

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

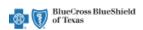
Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to 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 <u>October Quarterly Pharmacy Changes Part 1</u> <u>article</u>. 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

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



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

Balanced Drug List	
CITALOPRAM HYDROBROMIDE (citalopram	Depression
hydrobromide cap 30 mg)	
DARTISLA ODT (glycopyrrolate tab disintegrating 1.7	Peptic Ulcer Disease
mg)	
FLEQSUVY (baclofen susp 25 mg/5 ml)	Spasticity
RECORLEV (levoketoconazole tab 150 mg)	Cushing Syndrome
SEGLENTIS (celecoxib-tramadol hcl tab 56-44 mg)	Pain
SOAANZ (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	g/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	Covid-19 test	
home antigen test kit)		
CARESTART COVID-19 ANTIGE N HOME TEST (covid-	Covid-19 test	
19 at home antigen test kit)		
COMIRNATY (covid-19 mrna vac tris-sucrose-pfizer im	Covid-19 Prophylaxis	
susp 30 mcg/0.3 ml)		
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj	Hemophilia A	
1500 unit)		
TAKHZYRO (lanadelumab-flyo soln pref syringe 300	Hereditary Angioedema Prevention	
mg/2 ml (150 mg/ml))		
Performance and Performance Annual Drug Lists		
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg,	Parkinson's Disease	
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)		



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	Pain	
5 mg/ml)		

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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	Inflammatory Conditions-Topical	
cream 0.05%)		
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	Hypertension	
equivalent))		

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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		
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	Seizures	
MAYZENT (siponimod fumarate tab 1 mg (base	Multiple Sclerosis	
equivalent))		
MAYZENT STARTER PACK (siponimod fumarate tab	Multiple Sclerosis	
0.25 mg (7) starter pack)		
RINVOQ (upadacitinib tab er 24hr 45 mg)	Atopic Dermatitis, Psoriatic Arthritis,	
	Rheumatoid Arthritis	
Balancod Drug	Liet	

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	Asthma/Chronic Obstructive Pulmonary	
HOLDING CHAMBER/ADULT (spacer/aerosol-holding	Disease	
chambers - device)		
BREATHE COMFORT ANTI-STAT IC VALVED	Asthma/Chronic Obstructive Pulmonary	
HOLDING CHAMBER/CHILD (spacer/aerosol-holding	Disease	
chambers - device)		
CELLTRION DIATRUST COVID- 19 AG HOME TEST	Covid-19 test	
(covid-19 at home antigen test kit)		
potassium phosphate monobasic tab 500 mg (generic for	Urinary Acidification	
K-PHOS)		
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	Prenatal Vitamin	
w/ fe fumarate-fa tab 27-1 mg)		

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Drug List Coverage Additions – As of March 29, 2022

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

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Drug List Coverage Additions – As of April 1, 2022

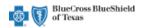
Drug ¹	Drug Class/Condition Used For	
Balanced Drug List		
LOREEV XR (lorazepam cap er 24hr sprinkle 1.5 mg)	Anxiety	

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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	Heart Failure	
(generic for BIDIL)		
Balanced Drug List		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Glaucoma, Ocular Hypertension	
(generic for COMBIGAN)		

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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	Smoking Cessation	
tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack)		
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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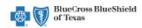
Drug List Coverage Additions – As of May 15, 2022

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	Diabetes	
mg)		

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Drug List Coverage Additions – As of May 25, 2022

ug ¹ Drug Class/Condition Used For	
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
OMNIPOD DASH KIT INTRO (insulin infusion disposable	Diabetes
pump kit)	

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Drug List Coverage Additions – As of July 1, 2022

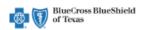
Drug Class/Condition Used For		
c Annual, Enhanced, Enhanced Annual,		
anced Annual Drug Lists		
HIV/HIV Prophylaxis		
Multiple Sclerosis		
Multiple Sclerosis		
Migraine		
Atopic Dermatitis, Psoriatic Arthritis,		
Rheumatoid Arthritis		
nd Performance Select Drug Lists		
HIV/HIV Prophylaxis		
Cancer		
elect Drug Lists		
Migraine		

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

Drug ¹	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 Atopic Dermatitis		
syr 150 mg/ml)		
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled Atopic Dermatitis		
syr 150 mg/ml)		
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		
methyltestosterone cap 10 mg	Non-Preferred Generic	Hypogonadism, Metastatic Breast
		Cancer
Balanced and Performance Select Drug Lists		
carbidopa-levodopa-entacapone tabs	Non-Preferred Generic	Parkinson's Disease
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)		

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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-	Non-Preferred Brand	HIV	
zidovudine tab 300-150-300 mg)			

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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 red		
	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	Non-Preferred Generic	Pain
25-385-30 mg		

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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-tomarket 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.

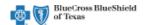
New Proactive Utilization Management Approval Renewal Program, SmartRenew, Effective Oct. 1, 2022

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, **SmartRenew**[™], 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:
 - o a prior approval for a duration of at least six to 12 months,
 - o a current prescription for an included drug product,



- o 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 <u>Split Fill Program</u> 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. Reqardless of benefits, the final decision about any medication is between the member and their health care provider.