

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2022 – Part 1

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Texas (BCBSTX) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2022. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most BCBSTX members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbstx.com/provider for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

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 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 Jan. 1, 2022 are outlined below.**

You can view a preview of the January drug lists on our Member Prescription Drug Lists website. The final lists will be available on both the [Member Prescription Drug Lists website](#) and Pharmacy Program section of our Provider website closer to the January 1 effective date.

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

Please Note: If you have patients with an individual benefit plan offered on/off the Texas Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Individual and Family Member website](#).



Drug List Updates (Revisions/Exclusions) – As of January 1, 2022

Non-Preferred Brand¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s)²	Preferred Brand Alternative(s)^{1, 2}
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug List Revisions			
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50-1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24 hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablet 0.6 mg	
PROLIA (denosumab inj soln prefilled syringe 60 mg/ml)	Osteoporosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug List Revisions			
PAZEO (olopatadine hcl ophth soln 0.7% (base equivalent))	Allergic Conjunctivitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic Annual, Multi-Tier Basic Annual, Enhanced Annual and Multi-Tier Enhanced Annual 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>	
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>	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<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>	



SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 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>
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 Annual and Multi-Tier Basic Annual Drug List Revisions

ALPHAGAN P (brimonidine ophth soln 0.1%)	Ocular Hypertension, Glaucoma	brimonidine tartrate 0.15%, brimonidine tartrate 0.2%, apraclonidine 0.5%, lopidine 1%	Simbrinza
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>	
CARAC (fluorouracil cream 0.5%)	Actinic Keratosis	diclofenac gel (3%), fluorouracil cream (5%), fluorouracil solution (2%, 5%)	
CELLCEPT (mycophenolate mofetil cap 250 mg, 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	
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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 (loteprednol 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))	<i>Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis, Cancer</i>	methotrexate 2.5 mg tablet	
ZORTRESS (everolimus tab 0.25 mg, 0.5 mg, 0.75 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>	
ZORTRESS (everolimus tab 1 mg)	Transplant Rejection Prophylaxis	everolimus tablets 0.25 mg, 0.5 mg, 0.75 mg	
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 Annual and Multi-Tier Enhanced Annual 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)	Mucopolysaccharido sis VI (MPS VI)	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	



Drug ¹	Drug Class/Condition Used For	Generic Alternatives ^{1,2}	Brand Alternatives ^{1,2}
Balanced, Performance, Performance Annual and Performance Select Drug List Revisions			
FLUTAMIDE (flutamide cap 125 mg)	Cancer	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	Pain	hydrocodone/acetaminophen tablets	
IVERMECTIN (ivermectin lotion 0.5%)	Parasitic Infections	Permethrin 5% cream, Malathion 0.5% lotion	
MENOPUR (menotropins for subc inj 75 unit)	Infertility	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
METHOXSALEN (methoxsalen rapid cap 10 mg)	Psoriasis, Vitiligo	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
STAVUDINE (stavudine cap 15 mg, 20 mg, 30 mg, 40 mg)	Viral Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced Drug List Revisions			
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions	Hydrocortisone 2.5% lotion	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	
TIMOLOL MALEATE (timolol maleate tab 10 mg)	Hypertension	atenolol, metoprolol, carvedilol	
Performance Annual 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>	
FLURBIPROFEN (flurbiprofen tab 50 mg)	Pain/Inflammation	ibuprofen, naproxen	
ISONIAZID (isoniazid tab 100 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
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>	



VCF VAGINAL CONTRACEPTIVE GEL (nonoxynol-9 gel 4%)	Contraceptive		Encare, Options Glynol Vaginal, VCF Vaginal Contraceptive foam
Balanced, Performance, Performance Annual and Performance Select Drug List Exclusions			
ADASUVE (loxapine aerosol powder breath activated 10 mg)	Schizophrenia, Bipolar Disorder	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
ADDERALL XR (amphetamine- dextroamphetamine cap er 24hr 5 mg, 24 hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg)	Attention Deficiency Hyperactivity Disorder (ADHD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BANZEL (rufinamide tab 200 mg, 400 mg)	Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CHANTIX (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CHANTIX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
INVOKAMET (canagliflozin-metformin hcl tab 50-500 mg, 50- 1000 mg, 150-500 mg, 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKAMET XR (canagliflozin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 150-500 mg, 24hr 150-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
INVOKANA (canagliflozin tab 100 mg, 300 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
KALETRA (lopinavir- ritonavir tab 100-25 mg, 200-50 mg)	Viral Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MIACALCIN (calcitonin (salmon) inj 200 unit/ml)	Hypercalcemia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PREPIDIL (dinoprostone cervical gel 0.5 mg/3 gm)	Induction of Labor	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Oral Fluoride	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	



PROSTIN E2 (dinoprostone vaginal suppos 20 mg)	Induction of Labor	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
QTERN (dapagliflozin- saxagliptin tab 5-5 mg, 10-5 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
ribavirin for inhal soln 6 gm	Respiratory Syncytial Virus (RSV)	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
THIOLA (tiopronin tab 100 mg)	Homozygous Cystinuria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

Performance, Performance Annual and Performance Select Drug List Exclusions

betamethasone valerate aerosol foam 0.12%	Inflammatory Conditions	fluocinonide solution 0.05%	
clobetasol propionate lotion 0.05%	Inflammatory Conditions	Clobetasol 0.05% cream, Clobetasol 0.05% ointment, Clobetasol 0.05% solution	
clobetasol propionate shampoo 0.05%	Inflammatory Conditions	Clobetasol 0.05% solution	
clotrimazole w/ betamethasone lotion 1- 0.05%	Inflammatory Conditions	clotrimazole w/ betamethasone cream 1-0.05% cream	
desonide lotion 0.05%	Inflammatory Conditions	Desonide cream 0.05%, Triamcinolone 0.025% lotion, Triamcinolone 0.025%cream	
fluocinonide emulsified base cream 0.05%	Inflammatory Conditions	triamcinolone cream 0.5%	
halobetasol propionate oint 0.05%	Inflammatory Conditions	halobetasol cream 0.05%	
hydrocodone- acetaminophen tab 5- 300 mg	Pain	Hydrocodone/acetamino phen 5/325 mg tablets	
hydrocodone- acetaminophen tab 7.5- 300 mg	Pain	Hydrocodone/acetamino phen 7.5/325 mg tablets	
hydrocodone- acetaminophen tab 10- 300 mg	Pain	Hydrocodone/acetamino phen 10/325 mg tablets	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate cream 0.1%)	Inflammatory Conditions	betamethasone valerate cream 0.1%	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	Triamcinolone acetamide lotion 0.1%, betamethasone dipropionate lotion 0.05%	



hydrocortisone butyrate cream 0.1%	Inflammatory Conditions	betamethasone valerate cream 0.1%	
hydrocortisone butyrate oint 0.1%	Inflammatory Conditions	triamcinolone acetonide 0.025% ointment	
hydrocortisone butyrate soln 0.1%	Inflammatory Conditions	Triamcinolone acetonide lotion 0.1%, betamethasone dipropionate lotion 0.05%	
hydrocortisone valerate cream 0.2%	Inflammatory Conditions	betamethasone valerate cream 0.1%	
hydrocortisone valerate oint 0.2%	Inflammatory Conditions	triamcinolone 0.1% ointment	
MITIGARE (colchicine cap 0.6 mg)	Gout	colchicine tablets	
Balanced and Performance Select Drug List Exclusions			
ABSORICA (isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg)	Acne	isotretinoin generics (including: amnesteem capsule, claravis capsule, isotretinoin capsule, myorisan capsule, zenatane capsule)	
AZOPT (brinzolamide ophth susp 1%)	Glaucoma, Ocular Hypertension	dorzolamide 2% solution	
LEVULAN KERASTICK (aminolevulinic acid hcl for soln 20% (stick applicator))	Actinic Keratosis	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
Balanced Drug List Exclusions			
ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor&strips (for pod) maint pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ABILIFY MYCITE STARTER KIT (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor, strips & pod starter pak)	Schizophrenia, Bipolar Disorder	aripiprazole tablets	
ACUVAIL (ketorolac tromethamine (pf) ophth soln 0.45%)	Ocular Pain/Inflammation	ketorolac tromethamine 0.5% ophthalmic solution	



AMELUZ (aminolevulinic acid hcl gel 10%)	Actinic Keratosis	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. This product and other alternatives may be available under the medical benefit.</i>	
APLENZIN (bupropion hbr tab er 24hr 174 mg, 24hr 348 mg, 24hr 522 mg)	Depression	bupropion generics	
BEPREVE (bepotastine besilate ophth soln 1.5%)	Allergic Conjunctivitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BIJUVA (estradiol-progesterone cap 1-100 mg)	Hot Flashes	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BUNAVAIL (buprenorphine-naloxone buccal film 2.1-0.3 mg, 4.2-0.7 mg, 6.3-1 mg (base equiv))	Opioid Dependence	Buprenorphine /Naloxone sublingual tablet, Buprenorphine /Naloxone film	
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Depression	duloxetine capsules	
EPROSARTAN MESYLATE (eprosartan mesylate tab 600 mg)	Hypertension	Losartan, Valsartan, Irbesartan, Olmesartan, Telmisartan	
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Bacterial Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
HYSINGLA ER (hydrocodone bitartrate tab er 24 hr 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	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NEVANAC (nepafenac ophth susp 0.1%)	Ocular Pain/Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
NORTHERA (droxidopa cap 100 mg, 200 mg, 300 mg)	Orthostatic Hypotension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	



OMECLAMOX-PAK (amoxicillin cap-clarithro tab w/ omepraz cap dr therapy pack)	Bacterial Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PROLENSA (bromfenac sodium ophth soln 0.07% (base equivalent))	Ocular Pain/Inflammation	Bromfenac ophthalmic solution, Diclofenac ophthalmic solution, Ketorolac ophthalmic solution	
PYLERA (bismuth subcit-metronidazole- tetracycline cap 140- 125-125 mg)	Bacterial Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SLYND (drospirenone tab 4 mg)	Contraceptives	<i>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>	
Performance and Performance Annual Drug List Exclusions			
calcipotriene ointment 0.005%	Plaque Psoriasis	calcipotriene soln 0.005%, calcipotriene cream 0.005%	
isosorbide dinitrate tab 40 mg	Angina	isosorbide dinitrate tab 20 mg	
MYTESI (crofelemer tab delayed release 125 mg)	Diarrhea	diphenoxylate/atropine tablet	
SEGLUROMET (ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5- 1000 mg, 7.5-500 mg, 7.5-1000 mg)	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
STEGLATRO (ertugliflozin l- pyroglutamic acid tab 5 mg, 10 mg (base equiv))	Diabetes		Synjardy, Synjardy XR, Xigduo XR, Farxiga, Jardiance, Trijardy, Glyxambi
zolpidem tartrate sl tab 1.75 mg, 3 mg	Insomnia		zolpidem tablets
Performance Select Drug List Exclusions			
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Glaucoma, Ocular Hypertension	latanoprost solution	
Performance Annual Drug List Exclusions			
ACETAMINOPHEN/CAF FEINE/DI HYDROCODEINE (acetaminophen- caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
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>	



amantadine hcl tab 100 mg	Parkinson's Disease	amantadine capsule	
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>	
benzonatate cap 150 mg	Cough	benzonatate 100 mg capsule, benzonatate 200 mg capsule	
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>	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	Hypercholesterolemia	fenofibrate 48 mg tablet	
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Acne	Clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel	
CONDYLOX (podofilox gel 0.5%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>	
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasm/Spasticity	cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet	
EMTRIVA (emtricitabine caps 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition</i>	
FEMRING (estradiol acetate vaginal ring 0.05 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	estradiol patch, estradiol tablet	Estring, Premarin
fenofibrate micronized cap 43 mg	Hypercholesterolemia	fenofibrate 48 mg Tablet	
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>	
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>	
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>	



HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	desonide lotion 0.05%, hydrocortisone valerate cream 0.2%	
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	Depression	imipramine tablet	
JADENU SPRINKLE (deferasirox granules packet 90 mg, 180 mg, 360 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>	
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>	
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Seizures	<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>	
methamphetamine hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)	methylphenidate tablet	
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>	
naproxen tab ec 375 mg, 500 mg	Pain, Inflammation	ibuprofen tablet, naproxen tablet (non-enteric coated)	
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>	
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>	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
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	



TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol solution	
trazodone hcl tab 300 mg	Depression	trazodone 150 mg tablet	
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	
TREZIX (acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg)	Pain	acetaminophen w/codeine tablet	
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>	
VEREGEN (sinecatechins oint 15%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
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>	

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.

Review Drug List Updates (Coverage Tier 1 to Tier 2 Changes) – As of Jan. 1, 2022

The generic drug changes listed below apply to members with a pharmacy benefit plan that includes a cost share differential for generic drugs (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2022. Members may pay more for these drugs.

Members on the Basic Annual or Performance Annual Drug Lists will not have any of these generic drug revisions applied to their pharmacy benefits until their 2022 plan renewal date. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Drug ¹	Drug Class/Condition Used For
Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced, Multi-Tier Enhanced Annual, Performance and Performance Annual Drug Lists	
amlodipine besylate-valsartan tab 5-160 mg, 10-160 mg, 5-320 mg	Hypertension
carbonyl iron susp 15 mg/1.25 ml (elemental iron)	Vitamin/Supplement
famciclovir tab 125 mg	Viral Infections
haloperidol lactate oral conc 2 mg/ml	Schizophrenia
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml	Cough/Cold
nabumetone tab 750 mg	Pain/Inflammation



nifedipine tab er 24hr osmotic release 60 mg	Hypertension
nitroglycerin td patch 24hr 0.2 mg/hr	Angina
orphenadrine citrate tab er 12hr 100 mg	Pain/Muscle Spasms
perindopril erbumine tab 2 mg, 4 mg	Hypertension
primidone tab 250 mg	Seizures
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/Vomiting
sotalol hcl (afib/af) tab 160 mg	Atrial Fibrillation/Atrial Flutter
sotalol hcl tab 160 mg, 240 mg	Arrhythmias
telmisartan tab 80 mg	Hypertension
tetracaine hcl ophth soln 0.5%	Ocular Anesthesia
valacyclovir hcl tab 1 gm	Viral Infections
valsartan tab 160 mg, 320 mg	Hypertension
valsartan-hydrochlorothiazide tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	Hypertension
Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
heparin sodium (porcine) lock flush iv soln 10 unit/ml	Maintenance of IV device patency
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Bacterial Infections
Performance and Performance Annual Drug Lists	
nifedipine tab sr 24hr osmotic release 60 mg	Hypertension
orphenadrine citrate tab sr 12hr 100 mg	Pain/Muscle Spasms

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

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.**

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 Jan. 1, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Deferasirox	
deferasirox 125 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 250 mg tablet for oral suspension (EXJADE)	30 tablets per 30 days
deferasirox 500 mg tablet for oral suspension (EXJADE)	90 tablets per 30 days
deferasirox 90 mg tablet (JADENU)	30 tablets per 30 days
deferasirox 180 mg tablet (JADENU)	30 tablets per 30 days



deferasirox 360 mg tablet (JADENU)	180 tablets per 30 days
deferasirox 90 mg sprinkle granules (JADENU)	30 packets per 30 days
deferasirox 180 mg sprinkle granules (JADENU)	30 packets per 30 days
deferasirox 360 mg sprinkle granules (JADENU)	180 packets per 30 days
Supplemental Therapeutic Alternatives	
Elepsia XR 1000 mg tablet (levetiracetam)	90 tablets per 30 days
Elepsia XR 1500 mg tablet (levetiracetam)	60 tablets per 30 days
Therapeutic Alternatives	
ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT)	40 tablets per 28 days
ketoprofen 25 mg capsule	360 capsules per 30 days
Niacor 500 mg tablet (niacin)	360 tablets per 30 days
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
Empaveli	
pegcetacoplan subcutaneous soln 54 mg/ml (EMPAVELI)*	8 vials per 28 days
Verquvo	
vericiguat tablet 2.5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 5 mg (VERQUVO)*	30 tablets per 30 days
vericiguat tablet 10 mg (VERQUVO)*	30 tablets per 30 days
Basic Annual, Enhanced Annual and Performance Annual 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
Indomethacin suspension 25 mg/5 ml	1200 mL per 30 days
SA Oncology	
Alunbrig 30 mg	120 tablets per 30 days
Bosulif 100 mg	30 tablets per 30 days
Lonsurf 15-6.14 mg	60 tablets per 28 days
Therapeutic Alternatives	
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
Adapalene pads 0.1%	28 swabs per 28 days
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
Quazepam tablet 15 mg	30 tablets per 30 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Topical Corticosteroid	
Amcinonide 0.01% cream, lotion, and ointment	100 grams per 30 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
Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO)	240 mL per 90 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	100 grams per 30 days
diflorasone diacetate emollient base cream and ointment	100 grams per 30 days
fluocinonide cream 0.5%	100 grams per 30 days
fluocinonide emulsified base (cream)	100 grams per 30 days
fluocinonide gel	100 grams per 30 days
fluocinonide ointment	100 grams per 30 days
fluocinonide solution	100 grams per 30 days
halcinonide cream	100 grams per 30 days
halcinonide ointment	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	
Fluticasone Propionate Nasal Exhaler (XHANCE)	2 bottles per 30 days
Basic Annual and Enhanced Annual Drug Lists	
Eysuvis	
loteprednol etabonate (Eysuvis)	2 bottles per 90 days
Fintepla	
Fintepla 2.2 mg/ml	360 mL per 30 days
Lupus	
voclosporin capsule (LUPKYNIS)	180 tablets per 30 days
SA Oncology	
ponatinib hcl tab 15 mg (ICLUSIG)	30 tablets per 30 days
Relugolix tablet (ORGOVYX)	30 tablets per 30 days
Sucraid	
Sucraid 8500 units/mL	236 ml per 28 days
Zokinvy	
lonafarnib capsule (ZOKINVY)	120 capsules 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 **Jan. 1, 2022**, the following changes will be applied:
 - The Accrufer PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
 - The Kerendia PA program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - Note: This program will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
 - The Elagolix PA program will change its name to Elagolix/Relugolix and the target drug Myfembree will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.



- Note: Myfembree will be added to the Basic and Enhanced Drug Lists on April 1, 2022.
- Target Migranal will be removed from the Therapeutic Alternatives PA program and added to the Acute Migraine Agents PA program. This change will apply to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Targets Nurtec ODT and Ubrelyv will be removed from the Acute Migraine Agents PA program and added to the Calcitonin Gene-Related Peptide (CGRP) PA program. This change will apply to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Target Nexium Granules (esomeprazole) will be removed from the non-standard Proton Pump Inhibitors (PPIs) ST program and added to the Alternative Dosage Form PA program. This change will apply to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, 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 Jan. 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic Annual and Enhanced Annual Drug Lists	
Dojolvi	Dojolvi*
Eysuvis	loteprednol etabonate (Eysuvis)
Fintepla	Fintepla*
Sucraid	Sucraid (sacrosidase) 8,500 unit/mL oral solution
Xhance	Fluticasone Propionate Nasal Exhaler (XHANCE)*
Zokinvy	lonafarnib capsule (ZOKINVY)*

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

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

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic Annual and Enhanced Annual Drug Lists	
Alternative Dosage Form	Indomethacin suspension (INDOCIN)
Elagolix	Oriahnn*
Lupus (formerly Benlysta)	voclosporin capsule (LUPKYNIS)*
Somatostatins	Octreotide Acetate Solution Pen-Injector (BYNFEZIA)*



Therapeutic Alternatives	Acyclovir-hydrocortisone cream (XERESE), Adapalene pads, Epinephrine Inj 0.15 mg (ADRENACLICK), Epinephrine Inj 0.3 mg (ADRENACLICK), mefenamic acid capsule (PONSTEL) 250 mg, Propranolol HCl sustained-release beads capsules (INDERAL XL, INNOPRAN XL), ursodiol capsule 200 mg (RELTONE), ursodiol capsule 400 mg (RELTONE)
Basic Annual, Enhanced Annual and Performance Annual Drug Lists	
Actinic Keratosis	Fluorouracil Cream 0.5%
Alternative Dosage Form	colesevelam hcl packet for suspension 3.75 gm (WELCHOL), diphenoxylate w/ atropine liquid 2.5-0.025 mg/5 mL (LOMOTIL), Sprix (ketorolac) 15.75 mg nasal spray
Therapeutic Alternatives	Doral tablet 15 mg, Extina (ketoconazole) 2% foam, Migranal (dihydroergotamine) 4 mg/ml nasal spray, Sorilux (calcipotriene) foam 0.005%, Xolegel (Ketoconazole) 2% Gel
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
Empaveli	pegcetacoplan subcutaneous soln 54 mg/mL (EMPAVELI)*
Supplemental Therapeutic Alternatives	Elepsia XR 1000 mg tablet (levetiracetam)*, Elepsia XR 1500 mg tablet (levetiracetam)*
Verquvo	vericiguat tablet 2.5 mg (VERQUVO)*, vericiguat tablet 5 mg (VERQUVO)*, vericiguat tablet 10 mg (VERQUVO)*
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Deferasirox	deferasirox 125 mg tablet for oral suspension (EXJADE), deferasirox 250 mg tablet for oral suspension (EXJADE), deferasirox 500 mg tablet for oral suspension (EXJADE), deferasirox 90 mg tablet (JADENU), deferasirox 180 mg tablet (JADENU), deferasirox 360 mg tablet (JADENU), deferasirox 90 mg sprinkle granules (JADENU), deferasirox 180 mg sprinkle granules (JADENU), deferasirox 360 mg sprinkle granules (JADENU)
Therapeutic Alternatives	ergotamine w/ caffeine tablet 1-100 mg (CAFERGOT), flurandrenolide lotion 0.05% (CORDRAN), Halog Solution 0.1% (halcinonide), hydrocortisone lotion 2% (ALA SCALP), ketoprofen 25 mg capsule, Lexette Foam 0.05% (halobetasol propionate), Niacor 500 mg tablet (niacin)

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

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



Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
SGLT-2 Inhibitors and Combinations	Invokamet 50-1000 mg (canagliflozin/metformin)*, Invokamet 150-500 mg (canagliflozin/metformin)*, Invokamet 150-1000 mg (canagliflozin/metformin)*, Invokamet XR 50-500 mg (canagliflozin/metformin ER)*, Invokamet XR 50-1000 mg (canagliflozin/metformin ER)*, Invokamet XR 150-500 mg (canagliflozin/metformin ER)*, Invokamet XR 150-1000 mg (canagliflozin/metformin ER)*, Invokana 100 mg (canagliflozin)*, Invokana 300 mg (canagliflozin)*, Qtern 5-5 mg (dapagliflozin/saxagliptin)*, Qtern 10-5 mg (dapagliflozin/saxagliptin)*, Segluromet 2.5- 500 mg (ertugliflozin/metformin)*, Segluromet 2.5-1000 mg (ertugliflozin/metformin)*, Segluromet 7.5-500 mg (ertugliflozin/metformin)*, Segluromet 7.5-1000 mg (ertugliflozin/metformin)*, Steglatro 5 mg (ertugliflozin)*, Steglatro 15 mg (ertugliflozin)*, Steglujan 5-100 mg (ertugliflozin/sitagliptin)*, Steglujan 15-100 mg (ertugliflozin/sitagliptin)*

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

* Not all members may have been notified due to limited utilization. Continuation of therapy will not be in place. Members on a current drug regimen will be impacted.

Weight Loss PA Program Available as a Non-Standard PA Program for Select Plans

The Weight Loss PA program will be available for select benefit plans only. Effective Jan. 1, 2022, and upon renewal, this program may apply for members whose benefit plan includes coverage of these weight loss products and has this program added to their benefit design.

Medications included in the program are listed in the table below. Impacted members were notified of this change.

Drug Category	Targeted Medication(s) ¹
Weight Loss	Adipex-P (phentermine) 37.5 mg capsule, Adipex-P (phentermine) 37.5 mg tablet, Benzphetamine 25 mg tablet, benzphetamine 50 mg tablet, Contrave (naltrexone/bupropion) 8 mg / 90 mg tablet, Diethylpropion 25 mg tablet, Diethylpropion 75 mg extended-release tablet, Lomaira (phentermine) 8 mg tablet, phendimetrazine 35 mg tablet, phendimetrazine 105 mg extended-release capsule, phentermine 15 mg capsule, phentermine 30 mg capsule, Qsymia (phentermine/topiramate) 3.75 mg / 23 mg capsule, Qsymia (phentermine/topiramate) 7.5 mg / 46 mg capsule, Qsymia (phentermine/topiramate) 11.25 mg / 69 mg capsule, Qsymia (phentermine/topiramate) 15 mg / 92 mg capsule, Saxenda (liraglutide) 6 mg / mL, Wegovy (semaglutide) 0.25 mg / 0.5 mL, Wegovy (semaglutide) 0.5 mg / 0.5 mL, Wegovy (semaglutide) 1 mg / 0.5 mL, Wegovy (semaglutide) 1.7 mg / 0.75 mL, Wegovy (semaglutide) 2.4 mg / 0.75 mL, Xenical (orlistat) 120 mg capsule

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

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

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, prior authorization program and step therapy 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.

Diabetic Test Strips at a Reduced Cost-Share

Effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips will be moved to a lower tier from a preferred brand to either a non-preferred generic or generic tier, based on plan benefits.

Details: This will apply across all drug lists for our group BCBSTX members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits will still apply.
- Any additional charges for using a non-preferred or out-of-network pharmacy will still apply. Note: Some members' benefit plans may include a Preferred Pharmacy Network, which offers reduced out-of-pocket expenses if members use a preferred pharmacy instead.
- The drug list publications will not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products that either are new to market or have therapeutic equivalents available have been 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.

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}
ACCRUFER	IRON DEFICIENCY	OTC IRON
DERMACINRX PRETRATE	PREGNANCY [†]	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

DICLOFENAC POTASSIUM 25 MG TABLETS	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
TERIPARATIDE SOLN PEN-INJ 620 MCG/2.48 ML	OSTEOPOROSIS	TYMLOS OR FORTEO

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.

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

Prescription Opioid Duration Limits to Change for Select Members 19 Years of Age and Younger

BCBSTX's Appropriate Use of Opioids program is reducing the 7-day supply limit on an initial fill of an immediate-release opioid medication to a 3-day supply limit effective Jan. 1, 2022.

The Details:

This change applies to select members 19 years of age and younger who are considered opioid naïve.

- Opioid naïve means the member does not have opioids on hand within the past 60 days per pharmacy claims.
- No member lettering is needed due to acute or one-time use of opioids.
- Members with an oncology medication on hand in the past 90 days per pharmacy claims will not be subject to the day supply limit.
- If members have an oncology or hospice diagnosis and a recent opioid fill (within the past six months), continuation of therapy will be in place.
- Once the first three-day supply has been filled, later fills will not call for the three-day duration need, as long as the member is not opioid naïve.
- Prior authorization is required for members to fill an opioid prescription at the pharmacy if they exceed the program limit. Prescribing physicians can find the authorization request form on the Prior Authorization/Step Therapy Programs section of our provider website at bcbstx.com/provider.

The Centers for Disease Control and Prevention (CDC) Says:

- The treatment of acute pain can lead to long-term opioid use.¹
- For patients to safely use opioid therapy for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids – three days or less will often be sufficient.¹
- Adolescents who misuse opioid medication commonly use from their leftover prescription.¹

Reminder:

The Appropriate Use of Opioids Program promotes safe and effective use of prescription opioids for our members who have prescription drugs benefits administered through Prime Therapeutics®.

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

Source:

1 Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI:

<http://dx.doi.org/10.15585/mmwr.rr6501e1>



ACA Contraceptive List Changes Effective Jan. 1, 2022

Select brand products are being removed from coverage on the pharmacy benefit for ACA-compliant health plans effective Jan. 1, 2022. BCBSTX members may be impacted based on their prescription drug list and contraceptive coverage benefits.

Member notices: Impacted members will receive a letter explaining this change and listing covered alternatives starting late October 2021.

Reminders:

- Generic medications and/or lower-cost alternatives remain covered at \$0 cost-share under the pharmacy benefit.
- The 2022 [ACA Contraceptive List](#) will be available on our member websites.

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 or \$0 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.

New Insulin Products Available for Coverage

Starting Jan. 1, 2022, **Semglee (insulin glargine-yfgn)** and **insulin glargine-yfgn (unbranded Semglee)** will be added to the preferred brand tier on select drug lists, and **Lantus (insulin glargine)** will be excluded as a benefit denial across all drug lists.

This drug list change is the result of the U.S. Food and Drug Administration (FDA)'s approval of Semglee as the **first interchangeable biosimilar** insulin product to treat adults and pediatric patients with Type 1 diabetes mellitus and adults with Type 2 diabetes mellitus on July 28, 2021.¹

Background:

- An interchangeable biosimilar is a biologic drug considered highly similar to and has no clinically meaningful differences from the original biologic. There are no clinically meaningful differences between Semglee/insulin glargine-yfgn (unbranded) and Lantus (original biologic).
- The FDA defines biologic drugs or biologics as, "generally large, complex molecules that are made from living sources such as bacteria, yeast and animal cells."²

Why it matters:

- Semglee/insulin glargine-yfgn (unbranded) can be substituted for Lantus at the pharmacy in the same way that a generic drug is being substituted for a brand drug – meaning the pharmacist does not need a new prescription from the doctor.
- Interchangeable biosimilars have undergone studies to ensure members can safely switch to the biosimilar without safety or efficacy issues.



- Biosimilars and interchangeable biosimilars are important because they can introduce competition into the market at lower prices than the original biologic, which can help lower overall drug prices.

Member notices: Members will receive a letter explaining the insulin changes listed below in early November 2021.

Insulin Coverage Updates by Drug Lists:

Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Performance Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered ¹	Condition Used For	Covered Alternative(s) ^{1,2}
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml, SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml, SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

1 All brand names are the property of their respective owners.
2 This list is not all-inclusive. Other products may be available.

Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual and Performance Annual Drug Lists – Changes effective Jan. 1, 2022, upon renewal

Product(s) No Longer Covered ¹	Condition Used For	Covered Alternative(s) ^{1,2}
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml, SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml, SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

1 All brand names are the property of their respective owners.
2 This list is not all-inclusive. Other products may be available.



Balanced and Performance Select Drug Lists – Changes effective Jan. 1, 2022

Product(s) No Longer Covered ¹	Condition Used For	Covered Alternative(s) ^{1,2}
LANTUS – insulin glargine inj 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	Diabetes	SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml

¹ All brand names are the property of their respective owners.
² This list is not all-inclusive. Other products may be available.

Sources:

¹ FDA. [FDA News Release: FDA Approves First Interchangeable Biosimilar Insulin Product for Treatment of Diabetes](#), July 28, 2021

² FDA. [Health Care Provider Materials – Fact Sheets: Overview of Biosimilar Products](#).

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. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. 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.