



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

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the October 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 Oct. 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			
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>	
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZYTIGA (abiraterone acetate tab 500 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic and Multi-Tier Basic Drug List Revisions			
AZOPT (brinzolamide ophth susp 1%)	Ocular Hypertension, Glaucoma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ALPHAGAN P (brimonidine ophth soln 0.1%)	Ocular Hypertension, Glaucoma	brimonidine tartrate 0.15%, brimonidine tartrate 0.2%, apraclonidine 0.5%, lopicidine 1%, Simbrinza	
CARAC (fluorouracil cream 0.5%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
CELLCEPT (mycophenolate mofetil cap 250 mg)	Transplant Rejection Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

CELLCEPT (mycophenolate mofetil tab 500 mg)	Transplant Rejection Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CELONTIN (methsuximide cap 300 mg)	Seizures	ethosuximide capsules, ethosuximide solution	
DEXAMETHASONE (dexamethasone soln 0.5 mg/5 ml)	Inflammatory Conditions	dexamethasone tablets, dexamethasone elixir 0.5 mg/5 ml	
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle Cell Anemia	hydroxyurea capsule 500 mg	
EPOGEN (epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml)	Anemia		Procrit, Retacrit
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
INNOPRAN XL (propranolol hcl sustained-release beads cap er 24hr 80 mg, 24hr 120 mg)	Hypertension	propranolol hcl cap ER 24hr	
LOTEMAX (lotepred nol etabonate ophth gel 0.5%)	Ocular Hypertension, Glaucoma	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PREDNISONE INTENSOL (prednisone conc 5 mg/ml)	Inflammatory Conditions	prednisone 5 mg/5 ml solution, prednisolone sodium phosphate 10 mg/5 ml, 15 mg/5 ml, 20 mg/5 ml	
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Transplant Rejection Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis	tacrolimus capsules	
SIVEXTRO (tedizolid phosphate for iv soln 200 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SIVEXTRO (tedizolid phosphate tab 200 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis, Cancer	methotrexate 2.5 mg tablet	
ZORTRESS (everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg)	Transplant Rejection Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis, Warts	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 3.75%	
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis, Warts	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Enhanced and Multi-Tier Enhanced Drug List Revisions			
CEREZYME (imiglucerase for inj 400 unit)	Gaucher Disease	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NAGLAZYME (galsulfase soln for iv infusion 1 mg/ml)	Mucopolysaccharidosis VI (MPS VI)	<i>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			
CEFACLOR (cefaclor cap 250 mg, 500 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CEFADROXIL (cefadroxil tab 1 gm)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CYCLOSERINE (cycloserine cap 250 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SPS (sodium polystyrene sulfonate oral susp 15 gm/60 ml)	Hyperkalemia		Lokelma, Veltassa
VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Contraceptive		Encare, Options Glynol Vaginal, VCF Vaginal Contraceptive foam
Balanced Drug List Revisions			
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	acetaminophen W/codeine tablet	
FLUOXETINE HYDROCHLORIDE (fluoxetine hcl (pmdd) tab 10 mg, 20 mg)	Premenstrual dysphoric disorder	fluoxetine capsule	
MORPHINE SULFATE ER (morphine sulfate cap er 24hr 40 mg)	Pain	morphine sulfate cap er 24hr 20 mg	Xtampza ER
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)	

VTOL LQ (butalbital-acetaminophen-caffeine soln 50-325-40 mg/15 ml)	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	
Balanced, Performance and Performance Select Drug List Exclusions			
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	estradiol patches, estradiol tablets	Estring, Premarin
GLUCAGON EMERGENCY KIT (glucagon (rdna) for inj kit 1 mg)	Hypoglycemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LOTEMAX (loteprednol etabonate ophth gel 0.5%)	Ophthalmic Conditions	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SAPHRIS (asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv))	Bipolar Disorder, Schizophrenia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZYTIGA (abiraterone acetate tab 500 mg)	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			
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate 48 mg tablet	
fenofibrate micronized cap 43 mg	Hypercholesterolemia	fenofibrate 48 mg tablet	
methamphetamine hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)	methylphenidate tablet	
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)	
trazodone hcl tab 300 mg	Depression	trazodone 150 mg tablet	
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	

Balanced and Performance Select Drug List Exclusions		
ZYCLARA (imiquimod cream 3.75%)	Actinic Keratosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZYCLARA PUMP (imiquimod cream 3.75%)	Actinic Keratosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Balanced Drug List Exclusions		
ACZONE (dapsones gel 7.5%)	Acne, Skin infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
HYSINGLA ER (hydrocodone bitartrate tab er 24hr deter 20 mg, 24hr deter 30 mg, 24hr deter 40 mg, 24hr deter 60 mg, 24hr deter 80 mg, 24hr deter 100 mg, 24hr deter 120 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 2%)	Fungal Infections (Topical)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Neurogenic Orthostatic Hypotension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VELTIN (clindamycin phosphate-tretinoin gel 1.2-0.025%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

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 June 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Imcivree	
setmelanotide solution (IMCIVREE)*	10 mL 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.

Effective July 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)*	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)*	30 tablets per 30 days
Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)*	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)*	120 capsules per 30 days

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

Effective Oct. 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists**	
Alternative Dosage Form	
colesevelam hcl packet for suspension 3.75 gm (WELCHOL)	30 packets per 30 days
diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)	1200 mL per 30 days
SA Oncology	
ponatinib hcl tab 15 mg (ICLUSIG)	30 tablets per 30 days
Therapeutic Alternatives	
mefenamic acid capsule (PONSTEL) 250 mg	120 capsules per 30 days
oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE)	900 mL per 30 days

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

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic and Enhanced Drug Lists**	
Eysuvis	
Ioteprednol etabonate ophth susp 0.25% (Eysuvis)	2 bottles per 90 days
Lupus (formerly Benlysta)	
voclosporin capsule 7.9 mg (LUPKYNIS)	180 tablets per 30 days
SA Oncology	
Relugolix tablet 120 mg (ORGOVYX)	30 tablets per 30 days

Zokinvy	
lonafarnib capsule 50 mg (ZOKINVY)	120 capsules per 30 days
lonafarnib capsule 75 mg (ZOKINVY)	120 capsules per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **May 1, 2021**, the Diabetes (GLP-1 Receptor Agonists) Step Therapy (ST) program was updated to include generic drugs when available. This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **July 1, 2021**, the target drug relugolix tablet 120 mg (ORGOVYX) was added to the Self-administered (SA) Oncology Specialty Prior Authorization (PA) program. This change applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - Effective **Oct. 1, 2021**, this change will apply to the Basic and Enhanced Drug Lists.
- Effective **Oct. 1, 2021**, the following changes will be applied:
 - Generic targets fenofibrate micronized capsule 130 mg (ANTARA), fenofibrate tablet 40 mg (FENOGLIDE) and fenofibrate tablet 120 mg (FENOGLIDE) will be added to the Fibrates ST program. This change applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
 - Targets butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL (VANATOL LQ) and spironolactone suspension 25 mg/5 mL (CAROSPIR) will be removed from the Therapeutic Alternatives PA program and added to the Alternative Dosage Form PA program. This change applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2021^{}:**

Drug Category	Targeted Medication(s)¹
Basic and Enhanced Drug Lists	
Eysuvis	loteprednol etabonate ophth susp 0.25% (Eysuvis)
Zokinvy	lonafarnib capsule 50 mg (ZOKINVY), lonafarnib capsule 75 mg (ZOKINVY)

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^{**} Applies to select members on Oct. 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 Oct. 1, 2021:**

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	colesevelam hcl packet for suspension 3.75 gm (WELCHOL), diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL)
Therapeutic Alternatives	mefenamic acid capsule (PONSTEL) 250 mg, oxycodone w/ acetaminophen solution 10-300 mg/5 mL (PROLATE), ursodiol capsule 200 mg (RELTONE), ursodiol capsule 400 mg (RELTONE)
Basic and Enhanced Drug Lists	
Lupus (formerly Benlysta)	voclosporin capsule (LUPKYNIS)

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

** Applies to select members on Oct. 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.

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 Oct. 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}
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 50-770-60 MG	MUSCLE PAIN	CYCLOBENZAPRINE 5 MG or 10 MG, ORPHENADRINE ER 100 MG

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}
CLEMASTINE FUMARATE SYRUP 0.67 MG/5 ML	ALLERGIES	CLEMASTINE TAB, CYPROHEPTADINE SYRP
CLINDAGEL GEL 1%	ACNE	OTHER MANUFACTURERS
ivermectin cream 1%	ROSACEA	SOOLANTRA
Symbicort AG (BUDES/FORMOT AER 80; BUDES/FORMOT AER 16)	LUNG DISEASES	SYMBICORT

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.

Effective May 21, 2021, the drugs listed below are no longer considered high cost products and may be covered on the member's drug list. If the drug is covered on the drug list, members will pay the applicable cost share, based on their benefit plan. If the drug is not covered on the drug list, members can submit a coverage exception.

- CHLORZOXAZONE TAB 500 MG
- PROAIR DIGIHALER

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

Bowel Preparation Coverage Updates

Starting Aug. 1, 2021, BCBSTX will cover bowel preparation products at \$0 for members 45 years of age and older with an ACA-compliant plan. This change is based on the United States Preventive Services Task Force's recommendation to lower the age for colorectal cancer screening from 50 years of age to 45 years of age.

Currently, two generic products are covered under the Bowel Preparation ACA \$0 preventive benefit:

- PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM (NULYTELY)
- PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM (GOLYTELY)

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.