



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 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 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 Oct. 1, 2022 are outlined below.**

The October 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, 2023.

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

Non-Preferred Brand¹	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 Lists Revisions			
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>	
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200, mg)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions			
DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg)	Inflammatory Conditions	methylprednisolone tablets, prednisone tablets	
Drug¹	Drug Class/ Condition Used For	Generic Alternatives^{1,2}	Brand Alternatives^{1,2}
Balanced, Performance and Performance Select Drug Lists Revisions			
DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg)	Inflammatory Conditions	methylprednisolone tablets, prednisone tablets	
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 ml)	Pain	morphine sulfate solution 10 mg/5 ml	
MORPHINE SULFATE ER (morphine sulfate cap er 24hr 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
QUINIDINE SULFATE (quinidine sulfate tab 200 mg, 300 mg)	Arrhythmia	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SULFADIAZINE (sulfadiazine tab 500 mg)	Infections	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRAMADOL HCL ER (tramadol hcl tab er 24hr biphasic release 100 mg, 200 mg, 300 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRIHEXYPHENIDYL HCL (trihexyphenidyl hcl oral soln 0.4 mg/ml)	Parkinson's Disease, Extrapyramidal Disorders	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VANDAZOLE (metronidazole vaginal gel 0.75%)	Bacterial Vaginosis	metronidazole vaginal gel 0.75%	
Balanced and Performance Select Drug Lists Revisions			
MOXIFLOXACIN HYDROCHLORIDE (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Antibacterial- Ophthalmic	ciprofloxacin ophthalmic solution, gatifloxacin ophthalmic solution, ofloxacin ophthalmic solution, moxifloxacin ophthalmic solution	
Balanced Drug List Revisions			
ZOLPIDEM TARTRATE (zolpidem tartrate sl tab 1.75 mg, 3.5 mg)	Insomnia	eszopiclone tablets, zaleplon capsules, zolpidem tablets	
Balanced, Performance and Performance Select Drug Lists Exclusions			
BIDIL (isosorbide dinitrate- hydralazine hcl tab 20-37.5 mg)	Heart Failure	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



CONTRAVE (naltrexone hcl-bupropion hcl tab er 12hr 8-90 mg)	Weight Loss	Qsymia, Saxenda, Wegovy	
ESBRIET (pirfenidone tab 267 mg, 801 mg)	Idiopathic Pulmonary Fibrosis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
FERRIPROX (deferiprone tab 1000 mg)	Transfusional Iron Overload	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
K-PHOS (potassium phosphate monobasic tab 500 mg)	Urinary Acidification	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SAMSCA (tolvaptan tab 15 mg)	Hyponatremia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 50 (carbidopa-levodopa-entacapone tabs 12.5-50-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 75 (carbidopa-levodopa-entacapone tabs 18.75-75-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 100 (carbidopa-levodopa-entacapone tabs 25-100-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 125 (carbidopa-levodopa-entacapone tabs 31.25-125-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 150 (carbidopa-levodopa-entacapone tabs 37.5-150-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
STALEVO 200 (carbidopa-levodopa-entacapone tabs 50-200-200 mg)	Parkinson's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
UKONIQ (umbralisib tosylate tab 200 mg)	Cancer	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

Performance and Performance Select Drug Lists Exclusions

metronidazole lotion 0.75%	Rosacea	metronidazole cream 0.75%, metronidazole gel 0.75%	
testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%)	Hypogonadism	testosterone gel pump 1.62%	
tretinoin gel 0.025%	Acne	tretinoin cream 0.025%	

Balanced Drug List Exclusions

ACZONE (dapsone gel 7.5%)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
COMBIGAN (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%)	Glaucoma, Ocular Hypertension	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	



ZIPSOR (diclofenac potassium cap 25 mg)	Pain/ Inflammation	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
Performance Select Drug List Exclusions			
adapalene-benzoyl peroxide gel 0.3-2.5%	Acne	tretinoin cream 0.1%	

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, 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 June 15, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
2021 Health Insurance Marketplace (HIM), 2022 HIM, Performance, Performance Annual and Performance Select Drug Lists	
Oxbryta	
Oxbryta (voxelotor)*	90 tablets 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 Sept. 1, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
IL-13 Antagonist	
Adbry (tralokinumab-ldrm)*	4 mL per 30 days

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

Effective Oct. 1, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	
Dartisla ODT [†]	120 tablets per 30 days
Lyvispah (baclofen) 5 mg Granule packet ²	120 packets per 30 days
Lyvispah (baclofen) 10 mg Granule packet ²	120 packets per 30 days
Lyvispah (baclofen) 20 mg Granule packet ²	120 packets per 30 days



Valsartan oral solution*	2400 mL per 30 days
Miscellaneous	
Emla (lidocaine-prilocaine) 2.5%-2.5%	60 grams per 30 days
Therapeutic Alternatives	
METAXALONE TAB 400 MG*	240 tablets per 30 days
PHOSPHOLINE SOL 0.125%OP*	5 mL per 30 days
Basic, Enhanced, 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Cibingo	
Cibingo (abrocitinib) 50 mg tablets*	30 tablets per 30 days
Cibingo (abrocitinib) 100 mg tablets*	30 tablets per 30 days
Cibingo (abrocitinib) 200 mg tablets*	30 tablets per 30 days
Insulin Pumps	
Omnipod DASH kit/Omnipod 5 kit*	1 kit per 720 days
Pyrukynd	
Pyrukynd (mitapivat) Therapy Pack 5 MG*	7 tablets per 365 days
Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*	14 tablets per 365 days
Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*	14 tablets per 365 days
Pyrukynd (mitapivat) 5 mg tablets*	56 tablets per 28 days
Pyrukynd (mitapivat) 20 mg tablets*	56 tablets per 28 days
Pyrukynd (mitapivat) 50 mg tablets*	56 tablets per 28 days
Recorlev	
Recorlev (levoketoconazole)*	240 tablets per 30 days
Tarpeyo	
TARPEYO (budesonide)*	120 capsules per 30 days
Basic, Enhanced and Balanced Drug Lists	
Oxbryta	
Oxbryta (voxelotor)	90 tablets per 30 days
Basic and Enhanced Drug Lists	
IL-13 Antagonist	
Adbry (tralokinumab-ldrm)	4 mL per 30 days
Vuity	
Vuity (pilocarpine HCL) ophthalmic solution	2.5 mL per 30 days

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

² The target drug Lyvispah is misspelled on the dispensing limits letter for Basic and Enhanced Drug Lists.

Clarification to the July 2022 Quarterly Changes Dispensing Limit Letter

The dispensing limit letter incorrectly listed Edarbi, Edarbyclor and Soolantra as target drugs included in the Therapeutic Alternatives program. **These target drugs belong to the Miscellaneous program, effective July 1, 2022.**

Letters mailed in late April to impacted members on the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists. Clarification letters will not be sent to members because the dispensing limits are accurate on the letter and both programs apply to the drug lists mentioned above.

UTILIZATION MANAGEMENT PROGRAM CHANGES

New Target Drugs Added to Existing PA Programs

Effective **Oct. 1, 2022**, the following changes will be applied:

- Target drugs Dartisla ODT, Valsartan oral solution and Lyvispah (baclofen) granule packet will be added to the Alternative Dosage Form PA program. This change applies to the Performance and Performance Select Drug Lists.*
- Target drug Omnipod DASH kit/Omnipod 5 kit will be added to the Insulin Pumps PA program. This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*

New Programs Added to Select Drug Lists

- Effective **Sept. 1, 2022**, the Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry (tralokinumab-ldrm) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
- Effective **Oct. 1, 2022**, the following changes will be applied:
 - The Cibinqo Specialty PA program and target drug Cibinqo will be added to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The Pyrukynd Specialty PA program and target drug Pyrukynd (mitapivat) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The Recorlev Specialty PA program and target drug Recorlev (levoketoconazole) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.*
 - The Tarpeyo PA program and target drug TARPEYO (budesonide) will be added to the 2021 HIM, 2022 HIM, 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 July 1, 2022:

Drug Category	Targeted Medication(s)¹
Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists	
Cibinqo	Cibinqo (abrocitinib) ^{2*}
IL-13 Antagonist	Adbry (tralokinumab-ldrm) ^{2*}

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

²Member level PAs were entered through Oct. 1, 2022, for Basic and Enhanced Drug Lists and Jan. 1, 2023, for Basic Annual and Enhanced Annual Drug Lists.

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



Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2022:**

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Pyrukynd	Pyrukynd (mitapivat) Therapy Pack 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*, Pyrukynd (mitapivat) 5 mg tablets*, Pyrukynd (mitapivat) 20 mg tablets*, Pyrukynd (mitapivat) 50 mg tablets*
Recorlev	Recorlev (levoketoconazole)*
Tarpeyo	TARPEYO (budesonide)*

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

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

** Applies to select members on Oct. 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 Oct. 1, 2022:**

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Balanced Drug Lists	
Alternative Dosage Form	Dartisla ODT*, Lyvispah (baclofen) 5 mg Granule packet*, Lyvispah (baclofen) 10 mg Granule packet*, Lyvispah (baclofen) 20 mg Granule packet*, Valsartan oral solution*
Basic and Enhanced Drug Lists	
Insulin Pumps	Omnipod DASH kit/Omnipod 5 kit*
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Therapeutic Alternatives	METAXALONE TAB 400 MG*, METFORMIN TAB 625 MG*, PHOSPHOLINE SOL 0.125% OP*, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV)*, VTAMA (tapinarof) 1% CREAM*

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

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

** Applies to select members on Oct. 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 and log in to Blue Access for MembersSM (BAMSM) 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.

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}
DICLOFENAC TAB 25 MG	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
METFORMIN TAB 625 MG	DIABETES	METFORMIN 500 MG TABS
ORPHENADRINE W/ ASPIRIN & CAFFEINE TAB 25-385-30 MG	MUSCLE PAIN	CYCLOBENZAPRINE, ORPHENADRINE

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.

Split Fill Program Category Expansion

Starting on Jan. 1, 2023, the Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

Reminder:

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.

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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.