

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – 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, 2020 are outlined below.**

### **Drug List Coverage Additions – As of Oct. 1, 2020**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act)	Asthma
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq))	Viral Infections
DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act)	Asthma
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Menopause-related symptoms
GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg)	Hepatitis C
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq))	Viral Infections
NEXLETOL (bempedoic acid tab 180 mg)	Hypercholesterolemia
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Parasitic Infections
REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml)	Hypercholesterolemia

REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml)	Hypercholesterolemia
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml)	Hypercholesterolemia
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Diabetes
SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg)	Hepatitis C
TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent))	Cancer
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Diabetes
ZEPOSIA (ozanimod hcl cap 0.92 mg)	Relapsing Multiple Sclerosis
ZEPOSIA 7-DAY STARTER PACK (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg)	Relapsing Multiple Sclerosis
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg)	Relapsing Multiple Sclerosis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
<b>Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	Cancer
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act)	Asthma
BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose)	Hypoglycemia
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act)	Asthma
ELLA (ulipristal acetate tab 30 mg)	Emergency Oral Contraceptive
esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (generic for NEXIUM granules)	Gastroesophageal Reflux Disease (GERD)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine

FLUZONE HIGH-DOSE PF 2020 -2021 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine
GVOKE HYPOPEN 1-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
GVOKE HYPOPEN 2-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Hypoglycemia
HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg)	Hepatitis C
IMOVAX RABIES (H.D.C.V.) (rabies virus vaccine, hdc inj)	Rabies Vaccine
ISTURISA (osilodrostat phosphate tab 1 mg, 5 mg, 10 mg)	Cushing's Disease
JYNARQUE (tolvaptan tab therapy pack 15 mg)	Kidney Disease
JYNARQUE (tolvaptan tab therapy pack 30 & 15 mg)	Kidney Disease
KOSELUGO (selumetinib sulfate cap 10 mg, 25 mg)	Neurofibromatosis Type 1 (NF1)
NEXLETOL (bempedoic acid tab 180 mg)	Hypercholesterolemia
NURTEC (rimegepant sulfate tab disint 75 mg)	Migraine
NYMALIZE (nimodipine oral soln 6 mg/ml)	Subarachnoid hemorrhage (SAH)
PRO COMFORT INHALER SPACER CHAMBER INFANT (spacer/aerosol-holding chambers - device)	Spacer Respiratory Device/Supply
PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv))	Thrombocytopenia
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Migraine
SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg)	Hepatitis C
tolvaptan tab 30 mg (generic for SAMSCA)	Kidney Disease
TUKYSA (tucatinib tab 50 mg, 150 mg)	Cancer
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Migraine
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Hepatitis B
VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Hypertension
XCOPRI (cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures
XCOPRI (cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose))	Seizures
XCOPRI (cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose))	Seizures
XCOPRI (cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg)	Seizures
XCOPRI (cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg)	Seizures
XCOPRI (cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg)	Seizures
ZEPOSIA (ozanimod hcl cap 0.92 mg)	Relapsing Multiple Sclerosis
ZEPOSIA 7-DAY STARTER PACK (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg)	Relapsing Multiple Sclerosis
ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg)	Relapsing Multiple Sclerosis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
<b>Balanced and Performance Select Drug Lists</b>	
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX)	Psoriasis

<b>Performance, Performance Annual and Performance Select Drug Lists</b>	
DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq))	Viral Infections
famotidine for susp 40 mg/5 ml	Gastroesophageal Reflux Disease (GERD)
VALTOCO (diazepam nasal spray 5 mg/0.1 ml, 10 mg/0.1 ml)	Seizures
VALTOCO (diazepam nasal spray ther pack 2 x 7.5 mg/0.1 ml (15 mg dose))	Seizures
VALTOCO (diazepam nasal spray ther pack 2 x 10 mg/0.1 ml (20 mg dose))	Seizures
<b>Balanced Drug List</b>	
desonide gel 0.05% (generic for DESONATE)	Inflammatory conditions (Topical)
DEXABLISS (dexamethasone tab therapy pack 1.5 mg (39))	Inflammatory conditions
HALOG (halcinonide soln 0.1%)	Inflammatory conditions (Topical)
LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Pain (Topical)
OSMOLEX ER (amantadine hcl tab er 24hr pak 129 mg & 193 mg (322 mg dose))	Parkinson's Disease
RIOMET ER (metformin hcl for oral er susp 500 mg/5 ml)	Diabetes
ZERVIAE (cetirizine hcl ophth soln 0.24% (base equiv))	Ophthalmic Allergic conditions
<b>Performance and Performance Annual Drug Lists</b>	
SOLQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	Diabetes
XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)	Diabetes
<b>Performance Select Drug List</b>	
dihydroergotamine mesylate inj 1 mg/ml	Migraine

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

#### **Drug List Updates (Coverage Tier Changes) – As of Oct. 1, 2020**

<b>Drug<sup>1</sup></b>	<b>New Lower Tier</b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
chloroquine phosphate tab 250 mg	Non-Preferred Generic	Malaria
naloxone hcl soln prefilled syringe 2 mg/2 ml	Non-Preferred Generic	Opioid Overdose
JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq))	Preferred Brand	Viral Infections
PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg)	Preferred Brand	Parasitic Infections
REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml)	Preferred Brand	Hypercholesterolemia
REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml)	Preferred Brand	Hypercholesterolemia
REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml)	Preferred Brand	Hypercholesterolemia

TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent))	Preferred Brand	Cancer
<b>Balanced and Performance Select Drug Lists</b>		
SOLOSEC (secnidazole granules packet 2 gm)	Preferred Brand	Infections
<b>Balanced Drug List</b>		
buprenorphine td patch weekly 7.5 mcg/hr	Non-Preferred Generic	Pain
metaxalone tab 400 mg	Non-Preferred Generic	Muscle Spasm
metformin hcl oral soln 500 mg/5 ml	Non-Preferred Generic	Diabetes
mupirocin calcium cream 2%	Non-Preferred Generic	Infections (Topical)
timolol maleate tab 10 mg, 20 mg	Non-Preferred Generic	Hypertension

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### **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.

#### **Effective Oct. 1, 2020:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Bempedoic Acid</b>	
Nexlizet 180-10 mg tablet	30 tablets per 30 days

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### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **Oct. 1, 2020**, the following changes will be applied:
  - The target drugs of the Hypercholesterolemia Specialty Prior Authorization (PA) program will be recategorized into two separate programs:
    - Juxtapid and Kynamro will be included in the Homozygous Familial Hypercholesterolemia Agents (HoFH) Specialty PA program. This program will be added to all drug lists as a standard Specialty PA program.
    - Praluent and Repatha will be included in the PCSK-9 PA program. This program will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists.
    - The previous Hypercholesterolemia Specialty PA program will retire on Oct. 1, 2020.
  - The Insulin Combination Agents standard Step Therapy program will no longer apply as of Oct. 1, 2020 to the Balanced, Performance, Performance Annual and Performance Select 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](http://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.

### **Additional Breast Cancer Prevention Coverage Without Cost-Sharing**

Starting Oct. 1, 2020, BCBSTX will be offering additional breast cancer prevention coverage for members with an ACA-compliant plan. The anastrozole tablet 1 mg (Arimidex) will be available at \$0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force inclusion of aromatase inhibitors to medications that can reduce the risk of breast cancer.

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

### **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.

### **Reminder: HSA Preventive Drug Program Updates**

Select members' Health Savings Account 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.

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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.