



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2019

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, 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 Blue Cross and Blue Shield of Texas (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 July 1, 2019, are outlined below.

Drug List Updates (Coverage Additions) – As of July 1, 2019

| Preferred 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 | |
| AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 140 mg/mL) | Migraine |
| NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml)) | Neutropenia |
| REVCIVI (elapegademase-lv1r im soln 2.4 mg/1.5ml (1.6 mg/ml)) | ADA Deficiency |
| TRESIBA (insulin degludec inj 100 unit/ml) | Diabetes |
| UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg) | Cancer |
| VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg) | Cancer |
| Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists | |
| PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg) | Transplant Rejection Prophylaxis |
| Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists | |
| ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml) | Rheumatoid Arthritis |
| ARAKODA (tafenoquine succinate tab 100 mg (base equivalent)) | Malaria |
| ARIKAYCE (amikacin sulfate liposome inhal susp 590 mg/8.4 ml (base eq)) | Infections |
| buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv) | Opiate Agonist Dependence |
| CELLCEPT (mycophenolate mofetil for oral susp 200 mg/ml) | Transplant Rejection Prophylaxis |
| cinacalcet hcl tab 30 mg, 60 mg, 90 mg (base equiv) | Hyperparathyroidism; Hypercalcemia |
| CODEINE SULFATE (codeine sulfate tab 15 mg, 60 mg) | Pain |

Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug List - (cont.)

| | |
|---|--|
| DAURISMO (glasdegib maleate tab 25 mg, 100 mg (base equivalent)) | Cancer |
| DIVIGEL (estradiol td gel 0.75 mg/0.75 gm (0.1%)) | Menopause Symptoms |
| EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml) | Migraines |
| KRINTAFEL (tafenoquine succinate tab 150 mg (base equivalent)) | Malaria |
| LORBRENA (lorlatinib tab 25 mg, 100 mg) | Cancer |
| mesalamine suppos 1000 mg | Ulcerative Colitis, Crohn's Disease |
| MITIGARE (colchicine cap 0.6 mg) | Gout |
| NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml)) | Neutropenia |
| NUZYRA (omadacycline tosylate tab 150 mg (base equivalent)) | Infections |
| OXERVATE (cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)) | Keratitis |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq)) | Aplastic Anemia; Thrombocytopenia |
| ranolazine tab er 12hr 500 mg, 12hr 1000 mg | Angina |
| RAPAMUNE (sirolimus tab 0.5 mg, 1 mg, 2 mg) | Transplant Rejection Prophylaxis |
| REVCIVI (elapegademase-lvlr im soln 2.4 mg/1.5 ml (1.6 mg/ml)) | ADA Deficiency |
| sevelamer hcl tab 800 mg | Hyperphosphatemia |
| SEVELAMER HYDROCHLORIDE (sevelamer hcl tab 400 mg) | Hyperphosphatemia |
| sirolimus oral soln 1 mg/ml | Organ Transplant Rejection Prophylaxis |
| TEGSEDI (inotersen sod subcutaneous pref syr 284 mg/1.5 ml (base eq)) | Polyneuropathy |
| tetracycline hcl cap 250 mg, 500 mg | Infections |
| TIROSINT (levothyroxine sodium cap 175 mcg, 200 mcg) | Hypothyroidism |
| TIROSINT-SOL (levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 50 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml) | Hypothyroidism |
| toremifene citrate tab 60 mg (base equivalent) | Cancer |
| TRESIBA (insulin degludec inj 100 unit/ml) | Diabetes |
| UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml) | Neutropenia |
| vigabatrin tab 500 mg | Partial Seizures |
| VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent)) | Cancer |
| VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent)) | Cancer |
| XOSPATA (gilteritinib fumarate tablet 40 mg (base equivalent)) | Cancer |
| Balanced, Performance Select and Performance Select Annual Drug Lists | |
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | Acne |
| minocycline hcl tab er 24hr 55 mg, 24hr 80 mg, 24hr 105 mg | Infections; Acne |
| XEPI (ozenoxacin cream 1%) | Impetigo |

| Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists | |
|--|---------------------------------|
| olopatadine hcl ophth soln 0.1% (base equivalent) | Allergic conjunctivitis |
| Balanced Drug List | |
| ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor) | Schizophrenia, Bipolar Disorder |
| acyclovir cream 5% | Topical Anti-Infective |
| AEMCOLO (rifamycin sodium tab delayed release 194 mg (base equiv)) | Traveler's Diarrhea |
| ALISKIREN (aliskiren fumarate tab 150 mg, 300 mg (base equivalent)) | Hypertension |
| AZESCO (prenatal vit w/ fe gluconate-fa tab 13-1 mg) | Prenatal Vitamin |
| BRYHALI (halobetasol propionate lotion 0.01%) | Topical Inflammatory Conditions |
| cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg | Muscle Spasm |
| DEXCHLORPHENIRAMINE MALEA TE (dexchlorpheniramine maleate syrup 2 mg/5ml) | Cough & Cold |
| DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml) | Asthma; Atopic dermatitis |
| FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent)) | Lambert-Eaton Syndrome |
| levorphanol tartrate tab 2 mg | Pain |
| LEXETTE (halobetasol propionate foam 0.05%) | Topical Inflammatory Conditions |
| METHOTREXATE (methotrexate sodium tab 2.5 mg (antirheumatic)) | Rheumatoid Arthritis |
| naproxen sodium tab 220 mg | Pain |
| SYMPAZAN (clobazam oral film 5 mg, 10 mg, 20 mg) | Seizures |
| TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27)) | Inflammatory Conditions |
| TOLSURA (itraconazole cap 65 mg) | Fungal Infections |
| TUXARIN ER (codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg) | Cough & Cold |
| TYLACTIN BUILD 20PE TYR (nutritional supplement pack) | Nutritional Supplement |

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

Drug List Updates (Coverage Tier Changes) – As of July 1, 2019

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|-------------------------------|
| Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists | | |
| ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose) | Non-Preferred Generic | Asthma |
| cycloserine cap 250 mg | Non-Preferred Generic | Infections |
| primaquine phosphate tab 26.3 mg (15 mg base) | Non-Preferred Generic | Malaria |

| Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists (cont.) | | |
|--|-----------------|--------|
| VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg) | Preferred Brand | Cancer |

| | | |
|---|-----------------------|-------------------|
| VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg) | Preferred Brand | Cancer |
| Balanced, Performance Select and Performance Select Annual Drug Lists | | |
| clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% | Non-Preferred Generic | Acne |
| minocycline hcl tab er 24hr 55 mg | Non-Preferred Generic | Infections; Acne |
| pimecrolimus cream 1% | Non-Preferred Generic | Atopic Dermatitis |
| Balanced Drug List | | |
| levorphanol tartrate tab 2 mg | Non-Preferred Generic | Pain |

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

Please note: The drug list changes listed below apply only to some members whose health plan's prescription drug list has moved to quarterly updates for the third or second quarters of 2019.

BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual or Performance Select Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2020.

Drug List Updates (Revisions/Exclusions) – As of July 1, 2019

| Non-Preferred Brand ¹ | 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 List Revisions | | | |
| ALBENZA (albendazole tab 200 mg) | Infections | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%)) | Hormone Replacement Therapy | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| ANDROGEL (testosterone td gel 40.5 mg/2.5gm (1.62%)) | Hormone Replacement Therapy | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%)) | Hormone Replacement Therapy | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| CIALIS (tadalafil tab 2.5 mg, 5 mg) | Benign Prostatic Hyperplasia | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| CIALIS (tadalafil tab 10 mg, 20 mg) | Erectile Dysfunction | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |

Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions (cont.)

| | | | |
|--|--------------|---|--|
| EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)) | Anaphylaxis | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
| FINACEA (azelaic acid gel 15%) | Acne/Rosacea | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |

| | | | |
|---|--------|---|--|
| ZYTIGA (abiraterone acetate tab 250 mg) | Cancer | <i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i> | |
|---|--------|---|--|

Basic and Multi-Tier Basic Drug List Revisions

| | | | |
|---------------------------------|------|-----|----------|
| COLCRYS (colchicine tab 0.6 mg) | Gout | N/A | Mitigare |
|---------------------------------|------|-----|----------|

| Drug ¹ | Drug Class/Condition Used For | Preferred Alternative(s) ^{1,2} |
|-------------------|-------------------------------|---|
|-------------------|-------------------------------|---|

Balanced, Performance and Performance Select Drug Lists Revisions

| | | |
|---|--------------|--|
| CIPROFLOXACIN ER (ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg, 1000 mg (base eq)) | Infections | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| HYDROCODONE BITARTRATE/ACETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg) | Pain | hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE (moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 15-12.5 mg, 15-25 mg) | Hypertension | benazepril/hydrochlorothiazide tablet, enalapril/hydrochlorothiazide tablet, lisinopril/hydrochlorothiazide tablet |
| PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 mL) | Cough & Cold | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL) | Cough & Cold | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| PROMETHAZINE/PHENYLEPHRINE (promethazine & phenylephrine syrup 6.25-5 mg/5 mL) | Cough & Cold | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| PROMETHAZINE/PHENYLEPHRINE/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL) | Cough & Cold | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| VERDROCET (hydrocodone-acetaminophen tab 2.5-325 mg) | Pain | hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg |

Balanced Drug List Revisions

| | | |
|---|------|--|
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg) | Pain | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
|---|------|--|

Balanced, Performance and Performance Select Drug Lists Exclusions

| | | |
|--|------------------------------|--|
| ALBENZA (albendazole tab 200 mg) | Infections | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| AMPYRA (dalfampridine tab er 12hr 10 mg) | Multiple Sclerosis | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%)) | Hormone Replacement Therapy | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%)) | Hormone Replacement Therapy | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%)) | Hormone Replacement Therapy | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| CIALIS (tadalafil tab 2.5 mg, 5 mg) | Benign Prostatic Hyperplasia | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| CIALIS (tadalafil tab 10 mg, 20 mg) | Erectile Dysfunction | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| COLCRYS (colchicine tab 0.6 mg) | Gout | MITIGARE (colchicine cap 0.6 mg) |
| FINACEA (azelaic acid foam 15%) | Acne/Rosacea | azelaic acid gel 15% (generic for Finacea gel) |
| FINACEA (azelaic acid gel 15%) | Acne/Rosacea | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| LEVITRA (vardenafil hcl tab 2.5 mg, 5 mg) | Erectile Dysfunction | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| LEVITRA (vardenafil hcl tab 10 mg, 20 mg) | Erectile Dysfunction | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |

| Balanced, Performance and Performance Select Drug Lists Exclusions (cont.) | | |
|---|--------------------|--|
| MINIVELLE (estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr) | Menopause Symptoms | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ONFI (clobazam suspension 2.5 mg/mL) | Seizures | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |

| | | |
|---|---------------------------------|--|
| ONFI (clobazam tab 10 mg, 20 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> |
| PREVIDENT RINSE (sodium fluoride rinse 0.2%) | Fluoride Dental Rinse | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| SAVAYSA (edoxaban tosylate tab 15 mg, 30 mg, 60 mg (base equivalent)) | Thrombotic Event Prophylaxis | ELIQUIS tablet, XARELTO tablet |
| SPORANOX (itraconazole oral soln 10 mg/mL) | Fungal Infections | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| STAXYN (vardenafil hcl orally disintegrating tab 10 mg) | Erectile Dysfunction | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| ZYTIGA (abiraterone acetate tab 250 mg) | Cancer | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |

Balanced and Performance Select Drug Lists Exclusions

| | | |
|--|----------------------|--|
| EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)) | Anaphylaxis | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml) | Rheumatoid Arthritis | methotrexate injection, OTREXUP injection |

Performance and Performance Select Drug Lists Exclusions

| | | |
|--|------------|---|
| butalbital-acetaminophen-caffeine cap 50-325-40 mg | Headache | butalbital/acetaminophen/caffeine 50-325-40 mg tablet |
| DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 50 mg, 100 mg (base equiv)) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |
| DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 50 mg, 100 mg) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |

Performance and Performance Select Drug Lists Exclusions (cont.)

| | | |
|--|--|---|
| DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 50 mg, 100 mg) | Depression | desvenlafaxine ER tablet (generic for Pristiq) |
| FLUOXETINE (fluoxetine hcl (pmdd) cap 10 mg, 20 mg) | Premenstrual Dysphoric Disorder (PMDD) | Fluoxetine (PMDD) capsule |
| METAXALONE (metaxalone tab 400 mg) | Muscle Relaxant | cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet |
| metaxalone tab 800 mg | Muscle Relaxant | cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet |

| | | |
|---|--|--|
| pramipexole dihydrochloride tab er 24hr 0.375 mg, 0.75 mg | Parkinson's Disease; Restless Legs Syndrome | pramipexole tablet |
| pramipexole dihydrochloride tab sr 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg | Parkinson's Disease; Restless Legs Syndrome | pramipexole tablet |
| ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent) | Parkinson's Disease; Restless Legs Syndrome | ropinirole tablet |
| ropinirole hydrochloride tab sr 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent) | Parkinson's Disease; Restless Legs Syndrome | ropinirole tablet |
| tizanidine hcl cap 2 mg, 4 mg, 6 mg (base equivalent) | Multiple Sclerosis | tizanidine tablet |
| Balanced Drug List Exclusions | | |
| BUTRANS (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr) | Opioid Dependence | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| KADIAN (morphine sulfate cap er 24hr 40 mg) | Pain | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| RAPAFLO (silodosin cap 4 mg, 8 mg) | Benign Prostatic Hyperplasia | <i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i> |
| Performance Drug List Exclusions | | |
| ULORIC (febuxostat tab 40 mg, 80 mg) | Gout | allopurinol tablet |

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

² This 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.

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, 2020.

Effective July 1, 2019:

| Drug Class and Medication(s)¹ | Dispensing Limit(s) |
|---|----------------------------|
| Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select, and Performance Select Annual Drug Lists | |
| Arikayce | |
| Arikayce | 235.2 mL per 28 days |
| hATTR Amyloidosis Neuropathy | |
| Tegsedi | 6 mL per 28 days |
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | |
| Carafate suspension | 1200 mL per 30 days |

| | |
|---|-------------------------|
| Naprosyn suspension | 1800 mL per 30 days |
| Constipation Agents | |
| Amitiza 8 mcg, 24 mcg | 60 capsules per 30 days |
| Linzess 72 mcg, 145 mcg, 290 mcg | 30 capsules per 30 days |
| Motegrity 1 mg, 2 mg | 30 tablets per 30 days |
| Trulance 3 mg | 30 capsules per 30 days |
| Glaucoma | |
| Rhopressa sol 0.02% | 2.5 mL per 20 days |
| Nocturia | |
| Nocdurna 22.7 mcg, 55.3 mcg | 30 tablets per 30 days |
| Topical Lidocaine | |
| Pliaglis | 100 grams per 30 days |
| Synera | 4 patches per 28 days |
| Basic, Enhanced and Performance Drug Lists | |
| Therapeutic Alternatives | |
| Kenalog spray | 189 grams per 90 days |
| Basic and Enhanced Drug Lists | |
| Galafold | |
| Galafold capsules | 14 capsules per 28 days |
| Hyperhidrosis | |
| Qbrexza | 30 pads per 30 days |
| Orilissa | |
| Orilissa 150 mg | 30 tablets per 30 days |
| Orilissa 200 mg | 60 tablets per 30 days |

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective July 1, 2019**, the following changes will be applied:
 - The Ophthalmic Prostaglandins Step Therapy (ST) program will change its name to: Glaucoma. The program, which applies to the Basic and Enhanced drug lists only, includes the same targeted medications and two new ones, Rhopressa and Rocklatan. The program criteria remain the same.
 - Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal for select members' plans. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

Drug categories added to current pharmacy PA standard programs, effective July 1, 2019**

| Drug Category | Targeted Medication(s)¹ |
|---|---|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Alternative Dosage Form | Carafate suspension, Naprosyn suspension |
| Arikayce | Arikayce |
| hATTR Amyloidosis Neuropathy | Tegsedi |
| Balanced, Performance and Performance Select Drug Lists | |
| Neurotrophic Keratitis* | Oxervate |
| Basic and Enhanced Drug Lists | |
| Fabry Disease | Galafold |

| | |
|---|----------|
| Hyperhidrosis | Qbrexza |
| Orilissa | Orilissa |
| Balanced and Performance Select Drug Lists | |
| Firdapse* | Firdapse |

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

* Members did not receive letters due to limited utilization

** Applies to select members July 1, 2019. Members on an Annual drug list may not see these changes applied until their renewal date.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2019**

| Drug Category | Targeted Medication(s) ¹ |
|---|-------------------------------------|
| Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists | |
| Antifungal Agents (Cresemba, Noxafil, Tolsura, Vfend) | Tolsura |
| Nocturia | Nocdurna |
| Topical Lidocaine | Pliaglis, Synera |
| Basic, Enhanced and Performance Drug Lists | |
| Therapeutic Alternatives | Dutoprol, Kenalog spray |

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

** Applies to select members July 1, 2019. Members on an Annual drug list may not see these changes applied until their renewal date.

Per our usual process of member notification before 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.

Select Prescription Drug Lists' Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** Some members moved to a quarterly update upon their health insurance plan's renewal/effective date that started on or after April 1, 2019, regardless of prescription drug list. However, some members will remain on an annual update. If your patients have any questions about their drug list, please advise them to contact the number on their member ID card. Members may also visit bcbstx.com and log in to BAM or MyPrime.com to view their specific drug list.

Note: For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

Member Cost-Share Updates to Novolog Insulin Products

Recent news headlines have focused on the rising insulin drug prices and the affect it can have on patient access to these medications. Starting July 1, 2019, BCBSTX members, who have prescription drug

benefits administered by Prime Therapeutics, may see reduced cost shares for Novolog vials and Novolog Flexpen insulin products.* Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see this cost share reduction. Those members with a copay benefit will not see any changes in their cost-share amounts.

Members will pay the same or less for the preferred Novolog products than the Insulin Lispro (Humalog) products that were recently introduced to the market by Eli Lilly. These Insulin Lispro (Humalog) products are non-preferred or excluded on our drug lists, based on the member's benefit plan.

Please call the number on the member's ID card to verify coverage.

*This change does not apply to members with Medicare Part D or Medicaid coverage and select employer group health plans.

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.

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| <p>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.</p> |
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