



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

Drug List Coverage Additions – As of Oct. 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 | |
| APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg) | Seizures |
| AYVAKIT (avapritinib tab 25 mg, 50 mg) | Cancer |
| COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5 ml) | Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis (nr-axSpA) |
| FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48 ml) | Osteoporosis |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg) | Irritable Bowel Syndrome, Chronic Idiopathic Constipation |
| MOVANTIK (naloxegol oxalate tab 12.5 mg, 25 mg (base equivalent)) | Opioid-Induced Constipation |
| PYRAZINAMIDE (pyrazinamide tab 500 mg) | Bacterial Infections |
| SKYRIZI (risankizumab-rzaa soln auto-injector 150 mg/ml) | Plaque Psoriasis |
| SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml) | Plaque Psoriasis |
| TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk) | Cystic Fibrosis |
| VERQUOVO (vericiguat tab 2.5 mg, 5 mg, 10 mg) | Heart Failure |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6 ml) | Hypoglycemia |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6 ml) | Hypoglycemia |



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| ZEJULA (niraparib tosylate cap 100 mg (base equivalent)) | Cancer |
| Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists | |
| ARANESP ALBUMIN FREE (darbepoetin alfa soln prefilled syringe 25 mcg/0.42 ml, 40 mcg/0.4 ml, 60 mcg/0.3 ml, 100 mcg/0.5 ml, 200 mcg/0.4 ml, 300 mcg/0.6 ml) | Anemia |
| INTRON A (interferon alfa-2b for inj 10000000 unit, 18000000 unit, 50000000 unit) | Cancer |
| INTRON A (interferon alfa-2b inj 6000000 unit/ml, 10000000 unit/ml) | Cancer |
| Balanced, Performance, Performance Annual and Performance Select Drug Lists | |
| arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv) (authorized generic for BROVANA) | Chronic Obstructive Pulmonary Disease (COPD) |
| calcitonin (salmon) inj 200 unit/ml (generic for MIACALCIN) | Hypercalcemia |
| COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5 ml) | Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis (nr-axSpA) |
| CYCLOPHOSPHAMIDE (cyclophosphamide tab 25 mg, 50 mg) | Cancer |
| etravirine tab 100 mg, 200 mg (generic for INTELENCE) | Viral Infections |
| FORTEO (teriparatide (recombinant) soln pen-inj 620 mcg/2.48 ml) | Osteoporosis |
| FOTIVDA (tivozanib hcl cap 890 mcg, 1340 mcg (base equivalent)) | Cancer |
| HETLIOZ LQ (tasimelteon oral susp 4 mg/ml) | Non-24 hour Sleep-Wake Disorder |
| INGREZZA (valbenazine tosylate cap 60 mg (base equiv)) | Tardive Dyskinesia |
| isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (generic for ABSORICA) | Acne |
| ketoconazole tab 200 mg | Fungal Infections |
| lopinavir-ritonavir tab 100-25 mg, 200-50 mg (generic for KALETRA) | Viral Infections |
| LUPKYNIS (voclosporin cap 7.9 mg) | Lupus Nephritis |
| MOVANTIK (naloxegol oxalate tab 12.5 mg, 25 mg (base equivalent)) | Opioid-Induced Constipation |
| NOVOLOG FLEXPEN RELION (insulin aspart soln pen-injector 100 unit/ml) | Diabetes |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)) | Diabetes |
| NOVOLOG MIX 70/30 RELION (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)) | Diabetes |
| NOVOLOG RELION (insulin aspart inj 100 unit/ml) | Diabetes |
| NULIBRY (fosdenopterin hydrobromide for iv soln 9.5 mg) | Molybdenum Cofactor Deficiency (MoCD) Type A |
| rufinamide tab 200 mg, 400 mg (generic for BANZEL) | Seizures |
| SKYRIZI (risankizumab-rzaa soln prefilled syringe 150 mg/ml) | Plaque Psoriasis |
| SKYRIZI PEN (risankizumab-rzaa soln auto-injector 150 mg/ml) | Plaque Psoriasis |



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| sodium fluoride rinse 0.2% (generic for PREVIDENT RINSE) | Dental Fluoride |
| TEPMETKO (tepotinib hcl tab 225 mg) | Cancer |
| tiopronin tab 100 mg (generic for THIOLA) | Homozygous Cystinuria |
| TRIKAFTA (elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk) | Cystic Fibrosis |
| UKONIQ (umbralisib tosylate tab 200 mg) | Cancer |
| VERQUVO (vericiguat tab 2.5 mg, 5 mg, 10 mg) | Heart Failure |
| XCOPRI (cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)) | Seizures |
| XPOVIO (selinexor tab therapy pack 40 mg (40 mg once weekly)) | Cancer |
| XPOVIO (selinexor tab therapy pack 40 mg (40 mg twice weekly)) | Cancer |
| XPOVIO (selinexor tab therapy pack 40 mg (80 mg once weekly)) | Cancer |
| XPOVIO (selinexor tab therapy pack 50 mg (100 mg once weekly)) | Cancer |
| XPOVIO (selinexor tab therapy pack 60 mg (60 mg once weekly)) | Cancer |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6 ml) | Hypoglycemia |
| ZEGALOGUE (dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6 ml) | Hypoglycemia |
| Balanced and Performance Select Drug Lists | |
| brinzolamide ophth susp 1% (generic for AZOPT) | Glaucoma, Ocular Hypertension |
| colchicine tab 0.6 mg | Gout |
| KLISYRI (tirbanibulin ointment 1%) | Actinic Keratosis |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg) | Irritable Bowel Syndrome, Chronic Idiopathic Constipation |
| Performance, Performance Annual and Performance Select Drug Lists | |
| calcium acetate (phosphate binder) tab 667 mg | Hyperphosphatemia |
| fluocinonide cream 0.1% | Inflammatory Conditions |
| Balanced Drug List | |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 2 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 5 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 10 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 15 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 20 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE MAINTENANCE KIT (aripiprazole tab 30 mg with sensor&strips (for pod) maint pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 2 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 5 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |



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|---|---------------------------------|
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 10 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 15 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 20 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |
| ABILIFY MYCITE STARTER KIT (aripiprazole tab 30 mg with sensor, strips & pod starter pak) | Schizophrenia, Bipolar Disorder |
| bepotastine besilate ophth soln 1.5% (generic for BEPREVE) | Allergic Conjunctivitis |
| BRONCHITOL (mannitol inhal cap 40 mg) | Cystic Fibrosis |
| BRONCHITOL TOLERANCE TEST (mannitol inhal cap 40 mg) | Cystic Fibrosis |
| CLEMASTINE FUMARATE (clemastine fumarate syrup 0.67 mg/5 ml (0.5 mg/5 ml base eq)) | Allergic Conditions |
| ROSZET (ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg) | Hypercholesterolemia |
| Performance Select Drug List | |
| BRIVIACT (brivaracetam oral soln 10 mg/ml) | Seizures |
| BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg) | Seizures |

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

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

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|--|
| Balanced, Performance, Performance Annual and Performance Select Drug Lists | | |
| APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg) | Preferred Brand | Seizures |
| carbinoxamine maleate tab 4 mg | Non-Preferred Generic | Allergic Conditions |
| COMBIVENT RESPIMAT (ipratropium-albuterol inhal aerosol soln 20-100 mcg/act) | Preferred Brand | Chronic Obstructive Pulmonary Disease (COPD) |
| diazepam oral soln 1 mg/ml | Non-Preferred Generic | Seizures |
| paromomycin sulfate cap 250 mg (generic for HUMATIN) | Non-Preferred Generic | Parasitic Infections |
| PYRAZINAMIDE (pyrazinamide tab 500 mg) | Preferred Brand | Bacterial Infections |
| SOOLANTRA (ivermectin cream 1%) | Non-Preferred Generic | Rosacea |
| ZEJULA (niraparib tosylate cap 100 mg (base equivalent)) | Preferred Brand | Cancer |
| Balanced Drug List | | |
| cimetidine hcl soln 300 mg/5 ml | Non-Preferred Generic | Ulcers, Acid Reflux |

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **May 17, 2021**, the Xolair Specialty PA program and target drug Xolair was added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.



UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **May 17, 2021**, the Xolair Specialty PA program and target drug Xolair was added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **July 1, 2021**, the target drug Zeposia was removed from the Multiple Sclerosis Specialty PA program and added to the Zeposia Specialty PA program, which applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **Sept. 1, 2021**, the Verquvo PA program and target drug Verquvo was added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
- Effective **Oct. 1, 2021**, the following changes will be applied:
 - The Constipation Agents PA program will no longer apply to the Performance and Performance Annual Drug Lists.
 - The Empaveli Specialty PA program and target drug Empaveli will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
 - The Osteoporosis Specialty PA program will change its name to Parathyroid Hormone Analog Osteoporosis. The program includes the same targeted medication.

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.

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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.