



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – 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 July 1, 2021 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 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, 2022.

Drug List Updates (Revisions/Exclusions) – As of July 1, 2021

| Non-Preferred Brand ¹ | Drug Class/ Condition Used For | Preferred Generic Alternative(s) ² | Preferred Brand Alternative(s) ^{1, 2} |
|--|--|---|---|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions | | | |
| ATRIPLA (efavirenz- emtricitabine-tenofovir df tab 600-200-300 mg) | HIV | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200- 300 mg) | HIV/HIV Prophylaxis | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| Drug¹ | Drug Class/Condition Used For | Generic Alternatives^{1,2} | Brand Alternatives^{1,2} |
| Balanced, Performance and Performance Select Drug List Revisions | | | |
| FLURBIPROFEN (flurbiprofen tab 50 mg) | Pain/Inflammation | ibuprofen, naproxen | |
| HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%) | Inflammatory Conditions | desonide lotion 0.05%, hydrocortisone valerate cream 0.2% | |
| PYRAZINAMIDE (pyrazinamide tab 500 mg) | Tuberculosis | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg) | Oral Contraceptive | <i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |



Balanced Drug List Revisions

| | | | |
|---|------|--|--|
| NALOCET (oxycodone w/ acetaminophen tab 2.5-300 mg) | Pain | oxycodone W/ acetaminophen tablet 2.5-325 mg | |
| OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 2.5-300 mg) | Pain | oxycodone W/ acetaminophen tablet 2.5-325 mg | |
| OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 10-300 mg) | Pain | oxycodone W/ acetaminophen tablet 10-325 mg | |
| PRIMLEV (oxycodone w/ acetaminophen tab 10-300 mg) | Pain | oxycodone W/ acetaminophen tablet 10-325 mg | |
| PROLATE (oxycodone w/ acetaminophen tab 10-300 mg) | Pain | oxycodone W/ acetaminophen tablet 10-325 mg | |

Balanced, Performance and Performance Select Drug List Exclusions

| | | |
|--|-----------------------|---|
| ALINIA (nitazoxanide tab 500 mg) | Parasitic Infections | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg) | HIV | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| BANZEL (rufinamide susp 40 mg/ml) | Seizures | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| BETHKIS (tobramycin nebu soln 300 mg/4 ml) | Cystic Fibrosis | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| FERRIPROX (deferiprone tab 500 mg) | Chronic Iron Overload | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml) | Cough | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| KUVAN (sapropterin dihydrochloride powder packet 100 mg, 500 mg) | Phenylketonuria | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| KUVAN (sapropterin dihydrochloride soluble tab 100 mg) | Phenylketonuria | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |
| MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent)) | Infections | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> |



| | | | |
|--|---------------------|---|--|
| SKLICE (ivermectin lotion 0.5%) | Lice | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg) | HIV/HIV Prophylaxis | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| TYKERB (lapatinib ditosylate tab 250 mg (base equiv)) | Cancer | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |

Performance and Performance Select Drug List Exclusions

| | | | |
|---|---|--|--|
| amantadine hcl tab 100 mg | Parkinson's Disease | amantadine capsule | |
| benzonatate cap 150 mg | Cough | benzonatate 100 mg capsule, benzonatate 200 mg capsule | |
| clindamycin phosphate-benzoyl peroxide gel 1-5% | Acne | clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel | |
| cyclobenzaprine hcl tab 7.5 mg | Muscle Spasm/Spasticity | cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet | |
| imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg | Depression | imipramine tablet | |
| temazepam cap 7.5 mg | Insomnia | estazolam tablet, temazepam 15 mg capsule | |
| temazepam cap 22.5 mg | Insomnia | estazolam tablet, temazepam 15 mg capsule, temazepam 30 mg capsule | |
| tretinoin gel 0.05% | Acne | tretinoin 0.05% cream | |
| TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv)) | Cancer, Rheumatoid Arthritis, Psoriasis | methotrexate 2.5 mg tablet | |

Performance Select Drug List Exclusions

| | | | |
|--|-------------------|---|--|
| azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA) | Allergic Rhinitis | azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act | |
|--|-------------------|---|--|

Balanced and Performance Select Drug List Exclusions

| | | | |
|---|-----------|--|----------|
| calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX) | Psoriasis | | Enstilar |
|---|-----------|--|----------|



| | | | |
|---|--------------------------------------|--|----------|
| doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR) | Insomnia | zolpidem tablet | Belsomra |
| DYMISTA (azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act) | Allergic Rhinitis | azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act | |
| KERYDIN (tavaborole soln 5%) | Fungal Infections | ciclopirox | Jublia |
| naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg (generic for VIMOVO) | Pain/Inflammation, Ulcer Prophylaxis | naproxen 375 mg, omeprazole | Duexis |
| TACLONEX (calcipotriene-betamethasone dipropionate susp 0.005-0.064%) | Psoriasis | | Enstilar |
| tavaborole soln 5% (generic for KERYDIN) | Fungal Infections | ciclopirox | Jublia |
| VIMOVO (naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg) | Pain/Inflammation, Ulcer Prophylaxis | naproxen 375 mg, omeprazole | Duexis |
| Balanced Drug List Exclusions | | | |
| TAYTULLA (norethindrone acethinyl estradiol-fe cap 1 mg-20 mcg (24)) | Oral Contraceptive | Aurovela FE 1/20, Junel FE 1/20, norethindrone acethinyl estradiol-fe tablet 1 mg-20 mcg | |
| TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.5%) | Glaucoma, Ocular Hypertension | timolol ophthalmic solution | |
| TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%) | Glaucoma, Ocular Hypertension | timolol ophthalmic solution | |

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

²This 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, 2022.

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 July 1, 2021:

| Drug Class and Medication(s) ¹ | Dispensing Limit(s) |
|--|-----------------------|
| Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists | |
| Sucraid | |
| Sucraid 8500 units/mL* | 236 mL per 28 days |
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | |
| Indomethacin suspension 25 mg / 5 mL | 40 mL per day |
| Therapeutic Alternatives | |
| Adapalene pads 0.1% | 28 swabs per 28 days |
| Acyclovir-hydrocortisone cream 5-1% (XERESE) | 5 grams per 30 days |
| Topical Corticosteroid | |
| Amcinonide 0.01% cream, lotion, and ointment | 100 grams per 30 days |
| Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO) | 240 mL per 90 days |
| Betamethasone dipropionate 0.05% cream | 100 grams per 30 days |
| Betamethasone dipropionate 0.05% lotion | 100 grams per 30 days |
| Betamethasone dipropionate 0.05% ointment | 100 grams per 30 days |
| calcipotriene-betamethasone dipropionate 0.005-0.064% foam (ENSTILAR), ointment and suspension (TACLONEX), cream (WYNZORA) | 120 grams per 30 days |
| clobetasol 0.05% aerosolized foam (OLUX) | 180 grams per 90 days |
| Clobetasol Propionate Cream 0.025% (IMPOYZ) | 100 grams per 30 days |
| clobetasol propionate foam 0.05% | 180 grams per 90 days |
| desoximetasone 0.25% cream, ointment, spray, and gel | 100 grams per 30 days |
| diflorasone diacetate cream and ointment 0.05% | 100 grams per 30 days |
| diflorasone diacetate emollient base cream and ointment 0.05% | 100 grams per 30 days |
| fluocinonide cream 0.5% | 100 grams per 30 days |
| fluocinonide emulsified base (cream) 0.05% | 100 grams per 30 days |
| fluocinonide gel 0.05% | 100 grams per 30 days |
| fluocinonide ointment 0.05% | 100 grams per 30 days |
| fluocinonide solution 0.05% | 100 grams per 30 days |
| halcinonide cream 0.025% and 0.1% | 100 grams per 30 days |
| halcinonide ointment 0.1% | 100 grams per 30 days |
| Halcinonide Soln 0.1% (HALOG) | 120 grams per 30 days |
| halobetasol 0.01% lotion (BRYHALI) | 100 grams per 30 days |
| halobetasol 0.05% aerosolized foam (LEXETTE) | 180 grams per 90 days |
| halobetasol-tazarotene 0.01-0.45% lotion (DUOBRII) | 100 grams per 30 days |
| mometasone furoate 0.1% ointment | 100 grams per 30 days |
| Xhance | |
| XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act* | 2 bottles per 30 days |

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

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



UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **July 1, 2021**, the following changes will be applied:
 - The Sucraid PA program and target drug Sucraid (sacrosidase) 8,500 unit/mL oral solution will be added to the Performance Annual Drug List.*
 - The Xhance PA program and target drug Xhance (fluticasone propionate) nasal exhaler suspension 93 mcg/act will be added to the Performance, Performance Annual and Performance Select Drug Lists.*

* 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 categories added to current pharmacy PA standard programs, effective July 1, 2021:**

| Drug Category | Targeted Medication(s) ¹ |
|---|--|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Sucraid | SUCRAID (sacrosidase) 8,500 unit/mL oral solution |
| Basic, Enhanced and Balanced Drug Lists | |
| Xhance | XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act* |
| Basic and Enhanced Drug Lists | |
| Somatostatins | BYFENZIA (octreotide acetate) 2500 mcg/mL solution pen-injector* |

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

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

** Applies to select members on July 1, 2021. Members on an Annual drug list may not see these changes applied until their 2022 renewal date.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2021:**

| Drug Category | Targeted Medication(s) ¹ |
|---|---|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | INDOCIN (indomethacin) 25 mg/mL oral suspension |
| Therapeutic Alternatives | ADAPALENE (adapalene) pads 0.1%, ADRENACLICK (epinephrine) 0.15 mg injection, ADRENACLICK (epinephrine) 0.3 mg injection, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 80 mg, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 120 mg, XERESE (acyclovir-hydrocortisone) 5-1% cream |

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

** Applies to select members on July 1, 2021. Members on an Annual drug list may not see these changes applied until their 2022 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 MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSTX offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

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

HDHP-HSA Preventive Drug Program Reminder

Select BCBSTX members’ High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes. *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 their preventive drug benefit may also change.

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

Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSTX members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective July 1, 2021. Please talk to your patient about other products that may be available.

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

| Product(s) No Longer Covered ^{1*} | Condition Used For | Covered Alternative(s) ^{1,2} |
|--|-----------------------|---|
| BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG | HEADACHE | BUTALBITAL-ACETAMINOPHEN 50-325 MG TABS |
| INDOMETHACIN CAP 20 MG | INFLAMMATION AND PAIN | INDOMETHACIN 25 MG |

| | | |
|------------------------|-----------------------|---------------------------------|
| NABUMETONE TAB 1000 MG | INFLAMMATION AND PAIN | NABUMETONE 500 MG or 750 MG TAB |
|------------------------|-----------------------|---------------------------------|

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

| Product(s) No Longer Covered ^{1*} | Condition Used For | Covered Alternative(s) ^{1,2} |
|--|--------------------|---|
| METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG | HYPERTENSION | OTHER MANUFACTURERS |
| METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 50-12.5 MG | HYPERTENSION | OTHER MANUFACTURERS |
| METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG | HYPERTENSION | OTHER MANUFACTURERS |
| PNV TAB 1-20 [†] | PRENATAL VITAMINS | PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M |

¹ All brand names are the property of their respective owners.

² This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

[†] The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

Starting July 1, 2021, BCBSTX will be changing HIV Pre-exposure Prophylaxis (PrEP) coverage for select members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance and Performance Select. The brand Truvada 200-300 mg will no longer be covered under the HIV PrEP ACA category and may not be covered on the member's drug list. Members who are affected by this change will be notified prior to the effective date. **Please note: BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual or TX Health Insurance Marketplace Drug Lists will not have this change applied until on or after Jan. 1, 2022.**

As a reminder, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

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.