

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2020 – Part 2

This article is a continuation of the previously published <u>Quarterly Pharmacy Changes Part 1 article</u>.

**As a reminder:** Due to novel coronavirus 2019 (COVID-19), Blue Cross and Blue Shield of Texas (BCBSTX) delayed the start date for drug list, dispensing limit and prior authorization changes for select members on an annual drug list (Basic Annual, Enhanced Annual, Performance Annual as well as the Health Insurance Marketplace drug lists for employer-offered Small Groups) until Oct. 1, 2020. Members were identified for notification, based on claims filled between Nov. 13, 2019 and March 13, 2020 and lettered at the end of April 2020. This delay will allow your patients more time to safely talk about these changes with you and together decide the best choices for them. The list of these annual changes were communicated in the previous April 2019, July 2019, October 2019 and January 2020 quarterly pharmacy changes articles.

BCBSTX also did not implement any July 2020 quarterly drug list changes (higher payment tier changes or exclusions) for members on a quarterly updated drug list (Basic, Enhanced, Balanced, Performance and Performance Select).

This part 2 article version contains the more recent coverage additions or tier changes, 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.

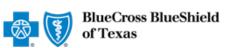
#### Changes effective July 1, 2020 for all drug lists are outlined below.

#### Drug List Coverage Additions – As of July 1, 2020

Preferred Drug <sup>1</sup>	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		
ACTEMRA (tocilizumab subcutaneous soln prefilled	Rheumatoid Arthritis	
syringe 162 mg/0.9 ml)		
ACTEMRA ACTPEN (tocilizumab subcutaneous soln	Rheumatoid Arthritis	
auto-injector 162 mg/0.9 ml)		
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer	
CABOMETYX (cabozantinib s-malate tab 20 mg, 40 mg,	Cancer	
60 mg (base equivalent))		
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-	Vasomotor symptoms associated with	
20 mg)	Menopause	
ERIVEDGE (vismodegib cap 150 mg)	Cancer	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD	Hypoglycemia	
SUGAR (glucagon hcl for inj 1 mg)		
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer	
LOKELMA (sodium zirconium cyclosilicate for susp	Hyperkalemia	
packet 5 gm, 10 gm)		
PREDNISOLONE ACETATE (prednisolone acetate	Ophthalmic Inflammatory Conditions	
ophth susp 1%)		



SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
VELTASSA (patiromer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Hyperkalemia
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
Balanced, Performance, Performance Annual a	
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
BRUKINSA (zanubrutinib cap 80 mg)	Cancer
CIPRO (ciprofloxacin for oral susp 500 mg/5 ml (10%) (10 gm/100 ml))	Infections
clozapine tab 50 mg, 200 mg	Schizophrenia
dextroamphetamine sulfate oral solution 5 mg/5 ml	Attention Deficit Hyperactivity Disorder
diazoxide susp 50 mg/ml (generic for PROGLYCEM)	Hypoglycemia
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Vasomotor symptoms associated with Menopause
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg (generic for ZORTRESS)	Transplant Rejection Prophylaxis
everolimus tab 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR)	Cancer
FERROUS SULFATE (ferrous sulfate liquid 220 mg/5 ml (44 mg/5 ml elemental fe))	Iron Deficiency
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
INFLUENZA VACCINE ADJUVANTED FLUAD QUADRIVALENT FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
KEVZARA (sarilumab subcutaneous solution auto- injector 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
KEVZARA (sarilumab subcutaneous solution prefilled syringe 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
NALOXONE HYDROCHLORIDE (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes



100 unit/ml)

NOVOLIN N FLEXPEN RELION (insulin nph (human)	Diabetes
(isophane) susp pen-injector 100 unit/ml)	
NOVOLIN R FLEXPEN (insulin regular (human) soln	Diabetes
pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN RELION (insulin regular (human)	Diabetes
soln pen-injector 100 unit/ml)	Diabetes
OXBRYTA (voxelotor tab 500 mg)	Sickle Cell Disease
penicillamine tab 250 mg (generic for DEPEN	Wilson's Disease
TITRATABS)	
PRETOMANID (pretomanid tab 200 mg)	Tuberculosis
PROCYSBI (cysteamine bitartrate delayed release	Nephropathic Cystinosis
granules packet 75 mg, 300 mg)	
pyrimethamine tab 25 mg (generic for DARAPRIM)	Malaria
SECUADO (asenapine td patch 24 hr 3.8 mg/24hr, 24 hr	Schizophrenia
5.7 mg/24hr, 24 hr 7.6 mg/24hr)	
SIMPONI (golimumab subcutaneous soln auto-injector	Rheumatoid Arthritis, Psoriatic Arthritis,
100 mg/mL)	Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled	Rheumatoid Arthritis, Psoriatic Arthritis,
syringe 100 mg/mL)	Ankylosing Spondylitis, Ulcerative Colitis
sodium chloride soln nebu 3%, 7%	Cystic Fibrosis
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer
VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Hypertension
VUMERITY (diroximel fumarate capsule delayed release	Multiple Sclerosis, Relapsing Forms
231 mg)	
VUMERITY (diroximel fumarate capsule dr starter bottle	Multiple Sclerosis, Relapsing Forms
231 mg)	
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr	Rheumatoid Arthritis, Psoriatic Arthritis,
22 mg (base equivalent))	Ulcerative Colitis

Select Drug Lists
Acne
Acne
Acne
Allergic Rhinitis
Ophthalmic Infections
Pain, Inflammation, Ulcer Prevention
Infections
Glaucoma, Ocular Hypertension
Annual Drug Lists
Diabetes
Diabetes
Diabetes

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INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-	Diabetes
30))	
INSULIN ASPART PROTAMINE/ INSULIN ASPART	Diabetes
FLEXPEN (insulin aspart prot & aspart sus pen-inj 100	
unit/ml (70-30))	
Balanced Drug	
AZESCHEW PRENATAL/POSTNATAL (prenatal w/o a	Prenatal Vitamin
vit w/ fe fum-fa tab chew 13-1 mg)	
butalbital-acetaminophen cap 50-300 mg (generic for	
BUTALBITAL/ACETAMINOPHEN)	Pain
CALCIPOTRIENE (calcipotriene foam 0.005%)	
(authorized generic for SORILUX)	Plaque Psoriasis
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia
KETOPROFEN (ketoprofen cap 50 mg, 75 mg)	Pain, Inflammation
PRENARA (prenatal vit w/ fe fumarate-fa cap 15-1 mg)	Prenatal Vitamin
PRENATVITE COMPLETE (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE PLUS (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE RX (prenatal multivitamins & minerals w/iron & fa tab 0.8 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg)	Pain
SIMVASTATIN (simvastatin susp 20 mg/5 ml (4 mg/ml)) (authorized generic for FLOLIPID)	Hypercholesterolemia
SULCONAZOLE NITRATE (sulconazole nitrate cream 1%) (authorized generic for EXELDERM)	Fungal Infections
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 100 mg)	Pain
VITAFOL FE+ (prenat w/fe poly-methylfol-fa-dha cap 90- 0.6-0.4-200 mg)	Prenatal Vitamin

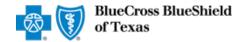
<sup>1</sup>Third-party brand names are the property of their respective owner.

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
CABOMETYX (cabozantinib s-malate tab 20 mg,40 mg, 60 mg (base equivalent))	Preferred Brand	Cancer
chlorzoxazone tab 500 mg	Non-Preferred Generic	Muscle Spasm
cyclosporine modified cap 50 mg	Non-Preferred Generic	Transplant Rejection Prophylaxis
DUAVEE (conjugated estrogens- bazedoxifene tab 0.45-20 mg)	Preferred Brand	Vasomotor symptoms associated with Menopause

# Drug List Updates (Coverage Tier Changes) – As of July 1, 2020



LOKELMA (andium tirannium	Preferred Brand	Hunarkolomia
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10	Preferred Brand	Hyperkalemia
gm)		
naloxone hcl soln prefilled syringe 2	Non-Preferred Generic	Opioid Overdose
mg/2 ml	Non-Freieneu Generic	Opiola Overdose
NUVARING (etonogestrel-ethinyl	Non-Preferred Generic	Contraception
estradiol va ring 0.120-0.015 mg/24hr)		Contracoption
potassium chloride tab er 20 meg (1500	Non-Preferred Generic	Hypokalemia
mg)		
PREDNISOLONE ACETATE	Preferred Brand	Ophthalmic Anti-inflammatory
(prednisolone acetate ophth susp 1%)		
PROAIR HFA (albuterol sulfate inhal	Non-Preferred Generic	Bronchospasm or Exercise-
aero 108 mcg/act (90 mcg base equiv))		Induced Bronchospasm
PROAIR RESPICLICK (albuterol sulfate	Non-Preferred Generic	Bronchospasm or Exercise-
aer pow ba 108 mcg/act (90 mcg base		Induced Bronchospasm
equiv))		-
VELTASSA (patiromer sorbitex calcium	Preferred Brand	Hyperkalemia
for susp packet 8.4 gm, 16.8 gm, 25.2		
gm (base eq))		
VENTOLIN HFA (albuterol sulfate inhal	Non-Preferred Generic	Bronchospasm or Exercise-
aero 108 mcg/act (90 mcg base equiv))		Induced Bronchospasm
XELJANZ (tofacitinib citrate tab 5 mg, 10	Preferred Brand	Rheumatoid Arthritis, Psoriatic
mg (base equivalent))		Arthritis, Ulcerative Colitis
Balanced and	Performance Select Dru	
	Non-Preferred Generic	Insomnia
doxepin hcl (sleep) tab 3 mg, 6 mg (base		
equiv) (generic for SILENOR)	Neg Destanced Concerie	Dein
hydrocodone bitartrate cap er 12hr	Non-Preferred Generic	Pain
abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg (generic for ZOHYDRO		
ER)		
F	Balanced Drug List	
		Pain
	Non-Preferred Generic	Pain
	Non-Preferred Generic	Muscle Spasm
	Non-Preferred Generic	Acne
oxycodone w/ acetaminophen tab 2.5-	Non-Preferred Generic	Pain
300 mg		
	Non-Preferred Generic	Muscle Spasm Acne



## **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 April 15, 2020:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Peanut Allergy	
Palforzia Initial Dose Escalation Kit	13 capsules per 180 days
Palforzia 3 x 1 mg capsule pack	90 capsules per 30 days
Palforzia 6 x 1 mg capsule pack	180 capsules per 30 days
Palforzia 2 x 1 mg capsules & 1 x 10 mg capsule	90 capsules per 30 days
pack	
Palforzia 1 x 20 mg capsule pack	30 capsules per 30 days
Palforzia 2 x 20 mg capsules pack	60 capsules per 30 days
Palforzia 4 x 20 mg capsules pack	120 capsules per 30 days
Palforzia 1 x 20 mg capsule & 1 x 100 mg capsule	60 capsules per 30 days
pack	
Palforzia 3 x 20 mg capsules & 1 x 100 mg	120 capsules per 30 days
capsule pack	
Palforzia 2 x 100 mg capsules pack	60 capsules per 30 days
Palforzia 2 x 20 mg capsules & 2 x 100 mg	120 capsules per 30 days
capsules pack	
Palforzia 300 mg sachet maintenance packet	30 sachets per 30 days
Palforzia 300 mg sachet titration packet	30 sachets per 30 days

# Effective July 1, 2020:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)	
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
Oxbryta		
Oxbryta 500 mg tablets	90 tablets per 30 days	

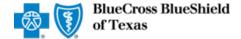
<sup>1</sup>*Third-party brand names are the property of their respective owner.* 

# UTILIZATION MANAGEMENT PROGRAM CHANGES

• Effective **April 15, 2020**, the Sickle Cell Disease Specialty Prior Authorization (PA) program changed its name to Endari. The targeted medication and program criteria remain the same.

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 April to members who have plans renewing in Q3 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.