

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – Part 2

This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While that part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

### **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 Blue Cross and Blue Shield of Texas (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 [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 April 1, 2020 are outlined below.

### **Drug List Coverage Additions – As of April 1, 2020**

<b>Preferred Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Hot Flashes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
LYNPARZA (olaparib cap 50 mg; tab 100 mg, 150 mg)	Cancer
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NUBEQA (darolutamide tab 300 mg)	Cancer
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes



SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
deferasirox tab 90 mg, 360 mg (generic for JADENU)	Chronic Iron Overload
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
digoxin oral soln 0.05 mg/ml (generic for DIGOXIN)	Heart Failure, Atrial Fibrillation
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Asthma
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	Clotting Conditions
INREBIC (fedratinib hcl cap 100 mg)	Cancer
mesalamine cap er 24hr 0.375 gm (generic for APRISO)	Ulcerative Colitis
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Seizures
nitisinone cap 2 mg, 5 mg, 10 mg (generic for ORFADIN)	Hereditary Tyrosinemia Type 1 (HT-1)
NUBEQA (darolutamide tab 300 mg)	Cancer
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Pain
pentamidine isethionate for nebulization soln 300 mg (generic for NEBUPENT)	Fungal Infections
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate oral soln 25 mg/5 ml (base eq))	Inflammatory Conditions
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C

TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Cancer
VYLEESI (bremelanotide acetate subcutaneous soln auto-injector 1.75 mg/0.3 ml)*	Hypoactive Sexual Desire Disorder
<b>Balanced Drug List</b>	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF (ciprofloxacin-fluocinolone acetate (pf) otic soln 0.3-0.025%)	Otic Infections & Inflammation
CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
CLODERM (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Major Depressive Disorder
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	Inflammatory Conditions
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
NOURIANZ (istradefylline tab 20 mg, 40 mg)	Parkinson's Disease
OZOBAX (baclofen oral soln 5 mg/5 ml)	Multiple Sclerosis
PREGENNA (prenat vit w/ fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin
sucralfate susp 1 gm/10 ml (generic for CARAFATE susp)	Ulcers
TOSYMRA (sumatriptan nasal spray 10 mg/act)	Migraines
VITATHELY/GINGER (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
ZALVIT (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin

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

\* Optional sexual dysfunction component coverage for select health plans.

### Drug List Updates (Coverage Tier Changes) – As of April 1, 2020

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non-Preferred Generic	Cataracts, Inflammatory Conditions
metoprolol tartrate tab 37.5 mg, 75 mg	Non-Preferred Generic	Hypertension
prednisone tab 50 mg	Non-Preferred Generic	Inflammatory Conditions
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Preferred Brand	Cancer
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	Preferred Brand	Hypothyroidism

<b>Balanced Drug List</b>		
triamcinolone acetonide oint 0.05%	Non-Preferred Generic	Inflammatory Conditions

### **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 moved to quarterly updates on their prescription drug list. BCBSTX members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2021, unless stated otherwise.

#### **Effective April 1, 2020:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>5HT-1F</b>	
Reyvow 5 mg	4 tablets per 30 days
Reyvow 10 mg	8 tablets per 30 days
<b>Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists</b>	
<b>Continuous Glucose Monitors</b>	
Dexcom G5 Transmitter	1 transmitter per 84 days
Dexcom G5/G4 Sensor	4 sensors per 28 days
Dexcom G5 Receiver	1 receiver per 365 days
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G6 Receiver	1 receiver per 365 days
Dexcom G4 Platinum Sensor	4 sensors per 28 days
Dexcom G4 Platinum Transmitter	1 transmitter per 90 days
Dexcom G4 Platinum Receiver	1 receiver per 365 days
Eversense Sensor	1 sensor per 90 days
Eversense Transmitter	1 transmitter per 90 days
Freestyle Libre Sensor - 10 day	3 sensors per 30 days
Freestyle Libre Reader - 10 day	1 reader per 365 days
Freestyle Libre Sensor - 14 day	2 sensors per 28 days
Freestyle Libre Reader - 14 day	1 reader per 365 days
Guardian Sensor	4 sensors per 28 days
Guardian Transmitter	1 transmitter per 90 days
Guardian Kit	1 kit per 365 days
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>Nasal Antiepileptics</b>	
Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days
Valtoco 15 mg	10 packs per 30 days
Valtoco 20 mg	10 packs per 30 days

Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

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

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **April 1, 2020**, the following changes will be applied:
  - The Wakix Specialty Prior Authorization (PA) program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program includes the target drug Wakix.
  - The 5HT-1F PA program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Reyvow.
  - The Continuous Glucose Monitor PA program will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists. The program includes the following products: Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Guardian Real-Time CGM System and Senseonics Eversense. Members with a recent claim for any of these products will be grandfathered from participation.

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.

### **Reminder: Drug Coupon Change**

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSTX members with a group health plan, though some exceptions may apply.

Letters were sent in January to members who have plans renewing in Q2 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

### **Dexcom Continuous Glucose Monitoring Products Added to Select Drug Lists**

On April 1, 2020, brand Dexcom continuous glucose monitoring products will be added to the Balanced, Performance, Performance Annual, Performance Select and Health Insurance Marketplace Drug Lists. These products may have previously been covered only under the member's medical benefit plan. These products may be targeted by the Continuous Glucose Monitors PAQL Program effective April 1, 2020.

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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.