

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2020 – 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 Jan. 1, 2020 are outlined below.

Drug List Coverage Additions – As of Jan. 1, 2020

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 Drug Lists	
BELBUCA (buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg (base equivalent))	Pain
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Episodic Cluster Headache
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs))	Multiple Sclerosis
NORDITROPIN FLEXPRO (somatropin inj 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	Growth Hormone Deficiency
PIQRAY 200 MG DAILY DOSE (alpelisib tab therapy pack 200 mg daily dose)	Cancer
PIQRAY 250 MG DAILY DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs))	Cancer
PIQRAY 300 MG DAILY DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab))	Cancer
PROGLYCEM (diazoxide susp 50 mg/ml)	Hypoglycemia
RINVOQ (upadacitinib tab er 24hr 15 mg)	Rheumatoid Arthritis
SUNOSI (solriamfetol hcl tab 75 mg, 150 mg (base equiv))	Excessive Daytime Sleepiness
SYMPROIC (naldemedine tosylate tab 0.2 mg (base equivalent))	Opioid-Induced Constipation
TRULANCE (plecanatide tab 3 mg)	Chronic Idiopathic Constipation



Preferred Drug ¹	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	
VERZENIO (abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg)	Cancer
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Cancer
VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Cancer
VYNDAMAX (tafamidis cap 61 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
VYNDAQEL (tafamidis meglumine (cardiac) cap 20 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
IBRANCE (palbociclib cap 75 mg, 100 mg, 125 mg)	Cancer
JANUMET (sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg)	Diabetes
JANUMET XR (sitagliptin-metformin hcl tab er 24hr 50-500 mg, 24hr 50-1000 mg, 24hr 100-1000 mg)	Diabetes
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
AFLURIA QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2019 -2020 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
aminocaproic acid oral soln 0.25 gm/ml (generic for AMICAR)	Hemorrhage, Bleeding Prophylaxis
CIMZIA (certolizumab pegol inj kit 2 x 200 mg/ml)	Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
CIMZIA STARTER KIT (certolizumab pegol inj kit 6 x 200 mg/ml)	Crohn's Disease, Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	Thrombocytopenia, Chronic Liver Disease
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	Episodic Cluster Headache
epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000) (generic for EPI-PEN JR)	Anaphylaxis
FERRIPROX (deferiprone tab 1000 mg)	Transfusional Iron Overload
FLUAD 2019-2020 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2019-2020 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2019-2020 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2019-2020 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2019-2020 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2019-2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine

Preferred Drug ¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
FLULAVAL QUADRIVALENT 2019-2020 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2019 -2020 (influenza virus vac split high-dose pf susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2019 -2020 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
hydrocortisone acetate suppos 25 mg	Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome
icatibant acetate inj 30 mg/3 ml (base equivalent) (generic for FIRAZYR)	Hereditary Angioedema
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs), 10 mg (5 tabs), 10 mg (6 tabs), 10 mg (7 tabs), 10 mg (8 tabs), 10 mg (9 tabs), 10 mg (10 tabs))	Multiple Sclerosis
morphine sulfate tab 15 mg, 30 mg	Pain
NORDITROPIN FLEXPOR (somatropin inj 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	Growth Hormone Deficiency
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Asthma
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Asthma
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 12hr 7.5 mg, 12hr 10 mg, 12hr 15 mg, 12hr 20 mg, 12hr 30 mg, 12hr 40 mg)	Pain
PIQRAY 200 MG DAILY DOSE (alpelisib tab therapy pack 200 mg daily dose)	Cancer
PIQRAY 250 MG DAILY DOSE (alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs))	Cancer
PIQRAY 300 MG DAILY DOSE (alpelisib tab pack 300 mg daily dose (2x150 mg tab))	Cancer
posaconazole tab delayed release 100 mg (generic for NOXAFIL)	Fungal Infections
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg (generic for LYRICA capsules)	Diabetic Neuropathy, Fibromyalgia, Seizures
pregabalin soln 20 mg/ml (generic for LYRICA oral solution)	Diabetic Neuropathy, Fibromyalgia, Seizures
PROCARE SPACER CHAMBER W/ ADULT MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
PROCARE SPACER CHAMBER W/ CHILD MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
RINVOQ (upadacitinib tab er 24hr 15 mg)	Rheumatoid Arthritis
RUZURGI (amifampridine tab 10 mg)	Lambert-Eaton Myasthenic Syndrome (LEMS)
SUNOSI (solriamfetol hcl tab 75 mg, 150 mg (base equiv))	Excessive Daytime Sleepiness
SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk)	Cystic Fibrosis
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml(1:2000))	Anaphylaxis



Preferred Drug¹	Drug Class/Condition Used For
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
THIOLA EC (tiopronin tab delayed release 100 mg, 300 mg)	Kidney Stone Prophylaxis
triamterene cap 50 mg, 100 mg (generic for DYRENIUM)	Heart Failure, Edema
VYNDAMAX (tafamidis cap 61 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
VYNDAQEL (tafamidis meglumine (cardiac) cap 20 mg)	Transthyretin Amyloid Cardiomyopathy (TTR-CM)
XPOVIO 60 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (60 mg once weekly))	Cancer
XPOVIO 80 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (80 mg once weekly))	Cancer
XPOVIO 80 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (80 mg twice weekly))	Cancer
XPOVIO 100 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (100 mg once weekly))	Cancer
Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists	
BELBUCA (buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg (base equivalent))	Pain
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Myasthenic Syndrome (LEMS)
Balanced Drug List	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg, 325-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CORTISPORIN-TC (neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)	Infections
halcinonide cream 0.1% (generic for HALOG cream)	Dermatitis, Inflammatory Conditions
KATERZIA (amlodipine benzoate oral susp 1 mg/ml (base equivalent))	Hypertension
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Musculoskeletal Pain
ORPHENGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain, Muscle Spasm
PYRIDOSTIGMINE BROMIDE (pyridostigmine bromide tab 30 mg)	Myasthenia Gravis
SLYND (drospirenone tab 4 mg)	Contraception
TRINAZ (prenatal vit w/ fe gluconate-fa tab 12-1 mg)	Prenatal Vitamin
VANCOMYCIN HYDROCHLORIDE (vancomycin hcl for oral soln 50 mg/ml (base equivalent))	Infections

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



Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2020

Drug¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists		
amlodipine besylate-valsartan tab 5-320 mg, 10-160 mg	Preferred Generic	Hypertension
bicalutamide tab 50 mg	Preferred Generic	Cancer
bupropion hcl tab er 24hr 150 mg	Preferred Generic	Depression
doxycycline hyclate cap 100 mg; tab 100 mg	Preferred Generic	Infections
duloxetine hcl enteric coated pellets cap 20 mg (base equivalent)	Preferred Generic	Depression, Diabetic Neuropathy, Fibromyalgia
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	Non-Preferred Generic	Infections
eszopiclone tab 1 mg	Preferred Generic	Insomnia
famciclovir tab 125 mg	Preferred Generic	Viral Infections
fenofibrate tab 145 mg, 160 mg	Preferred Generic	Hypercholesterolemia
hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml; tab 5-1.5 mg	Preferred Generic	Cough
ibandronate sodium tab 150 mg (base equivalent)	Preferred Generic	Osteoporosis
methylprednisolone tab 16 mg	Preferred Generic	Inflammatory Conditions
morphine sulfate tab cr 15 mg; er 15 mg	Preferred Generic	Pain
oxybutynin chloride tab er 24hr 10 mg; sr 24hr 10 mg	Preferred Generic	Overactive Bladder, Urinary Incontinence
phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg	Preferred Generic	Seizures, Insomnia
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	Non-Preferred Generic	Inflammatory Conditions
PROGLYCEM (diazoxide susp 50 mg/ml)	Preferred Brand	Hypoglycemia
sotalol hcl (afib/afib) tab 80 mg, 160 mg	Preferred Generic	Atrial Fibrillation
SYMPROIC (naldemedine tosylate tab 0.2 mg (base equivalent))	Preferred Brand	Opioid-Induced Constipation
TRULANCE (plecanatide tab 3 mg)	Preferred Brand	Chronic Idiopathic Constipation
VARUBI (rolapitant hcl tab 90 mg (base equiv))	Preferred Brand	Nausea/Vomiting
VERZENIO (abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg)	Preferred Brand	Cancer
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Preferred Brand	Cancer
VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Preferred Brand	Cancer



Performance and Performance Annual Drug Lists		
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Preferred Brand	Hot Flashes
PREMPHASE (conj est 0.625 (14)/conj est-medroxypro ac tab 0.625-5 mg (14))	Preferred Brand	Menopause Side Effects and Osteoporosis Prevention
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	Preferred Brand	Menopause Side Effects and Osteoporosis Prevention
SODIUM FLUORIDE (sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf))	Preferred Brand	Fluoride Supplement
Balanced Drug List		
BELBUCA (buprenorphine hcl buccal film 75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg (base equivalent))	Preferred Brand	Pain

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Correction to the Standard Utilization Management (UM) Programs:
 - The Amifampridine Prior Authorization (PA) Program, previously known as the Firdapse PA Program, was incorrectly listed as a Non-Specialty PA program. This program is a Specialty PA program and includes the target drugs Firdapse and Ruzurgi. As a reminder, this program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists.
- Effective Jan. 1, 2020, the Sunosi PA program and target drug Sunosi will be added to the Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual 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.

Out of Network Specialty Pharmacy Update – Changes Effective Jan. 1, 2020

Starting Jan. 1, 2020, BCBSTX will implement a new process for specialty drug claims filled at an out-of-network (OON) specialty pharmacy. This will mirror BCBSTX's current process for non-specialty drug claims filled OON. If members continue to use an OON specialty pharmacy after Jan. 1, they may be responsible for the full cost of the medicine. Based on their plan, members may be able to submit a claim to have their OON benefits applied.

Letters were sent to members who have been using an OON specialty pharmacy. The letter informs them of the change, how to transfer their existing prescription(s) and what to expect if they continue to use the same pharmacy they are using now. If your office stores pharmacy information on your patients' records, confirm with your patient the specialty pharmacy they use to update your records.

Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSTX members with a group health plan, though some exceptions may apply.

Letters were sent starting in October to members who had been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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.

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.