

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – 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 July 1, 2021 are outlined below.

Drug List Coverage Additions – As of July 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	
CARBAGLU (carglumic acid tab 200 mg)	Hyperammonemia
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Schizophrenia, Bipolar Depression
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriasis
VIMPAT (lacosamide oral solution 10 mg/ml)	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Seizures
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria



Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
AFINITOR (everolimus tab 10 mg)	Cancer
ARANESP ALBUMIN FREE (darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml, 300 mcg/ml)	Anemia
ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 10 mcg/0.4 ml, 150 mcg/0.3 ml, 500 mcg/ml)	Anemia
AZITHROMYCIN (azithromycin powd pack for susp 1 gm)	Infections
COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
COTELLIC (cobimetinib fumarate tab 20 mg (base equivalent))	Cancer
CRINONE (progesterone vaginal gel 4%, 8%)	Infertility
DILANTIN (phenytoin sodium extended cap 30 mg)	Seizures
EMCYT (estramustine phosphate sodium cap 140 mg)	Cancer
LOTEMAX (loteprednol etabonate ophth oint 0.5%)	Ophthalmic Inflammatory Conditions
LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)	Ophthalmic Inflammatory Conditions
LUMIGAN (bimatoprost ophth soln 0.01%)	Ocular Hypertension, Glaucoma
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis
MULTAQ (dronedarone hcl tab 400 mg (base equivalent))	Atrial Fibrillation
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 ml)	Neutropenia
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate ophth soln 1%)	Ophthalmic Inflammatory Conditions
PREDNISON (prednisone oral soln 5 mg/5 ml)	Inflammatory Conditions
PRENATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
PRENATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
PROPRANOLOL HCL (propranolol hcl oral soln 20 mg/5 ml, 40 mg/5 ml)	Hypertension
PURIXAN (mercaptapurine susp 2000 mg/100ml (20 mg/ml))	Cancer
SE-NATAL 19 (prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
SE-NATAL 19 (prenatal vit w/ fe fumarate-fa chew tab 29-1 mg)	Prenatal Vitamin
SIMBRINZA (brinzolamide-brimonidine tartrate ophth susp 1-0.2%)	Ocular Hypertension, Glaucoma
SYNJARDY (empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg)	Diabetes
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg, 25-1000 mg)	Diabetes
TABLOID (thioguanine tab 40 mg)	Cancer
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Chronic Kidney Disease

VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	Attention Deficit Hyperactivity Disorder (ADHD)
ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)	Ophthalmic Inflammatory Conditions
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
abiraterone acetate tab 500 mg (generic for ZYTIGA)	Cancer
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	HIV/HIV Prophylaxis
ERYTHROMYCIN ETHYLSUCCINATE (erythromycin ethylsuccinate tab 400 mg)	Infections
glucagon (rdna) for inj kit 1 mg (generic for GLUCAGON EMERGENCY KIT)	Hypoglycemia
HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
HUMIRA PEN-PEDIATRIC UC STARTER PACK (adalimumab pen-injector kit 80 mg/0.8 ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Plaque Psoriasis
ICLUSIG (ponatinib hcl tab 10 mg, 30 mg (base equivalent))	Leukemia
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/ml)	Obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency
JANSSEN COVID-19 VACCINE (covid-19 (sars-cov-2) ad26 vector vaccine-janssen im 0.5 ml)	COVID-19 Vaccine
KESIMPTA (ofatumumab soln auto-injector 20 mg/0.4 ml)	Relapsing Multiple Sclerosis
loteprednol etabonate ophth gel 0.5% (generic for LOTEMAX GEL)	Ophthalmic Conditions
MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (12) starter pack)	Relapsing Multiple Sclerosis
MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml)	COVID-19 Vaccine
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Chemotherapy-Induced Neutropenia
ORGOVYX (relugolix tab 120 mg)	Prostate Cancer
OZEMPIC (semaglutide soln pen-inj 1 mg/dose (4 mg/3 ml))	Diabetes
PLEGRIDY (peginterferon beta-1a im soln prefilled syr 125 mcg/0.5 ml)	Relapsing Multiple Sclerosis
REDITREX (methotrexate soln prefilled syringe 7.5 mg/0.3 ml, 10 mg/0.4 ml, 12.5 mg/0.5 ml, 15 mg/0.6 ml, 17.5 mg/0.7 ml, 20 mg/0.8 ml, 22.5 mg/0.9 ml, 25 mg/ml)	Rheumatoid Arthritis, Polyarticular Juvenile Idiopathic Arthritis
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5 ml)	Hypothyroidism
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)	Vaccine
VAXELIS (diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp)	Vaccine
XELJANZ (tofacitinib citrate oral soln 1 mg/ml (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis

XTANDI (enzalutamide tab 40 mg, 80 mg)	Prostate Cancer
ZOKINVY (lonafarnib cap 50 mg, 75 mg)	Progeria
XHANCE (fluticasone propionate nasal exhaler susp 93 mcg/act)	Nasal Polyps
Balanced and Performance Select Drug Lists	
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension
imiquimod cream 3.75% (generic for ZYCLARA)	Actinic Keratosis
JORNAY PM (methylphenidate hcl cap delayed er 24hr 20 mg, 40 mg, 60 mg, 80 mg, 100 mg (pm))	Attention-Deficit Hyperactivity Disorder (ADHD)
WINLEVI (clascoterone cream 1%)	Acne
Balanced Drug List	
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis
droxidopa cap 100 mg, 200 mg, 300 mg (generic for NORTHERA)	Neurogenic Orthostatic Hypotension
hydrocodone bitartrate tab er 24hr deter 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg (generic for HYSINGLA ER)	Pain
IMPEKLO (clobetasol propionate lotion 0.15 mg/act (0.05%))	Topical Inflammation/Itching
NAPROXEN SODIUM (naproxen sodium tab er 24hr 750 mg (base equivalent)) (authorized generic for NAPRELAN)	Pain, Inflammation
ONGENTYS (opicapone cap 25 mg)	Parkinson's Disease
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha cap 28-1-35 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen soln 10-300 mg/5 ml)	Pain
QDOLO (tramadol hcl oral soln 5 mg/ml)	Pain
RELTONE (ursodiol cap 200 mg, 400 mg)	Gallstones
SULCONAZOLE NITRATE (sulconazole nitrate solution 1%) (authorized generic for EXELDERM SOLN)	Fungal Infections
TRISTART FREE (prenat w/o a w/dha & fecbn-methylf-fa cap 33-1 mg)	Prenatal Vitamin

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

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

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
CARBAGLU (carglumic acid tab 200 mg)	Preferred Brand	Hyperammonemia
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	Preferred Brand	Menopause Symptoms
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Preferred Brand	Bipolar Disorder, Schizophrenia
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE)	Non-Preferred Generic	Contraceptive
promethazine & phenylephrine syrup 6.25-5 mg/5 ml	Non-Preferred Generic	Cold & Allergies

promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
terconazole vaginal cream 0.8%	Non-Preferred Generic	Yeast Infections
topiramate cap er 24hr sprinkle 25 mg, 50 mg, 100 mg, 150 mg, 200 mg (generic for QUDEXY XR)	Non-Preferred Generic	Seizures
VIMPAT (lacosamide oral solution 10 mg/ml)	Preferred Brand	Seizures
VIMPAT (lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg)	Preferred Brand	Seizures
Balanced and Performance Select Drug Lists		
imiquimod cream 3.75%	Non-Preferred Generic	Actinic Keratosis
QUILLICHEW ER (methylphenidate hcl chew tab extended release 20 mg, 30 mg, 40 mg)	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
QUILLIVANT XR (methylphenidate hcl for er susp 25 mg/5 ml (5 mg/ml))	Preferred Brand	Attention-Deficit Hyperactivity Disorder (ADHD)
Balanced Drug List		
levorphanol tartrate tab 3 mg	Non-Preferred Generic	Pain

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **June 1, 2021**, the Imcivree Specialty Prior Authorization (PA) program and target drug Imcivree will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **July 1, 2021**, the following changes will be applied:
 - The Benlysta Specialty PA program will change its name to Lupus. The program includes the same targeted medication and a new one, Lupkynis, which applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. The program criteria will also be updated as needed.
 - The Circadian Rhythm Disorders PA program will change its name to Hetlioz. The program includes the same targeted medication and a new one, Hetlioz LQ. The program criteria will also be updated as needed.
 - The Coagulation Factor VIIa Specialty PA program and target drugs NovoSeven RT and Sevenfact will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - The Zokinvy PA program and target drug Zokinvy will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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.

Reminder: Split Fill Program Available to Select Members

BCBSTX offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HDHP-HSA Preventive Drug Program Reminder

Select BCBSTX members’ High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes. *Please note:* If coverage of the member’s medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

As a reminder, the brand Truvada 200-300 mg will be removed from coverage under the HIV Pre-exposure Prophylaxis (PrEP) ACA category effective July 1, 2021 and may not be covered on the member’s drug list. This change applies to members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance and Performance Select. Members who are affected by this change were notified prior to the effective date. ***Please note: BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual, Performance Annual or TX Health Insurance Marketplace Drug Lists will not have this change applied until on or after Jan. 1, 2022.***

Emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

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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.