

Drug List Changes Utilization Management Program Changes

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2022 – Part 2

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 additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSTX drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [October Quarterly Pharmacy Changes Part 1 article](#). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective Oct. 1, 2022 and previous updates effective Feb. 18, 2022 – Sept. 1, 2022 are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2022

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
NUCALA (mepolizumab subcutaneous solution pref syringe 40 mg/0.4 ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml))	Diabetes
VARENICLINE STARTING MONTH BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
OMNIPOD 5 G6 KIT (insulin infusion disposable pump kit)	Diabetes

OMNIPOD 5 G6 PODS (insulin infusion disposable pump supplies)	Diabetes
PYRUKYND (mitapivat sulfate tab 5 mg, 20 mg, 50 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 5 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency
PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg)	Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4 ml)	Crohn's Disease
VONJO (pacritinib citrate cap 100 mg)	Myelofibrosis

Balanced and Performance Select Drug Lists

EYSUVIS (loteprednol etabonate ophth susp 0.25%)	Dry Eye
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Balanced Drug List

CITALOPRAM HYDROBROMIDE (citalopram hydrobromide cap 30 mg)	Depression
DARTISLA ODT (glycopyrrolate tab disintegrating 1.7 mg)	Peptic Ulcer Disease
FLEQSUVY (baclofen susp 25 mg/5 ml)	Spasticity
RECORLEV (levoketoconazole tab 150 mg)	Cushing Syndrome
SEGLENTIS (celecoxib-tramadol hcl tab 56-44 mg)	Pain
SOANZ (torsemide tab 20 mg, 40 mg, 60 mg)	Edema
TARPEYO (budesonide delayed release cap 4 mg)	IgA Nephropathy

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

Drug List Coverage Additions – As of Feb. 18, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml)	Hypoglycemia

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Drug List Coverage Additions – As of Feb. 27, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
BD VERITOR AT-HOME COVID- 19 TEST (covid-19 at home antigen test kit)	Covid-19 test
CARESTART COVID-19 ANTIGE N HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
COMIRNATY (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Prophylaxis
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit)	Hemophilia A
TAKHZYRO (lanadelumab-flyo soln pref syringe 300 mg/2 ml (150 mg/ml))	Hereditary Angioedema Prevention

Performance and Performance Annual Drug Lists

carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg (generic for STALEVO)	Parkinson's Disease
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Balanced and Performance Select Drug Lists	
NAFTIN (naftifine hcl gel 1%)	Antifungal (Topical)
Balanced Drug List	
BACLOFEN (baclofen oral soln 5 mg/5 ml)	Spasticity
TRAMADOL HYDROCHLORIDE (tramadol hcl oral soln 5 mg/ml)	Pain

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Drug List Coverage Additions – As of March 6, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
apomorphine hcl soln cartridge 30 mg/3 ml (generic for APOKYN)	Parkinson Disease

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Drug List Coverage Additions – As of March 13, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
tolvaptan tab 15 mg (generic for SAMSCA)	Hyponatremia
Balanced Drug List	
DIFLORASONE DIACETATE (diflorasone diacetate cream 0.05%)	Inflammatory Conditions-Topical
GLYCATE (glycopyrrolate tab 1.5 mg)	Peptic Ulcer Disease
GLYCOPYRROLATE (glycopyrrolate tab 1.5 mg)	Peptic Ulcer Disease
NEXICLON XR (clonidine hcl tab er 24hr 0.17 mg (base equivalent))	Hypertension

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Drug List Coverage Additions – As of March 20, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
iacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	Seizures
MAYZENT (siponimod fumarate tab 1 mg (base equivalent))	Multiple Sclerosis
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack)	Multiple Sclerosis
RINVOQ (upadacitinib tab er 24hr 45 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis
Balanced Drug List	
diclofenac potassium cap 25 mg (generic for ZIPSOR)	Pain/Inflammation

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Drug List Coverage Additions – As of March 25, 2022

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	

NIACIN (niacin tab 500 mg)	Dyslipidemias
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Drug List Coverage Additions – As of March 27, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/ADULT (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease
BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/CHILD (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease
CELLTRION DIATRUST COVID- 19 AG HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
potassium phosphate monobasic tab 500 mg (generic for K-PHOS)	Urinary Acidification
Balanced and Performance Select Drug Lists	
fluoxetine hcl tab 60 mg	Depression, Mood Disorders
Balanced Drug List	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Pain
PRENATAL PLUS VITAMIN AND MINERAL (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin

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Drug List Coverage Additions – As of March 29, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 50 mcg/0.5 ml)	Covid-19 Prophylaxis

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Drug List Coverage Additions – As of April 1, 2022

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
LOREEV XR (lorazepam cap er 24hr sprinkle 1.5 mg)	Anxiety

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Drug List Coverage Additions – As of April 17, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic for BIDIL)	Heart Failure
Balanced Drug List	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic for COMBIGAN)	Glaucoma, Ocular Hypertension

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Drug List Coverage Additions – As of April 24, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml))	Diabetes
VARENICLINE STARTING MONT H BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)	Smoking Cessation
Balanced and Performance Select Drug Lists	
TRIZIVIR (abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg)	HIV
Balanced Drug List	
VALSARTAN (valsartan oral soln 4 mg/ml)	Hypertension

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Drug List Coverage Additions – As of May 8, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
INDICAID COVID-19 RAPID A NTIGEN AT-HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment
pirfenidone tab 267 mg, 801 mg (generic for ESBRIET)	Idiopathic Pulmonary Fibrosis
Balanced Drug List	
LEVAMLODIPINE (levamlodipine maleate tab 2.5 mg, 5 mg)	Hypertension
OXYCODONE HYDROCHLORIDE/A CETAMINOPHEN (oxycodone w/ acetaminophen soln 5-325 mg/5 ml)	Pain

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Drug List Coverage Additions – As of May 15, 2022

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
CONJUPRI (levamlodipine maleate tab 5 mg)	Hypertension

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Drug List Coverage Additions – As of May 22, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
lacosamide oral solution 10 mg/ml (generic for VIMPAT)	Seizures

Balanced and Performance Select Drug Lists	
diclofenac sodium soln 2% (generic for PENNSAID)	Pain/Inflammation
Balanced Drug List	
mesalamine cap er 500 mg (generic for PENTASA)	Ulcerative Colitis
METFORMIN HYDROCHLORIDE (metformin hcl tab 625 mg)	Diabetes

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Drug List Coverage Additions – As of May 25, 2022

Drug¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
OMNIPOD DASH KIT INTRO (insulin infusion disposable pump kit)	Diabetes

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Drug List Coverage Additions – As of July 1, 2022

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg)	HIV/HIV Prophylaxis
MAYZENT (siponimod fumarate tab 1 mg (base equiv))	Multiple Sclerosis
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack)	Multiple Sclerosis
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	Migraine
RINVOQ (upadacitinib tab er 24hr 45 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg)	HIV/HIV Prophylaxis
lenalidomide cap 5 mg, 10 mg, 15 mg, 25 mg (generic for REVLIMID)	Cancer
Balanced and Performance Select Drug Lists	
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	Migraine

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Drug List Coverage Additions – As of Sept. 1, 2022

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml)	Atopic Dermatitis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml)	Atopic Dermatitis
ZIMHI (naloxone hcl soln prefilled syringe 5 mg/0.5 ml)	Opioid overdose

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Drug List Updates (Coverage Tier Changes) – As of Feb. 27, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
methytestosterone cap 10 mg	Non-Preferred Generic	Hypogonadism, Metastatic Breast Cancer
Balanced and Performance Select Drug Lists		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25- 100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg (generic for STALEVO)	Non-Preferred Generic	Parkinson's Disease

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Drug List Updates (Coverage Tier Changes) – As of April 17, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced and Performance Select Drug Lists		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic for COMBIGAN)	Non-Preferred Generic	Glaucoma, Ocular Hypertension

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Drug List Updates (Coverage Tier Changes) – As of April 24, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Performance and Performance Annual Drug Lists		
TRIZIVIR (abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg)	Non-Preferred Brand	HIV

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Drug List Updates (Coverage Tier Changes) – As of May 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced and Performance Select Drug Lists		
doxepin hcl cap 150 mg	Non-Preferred Generic	Depression, Anxiety

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Drug List Updates (Coverage Tier Changes) – As of May 15, 2022

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
timolol maleate tab 10 mg	Hypertension, CV Event risk reduction post-MI, Migraine Prophylaxis

Drug List Updates (Coverage Tier Changes) – As of May 22, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced and Performance Select Drug Lists		
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Non-Preferred Generic	Pain

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UTILIZATION MANAGEMENT PROGRAM CHANGES

Prior Authorization (PA) Program Name Changes

- Effective **July 1, 2022**, the Polycystic Kidney Disease Specialty PA program changed its name to Jynarque. The program includes the same targeted medication.
- Effective **Aug. 15, 2022**, the Neuropathy PA program changed its name to Lyrica CR. The program includes the same targeted medication.

Retired Step Therapy (ST) Programs

Effective **Sept. 15, 2022**, the Lipid Management ST program and non-standard Fibromyalgia ST program retired.

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.

Implementation of New to Market Clinical Review Program for Select Prescription Drug Lists

What's new: Effective Oct. 1, 2022, a New to Market program applies to FDA-approved drugs launched into the market on or after Oct. 1, 2022. This replaces a similar program that was offered on our Basic and Enhanced prescription drug lists for select BCBSTX Commercial plan members.

Program details: The program implements coverage exception clinical evaluation processes on new-to-market drug products until coverage evaluation decisions can be determined. Once the final clinical evaluation criteria is implemented, members that started drug therapy and have approval are not disrupted. Oral oncology and anti-retroviral drugs are not included.

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

New Proactive Utilization Management Approval Renewal Program, SmartRenew, Effective Oct. 1, 2022

What's new: Certain prescription drugs require utilization management (UM) program approval year over year. This can include prior authorization approval, step therapy exception requests and dispensing/quantity limits override requests. To help avoid you having to submit the request each year for your patients, a new proactive UM renewal program, **SmartRenewTM**, is in effect as of Oct. 1, 2022.

This program helps save both you and your patient time and effort in needing to submit a new request, reduces frustration and potential coverage delays from not having an updated approval and provides a better overall experience.

Program Details:

- Applies to a pre-determined and regularly updated list of prescription drugs covered under the member's BCBSTX pharmacy benefit. These drugs are typically used for maintenance and have a high reapproval rate.
- The member and you do not need to do anything for drugs included in the program. Authorization approvals are automatically extended for 12 months, based on set program criteria. Members will need to meet program criteria, such as having:
 - a prior approval for a duration of at least six to 12 months,
 - a current prescription for an included drug product,

- claims history within the past 180 days and
 - no change in coverage for their medication.
- Members are sent a notification of the drug's automatic approval confirmation and new expiration date. Identification of members will be ongoing. Letters will be sent at least 60 days prior to the original approval expiration date starting mid-November 2022.

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

Reminder of Split Fill Program Category Expansion

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

Program 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.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.