



## Drug List Changes

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### **Pharmacy Program Quarterly Update, Part 1: Changes Effective April 1, 2023**

*Applies to all groups, ASO and Fully Insured*

Review the revisions to the drug list for members with prescription drug benefits administered by Prime Therapeutics®.

**Member notices:** Targeted mailings were sent to members affected by drug list revisions and/or exclusions, prior authorization program and dispensing limit changes.

**Note:** Look for Part 2 later this quarter for more recent coverage additions, utilization management updates and any other pharmacy program updates.

BCBSTX contracts with Prime Therapeutics 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 Therapeutics. [MyPrime.com](http://MyPrime.com) is an online resource offered by Prime Therapeutics.

## **Pharmacy Program Quarterly Update – Changes Effective April 1, 2023 – Part 1**

**REMINDER:** The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the April 1 effective date.

### **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 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, effective on or after April 1, 2023. **Changes by drug list are listed on the charts below.**

**Please note: The drug list changes below do not apply to BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2024.**

**Drug List Updates (Revisions) – As of April 1, 2023**

<b>Non-Preferred Brand<sup>1</sup></b>	<b>Drug Class/ Condition Used For</b>	<b>Preferred Generic Alternative(s)<sup>2</sup></b>	<b>Preferred Brand Alternative(s)<sup>1, 2</sup></b>
<b>Multi-Tier Basic and Multi-Tier Enhanced Drug Lists Revisions</b>			
ISOSORB MONO - (isosorbide mononitrate tab 10 mg)	Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ISOSORB MONO - (isosorbide mononitrate tab 20 mg)	Angina	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	Hypothyroidism	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	Hypothyroidism	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
GILENYA - (fingolimod hcl cap 0.5 mg (base equivalent))	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>	
<b>Drug<sup>1</sup></b>	<b>Drug Class/ Condition Used For</b>	<b>Generic Alternatives<sup>1,2</sup></b>	<b>Brand Alternatives<sup>1,2</sup></b>
<b>Balanced, Performance and Performance Select Drug Lists Revisions</b>			
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	isosorbide mononitrate ER tablet, isosorbide dinitrate tablet	
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg) (authorized generic for NARDIL)	Depression	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VELIVET (desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025 mg-mg)	Contraception	<i>Please talk to your doctor or pharmacist about medication(s) available for your condition.</i>	
<b>Balanced Drug List Revisions</b>			
LANSOPRAZOLE/ AMOXICILLIN/ CLARITHROMYCIN (amoxicillin cap-clarithro tab- lansopraz cap dr therapy pack)	Helicobacter Pylori Infection	amoxicillin tablet, clarithromycin tablet, omeprazole capsule, pantoprazole tablet, Taliaia	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%	

Drug List Updates (Exclusions) – As of April 1, 2023

Non-Preferred Brand <sup>1</sup>	Drug Class/ Condition Used For	Preferred Generic Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1, 2</sup>
<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>			
DALIRESP (roflumilast tab 250 mcg, 500 mcg)	Chronic Obstructive Pulmonary Disease (COPD)	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
GILENYA (fingolimod hcl cap 0.5 mg (base equivalent))	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>	
PRADAXA (dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent))	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
TRIMETHOPRIM (trimethoprim tab 100 mg)	Bacterial Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Performance and Performance Select Drug Lists Exclusions</b>			
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg, 2 mg	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	Muscle Spasms	baclofen tablet	
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan succinate solution auto injector	
<b>Balanced Drug Lists Exclusions</b>			
NAPRELAN (naproxen sodium tab er 24hr 750 mg (base equivalent))	Pain/ Inflammation	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.25%)	Elevated Intra-ocular Pressure	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
<b>Performance Select Drug List Exclusions</b>			
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg)	Pain	<i>Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
ZYCLARA PUMP (imiquimod cream 2.5%)	Actinic Keratosis	imiquimod cream 5%	

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

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

### Dispensing Limit Changes

BCBSTX's 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 chart below.**

BCBSTX sends letters to all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

### Effective April 1, 2023:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists</b>	
<b>Miscellaneous QL</b>	
Metronidazole 1% gel	60 grams per 30 days
<b>Basic, Enhanced and Balanced Drug Lists</b>	
<b>Radicava PAQL</b>	
Radicava ORS (edaravone oral suspension) 105 mg/5 mL	50 mLs per 28 days
Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL	70 mLs per 180 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Antifungals PAQL</b>	
Vivjoa (oteseconazole) cap therapy pack 150 mg	18 capsules per 180 days
<b>Hyftor PAQL</b>	
Hyftor (sirolimus) gel 0.2%	7 tubes per 84 days

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

\* Not all members may have been notified due to limited utilization.

**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 Program Package Changes**

**Please Note:** As a reminder, 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.

Members were notified about the PA standard program changes listed in the tables below.

**Drug categories or targets added to current pharmacy PA standard programs, effective April 1, 2023:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists</b>	
Multiple Sclerosis	Gilenya (fingolimod) 0.5 mg capsule
Radicava	Radicava ORS (edaravone oral suspension) 105 mg/5 mL, Radicava ORS Starter Kit (edaravone oral suspension) 105 mg/5 mL

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
Antifungals	Vivjoa (oteseconazole) capsule therapy pack 150 mg
Hyftor	Hyftor (sirolimus) gel 0.2%
Zoryve	Zoryve (roflumilast) cream 0.3%

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance and Performance Select Drug Lists</b>	
Factor VIII and von Willebrand Factor	Alphanate antihemophilic factor/vwf (human) for injection, Humate-P antihemophilic factor/vwf (human) for injection,

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Annual, Performance Select and Health Insurance Marketplace (HIM) Drug Lists</b>	
Therapeutic Alternatives	Prednisolone tab 5 mg

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier and Performance Drug Lists</b>	
Supplemental Therapeutic Alternatives	Winlevi (clascoterone) cream 1%

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

**Other program changes being applied to pharmacy PA or Step Therapy (ST) standard programs include:**

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
Feb. 1, 2023	Lyrica CR PAQL	PA program retiring	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 Health Insurance Marketplace (HIM), 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
March 1, 2023	Kerendia PAQL	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Antifungals PAQL	Effective 4/1/23, the Antifungal Agents - Brexafemme	Basic, Basic Annual, Enhanced,	PA

		<p>(ibrexafungerp), Cresemba (isavuconazonium), Noxafil (posaconazole), Tolsura (itraconazole), Vfend (voriconazole), Vivjoa (oteseconazole) program will change its name to Antifungals.</p> <p>Members on the Basic Annual and Enhanced Annual drug lists may be notified of the criteria change for Vivjoa before their renewal date in 2024.</p>	Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	
April 1, 2023	Metformin PAQL	<p>The program will change its name from Metformin ER to Metformin.</p> <p>Also, drug targets Riomet IR and metformin tab 625 mg are being moved to this program.</p>	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Multiple Sclerosis PAQL	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	Specialty PA
April 1, 2023	Pancreatic Enzymes PAQL	<p>New program with various target drugs.</p> <p>The targets have continuation of therapy in place and members with a drug regimen history will not be impacted.</p>	Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Select, Performance Annual	PA

April 1, 2023	Thrombopoietin Receptor Agonists and Tavalisse PAQL	Effective 4/1/23, the Thrombopoietin Receptor Agonists program will change its name to Thrombopoietin Receptor Agonists and Tavalisse.	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	Specialty PA
April 1, 2023	Topical Non-Steroidal Anti-Inflammatory Drug STQL	New formularies added to existing ST program	Balanced, Performance Select	ST
April 1, 2023	Hyftor PAQL	New PA program with target Hyftor (sirolimus) gel 0.2%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Zoryve PA	New PA program with target Zoryve (roflumilast) cream 0.3%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA
April 1, 2023	Supplemental Therapeutic Alternatives PAQL	New target Winlevi (clascoterone) cream 1%*	Basic, Enhanced, 2022 HIM, 2023 HIM, Performance, Performance Annual	PA
April 1, 2023	Therapeutic Alternatives PAQL	New target Prednisolone tab 5 mg*	Basic, Enhanced, 2022 HIM, 2023 HIM, Balanced, Performance, Performance Select, Performance Annual	PA

<sup>1</sup>Third-party brand names are the property of their respective owner.  
\* Not all members may have been notified due to limited utilization.

Targeted mailings were sent to members affected by drug list revisions and/or exclusions, prior authorization program and dispensing limit changes per our usual process of notifying members prior to the effective date.

View the most up-to-date drug list and list of drug dispensing limits on [bcbstx.com](http://bcbstx.com).

### Change in Benefit Coverage for Select High Cost Products

Several high cost product 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 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 <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA CAP 0.9 MG (Vita-PAC)	Vitamins	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19

<sup>1</sup> All brand names are the property of their respective owners.

<sup>2</sup> This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

### New Dosages of Statin Drug to be Covered Without Cost Sharing

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List, without member cost sharing:

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

### Pharmacies Added to Specialty Pharmacy Networks

As of January 1, 2023, we have added several new specialty pharmacies into our networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology network.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to select pharmacy networks/plans effective Jan. 1, 2023. An updated list of BCBSTX's in-network specialty pharmacy vendors is posted on the BCBSTX provider website. Members can also view the specialty vendor list on Blue Access for Members<sup>SM</sup>.

### Updates to the Member Pay the Difference (MPTD) Program

**What's new:** In 2023, some operational changes are being made to the MPTD program in efforts to standardize the program and help drive generic utilization.

**Background:** MPTD requires members who fill a brand name prescription, for which there is an exact generic equivalent, to pay the applicable copay or coinsurance plus the difference in cost between the brand and generic drug. In the past, the MPTD program has been managed differently depending on the line of business, the prescription drug list and state/plan.

**Member notices:** Impacted members will receive a letter at least 60 days prior to the effective date. Members with a Q2 2023 renewal will receive letters in late January 2023.

If you have any questions regarding these changes, contact your BCBSTX representative.

### **Reminder of Split Fill Program Category Expansion**

**What's new:** The Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity. A [Split Fill program drug list](#) is posted on the member pharmacy programs section of [bcbstx.com](http://bcbstx.com).

**Background:** The Split Fill Program provides a partial, or “split” fill, of a member’s monthly prescription for select medications for up to three months of therapy. This helps minimize waste and reduces health plan costs by identifying drugs associated with early discontinuation or dose modifications.

**Reminder:** There are no changes as to how the Split Fill Program works.

If you have any questions regarding these changes, contact your BCBSTX representative.