

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

Drug List Coverage Additions – As of July 1, 2021

| Drug¹ | Drug Class/Condition Used For |
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| Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists | |
| CARBAGLU (carglumic acid tab 200 mg) | Hyperammonemia |
| KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml) | Relapsing Multiple Sclerosis |
| LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg) | Schizophrenia, Bipolar Depression |
| MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack) | Relapsing Multiple Sclerosis |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml)) | Diabetes |
| PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml) | Relapsing Multiple Sclerosis |
| REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml) | Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis |
| VIMPAT (lacosamide oral solution 10 mg/ml) | Seizures |
| VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg) | Seizures |
| XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent)) | Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ulcerative Colitis |
| XTANDI (enzalutamide tab 40 mg, 80 mg) | Prostate Cancer |
| ZOKINVY (lonafarnib cap 50 mg, 75 mg) | Progeria |



| Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists | |
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| AFINITOR (everolimus tab 10 mg) | Cancer |
| ARANESP ALBUMIN FREE (darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml, 300 mcg/ml) | Anemia |
| ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 10 mcg/0.4 ml, 150 mcg/0.3 ml, 500 mcg/ml) | Anemia |
| AZITHROMYCIN (azithromycin powd pack for susp 1 gm) | Infections |
| COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act) | Chronic Obstructive Pulmonary Disease (COPD) |
| COTELLIC (cobimetinib fumarate tab 20 mg (base equivalent)) | Cancer |
| CRINONE (progesterone vaginal gel 4%, 8%) | Infertility |
| DILANTIN (phenytoin sodium extended cap 30 mg) | Seizures |
| EMCYT (estramustine phosphate sodium cap 140 mg) | Cancer |
| LOTEMAX (loteprednol etabonate ophth oint 0.5%) | Ophthalmic Inflammatory Conditions |
| LOTEMAX SM (loteprednol etabonate ophth gel 0.38%) | Ophthalmic Inflammatory Conditions |
| LUMIGAN (bimatoprost ophth soln 0.01%) | Ocular Hypertension, Glaucoma |
| MESNEX (mesna tab 400 mg) | Hemorrhagic Cystitis |
| MULTAQ (dronedarone hcl tab 400 mg (base equivalent)) | Atrial Fibrillation |
| NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml) | Neutropenia |
| NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg) | Gastroesophageal Reflux Disease (GERD) |
| PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate ophth soln 1%) | Ophthalmic Inflammatory Conditions |
| PREDNISON (prednisone oral soln 5 mg/5 ml) | Inflammatory Conditions |
| PRENATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg) | Prenatal Vitamin |
| PRENATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg) | Prenatal Vitamin |
| PROPRANOLOL HCL (propranolol hcl oral soln 20 mg/5 ml, 40 mg/5 ml) | Hypertension |
| PURIXAN (mercaptapurine susp 2000 mg/100ml (20 mg/ml)) | Cancer |
| SE-NATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg) | Prenatal Vitamin |
| SE-NATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg) | Prenatal Vitamin |
| SIMBRINZA (brinzolamide-brimonidine tartrate ophth susp 1-0.2%) | Ocular Hypertension, Glaucoma |
| SYNJARDY (empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg) | Diabetes |
| SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg) | Diabetes |
| TABLOID (thioguanine tab 40 mg) | Cancer |
| VELPHORO (sucroferric oxyhydroxide chew tab 500 mg) | Chronic Kidney Disease |

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| VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg) | Attention Deficit Hyperactivity Disorder (ADHD) |
| VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg) | Attention Deficit Hyperactivity Disorder (ADHD) |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%) | Ophthalmic Inflammatory Conditions |
| Balanced, Performance, Performance Annual and Performance Select Drug Lists | |
| abiraterone acetate tab 500 mg (generic for ZYTIGA) | Cancer |
| emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg | HIV/HIV Prophylaxis |
| ERYTHROMYCIN ETHYLSUCCINATE (erythromycin ethylsuccinate tab 400 mg) | Infections |
| glucagon (rdna) for inj kit 1 mg (generic for GLUCAGON EMERGENCY KIT) | Hypoglycemia |
| HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8 ml) | Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK (adalimumab pen-injector kit 80 mg/0.8 ml) | Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis |
| ICLUSIG (ponatinib hcl tab 10 mg, 30 mg (base equivalent)) | Leukemia |
| IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml) | Obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency |
| JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml) | COVID-19 Vaccine |
| KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml) | Relapsing Multiple Sclerosis |
| loteprednol etabonate ophth gel 0.5% (generic for LOTEMAX GEL) | Ophthalmic Conditions |
| MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack) | Relapsing Multiple Sclerosis |
| MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml) | COVID-19 Vaccine |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml) | Chemotherapy-Induced Neutropenia |
| ORGOVYX (relugolix tab 120 mg) | Prostate Cancer |
| OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml)) | Diabetes |
| PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml) | Relapsing Multiple Sclerosis |
| REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml) | Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis |
| THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5 ml) | Hypothyroidism |
| VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr) | Vaccine |
| VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp) | Vaccine |
| XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent)) | Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis |

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| XTANDI (enzalutamide tab 40 mg, 80 mg) | Prostate Cancer |
| ZOKINVY (lonafarnib cap 50 mg, 75 mg) | Progeria |
| XHANCE (fluticasone propionate nasal exhaler susp 93 mcg/act) | Nasal Polyps |
| Balanced and Performance Select Drug Lists | |
| brinzolamide ophth susp 1% | Glaucoma, Ocular Hypertension |
| imiquimod cream 3.75% (generic for ZYCLARA) | Actinic Keratosis |
| JORNAY PM (methylphenidate hcl cap delayed er 24hr 20 mg, 40 mg, 60 mg, 80 mg, 100 mg (pm)) | Attention-Deficit Hyperactivity Disorder (ADHD) |
| WINLEVI (clascoterone cream 1%) | Acne |
| Balanced Drug List | |
| azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA) | Allergic Rhinitis |
| droxidopa cap 100 mg, 200 mg, 300 mg (generic for NORTHERA) | Neurogenic Orthostatic Hypotension |
| hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (generic for HYSINGLA ER) | Pain |
| IMPEKLO (clobetasol propionate lotion 0.15 mg/act (0.05%)) | Topical Inflammation/Itching |
| NAPROXEN SODIUM (naproxen sodium tab er 24hr 750 mg (base equivalent)) (authorized generic for NAPRELAN) | Pain, Inflammation |
| ONGENTYS (opicapone cap 25 mg) | Parkinson's Disease |
| OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN (oxycodone w/ acetaminophen soln 10-300 mg/5 ml) | Pain |
| PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha cap 28-1-35 mg) | Prenatal Vitamin |
| PROLATE (oxycodone w/ acetaminophen soln 10-300 mg/5 ml) | Pain |
| QDOLO (tramadol hcl oral soln 5 mg/ml) | Pain |
| RELTONE (ursodiol cap 200 mg, 400 mg) | Gallstones |
| SULCONAZOLE NITRATE (sulconazole nitrate solution 1%) (authorized generic for EXELDERM SOLN) | Fungal Infections |
| TRISTART FREE (prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg) | Prenatal Vitamin |

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

Drug List Updates (Coverage Tier Changes) – As of July 1, 2021

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|---------------------------------|
| Balanced, Performance, Performance Annual and Performance Select Drug Lists | | |
| CARBAGLU (carglumic acid tab 200 mg) | Preferred Brand | Hyperammonemia |
| ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs)) | Preferred Brand | Menopause Symptoms |
| LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg) | Preferred Brand | Bipolar Disorder, Schizophrenia |
| norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE) | Non-Preferred Generic | Contraceptive |
| promethazine & phenylephrine syrup 6.25-5 mg/5 ml | Non-Preferred Generic | Cold & Allergies |

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|--|-----------------------|---|
| promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml | Non-Preferred Generic | Cough/Cold |
| terconazole vaginal cream 0.8% | Non-Preferred Generic | Yeast Infections |
| topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (generic for QUDEXY XR) | Non-Preferred Generic | Seizures |
| VIMPAT (lacosamide oral solution 10 mg/ml) | Preferred Brand | Seizures |
| VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg) | Preferred Brand | Seizures |
| Balanced and Performance Select Drug Lists | | |
| imiquimod cream 3.75% | Non-Preferred Generic | Actinic Keratosis |
| QUILLICHEW ER (methylphenidate hcl chew tab extended release 20 mg, 30 mg, 40 mg) | Preferred Brand | Attention-Deficit Hyperactivity Disorder (ADHD) |
| QUILLIVANT XR (methylphenidate hcl for er susp 25 mg/5 ml (5 mg/ml)) | Preferred Brand | Attention-Deficit Hyperactivity Disorder (ADHD) |
| Balanced Drug List | | |
| levorphanol tartrate tab 3 mg | Non-Preferred Generic | Pain |

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **June 1, 2021**, the Imcivree Specialty Prior Authorization (PA) program and target drug Imcivree will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **July 1, 2021**, the following changes will be applied:
 - The Benlysta Specialty PA program will change its name to Lupus. The program includes the same targeted medication and a new one, Lupkynis, which applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. The program criteria will also be updated as needed.
 - The Circadian Rhythm Disorders PA program will change its name to Hetlioz. The program includes the same targeted medication and a new one, Hetlioz LQ. The program criteria will also be updated as needed.
 - The Coagulation Factor VIIa Specialty PA program and target drugs NovoSeven RT and Sevenfact will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - The Zokinvy PA program and target drug Zokinvy will be added 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 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.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

As a reminder, the brand Truvada 200-300 mg will be removed from coverage under the HIV Pre-exposure Prophylaxis (PrEP) ACA category effective July 1, 2021 and may not be covered on the member’s drug list. This change applies to members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance and Performance Select. Members who are affected by this change were 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.***

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.