



BlueCross BlueShield of Texas

Pharmacy Program Updates Quarterly Pharmacy Changes - Part 2: Effective July 1, 2023

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Update: This article is a continuation of the previously published July Quarterly Pharmacy Changes Part 1 article. The Part 1 article included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This Part 2 article contains more recent coverage additions, utilization management updates and any other pharmacy-program updates.

Note: 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 Blue Cross and Blue Shield of Texas (BCBSTX) drug lists.

Additions effective July 1, 2023, as well as previous updates, are outlined below.

Drug List Additions – As of July 1, 2023

Balanced Drug List

Drug ¹	Condition
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
CYLTEZO* (adalimumab-adbm)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion Due to Heart Failure
KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

*Upon market launch

Performance Drug List Performance Annual Drug List

Drug ¹	Condition
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion due to Heart Failure
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases
KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

*Upon market launch

Performance Select Drug List

Drug ¹	Condition
ALTUVIIIIO (antihemophilic fact rcmb fc-vwf-xten-eh1 for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)	Autoimmune Diseases
CYLTEZO* (adalimumab-adbm)	Autoimmune Diseases
ERMEZA (levothyroxine sodium oral solution 150 mcg/5 ml)	Hypothyroidism
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10 ml)	Fluid Overload Congestion due to Heart Failure
KRAZATI (adagrasib tab 200 mg)	Cancer
LEUPROLIDE ACETATE (leuprolide acetate (3 month) for inj 22.5 mg)	Cancer
LYTGOBI (futibatinib tab therapy pack 4 mg (12 mg, 16 mg, 20 mg daily dose))	Cancer
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections

PHEBURANE (sodium phenylbutyrate oral pellets 483 mg/gm)	Urea Cycle Disorders
REZLIDHIA (olutasidenib cap 150 mg)	Cancer
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

*Upon market launch

Basic, Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists

Drug ¹	Condition
ALTUVIIIO (antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit)	Hemophilia A
AMJEVITA (adalimumab-atto)*	Autoimmune Diseases
ERLEADA (apalutamide tab 240 mg)	Cancer
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases
KALYDECO (ivacaftor packet 13.4 mg)	Cystic Fibrosis
NOXAFIL (posaconazole for delayed release susp packet 300 mg)	Fungal Infections
REBINYN (coagulation factor ix recomb glycopegylated for inj 3000 unt)	Hemophilia B
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml)	Hereditary Angioedema Prophylaxis
TRIKAFTA (elexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5 mg thpk gran, 100-50-75 mg & ivacaf 75 mg thpk gran)	Cystic Fibrosis

*Upon market launch

Health Insurance Marketplace (HIM) Drug List

Drug ¹	Condition
AMJEVITA (adalimumab-atto)*	Autoimmune Diseases
HADLIMA* (adalimumab-bwwd)	Autoimmune Diseases

*Upon market launch

Dispensing Limit Changes

BCBSTX's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits (QLs), are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. New dispensing limits and effective dates are listed on the chart below.

Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists

Drug Class and Medication(s) ¹	New Dispensing Limit	Effective Date
fenofibrate caps (50 mg, 150 mg)	N/A, program termed	7/1/2023
fenofibrate micro caps (30 mg, 43 mg, 67 mg, 90 mg, 130 mg, 134 mg, 200 mg)	N/A, program termed	7/1/2023
fenofibrate tab (40 mg, 48 mg, 50 mg, 54 mg, 145 mg, 160 mg, 200 mg)	N/A, program termed	7/1/2023
fenofibric acid delayed release tab (45 mg, 135 mg)	N/A, program termed	7/1/2023
fenofibric acid tab (35 mg, 105 mg)	N/A, program termed	7/1/2023
gemfibrozil tab (600 mg)	N/A, program termed	7/1/2023
Haegarda 2000 IU vials	27 vials per 28 days	7/15/2023
Haegarda 3000 IU vials	18 vials per 28 days	7/15/2023
Isturisa tab 5 mg	360 tabs per 30 days	7/1/2023
Wegovy (semaglutide) soln auto injector 1.7 mg/ 0.75 mL	4 pens per 28 days	7/15/2023

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

Please note: The dispensing limits listed above 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, 2024. For BCBSTX members on the 2022 or 2023 Health Insurance Marketplace (HIM) Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2024.

Standard Utilization Management (UM) Program Package Changes

The following programs have changes effective this quarter.

- The Self-Administered Oncology Program has removed generic capecitabine as a target effective July 1, 2023.
- Welchol (colesevelam) packet for suspension has been removed as a target from the Alternative Dosage Form Prior Authorization Program effective May 15, 2023.
- The Fibrates Step Therapy/Quantity Limits Program has been retired effective July 1, 2023.
- The Inhaled Antibiotics-Cystic Fibrosis Quantity Limits Program has been retired effective July 1, 2023, and targets moved to Therapeutic Alternatives Prior Authorization Program.

Please Note: The PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of bcbstx.com.

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.

Humira Biosimilars Added to Select Drug Lists

BCBSTX has added Humira biosimilars as preferred drugs to select drug lists. Humira (adalimumab) remains a preferred drug on those drug lists. Until further notice, any additional Humira biosimilar introduced into the market will be considered non-preferred on open drug lists and non-covered on managed (or closed) drug lists.

All adalimumab products are specialty drugs and remain subject to prior authorization and quantity limits criteria. Current and projected Humira biosimilars have been added as target drugs in the Biologic Immunomodulators prior authorization/quantity limits (PAQL) program. AMJEVITA has been added effective July 1, 2023, and other projected products will be added upon their market launch. Only certain National Drug Codes (NDCs) of AMJEVITA are being added to each of the drug lists. See below for more information.

Preferred Adalimumab Products

This list includes any existing preferred adalimumab products or biosimilar adalimumab additions to BCBSTX drug lists.

TRADE NAME (generic)	Manufacturer	Brand/Generic	Effective Date	Description of Coverage	Drug Lists
AMJEVITA (adalimumab-atto)	Amgen	Brand	7/1/23	Preferred	All*
CYLTEZO (adalimumab-adbm)	Boehringer Ingelheim	Brand	Upon Launch	Preferred	Balanced, Performance Select
HADLIMA (adalimumab-bwwd)	Samsung/Organon	Brand	Upon Launch	Preferred	Basic, Enhanced, HIM, Performance
HUMIRA (adalimumab)	AbbVie	Brand	Current	Preferred	All

*Preferred NDCs start with 55513. Non-preferred NDCs start with 72511.

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.

Please note: Members were not notified of this change because either 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 [†]	Condition	Covered Alternative(s) ^{1,2}
DICLOFENAC POTASSIUM 25 MG TABLETS	Pain	DICLOFENAC POTASSIUM 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
PRENATAL VIT W/ FE GLUCONATE-FA TAB 6-0.5 MG	Vitamins	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

Federal COVID-19 Public Health Emergency Ends

The public health emergency (PHE) officially ended May 11, and members are experiencing changes in the over-the-counter (OTC) test kits and testing-related visits.

OTC Test Kits: Most BCBSTX commercial plan members no longer have coverage for OTC COVID-19 home test kits under their benefits. This includes members on an individual and family markets plan, as well as both fully insured and ASO group plans. Some ASO groups may have opted in to continue covering these OTC COVID-19 test kits under the pharmacy benefit. If a member's plan no longer covers OTC test kits, they are no longer reimbursable.

Members with existing coverage can still purchase an OTC test kit at the pharmacy if needed. There is still a limit of up to 8 tests every 30 days per member. If for any reason the pharmacist is unable to process under their pharmacy benefit when coverage exists, the member can pay out of pocket at the pharmacy counter and submit a prescription drug claim form, along with the pharmacy receipt, to be reimbursed. Updated prescription drug claim forms are available have in the [bcbstx.com](https://www.bcbstx.com) Form Finder section, in Blue Access for MembersSM and on [MyPrime.com](https://www.MyPrime.com).

COVID-19 Anti-Viral Medications: Paxlovid and Lagevrio (molnupiravir) are oral, anti-viral prescription medicines that treat mild-to-moderate COVID-19. These medicines may be covered under the member's pharmacy benefit. There is a limit of one course of treatment every 180 days per member. Member cost share is based on plan benefits.

Monovalent COVID-19 Vaccine: As of April 18, 2023, the monovalent COVID-19 vaccine is no longer authorized for use in the United States. The Moderna and Pfizer bivalent COVID-19 vaccines and the Johnson & Johnson or Novavax COVID-19 vaccines are not affected.

Verify Coverage: If members are unsure about what their plan covers, they can call the number on their ID card. If you have any questions, contact your BCBSTX representative.

Drugs Horizant and Gralise Removed from Maintenance List

Gabapentin products, Gralise and Horizant, were removed from the maintenance drug list effective June 1, 2023. These drugs are typically prescribed to treat epilepsy and certain types of nerve pain, but a growing body of evidence suggests possible abuse.

For members whose plan benefits required these medications to be filled in a 90-day supply or at select pharmacies to receive coverage, they will no longer be subject to those specific requirements.

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.