



## Pharmacy Program Quarterly Update Changes Effective July 1, 2024 – Part 1

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**Reminder:** Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. The part 2 article includes updates that do not require member notification. These changes will be published closer to the **July 1, 2024**, effective date.

## 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 drug lists, effective on or after July 1, 2024.

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

Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the charts below, or you can view the July 2024 drug lists on our [member](#) website.

**Please note:** The drug list changes below do not apply to BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2025.

**Please note:** The drug list changes listed below apply only to TX ASO members who have moved to quarterly updates.

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, 2025.

## Drug List Exclusions/Revisions – Effective July 1, 2024

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
ACCURETIC (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
ALREX (loteprednol etabonate ophth susp 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Cyltezo, Humira	Autoimmune Disorders
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Cyltezo, Humira	Autoimmune Disorders
BROMSITE (bromfenac sodium ophth soln 0.075% (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammation-Ophthalmic



Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition
CONDYLOX (podofilox gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	External Genital Warts
EMFLAZA (deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg)	prednisone tablet	Duchenne Muscular Dystrophy
EXKIVITY (mobocertinib succinate cap 40 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
GRALISE (gabapentin (once-daily) tab 300 mg, 600 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Post-herpetic Neuralgia
INDOCIN (indomethacin susp 25 mg/5 ml)	indomethacin capsule	Inflammatory Conditions
KORLYM (mifepristone tab 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cushing's Syndrome
LEXETTE (halobetasol propionate foam 0.05%)	clobetasol propionate solution 0.5%	Inflammation- Topical
NASCOBAL (cyanocobalamin nasal spray 500 mcg/0.1 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vitamin B12 Deficiency, Pernicious Anemia
PENTASA (mesalamine cap er 500 mg)	mesalamine tablet DR	Ulcerative Colitis
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment
XIIDRA (lifitegrast ophth soln 5%)	Restasis single dose vials, Tyrvaya	Dry Eye Disease



Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
ALREX (loteprednol etabonate ophth susp 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Hadlima, Humira	Autoimmune Disorders
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Hadlima, Humira	Autoimmune Disorders
EXKIVITY (mobocertinib succinate cap 40 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
KORLYM (mifepristone tab 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cushing's Syndrome
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment

Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
ALREX (loteprednol etabonate ophth susp 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Cyltezo, Humira	Autoimmune Disorders
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Cyltezo, Humira	Autoimmune Disorders



Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition
BROMSITE (bromfenac sodium ophth soln 0.075% (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammation-Ophthalmic
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%, 1.2-3.75%	clindamycin phosphate-benzoyl peroxide refrigerated gel 1.2-2.5%	Acne
EXKIVITY (mobocertinib succinate cap 40 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
GRALISE (gabapentin (once-daily) tab 300 mg, 600 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Post-herpetic Neuralgia
KORLYM (mifepristone tab 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cushing's Syndrome
LIPOFEN (fenofibrate cap 50 mg, 150 mg)	atorvastatin tablet, lovastatin, pravastatin, rosuvastatin, simvastatin	Hyperlipidemia, Hypercholesterolemia, Hypertriglyceridemia
NASCOBAL (cyanocobalamin nasal spray 500 mcg/0.1 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vitamin B12 Deficiency, Pernicious Anemia
pitavastatin calcium tab 1 mg, 2 mg, 4 mg	atorvastatin tablet, lovastatin, pravastatin, rosuvastatin, simvastatin	Hyperlipidemia, Hypercholesterolemia
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment
XIIDRA (lifitegrast ophth soln 5%)	Restasis single dose vials, Tyrvaya	Dry Eye Disease



Basic, Multi-Tier Basic, Enhanced, and Multi-Tier Enhanced Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Drug Class/Condition
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 ml)	Hadlima, Humira	Autoimmune Disorders
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml)	Hadlima, Humira	Autoimmune Disorders
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis

Drug Tier Changes – As of July 1, 2024

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after July 1, 2024.

Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition	New Tier
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	acetaminophen/codeine tablet 300-15 mg	Pain	Non-Preferred Brand
FLUOCINOLONE ACETONIDE (fluocinolone acetonide cream 0.01%)	desonide cream 0.05%, triamcinolone acetonide cream 0.025%	Inflammation- Topical	Non-Preferred Brand
FLUTICASONE PROPIONATE (fluticasone propionate lotion 0.05%)	fluticasone propionate cream 0.05%	Inflammation- Topical	Non-Preferred Brand
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon (rdna) for inj kit 1 mg)	Baqsimi, Gvoke, Glucagon injection	Hypoglycemia	Non-Preferred Brand
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg, 3 mg 6 mg)	glyburide tablet 1.25 mg, glyburide tablet 2.5 mg, glyburide tablet 5 mg	Diabetes	Non-Preferred Brand
HYDROCORTISONE ACETATE/PRAMOXINE (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
HYDROCORTISONE BUTYRATE (LIPID) (hydrocortisone butyrate hydrophilic lipo base cream 0.1%)	betamethasone valerate cream 0.1%, triamcinolone acetonide ointment 0.25%	Dermatitis, Dermatoses	Non-Preferred Brand



Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
LIPOFEN (fenofibrate cap 50 mg, 150 mg)	atorvastatin tablet, lovastatin, pravastatin, rosuvastatin, simvastatin	Hyperlipidemia, Hypercholesterolemia, Hypertriglyceridemia	Non-Preferred Brand
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml)	morphine sulfate oral solution 20 mg/ml, morphine sulfate tablet 15 mg, morphine sulfate tablet 30 mg	Pain	Non-Preferred Brand
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg)	benazepril, captopril, enalapril, lisinopril, perindopril erbumine tablet 4 mg	Hypertension, Heart Failure	Non-Preferred Brand
VALSARTAN (valsartan oral soln 4 mg/ml)	valsartan tablet	Hypertension	Non-Preferred Brand

Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	acetaminophen/codeine tablet 300-15 mg	Pain	Non-Preferred Brand
FLUOCINOLONE ACETONIDE (fluocinolone acetonide cream 0.01%)	desonide cream 0.05%, triamcinolone acetonide cream 0.025%	Inflammation- Topical	Non-Preferred Brand
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon (rdna) for inj kit 1 mg)	Baqsimi, Gvoke, Glucagon injection	Hypoglycemia	Non-Preferred Brand
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg, 3 mg 6 mg)	glyburide tablet 1.25 mg, glyburide tablet 2.5 mg, glyburide tablet 5 mg	Diabetes	Non-Preferred Brand
HYDROCORTISONE ACETATE/PRAMOXINE (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml)	morphine sulfate oral solution 20 mg/ml, morphine sulfate tablet 15 mg, morphine sulfate tablet 30 mg	Pain	Non-Preferred Brand
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg)	benazepril, captopril, enalapril, lisinopril, perindopril erbumine tablet 4 mg	Hypertension, Heart Failure	Non-Preferred Brand



Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	acetaminophen/codeine tablet 300-15 mg	Pain	Non-Preferred Brand
FLUOCINOLONE ACETONIDE (fluocinolone acetonide cream 0.01%)	desonide cream 0.05%, triamcinolone acetonide cream 0.025%	Inflammation- Topical	Non-Preferred Brand
GLUCAGON EMERGENCY KIT FO R LOW BLOOD SUGAR (glucagon (rdna) for inj kit 1 mg)	Baqsimi, Gvoke, Glucagon injection	Hypoglycemia	Non-Preferred Brand
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg, 3 mg 6 mg))	glyburide tablet 1.25 mg, glyburide tablet 2.5 mg, glyburide tablet 5 mg	Diabetes	Non-Preferred Brand
HYDROCORTISONE ACETATE/PRAMOXINE (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml)	morphine sulfate oral solution 20 mg/ml, morphine sulfate tablet 15 mg, morphine sulfate tablet 30 mg	Pain	Non-Preferred Brand
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg)	benazepril, captopril, enalapril, lisinopril, perindopril erbumine tablet 4 mg	Hypertension, Heart Failure	Non-Preferred Brand



## Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

### Changes to Standard Prior Authorization Program – Effective July 1, 2024

Changes to drug categories and/or medications will be made to the Prior Authorization (PA) programs for standard pharmacy benefit plans upon renewal for non-ASO groups. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates.

For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

**Note:** For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group’s 2025 renewal date, unless otherwise noted.

Members received letters regarding the program changes listed below.

Basic, Multi-Tier Basic, Enhanced, Enhanced and Multi-Tier Enhanced, Basic, Basic Annual, Multi-Tier Basic, Enhanced, Enhanced Annual, Multi-Tier Enhanced, Multi-Tier Enhanced Annual Drug Lists

Drug Category	Medication(s) <sup>1</sup>
Biologic Immunomodulators PAQL	Amjevita soln for inject

### Updates to Prior Authorization Programs

Program Name	Program Type	Description of Change	Drug Lists	Effective Date
Agamree Emflaza PAQL	Prior Authorization Specialty	Name changed and added target Agamree (vamorolone) 40 mg/mL oral susp	Balanced, Performance, Performance Select, Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual and HIM	6/15/2024
Fabhalta PAQL	Prior Authorization Specialty	New program with target Fabhalta (Iptacopan) 200 mg caps	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual and Multi-Tier Enhanced Annual	7/1/2024



Program Name	Program Type	Description of Change	Drug Lists	Effective Date
Hyperhidrosis PAQL	Prior Authorization	Program now applying for select drug list(s) with target Qbrexa 2.4% pad	Performance, Performance Annual, Performance Select	4/15/2025
Oral Tetracycline Derivatives PA	Prior Authorization	Added targets Tetracycline Tabs 250 mg and 500 mg	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual, HIM, Balanced, Performance, Performance Select	2/19/2024
Substrate Reduction Therapy PAQL	Prior Authorization Specialty	Added target Opfolda (miglustat) 65 mg cap	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual, HIM, Balanced, Performance, Performance Select	6/1/2024
Therapeutic Alternatives PAQL	Prior Authorization	Added target Coxanto (oxaprozin) 300 mg cap	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual, HIM, Balanced, Performance, Performance Select	7/1/2024
Xphozah PAQL	Prior Authorization	New program with target Xphozah (tenapanor) 20 mg and 30 mg tab	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual and Multi-Tier Enhanced Annual	7/1/2024

## Dispensing Limit Changes

BCBSTX's prescription-drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling. BCBSTX may send letters to 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.

For the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

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 log in to [Blue Access for Members<sup>SM</sup>](#) (BAM<sup>SM</sup>) or [MyPrime.com](#) for more online resources.

**Dispensing Limit changes are on the chart below with their effective date.**

**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, 2025. For BCBSTX members on the 2023 or 2024 Health Insurance Marketplace (HIM) Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2025.

View the most up-to-date [drug lists](#) and [dispensing limits](#) on [bcbstx.com](#).

[Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists](#)

Program	Target Agent	Dispensing Limit	Effective Date
Fabhalta PAQL	Fabhalta (iptacopan) 200 mg caps	60 caps per 30 days	7/1/2024
Xphozah PAQL	Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	60 tabs per 30 days	7/1/2024

[Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Balanced, Performance, Performance Select, Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Enhanced Multi-Tier Annual and Health Insurance Marketplace \(HIM\) Drug Lists](#)

Program	Target Agent	Dispensing Limit	Effective Date
Agamree Emflaza PAQL	Agamree (vamorolone) 40 mg/mL oral susp	300 mLs per 30 days	6/15/2024
GLP-1 (glucagon-like peptide-1) agonist PAQL	Mounjaro (tirzepatide) soln pen injector 2.5 mg/0.5 mL	4 pens per 180 days	7/1/2024*
Substrate Reduction Therapy PAQL	Opfolda (miglustat) 65 mg cap	8 caps per 28 days	6/1/2024
Therapeutic Alternatives PAQL	Coxanto (oxaprozin) 300 mg caps	120 caps per 30 days	7/1/2024

\*Members with quarterly updates were lettered on this change. Members with annual updates will be lettered prior to their 2025 renewal date.

## Pharmacy Benefits Updates

Visit the [Provider's Pharmacy page](#) for resource materials. Stay tuned to [Blue Review](#) for additional Pharmacy Program updates.

### Reminder: BCBSTX's Updated Approach to Managing GLP-1 Agonist Medications

BCBSTX is committed to providing its members access to safe, appropriate, and cost-effective health care within their plan benefits. To ensure the appropriate use of GLP-1s as indicated for diabetes, we are making it easier for providers to bypass our prior authorization (PA) process for some of our members with diabetes.

Members may have received a letter regarding this new approach. BCBSTX mailed letters in late April to members with annual changes with a July, August or September renewal date. For more information, review the article on [bcbstx.com](http://bcbstx.com).

### Zepbound Added as a Custom Benefit Option on Select BCBSTX Drug Lists

Following its FDA approval for weight management, the GLP-1 drug Zepbound (tirzepatide) was added as a custom benefit option on the Performance, Performance Select and Balanced drug lists, effective April 15, 2024. Coverage of weight loss drugs, including Zepbound, is not a standard benefit for BCBSTX plans. However, self-funded groups have the option to cover weight loss drugs, including Zepbound, as a custom benefit.

**Please note:** The drug addition was not printed in the April 2024 drug lists published on [bcbstx.com](http://bcbstx.com) due to a late, formulary coverage decision. The drug will appear in the July 2024 publications with a notation for group-specific coverage. Members utilizing digital tools as of April 1, 2024, will see coverage notations as applicable. Members can refer to their benefit materials for coverage details or call the number on their member ID card for assistance.

### Links to Commonly Used Forms Now Available

Links to some commonly used forms have been added to our [provider website](#).

- The [Affordable Care Act \(ACA\) Copay Waiver](#) form can be used to request \$0 member cost share for preventive drug products not covered on a BCBSTX commercial plan drug list. There is also a program summary with more details on when and how to use this form.
- The [Formulary Coverage Exception](#) form can be used to request coverage for drug products not covered on a BCBSTX commercial plan drug list.



<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.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

\*This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

<sup>†</sup>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](https://www.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 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.