noussel/(amiting	available for their condition. Members should talk to their doctor or	
PROMETHEGAN (promethazine	Nausea/Vomiting		
hcl suppos 50 mg)		pharmacist about other medication(s) available for their condition.	
TESTOSTERONE ENANTHATE	Low Testosterone	Members should talk to their doctor or	
(testosterone enanthate im inj in		pharmacist about other medication(s)	
oil 200 mg/ml)		available for their condition.	
THEOPHYLLINE CR	Asthma, Bronchitis,	Members should talk to their doctor or	
(theophylline tab er 12hr 300 mg)	Emphysema	pharmacist about other medication(s)	
	1 2	available for their condition.	
THEOPHYLLINE ER	Asthma, Bronchitis,	Members should talk to their doctor or	
(theophylline tab er 12hr 300 mg)	Emphysema	pharmacist about other medication(s)	
		available for their condition.	
THEOPHYLLINE SR	Asthma, Bronchitis,	Members should talk to their doctor or	
(theophylline tab er 12hr 300 mg)	Emphysema	pharmacist about other medication(s)	
		available for their condition.	



BlueCross	BlueShield
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VERAPAMIL HCL ER (verapamil	Hypertension	Members should talk to their doctor or
hcl cap er 24hr 200 mg)	riypenension	pharmacist about other medication(s)
		available for their condition.
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	Balanced Drug List Rev	
LIDOCAINE HCL JELLY	Pain, Numbing Agent	Members should talk to their doctor or
(lidocaine hcl urethral/mucosal		pharmacist about other medication(s)
gel 2%)		available for their condition.
SAVELLA (milnacipran hcl tab	Fibromyalgia	duloxetine capsule, pregabalin capsule
12.5 mg, 25 mg, 50 mg, 100 mg) SAVELLA TITRATION PACK	<b>Fibrano</b> valaio	dulovatino conculo, procebalio conculo
(milnacipran hcl tab 12.5 mg (5) &	Fibromyalgia	duloxetine capsule, pregabalin capsule
25 mg (8) & 50 mg (42) pak)		
Balanced, Performa	nce and Performance Se	elect Drug Lists Exclusions
AFINITOR (everolimus tab 2.5	Cancer	Generic equivalent available. Members
mg, 5 mg, 7.5 mg)		should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
AMICAR (aminocaproic acid oral	Hemorrhage,	Generic equivalent available. Members
soln 0.25 gm/ml)	Hyperfibrinolysis	should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
APRISO (mesalamine cap er	Ulcerative Colitis	Generic equivalent available. Members
24hr 0.375 gm)		should talk to their doctor or pharmacist about other medication(s) available for
		their condition.
DEPEN TITRATABS	Wilson's Disease	Generic equivalent available. Members
(penicillamine tab 250 mg)		should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
ISORDIL TITRADOSE	Angina	Generic equivalent available. Members
(isosorbide dinitrate tab 40 mg)		should talk to their doctor or pharmacist
		about other medication(s) available for
	Ohmenia Inen Orverleed	their condition.
JADENU (deferasirox tab 90 mg, 360 mg)	Chronic Iron Overload	Generic equivalent available. Members
360 mg)		should talk to their doctor or pharmacist about other medication(s) available for
		their condition.
K-TAB (potassium chloride tab er	Hypokalemia	Generic equivalent available. Members
20 meq (1500 mg))		should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
NEBUPENT (pentamidine	Fungal Infections	Generic equivalent available. Members
isethionate for nebulization soln		should talk to their doctor or pharmacist
300 mg)		about other medication(s) available for
		their condition.
OCTREOTIDE ACETATE	Excess Growth Hormone	Generic equivalent available. Members
(octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1	Hormone	should talk to their doctor or pharmacist about other medication(s) available for
(0.2 mg/ml), 1000 mcg/ml (1 mg/ml))		their condition.
ORFADIN (nitisinone cap 2 mg, 5	Hereditary	Generic equivalent available. Members
mg, 10 mg)	Tyrosinemia Type 1	should talk to their doctor or pharmacist
5, 0,	(HT-1)	about other medication(s) available for



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Performance and Performance Select Drug Lists Exclusions		
brimonidine tartrate ophth soln 0.15%	Glaucoma, Ocular Hypertension	brimonidine tartrate ophth soln 0.2%
buspirone hcl tab 7.5 mg	Anxiety	buspirone 5 mg tablet, buspirone 15 mg tablet
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
DORAL (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
doxycycline monohydrate cap 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75 mg tablet, doxycycline monohydrate 150 mg tablet
fenofibrate micronized cap 130 mg	Hypercholesterolemia	fenofibrate micronized cap 134 mg, fenofibrate tablet 145 mg
fluoxetine hcl tab 10 mg, 20 mg	Premenstrual Dysphoric Disorder (PMDD)	fluoxetine capsule
KETOPROFEN (ketoprofen cap 25 mg)	Pain, Inflammation	ibuprofen tablet, naproxen tablet
mefenamic acid cap 250 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet
naproxen susp 125 mg/5 ml	Pain, Inflammation	ibuprofen tablet, ibuprofen liquid (OTC), naproxen tablet
QUAZEPAM (quazepam tab 15 mg)	Insomnia	temazepam capsule, flurazepam capsule
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia	duloxetine capsule, pregabalin capsule
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia	duloxetine capsule, pregabalin capsule
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.25%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.25%
TIMOLOL MALEATE OPHTHALMIC GEL FORMING (timolol maleate ophth gel forming soln 0.5%)	Glaucoma, Ocular Hypertension	timolol maleate ophth soln 0.5%
ULESFIA (benzyl alcohol lotion 5%)	Lice	Natroba, Sklice
		·
Balanced and	d Performance Select D	rug Lists Exclusions
MOXEZA (moxifloxacin hcl ophth	Ophthalmic Infections	Generic equivalent available. Members

Dalafieed and	Datanced and Tenormance Select Drug Lists Exclusions		
MOXEZA (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ophthalmic Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
SILENOR (doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv))	Insomnia	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
TRAVATAN Z (travoprost ophth soln 0.004% (benzalkonium free) (bak free))	Glaucoma, Ocular Hypertension	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	



ZOHYDRO ER (hydrocodone bitartrate cap er 12hr abuse- deterrent 10 mg, 12hr abuse- deterrent 15 mg, 12hr abuse- deterrent 20 mg, 12hr abuse- deterrent 30 mg, 12hr abuse- deterrent 40 mg, 12hr abuse- deterrent 50 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
	Balanced Drug List Exc	lusions
ACZONE (dapsone gel 7.5%)	Acne	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
BUTALBITAL/ACETAMINOPHEN (butalbital-acetaminophen cap 50-300 mg)	Pain	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
CARAFATE (sucralfate susp 1 gm/10 ml)	Ulcers	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
EVZIO (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose	Narcan nasal spray, naloxone auto- injector (authorized generic for Evzio)
NAFTIN (naftifine hcl gel 1%)	Fungal Infections	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
doxycycline hyclate tab 75 mg, 150 mg	Infections	doxycycline hyclate 100 mg tablet, doxycycline hyclate 50 mg capsule, doxycycline monohydrate 75mg tablet, doxycycline monohydrate 150 mg tablet

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

#### **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. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below only apply to select members whose plan has a quarterly updated prescription drug list. BCBSTX members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2021.

BCBSTX letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.



## Effective Oct. 1, 2020:

Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists         Alternative Dosage Form       AMLOD[PINE BENZOATE ORAL SUSP 1 MG/ML       300 mL/30 days         (BASE EQUIVALENT)       BACLOFEN ORAL SOLN 5 MG/5 ML       1200 mL/30 days         CHLOROTHIAZIDE SUSP 250 MG/5 ML       1200 mL/30 days       ENALAPRIL MALEATE ORAL SOLN 1 MG/ML       1200 mL/30 days         CIMETIDINE HCL SOLN 30 MG/5 ML       1200 mL/30 days       ENALAPRIL MALEATE ORAL SOLN 1 MG/ML       1200 mL/30 days         USINOPRIL ORAL SOLN 1 MG/ML       1200 mL/30 days       ENALAPRIL MALEATE ORAL SOLN 1 MG/ML       2250 mL/30 days         NIZATIDINE ORAL SOLN 1 MG/ML       1200 mL/30 days       PROPRANOLOL ORAL SOLUTION 20 MG/5 ML       4800 mL/30 days         PROPRANOLOL ORAL SOLUTION 20 MG/5 ML       4800 mL/30 days       PROPRANOLOL ORAL SOLUTION 20 MG/5 ML       4800 mL/30 days         Foot Baths and Soaks       Cleocin-T (clindamycin) solution 1%       120 grams per 30 days       econazole cream 1%       170 grams per 90 days         gentamicin 0.1% circam       120 grams per 90 days       gentamicin 0.1% circam       120 grams per 90 days         Vancocin (vancomycin) 250 mg capsules       120 capsules per 30 days       Vancocin (vancomycin) 250 mg capsules       120 capsules per 30 days         Vancocin (vancomycin) 250 mg capsules       120 capsules per 30 days	Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)																																																																								
Alternative Dosage Form         AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML       300 mL/30 days         (BASE EQUIVALENT)       2400 mL/30 days         BACLOFEN ORAL SOLN 5 MG/5 ML       1200 mL/30 days         CILORENTHAZIDE SUSP 250 MG/5 ML       1200 mL/30 days         CIMETTIDINE HCL SOLN 300 MG/5 ML       1200 mL/30 days         ENALAPRIL MALEATE ORAL SOLN 1 MG/ML       2250 mL/30 days         EINOSEMIDE ORAL SOLN 1 MG/ML       2400 mL/30 days         METFORMIN HCL ORAL SOLN 15 MG/ML       2400 mL/30 days         PROPRANOLOL ORAL SOLUTION 20 MG/5 ML       780 mL/30 days         PROPRANOLOL ORAL SOLUTION 20 MG/5 ML       1800 mL/30 days         PROPRANOLOL ORAL SOLUTION 40 MG/5 ML       1800 mL/30 days         SOTALOL HCL ORAL SOLUTION 5 MG/ML       1920 mL/30 days         SOTALOL HCL ORAL SOLUTION 5 MG/ML       1920 mL/30 days         Genorist Cinindamycin) solution 1%       180 mL per 30 days         gentamicin 0.1% oitment       120 grams per 90 days         Tobrex (tobramycin) politalmic solution 0.3%       15 mL per 30 days         Vancocin (vancomycin) 125 mg capsules       120 capsules per 30 days         Vancocin (vancomycin) 250 mg capsules       120 capsules per 30 days         Vancocin (vancomycin) 426 mg capsules       90 capsules per 30 days																																																																										
AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML     300 mL/30 days       (BASE EQUIVALENT)     2400 mL/30 days       BACLOFEN ORAL SOLN 5 MG/5 ML     1200 mL/30 days       CHLOROTHIAZIDE SUSP 250 MG/5 ML     1200 mL/30 days       ENALAPRIL MALEATE ORAL SOLN 1 MG/ML     1200 mL/30 days       EINSTOPRIL FOR JOLN 1 MG/ML     2260 mL/30 days       EINALAPRIL MALEATE ORAL SOLN 1 MG/ML     2260 mL/30 days       EINTOPRINE ORAL SOLN 1 MG/ML     2400 mL/30 days       METFORMIN HCL ORAL SOLN 500 MG/5 ML     4800 mL/30 days       PROPRANOLOL ORAL SOLUTION 20 MG/5 ML     4800 mL/30 days       PROPRANOLOL ORAL SOLUTION 40 MG/5 ML     2400 mL/30 days       SOTALCL HCL ORAL SOLUTION 5 MG/ML     1920 mL/30 days       PROPRANOLOL ORAL SOLUTION 5 MG/ML     1920 mL/30 days       Gotact CL ORAL SOLUTION 5 MG/ML     1920 mL/30 days       Gotact Cream     170 grams per 30 days       gentamicin 0.1% cirtement     120 grams per 90 days       gentamicin 0.1% cirtement     120 grams per 90 days       Yancoci (vancomycin) 125 mg capsules     120 capsules per 30 days       Vancoci (vancomycin) 125 mg capsules     120 capsules per 30 days       Sondolgy     90 capsules per 30 days       Imbruvica 140 mg capsules     90 capsules per 30 days <td></td> <td></td>																																																																										
(BASE EQUIVALENT)   Image: Constraint of the image: Constraint of th		300 mL/30 days																																																																								
BACLOFEN ORAL SQLN 5 MG/5 ML   2400 mL/30 days     CHLOROTHIAZIDE SUSP 250 MG/5 ML   1200 mL/30 days     CIMETIDINE HCL SOLN 300 MG/5 ML   1200 mL/30 days     ENALAPRIL MALEATE ORAL SOLN 1 MG/ML   1200 mL/30 days     ENALAPRIL MALEATE ORAL SOLN 1 MG/ML   2250 mL/30 days     LISINOPRIL ORAL SOLN 1 MG/ML   2400 mL/30 days     METFORMIN HCL ORAL SOLN 1500 MG/5 ML   780 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   4800 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   4800 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   1920 mL/30 days     Foot Baths and Soaks   1920 mL/30 days     Eleccin-T (clindamycin) solution 1%   180 mL per 30 days     econazole cream 1%   170 grams per 30 days     gentamicin 0.1% cream   120 grams per 90 days     gentamicin 0.1% cintent   120 grams per 90 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     SA Oncology   10 capsules per 180 days     Imbruvica 140 mg capsules   90 capsules per 30 days     Kisqail 200 mg daily dose pack   41 tablets per 28 days     Kisqail a00 mg daily dose pack   41 tablets per 28 days     Kisqail Femara 400 mg daily dose pack   41 tablets per 30 days     Kisqali Femara 400 m																																																																										
CHLOROTHIAZIDE SUSP 250 MG/5 ML   1200 mL/30 days     CIMETIDINE HCL SOLN 300 MG/5 ML   1200 mL/30 days     ENALAPRIL MALEATE ORAL SOLN 1 MG/ML   2250 mL/30 days     JISINOPRIL ORAL SOLN 1 MG/ML   22400 mL/30 days     METFORMIN HCL ORAL SOLN 100 MG/5 ML   2400 mL/30 days     NIZATIDINE ORAL SOLN 15 MG/ML   600 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   4800 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   2400 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   2400 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   2400 mL/30 days     PROPRANOLOL ORAL SOLUTION 5 MG/ML   1920 mL/30 days     Proot Baths and Soaks   100 grams per 30 days     ceconazole cream 1%   170 grams per 30 days     gentamicin 0.1% cream   120 grams per 90 days     gentamicin 0.1% orteam   120 grams per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     SA Oncology   Imbruvica 140 mg capsules   90 capsules per 30 days     Kisgali Femara 200 mg daily dose pack   21 tablets per 28 days     Kisgali Femara 200 mg daily dose pack   150 tablets per 28 days     Kisgali Femara 200 mg daily dose pack   15		2400 mL/30 days																																																																								
CIMETIDINE HCL SOLN 300 MG/5 ML     1200 mL/30 days       ENALAPRIL MALEATE ORAL SOLN 1 MG/ML     1200 mL/30 days       FUROSEMIDE ORAL SOLN 8 MG/ML     2250 mL/30 days       METFORMIN HCL ORAL SOLN 100 MG/5 ML     780 mL/30 days       METFORMIN HCL ORAL SOLN 100 MG/5 ML     600 mL/30 days       PROPRANOLOL ORAL SOLUTION 20 MG/5 ML     600 mL/30 days       PROPRANOLOL ORAL SOLUTION 20 MG/5 ML     2400 mL/30 days       SOTALOL HCL ORAL SOLUTION 5 MG/ML     1920 mL/30 days       Cleocin-T (clindamycin) solution 1%     180 mL per 30 days       gentamicin 0.1% cirtement     120 grams per 30 days       gentamicin 0.1% cirtement     120 grams per 30 days       gentamicin 0.1% cirtement     120 grams per 30 days       Vancocin (vancomycin) 125 mg capsules     120 capsules per 30 days       Vancocin (vancomycin) 250 mg capsules     120 capsules per 30 days       GLP-1     Tobrex (tobramycin) ophthalmic solution 0.3%     15 mL per 30 days       S4 Oncology     120 mg capsules     90 capsules per 30 days       Kisgaii 200 mg daily dose pack     21 tablets per 28 days       Kisgaii 200 mg daily dose pack     42 tablets per 28 days       Kisgaii Femara 200 mg daily dose pack     70 tablets per 30 days       Kisgaii Femara 200 mg daily dose pack																																																																										
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML   1200 mL/30 days     FUROSEMIDE ORAL SOLN 8 MG/ML   2250 mL/30 days     ISINOPRIL ORAL SOLN 1 MG/ML   2400 mL/30 days     METFORMIN HCL ORAL SOLN 500 MG/5 ML   780 mL/30 days     NIZATIDINE ORAL SOLN 15 MG/ML   600 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   4800 mL/30 days     PROPRANOLOL ORAL SOLUTION 40 MG/5 ML   2400 mL/30 days     SOTALOL HCL ORAL SOLUTION 5 MG/ML   1920 mL/30 days     Foot Baths and Soats   120 mL/30 days     Cleocin-T (clindamycin) solution 1%   180 mL per 30 days     gentamicin 0.1% cream   120 grams per 90 days     gentamicin 0.1% cintment   120 grams per 90 days     Vancocin (vancomycin) 125 mg capsules   120 capsules per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days     GLP-1   Imbruvica 140 mg capsules   90 capsules per 30 days     Kisgali 200 mg daily dose pack   21 tablets per 28 days     Kisgali 40 mg day dose pack   42 tablets per 28 days     Kisgali Femara 400 mg daily dose pack   42 tablets per 28 days     Kisgali Femara 400 mg daily dose pack   150 tablets per 30 days     Kisgali Femara 400 mg daily dose pack   150 tablets per 30 days     Kisgali Femara 400 mg daily dose pack   150 tablets per 30 days     Kisgali Femara 400 mg daily dose pack		· · · · · · · · · · · · · · · · · · ·																																																																								
FUROSEMIDE ORAL SOLN 8 MG/ML   2250 mL/30 days     LISINOPRIL ORAL SOLN 1 MG/ML   2400 mL/30 days     METFORMIN HCL ORAL SOLN 15 MG/ML   600 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   4800 mL/30 days     PROPRANOLOL ORAL SOLUTION 20 MG/5 ML   2400 mL/30 days     SOTALOL HCL ORAL SOLUTION 40 MG/5 ML   2400 mL/30 days     SOTALOL HCL ORAL SOLUTION 5 MG/ML   1920 mL/30 days     Foot Baths and Soaks   Cleccin-T (clindamycin) solution 1%   180 mL per 30 days     Celeccin-T (clindamycin) solution 1%   180 mL per 30 days   gentamicin 0.1% cream     gentamicin 0.1% cream   120 grams per 90 days   gentamicin 0.1% cream     gentamicin 0.1% contement   120 grams per 90 days   Vancocin (vancomycin) pothtalmic solution 0.3%   15 mL per 30 days     Vancocin (vancomycin) 250 mg capsules   120 capsules per 30 days   Vancocin (vancomycin) 250 mg capsules     SA Oncolgy   Imbruvica 140 mg capsules   90 capsules per 30 days     Kisgali 400 mg daily dose pack   21 tablets per 28 days     Kisgali 400 mg daily dose pack   49 tablets per 28 days     Kisgali Femara 200 mg daily dose pack   49 tablets per 30 days     Kisgali Femara 400 mg daily dose pack   150 tablets per 30 days     Balanced, Performance, Performance Annual and Performance Select Drug Lists     Therapeutic Alternatives     Fenoprofen																																																																										
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Valtoco 20 mg	10 packs per 30 days	
Oxbryta		
Oxbryta 500 mg tablets*	90 tablets per 30 days	
Wakix		
Wakix 4.45 mg	60 tablets per 30 days	
Wakix 17.8 mg	60 tablets per 30 days	

<sup>1</sup>*Third-party brand names are the property of their respective owner.* 

\* This change applied on the Balanced, Performance, Performance Annual and Performance Select drug lists effective July 1, 2020.

## UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Sept. 1, 2020**, the Acute Migraine Agents Prior Authorization (PA) program will be added to all drug lists as a standard PA program. This program will include these target drugs from current PA programs: Reyvow (5HT-1F PA Program), Nurtec ODT and Ubrelvy (both in the Calcitonin Gene-Related Peptide PA Program). In addition, the dispensing limit for Reyvow 50 mg will be changed to 8 tablets per 30 days and the dispensing limit for Nurtec ODT will be changed to 45 tablets per 90 days. The previous 5HT-1F PA program will retire on Sept. 1, 2020.
- Effective **Oct. 1, 2020**, the following changes will be applied:
  - The Bempedoic Acid PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.\* This program includes the target drug Nexletol.
  - The Isturisa PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.\* This program includes the target drug Isturisa.
  - Several drug categories and/or targeted medications will be added to the 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 for the medication being prescribed to your patient.

\* Not all members may have been notified due to limited utilization.

Members were notified about the PA standard program changes listed in the tables below.

Drug Category	Targeted Medication(s) <sup>1</sup>
Basic and Enhanced Drug Lists	
Oxbryta	Oxbryta
Wakix	Wakix

#### Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2020 \*\*

<sup>1</sup>Third-party brand names are the property of their respective owner.

\*\* Applies to select members on Oct. 1, 2020. Members on an Annual drug list may not see these changes applied until their 2021 renewal date.



Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2020 \*\*

Drug Category	Targeted Medication(s) <sup>1</sup>
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
AMLODIPINE BENZOATE ORAL SUSP 1 MG/ML (BAS EQUIVALENT), BACLOFEN ORAL SOLN 5 MG/5 ML, CHLOROTHIAZIDE SUSP 250 MG/5 ML, CIMETIDINE SOLN 300 MG/5 ML, Digoxin oral solution 0.05 mg/mL, ENALAPRIL MALEATE ORAL SOLN 1 MG/ML, FUROSEMIDE ORAL SOLN 8 MG/ML, GLYCOPYRROLATE ORAL SOLN 1 MG/5 ML, LISINOPRIL ORAL SOLN 1 MG/ML, METFORMIN HCL ORAL SOLN 500 MG/5 ML, NIZATIDINE ORAL SOLN MG/ML, PROPRANOLOL ORAL SOLUTION 20 MG/5 M PROPRANOLOL ORAL SOLUTION 40 MG/5 ML, SOTALOL HCL ORAL SOLUTION 5 MG/ML	
Basic, Enhanced and Performance Drug Lists	
Therapeutic Alternatives	Fenoprofen 600 mg tabs

<sup>1</sup>Third-party brand names are the property of their respective owner.

\*\* Applies to select members on Oct. 1, 2020. Members on an Annual drug list may not see these changes applied until their 2021 renewal date.

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 number on their member ID card. Members may also visit *bcbstx.com* and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

## **Reminder: Drug Coupon Change**

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSTX members with a group health plan, though some exceptions may apply.

Letters were sent in July to members who have plans renewing in Q4 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.



#### Health Savings Account (HSA) Preventive Drug Program Updates

Select members' HSA plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

#### HIV Pre-Exposure Prophylaxis (PrEP) Coverage Without Cost-Sharing

Starting July 1, 2020, BCBSTX will be offering HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. The Truvada<sup>®</sup> 200 mg/300 mg tablet will be available at \$0 if members are using the drug for PrEP. This addition is based on the United States Preventive Services Task Force recommendation.

Members using Truvada for pre-exposure prophylaxis (PrEP) will pay a \$0 cost share for Truvada when using a pharmacy or doctor in their health plan network. Members using Truvada for treatment of HIV will continue to pay their applicable cost share, based on the member's benefit.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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.