



## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2022 – Part 1

### **IMPORTANT PHARMACY BENEFIT REMINDERS**

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Texas (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](http://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 July 1, 2022 are outlined below.**

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

***Please note: The drug list changes listed below apply only to some members whose health plan has a quarterly updated prescription drug list.***

***BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2023.***

### **Drug List Updates (Revisions/Exclusions) – As of July 1, 2022**

<b>Non-Preferred Brand<sup>1</sup></b>	<b>Drug Class/ Condition Used For</b>	<b>Preferred Generic Alternative(s)<sup>2</sup></b>	<b>Preferred Brand Alternative(s)<sup>1, 2</sup></b>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio



GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia		Nivestym, Zarxio
NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEULASTA (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia		Nivestym, Zarxio
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia		Nivestym, Zarxio
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia		Ziextenzo, Fulphila
<b>Drug<sup>1</sup>                      Drug Class/ Condition Used For                      Generic Alternatives<sup>1,2</sup>                      Brand Alternatives<sup>1,2</sup></b>			
<b>Balanced, Performance and Performance Select Drug Lists Revisions</b>			
CEPHALEXIN (cephalexin cap 750 mg)	Bacterial Infections	cephalexin 250 mg capsule, cephalexin 500 mg capsule	
FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis	sodium fluoride-potassium nitrate gel	
FLUORIDEX SENSITIVITY RELIEF/SLS FREE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries PRC	sodium fluoride-potassium nitrate gel	
NEVIRAPINE (nevirapine susp 50 mg/5 ml)	HIV	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
OCTREOTIDE ACETATE (octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml)	Acromegaly, Carcinoid Syndrome	Generic Sandostatin - octreotide acetate injection	



SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan injection	
TRANDOLAPRIL/VERAPAM IL HCL ER (trandolapril- verapamil hcl tab er 2-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Urinary Tract Infection	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Balanced Drug List Revisions</b>			
HYDROCODONE BITARTRATE/ACETAMINO PHEN (hydrocodone- acetaminophen soln 10-325 mg/15 ml)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TIMOLOL MALEATE (timolol maleate tab 20 mg)	Hypertension, Migraine Prophylaxis	propranolol, atenolol	
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>			
AFINITOR (everolimus tab 10 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
AFINITOR DISPERZ (everolimus tab for oral susp 2 mg, 3 mg, 5 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Cycloplegic Refraction, Uveitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonem ia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CUVPOSA (glycopyrrolate oral soln 1 mg/5 ml)	Chronic Severe Drooling	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
CYSTADANE (betaine powder for oral solution)	Homocystinuria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
DUEXIS (ibuprofen- famotidine tab 800-26.6 mg)	Osteoarthritis, Rheumatoid Arthritis	ibuprofen 800 mg tablets, famotidine 40 mg tablets	
GRANIX (tbo-filgrastim soln prefilled syringe 300 mcg/0.5 ml, 480 mcg/0.8 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



NARCAN (naloxone hcl nasal spray 4 mg/0.1 ml)	Opioid Overdose	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEUPOGEN (filgrastim inj 300 mcg/ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEUPOGEN (filgrastim inj 480 mcg/1.6 ml (300 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEUPOGEN (filgrastim soln prefilled syringe 300 mcg/0.5 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NEUPOGEN (filgrastim soln prefilled syringe 480 mcg/0.8 ml (600 mcg/ml))	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
QUDEXY XR (topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg)	Migraine Prevention, Epilepsy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SELZENTRY (maraviroc tab 150 mg, 300 mg)	HIV	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Febrile Neutropenia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

**Performance and Performance Select Drug Lists Exclusions**

ergotamine w/caffeine tab 1-100 mg	Headache	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
prednisolone sod phosphate oral soln 10 mg/5 ml, 20 mg/5 ml (base equivalent)	Inflammatory Conditions	prednisolone sod phosphate oral soln 6.7 mg/5 ml, prednisolone sod phosphate oral soln 15 mg/5 ml, prednisolone sod phosphate oral soln 25 mg/5 ml	

**Balanced and Performance Select Drug Lists Exclusions**

EPIDUO FORTE (adapalene-benzoyl peroxide gel 0.3-2.5%)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
RESTASIS MULTIDOSE (cyclosporine (ophth) emulsion 0.05%)	Dry Eye		Restasis single dose vials, Xiidra

SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions	epinephrine (generic EpiPen), Auvi-Q	
<b>Balanced Drug List Exclusions</b>			
CLODERM (clocortolone pivalate cream 0.1%)	Skin conditions	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PAXIL (paroxetine hcl oral susp 10 mg/5 ml (base equivalent))	Depression, Mood Disorders	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

<sup>1</sup>Third-party brand names are the property of their respective owner.  
<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

### **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, 2023. For BCBSTX members on the 2021 or 2022 Health Insurance Marketplace (HIM) Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2023.

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. 17, 2022:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Anti-COVID 19</b>	
molnupiravir 200 mg capsule*	40 capsules per 30 days
Paxlovid 150 mg/100 mg tablet (nirmatrelvir/ritonavir)*	30 tablets per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
 \* Not all members may have been notified due to limited utilization.

#### **Effective April 1, 2022:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>re-SET</b>	
RESET FOR IOS OR ANDROID APP*	1 per 365 days
RESET-O FOR IOS OR ANDROID APP*	1 per 365 days
<b>2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Opzelura</b>	
Opzelura 1.5% cream (ruxolitinib)*	60 grams per 30 days



<b>Tavneos</b>	
Tavneos 1 mg capsule (avacopan)*	180 capsules per 30 days
<b>Tyrvaya</b>	
Tyrvaya (varenicline) 0.03 mg/actuation spray*	2 bottles per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Effective June 1, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Voxzogo</b>	
Voxzogo (vosoritide)*	30 vials per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Effective July 1, 2022:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Acute Migraine Agents</b>	
Elyxyb (celecoxib)*	28.8 mL per 30 days
<b>Therapeutic Alternatives</b>	
diclofenac potassium*	120 tablets per 30 days
Rhofade (oxymetazoline hydrochloride)*	30 grams per 30 days
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Antibiotics</b>	
clarithromycin tablet ER	28 tablets per 180 days
<b>Iron Chelation</b>	
Ferriprox 500 mg tablets (deferiprone)	540 tablets per 30 days
Ferriprox 1000 mg tablets (deferiprone)	270 tablets per 30 days
Ferriprox twice-a-day 1000 mg tablets (deferiprone)	270 tablets per 30 days
Ferriprox 100 mg/mL oral solution (deferiprone)	2700 mL per 30 days
<b>Miscellaneous</b>	
Prednisolone 10 mg per 5 mL solution	900 mL per 30 days
prednisolone 20 mg per 5 mL solution	450 mL per 30 days
<b>Therapeutic Alternatives</b>	
Alinia (nitazoxanide) suspension	150 mL per 30 days**
Edarbi (azilsartan medoxomil)*	30 tablets per 30 days
Edarbyclor (azilsartan medoxomil-chlorthalidone)*	30 tablets per 30 days
Soolantra (ivermectin) Cream*	45 grams per 30 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Opzelura</b>	
Opzelura 1.5% cream (ruxolitinib)	60 grams per 30 days
<b>Tavneos</b>	
Tavneos 1 mg capsule (avacopan)	180 capsules per 30 days
<b>Tyrvaya</b>	
Tyrvaya (varenicline) 0.03 mg/actuation spray	2 bottles per 30 days

**2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select  
Drug Lists**

**Vuity**

Vuity (pilocarpine HCL) ophthalmic solution*	2.5 mL per 30 days
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<sup>†</sup>Third-party brand names are the property of their respective owner.

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

\*\* The correct dispensing limit for Alinia (nitazoxanide) suspension is 150 mL per 30 days. The 7/1 dispensing limit letter incorrectly listed the dispensing limit as 180 mL per 30 days.

**UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **June 1, 2022**, the new Voxzogo Specialty PA program will be added to all standard pharmacy benefit plans on the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program includes the newly FDA-approved target drug Voxzogo. Members will need a prior authorization approval for coverage consideration.
- Effective **July 1, 2022**, the following changes will be applied:
  - The target drug Elyxyb (celecoxib) will be added to the Acute Migraine Agents PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The target drug testosterone enanthate will be added to the Androgens and Anabolic Steroids PA program. This change applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.\*
  - The target drug Rhofade (oxymetazoline hydrochloride) will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The target drug diclofenac potassium will be added to the Therapeutic Alternatives PA program. This change applies to the 2021 HIM, 2022 HIM, Performance, Performance Annual and Performance Select Drug Lists.\*
  - The Colony Stimulating Factors Specialty ST program and target drugs – Granix (tbo-filgrastim), Neulasta (pegfilgrastim), Neupogen (filgrastim), Nyvepria (pegfilgrastim-apgf), Releuko (filgrastim-ayow) and Udenyca (pegfilgrastim-cbqv) – will be added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. Members will not be notified of this change because auto – continuation of therapy (or auto – grandfathering) for all target drugs is in place.

**PA Required for Select Testosterone Medication**

Starting July 1, 2022, members filling generic intramuscular (IM) testosterone cypionate will be stopped at point-of-sale if they have a pharmacy claim for a commonly used appearance and performance enhancing drug (APED) within the past 90 days. Their provider will need to submit a PA request to Prime Therapeutics for coverage consideration.

**Learn more:**

- This change applies to members with the Androgens and Anabolic Steroids PA program.
- The following medications are viewed as APED –
  - Aromatase Inhibitor: Anastrozole, Letrozole, Exemestane
  - Selective Estrogen Receptor Medication (SERM): Ospemifene, Raloxifene
  - Tamoxifen
  - Toremifene



- BCBSTX has identified significant fraud, waste and abuse from providers prescribing the above medications in combination with testosterone for off-label use in athlete and non-athlete bodybuilders.
- A review will be required to assess clinical appropriateness of the combined medications.

**Member notices:** Based on claims for an APED medication as noted above plus a testosterone medication as listed below, letters were mailed to affected members starting late April 2022.

Drug Category	Sample Drugs*
Androgens and Anabolic Steroids	testosterone cypionate im inj in oil 100 mg/ml, testosterone cypionate im inj in oil 200 mg/ml

\*Third-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.

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

**Drug categories added to current pharmacy PA standard programs, effective July 1, 2022 \*\*\*:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
Iron Chelation (name change from Deferasirox)	Ferriprox 500 mg tablets (deferiprone)*, Ferriprox 1000 mg tablets (deferiprone)*, Ferriprox twice-a-day 1000 mg tablets (deferiprone)*, Ferriprox 100 mg/mL oral solution (deferiprone)*
<b>Basic and Enhanced Drug Lists</b>	
Cholestasis Pruritus	Bylvay 200 mcg (odevixibat)*, Bylvay 400 mcg (odevixibat)*, Bylvay 600 mcg (odevixibat)*, Bylvay 1200 mcg (odevixibat)*, Livmarli 9.5 mg/mL (maralixibat)*
Opzelura	Opzelura 1.5% cream (ruxolitinib)*
Tavneos	Tavneos 1 mg capsule (avacopan)*
Tyrvaya	Tyrvaya (varenicline)*
<b>Balanced and Performance Select Drug Lists</b>	
Combination NSAID**	Consensi (amlodipine/celecoxib), Duexis (ibuprofen/famotidine), Vimovo (naproxen/esomeprazole), Yosprala (aspirin/omeprazole)

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

\*\* This PA program already applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists.

\*\*\* Applies to select members on July 1, 2022. Members on an Annual drug list may not see these changes applied until their 2023 renewal date.



**Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2022\*:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Enhanced and Balanced Drug Lists</b>	
Therapeutic Alternatives	diclofenac potassium
<b>Basic and Enhanced Drug Lists</b>	
Acute Migraine Agents	Elyxyb (celecoxib)
Therapeutic Alternatives	Rhofade (oxymetazoline hydrochloride)

<sup>1</sup>Third-party brand names are the property of their respective owner.

\* Applies to select members on July 1, 2022. Members on an Annual drug list may not see these changes applied until their 2023 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](http://bcbstx.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

**Change in Benefit Coverage for Select High Cost Products**

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

Based on claims data, members were notified about the following changes to be effective July 1, 2022. 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 <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
PREGEN DHA CAP	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

<sup>1</sup> All brand names are the property of their respective owners.

<sup>2</sup> 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.

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 <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
DEXILANT CAP 30 MG and 60 MG DR	ACID REFLUX	DEXILANT
DIPHENHYDRAMINE ELIXIR 12.5 MG/5 ML	ALLERGIES	OTHER MANUFACTURERS
GLYCATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
MULTI-MAC TAB	PREGNANCY <sup>†</sup>	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

<sup>1</sup> All brand names are the property of their respective owners.

<sup>2</sup> 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.

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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.**