



Pharmacy Program Quarterly Update – Changes Effective April 1, 2021

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PHARMACY NETWORK CHANGES

There have been updates to the 2021 pharmacy network since previously communicated. Sam's Club and some other pharmacies will continue to participate in the networks. Members should check their pharmacy's network status by going to MyPrime.com or calling customer service before switching a prescription.

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 April 1, 2021.

Changes by drug list are listed on the charts below.

Please note: The drug list changes listed below apply only to TX ASO members that have moved to quarterly updates. BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2022.

Drug List Updates (Revisions/Exclusions) – As of April 1, 2021

Non-Preferred Brand¹	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			
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	<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			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Drug¹	Drug Class/Condition Used For	Generic Alternatives^{1,2}	Brand Alternatives^{1,2}
Balanced, Performance and Performance Select Drug List Revisions			
ISONIAZID (isoniazid tab 100 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced and Performance Select Drug List Revisions			
NIZATIDINE (nizatidine cap 300 mg)	Gastroesophageal Reflux Disease (GERD), Ulcers	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced Drug List Revisions			
DAPSONE (dapsone gel 7.5%)	Acne, Skin infections	clindamycin phosphate 1% gel or topical solution, tretinoin cream	
DEXAMETHASONE 10-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (35))	Inflammatory Conditions	dexamethasone tablet	
DEXAMETHASONE 13-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (51))	Inflammatory Conditions	dexamethasone tablet	
Balanced, Performance and Performance Select Drug List Exclusions			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EMTRIVA (emtricitabine cap 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
JADENU SPRINKLE (deferasirox granules packet 90 mg, 180 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist</i>	

		<i>about other medication(s) available for their condition.</i>	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Performance and Performance Select Drug List Exclusions			
CONDYLOX (podofilox gel 0.5%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol solution	
VEREGEN (sinecatechins oint 15%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
Performance Select Drug List Exclusions			
butalbital-acetaminophen-caffeine cap 50-300-40 mg	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	
Balanced and Performance Select Drug List Exclusions			
PROTONIX (pantoprazole sodium for delayed release susp packet 40 mg)	Gastroesophageal Reflux Disease (GERD)	esomeprazole powder packet, omeprazole capsule, pantoprazole tablet	
Balanced Drug List Exclusions			
DEMSER (metyrosine cap 250 mg)	Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DESONATE (desonide gel 0.05%)	Atopic Dermatitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain/Muscle Spasm	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

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

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

Review Drug List Updates (Coverage Additions/Coverage Tier Changes) – Effective Jan. 1, 2021

Drug List Coverage Additions – As of Jan. 1, 2021

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 Drug Lists	
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Heart Failure
CYSTADROPS (cysteamine hcl opth soln 0.37%)	Corneal cysteine crystal accumulation
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Diabetes
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease (COPD), Asthma
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	HIV
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml, 4.5 mg/0.5 ml)	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, er 24hr 5-500 mg, er 24hr 5-1000 mg, er 24hr 10-500 mg, er 24hr 10-1000 mg)	Diabetes

Balanced, Performance, Performance Annual and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic for CIPRODEX)	Otic Infections
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
deferasirox granules packet 90 mg, 180 mg, 360 mg (generic for JADENU SPRINKLE)	Chronic Iron Overload
dimethyl fumarate capsule delayed release 120 mg, 240 mg (generic for TECFIDERA)	Relapsing Multiple Sclerosis
DUPIXENT (dupilumab subcutaneous soln pen-injector 300 mg/2 ml)	Atopic Dermatitis, Asthma
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic for SYMFI LO)	HIV
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic for SYMFI)	HIV
emtricitabine caps 200 mg (generic for EMTRIVA)	HIV
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
EQ SPACE CHAMBER ANTI-STATIC (spacer/aerosol-holding chambers - device)	Respiratory Supplies
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
EVRYSDI (risdiplam for soln 0.75 mg/ml)	Spinal Muscular Atrophy
FINTEPLA (fenfluramine hcl oral soln 2.2 mg/ml)	Seizures
FLUAD 2020-2021 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2020-2021 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease

methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg	Attention Deficit Hyperactivity Disorder (ADHD)
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
pantoprazole sodium for delayed release susp packet 40 mg (generic for PROTONIX susp packet)	Gastroesophageal Reflux Disease (GERD)
PEMAZYRE (pemigatinib tab 4.5 mg, 9 mg, 13.5 mg)	Cancer
QINLOCK (ripretinib tab 50 mg)	Cancer
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
RUKOBIA (fostemsavir tromethamine tab er 12hr 600 mg)	HIV
sapropterin dihydrochloride powder packet 100 mg, 500 mg (generic for KUVAN)	Phenylketonuria
sapropterin dihydrochloride soluble tab 100 mg (generic for KUVAN)	Phenylketonuria
SIRTURO (bedaquiline fumarate tab 20 mg (base equiv))	Infections
SYM TUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml)	Diabetes
XPOVIO 40 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (40 mg once weekly))	Cancer
XPOVIO 40 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (40 mg twice weekly))	Cancer
XPOVIO 60 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (60 mg twice weekly))	Cancer

Balanced and Performance Select Drug Lists

DUOBRII (halobetasol propionate-tazarotene lotion 0.01-0.045%)	Plaque Psoriasis
RHOPRESSA (netarsudil dimesylate ophth soln 0.02%)	Glaucoma, Ocular Hypertension
ROCKLATAN (netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%)	Glaucoma, Ocular Hypertension
ZILXI (minocycline hcl micronized foam 1.5%)	Rosacea

Balanced Drug List

ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions
BROMPHENIRAMINE/PSEUDOEPHEDRINE/DM (pseudoephed-bromphen-dm liquid 30-2-10 mg/5 ml)	Cough/Cold
CALCIPOTRIENE (calcipotriene foam 0.005%)	Plaque Psoriasis
CITRANATAL ESSENCE (prenat w/o a w/fecbn-fegl-fa tab 35-1 & dha cap 300 mg pak)	Prenatal Vitamin
desonide gel 0.05% (generic for DESONATE)	Inflammatory Conditions
DOJOLVI (triheptanoin oral liquid 100%)	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)

FERRIPROX TWICE-A-DAY (deferiprone (twice daily) tab 1000 mg)	Chronic Iron Overload
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Infections
KETOROLAC TROMETHAMINE (ketorolac tromethamine nasal spray 15.75 mg/spray) (authorized generic for SPRIX)	Pain
LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Topical Pain
metformin hcl oral soln 500 mg/5 ml (generic for RIOMET)	Diabetes
metyrosine cap 250 mg (generic for DEMSER)	Hypertension
ONE VITE WOMENS PRENATAL VITAMIN PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (generic for NORGESIC FORTE)	Pain/Muscle Spasm
ZCORT 7-DAY (dexamethasone tab therapy pack 1.5 mg (25))	Inflammatory Conditions

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

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Preferred Brand	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Preferred Brand	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Preferred Brand	Heart Failure
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Diabetes
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	Non-Preferred Generic	Schizophrenia
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity prophylaxis, Cancer
mexiletine hcl cap 150 mg, 200 mg, 250 mg	Non-Preferred Generic	Ventricular Tachycardia
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg)	Preferred Brand	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab sr 24hr 5-500 mg, sr 24hr 5-1000 mg, sr 24hr 10-500 mg, sr 24hr 10-1000 mg)	Preferred Brand	Diabetes
Balanced Drug List		
metaxalone tab 400 mg	Non-Preferred Generic	Musculoskeletal Pain
oxycodone w/ acetaminophen tab 10-300 mg	Non-Preferred Generic	Pain

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Generics Moving From the Non-Preferred Generic Tier to Preferred Generic Tier as of Jan. 1, 2021

Drug ¹	New Tier
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
alprazolam tab sr 24hr 1 mg	Preferred Generic
amiloride hcl tab 5 mg	Preferred Generic
azelastine hcl ophth soln 0.05%	Preferred Generic
betamethasone dipropionate augmented cream 0.05%	Preferred Generic
bupropion hcl tab er 24hr 300 mg	Preferred Generic
celecoxib cap 50 mg, 100 mg, 200 mg	Preferred Generic
chlorthalidone tab 25 mg	Preferred Generic
cyproheptadine hcl tab 4 mg	Preferred Generic
dexmethylphenidate hcl tab 2.5 mg	Preferred Generic
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Preferred Generic
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Preferred Generic
haloperidol lactate oral conc 2 mg/ml	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic
levothyroxine sodium tab 300 mcg	Preferred Generic
lithium carbonate tab cr 300 mg, cr 450 mg	Preferred Generic
lithium carbonate tab er 300 mg, er 450 mg	Preferred Generic
methylphenidate hcl tab 5 mg	Preferred Generic
methylprednisolone tab 4 mg	Preferred Generic
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic
nonoxynol-9 gel 4%	Preferred Generic
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred Generic
oxybutynin chloride tab 5 mg	Preferred Generic
oxybutynin chloride tab er 24hr 5 mg, er 24hr 15 mg	Preferred Generic
oxybutynin chloride tab sr 24hr 5 mg, sr 24hr 15 mg	Preferred Generic
oxycodone hcl tab 10 mg	Preferred Generic
prednisone tab 50 mg	Preferred Generic
prednisone tab therapy pack 5 mg (21), 5 mg (48)	Preferred Generic
propafenone hcl tab 150 mg	Preferred Generic
propranolol hcl tab 40 mg	Preferred Generic
sodium chloride soln nebu 7%	Preferred Generic
sotalol hcl (afib/afib) tab 120 mg	Preferred Generic
tamoxifen citrate tab 10 mg (base equivalent)	Preferred Generic
telmisartan tab 80 mg	Preferred Generic
zonisamide cap 25 mg	Preferred Generic

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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 charts below.**

The dispensing limits listed below only apply to TX ASO groups on 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, 2022.

BCBSTX letters 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, 2021:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
SA Oncology	
Alunbrig 30 mg	120 tablets per 30 days
Bosulif 100 mg	90 tablets per 30 days
Lonsurf 15-6.14 mg	60 tablets per 28 days
Therapeutic Alternatives	
Doral (quazepam) tablet 15 mg	30 tablets per 30 days
Extina (ketoconazole) 2% aerosolized foam*	100 grams per 30 days
Migranal (dihydroergotamine) 4 mg/mL nasal spray*	8 mL per 30 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Xolegel (ketoconazole) 2% gel†	45 grams per 30 days
Basic and Enhanced Drug Lists	
Fintepla	
Fintepla 2.2 mg/mL	360 mL per 30 days
Balanced and Performance Select Drug Lists	
Therapeutic Alternatives	
Allzital 25 mg/ 325 mg tablet	360 tablets per 30 days
Alphagan-P 0.15% ophthalmic solution	5 mL per 20 days
Amrix 15 mg capsule	30 capsules per 30 days
Amrix 30 mg capsule	30 capsules per 30 days
Ativan 0.5 mg tablet	150 tablets per 30 days
Ativan 1 mg tablet	150 tablets per 30 days
Ativan 2 mg tablet	150 tablets per 30 days
Azelex 20% cream	30 grams per 30 days
Bethkis (tobramycin) 300 mg/4 mL*	224 mL per 56 days
Bupap 50-300 mg tablet	180 tablets per 30 days
Butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL	1000 mL per 30 days
Carospir 25 mg/ 5 mL oral suspension	450 mL per 30 days
Chlorzoxazone 250 mg tablet	120 tablets per 30 days
Cuprimine (penicillamine) 250 mg capsule	480 capsules per 30 days
Dexpak 6 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 10 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 13 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Diflorasone/ Psorcon 0.05% cream*	180 grams per 90 days
Diflorasone 0.05% ointment*	180 grams per 90 days
Durlaza 162.5 mg capsule	30 capsules per 30 days
Dxevo 1.5 mg tablet, therapy pack	39 tablets per 90 days
Fenoprofen 200 mg capsule	180 capsules per 30 days
Fenoprofen 400 mg capsule	120 capsules per 30 days
Fexmid 7.5 mg tablet	90 tablets per 30 days
Kenalog 0.147 mg/ gram spray	189 grams per 90 days
Ketoprofen ER 200 mg capsule	30 capsules per 30 days
Levorphanol 2 mg tablet	120 tablets per 30 days

Levorphanol 3 mg tablet	120 tablets per 30 days
Librax 5 mg/ 2.5 mg capsule	240 capsules per 30 days
Lorzone 375 mg tablet	120 tablets per 30 days
Lorzone 750 mg tablet	120 tablets per 30 days
Mupirocin 2% cream*	120 grams per 90 days
Nalfon (fenoprofen) 600 mg tablet	150 tablets per 30 days
Naprelan 375 mg tablet	60 tablets per 30 days
Naprelan 500 mg tablet	60 tablets per 30 days
Naprelan 750 mg tablet	60 tablets per 30 days
Noritate 1% cream	60 grams per 30 days
Oxistat 1% cream	180 grams per 30 days
Pandel 0.1% cream	80 grams per 90 days
Sitavig 50 mg tablet	2 tablets per 180 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Spritam 250 mg tablet	60 tablets per 30 days
Spritam 500 mg tablet	60 tablets per 30 days
Spritam 750 mg tablet	120 tablets per 30 days
Spritam 1000 mg tablet	60 tablets per 30 days
Taperdex 6-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Taperdex 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Taperdex 12-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Tivorbex 20 mg capsule	90 capsules per 30 days
Tivorbex 40 mg capsule	90 capsules per 30 days
TOBI/ Kitabis (tobramycin) 300 mg/5 mL inhalation solution*	280 mL per 56 days
Vanos 0.1% cream	60 grams per Rx 120 grams per 180 days
Vivlodex 5 mg capsule	30 capsules per 30 days
Vivlodex 10 mg capsule	30 capsules per 30 days
Zcort 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1100 mg capsule*	60 capsules per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1680 mg packets*	60 packets per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1100 mg capsule*	60 capsules per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1680 mg packets*	60 packets per 30 days
Zipsor 25 mg capsule	120 capsules per 30 days
Zorvolex 18 mg capsule	90 capsules per 30 days
Zorvolex 35 mg capsule	90 capsules per 30 days
Zyflo 600 mg tablet	120 tablets per 30 days
Zyflo CR 600 mg tablet	120 tablets per 30 days

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

Standard Utilization Management Program Package Changes

Multiple Sclerosis Specialty Step Therapy (ST) Program Moving to Specialty Prior Authorization (PA) Program

The Multiple Sclerosis Specialty ST program is moving to a standard Specialty PA program effective April 1, 2021. Note: Continuation of Therapy (or grandfathering) will apply. Members who may have had a prior authorization approval currently in place from the ST program will not be impacted until their current PA approval expires in 2021.

- *Please note:* Only members on the Basic and Enhanced Drug Lists with recent prescription history for the target drugs Copaxone and Tecfidera will be notified of the change. However, Continuation of Therapy (or grandfathering) will not apply to these two program targets only, and members on all drug lists (Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists) will need a prior authorization approval for coverage consideration.
 - Impacted members on the Basic Annual and Enhanced Annual Drug Lists will be notified on or after Jan. 1, 2022, upon renewal.
- The new Multiple Sclerosis Specialty PA program also applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- The Preferred target drugs in this Specialty PA program are: Aubagio, Avonex, Betaseron, Gilenya, Mavenclad, Mayzent, Plegridy, Rebif and Zeposia.
- The Non-Preferred target drugs in this Specialty PA program are: Bafiertam, Copaxone, Extavia, Glatopa, Kesimpta, Tecfidera and Vumerity.

New PA Program from FastPAth

A new PA program was added to the standard PA program effective Feb. 1, 2021 for the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists and will be added effective April 1, 2021 for the Balanced, Performance, Performance Annual and Performance Select Drug Lists, for all standard pharmacy benefit plans. The Enspryng Specialty PA program includes the target drug Enspryng. The update also applies to ASO groups that have selected the auto update. For groups that have not selected auto updates, this program is available for selection. Contact your BCBSTX representative for more information.

PA Program Changes

Several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans upon renewal for non-ASO groups. This includes ASO groups that have selected auto updates. For groups that have not selected auto updates, these programs will be available for selection as of the program effective date. Contact your BCBSTX representative for more information.

Note: For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group's 2022 renewal date, unless otherwise noted.

- Effective Jan. 1, 2021, the H.P. Acthar Specialty PA program changed its name to: Corticotropin. This program includes the target drug, Acthar Gel, and currently applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective April 1, 2021, the following changes will be applied:
 - The Supplemental Therapeutic Alternatives PA program will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists. This program includes the following target drugs: Absorica, Absorica LD, Cambia, Daraprim and Rytary. Members were not notified of this change because these drugs were targeted in the Therapeutic Alternatives PA program prior to April 1, 2021.
 - Targetin Gel will be added as a target to the Self-Administered Oncology Specialty PA program, which applies to the Basic, Enhanced, Balanced, Performance and

Performance Select Drug Lists. Auto – Continuation of Therapy (or auto – grandfathering) is in place.

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

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

Drug categories added to current pharmacy PA standard programs, effective April 1, 2021 [For ASO groups only]:

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Dojolvi	Dojolvi*
Fintepla	Fintepla*
Multiple Sclerosis	Copaxone, Tecfidera
Balanced and Performance Select Drug Lists	
Therapeutic Alternatives	Allzital (butalbital/acetaminophen) 25 mg/ 325 mg, Alphagan-P 0.15% sol, Amrix (cyclobenzaprine SR) 15 mg capsule, Amrix (cyclobenzaprine SR) 30 mg capsule, Aplenin 174 mg, Aplenin 348 mg, Aplenin 522 mg, Ativan 0.5 mg tablet, Ativan 1 mg tablet, Ativan 2 mg tablet, Auvi-Q, Azelex 20% cream, Bethkis neb 300 mg/4 mL, Bupap 50-300 mg tablet, Butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL, Cardizem CD 120 mg capsule, Cardizem CD 180 mg capsule, Cardizem CD 240 mg capsule, Cardizem CD 300 mg capsule, Cardizem CD 360 mg capsule, Carospir 25 mg/ 5 mL oral suspension, Chlorzoxazone 250 mg tablet, Cuprimine (penicillamine) 250 mg capsule, Dexpak 6 Day 1.5 mg tablet, therapy pack, Dexpak 10 Day 1.5 mg tablet, therapy pack, Dexpak 13 Day 1.5 mg tablet, therapy pack, diflorasone 0.05% cream, diflorasone 0.05% ointment, Doral (quazepam) tablet 15 mg, Durlaza 162.5 mg capsule, Dutoprol 25 mg /12.5 mg tablet, Dutoprol 50 mg /12.5 mg tablet, Dutoprol 100 mg /12.5 mg tablet, Dxevo 1.5 mg tablet, therapy pack, Extina (ketoconazole) 2% foam, Fexmid 7.5 mg tablet, Kenalog 0.147 mg/ gram spray, Ketoprofen capsule 200 mg ER, Kitabis pak neb 300 mg/5 mL, Levorphanol 2 mg tablet, Levorphanol 3 mg tablet, Librax 5 mg/ 2.5 mg capsule, Lorzone 375 mg tablet, Lorzone 750 mg tablet, Migranal (dihydroergotamine) spr 4 mg/mL, mupirocin 2% cream, Nalfon/fenoprofen 200 mg capsule, Nalfon/fenoprofen 400 mg capsule, Nalfon/fenoprofen 600 mg tablet, Naprelan 375 mg tablet, Naprelan 500 mg tablet, Naprelan 750 mg tablet, Noritate 1% cream, Oxiconazole cream 1%, Oxistat lotion 1%, Pandel 0.1% cream, Sitavig 50 mg tablet, Sorilux (calcipotriene) aer 0.005% foam, Spritam 250 mg tablet, Spritam 500 mg tablet, Spritam 750

	mg tablet, Spritam 1000 mg tablet, Taperdex 6-day 1.5 mg tablet, therapy pack, Taperdex 7-day 1.5 mg tablet, therapy pack, Taperdex 12-day 1.5 mg tablet, therapy pack, Tivorbex 20 mg capsule, Tivorbex 40 mg capsule, Tobi neb 300 mg/5 mL, Vanos 0.1% cream, Vivlodex 5 mg capsule, Vivlodex 10 mg capsule, Wellbutrin XL 150 mg tablet, Wellbutrin XL 300 mg tablet, Xolegel (ketoconazole) 2% gel, Zcort 7-day 1.5 mg tablet, therapy pack, Zegerid 20/1100 mg capsule, Zegerid 20/1680 mg packet, Zegerid 40/1100 mg capsule, Zegerid 40/1680 mg packet, Zipsor 25 mg capsule, Zorvolex 18 mg capsule, Zorvolex 35 mg capsule, Zyflo 600 mg tablet, Zyflo CR 600 mg tablet
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¹Third-party brand names are the property of their respective owner.

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

Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2021 [For ASO groups only]:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Performance Drug Lists	
Actinic Keratosis	fluorouracil cream 0.5%
Therapeutic Alternatives	Doral (quazepam) tablet 15 mg, Extina 2% foam, Migranal (dihydroergotamine) spr 4 mg/mL, Sorilux (calcipotriene) aer 0.005% foam, Xolegel (ketoconazole) 2% gel
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists	
Alternative Dosage Form	Sprix
Basic and Enhanced Drug Lists	
Elagolix	Oriahnn

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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.

Reminder: Oral Oncology Split Fill Program Available to Select Market Segments

BCBSTX offers its members and groups a Split Fill program for select specialty medications. The program applies to a specific list of drugs that members may not be able to tolerate, leading to discontinuation of therapy. This list of drugs is subject to change at any time.

Members who are new to therapy (or do not have claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months. Members must use an in-network specialty pharmacy. During the duration of the program, members will pay a prorated cost share (if applicable) that aligns with the number of pills dispensed and day supply. Once members can tolerate the medication and complete the program, they will pay the applicable cost share amount for a full supply dispensed, based on the terms of their benefit plan.

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

Updates to the HDHP-HSA Preventive Drug Program for ASO Groups

The HDHP-HSA Preventive Drug Program allows members of select High Deductible Health Plans (HDHP) to be eligible for a reduced cost share on certain preventive drugs. See below for the categories that will apply upon the applicable effective date.¹

State/Market Segment	Effective Date	Description of Change	Category	Product Names
TX ASO Groups Only	4/1/2021	Implementing Respiratory Spacers as a new Extended category	Respiratory – Respiratory Devices and Supplies	SPACER/AEROSOL-HOLDING CHAMBERS – DEVICE SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES – MASKS
TX ASO Groups Only	4/1/2021	Adding two new drugs to a Custom category	Lipid Lowering – Other	NEXLETOL – bempedoic acid tab 180 mg NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg

¹ Coverage of medications are still subject to the limits, exclusions and out-of-pocket requirements based on the member’s plan.

Please note: PDF publication lists are created annually for the Standard categories and the Standard + Extended Categories. Custom publications that reference other optional categories selected by the group may be available upon request.

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

Change in Benefit Coverage for Select High Cost Products

Starting Jan. 1, 2021, several high cost products with 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.

Members will be notified about these excluded high cost products with lower cost alternatives listed in the table below. Members can call the number on their ID card if they have any questions about this change.

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
DEXCHLORPHENIRAMINE SOLN 2 MG/5 ML	ALLERGIES	RYCLORA
ESOMEPRAZOLE CAP 49.3 MG	ACID REFLUX	ESOMEPRAZOLE 40 MG

FENOPROFEN CAP 400 MG	INFLAMMATION AND PAIN	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
JENLIVA CAP†	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M
PRENATRYL TAB†	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

1 All brand names are the property of their respective owners.

2 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.

† The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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

BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics.