

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – Part 1

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 Oklahoma (BCBSOK) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective April 1, 2020 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the April 1 effective date.

Please note: The drug list changes listed below do not apply to BCBSOK members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2021.

Drug List Updates (Revisions/Exclusions) – As of April 1, 2020

Non-Preferred Brand¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s)²	Preferred Brand Alternative(s)^{1, 2}
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists Revisions			
EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRACLEER (bosentan tab 62.5 mg, 125 mg)	Pulmonary Arterial Hypertension	<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 Lists Revisions			
DELZICOL (mesalamine cap dr 400 mg)	Ulcerative Colitis, Proctitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LOTEMAX (loteprednol etabonate ophth susp 0.5%)	Ocular Pain/Inflammation	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Diabetic Neuropathy, Neuropathic pain, Fibromyalgia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

LYRICA (pregabalin soln 20 mg/ml)	Diabetic Neuropathy, Neuropathic pain, Fibromyalgia	<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		
Preferred Alternative(s)^{1,2}		
Balanced, Performance and Performance Select Drug Lists Revisions		
ALENDRONATE SODIUM (alendronate sodium tab 5 mg)	Osteoporosis	alendronate 35 mg tablet, ibandronate tablet, risedronate tablet
CHLOROTHIAZIDE (chlorothiazide tab 500 mg)	Edema, Heart Failure, Hypertension	chlorthalidone tablet, hydrochlorothiazide tablet
NITROGLYCERIN ER (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
NITRO-TIME (nitroglycerin cap er 6.5 mg, 9 mg)	Angina, Heart Failure, Hypertension	isosorbide dinitrate tablet, isosorbide mononitrate tablet
OXAZEPAM (oxazepam cap 15 mg)	Anxiety	lorazepam tablet, temazepam capsule
OXYCODONE/ASPIRIN (oxycodone-aspirin tab 4.8355-325 mg)	Pain	oxycodone tablet, oxycodone/acetaminophen tablet
PROMETHAZINE/ DEXTROMETHORPHAN (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
PROMETHAZINE-DM (promethazine-dm syrup 6.25-15 mg/5 ml)	Cough	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SELEGILINE HCL (selegiline hcl tab 5 mg)	Parkinson's Disease	selegiline capsule
THEOCHRON (theophylline tab er 12hr 100 mg, 12hr 200 mg)	Asthma, COPD, Emphysema, Bronchitis	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
THEOPHYLLINE ER (theophylline tab er 12hr 450 mg)	Asthma, COPD, Emphysema, Bronchitis	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Balanced Drug List Revisions		
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
RYVENT (carbinoxamine maleate tab 6 mg)	Symptoms of Seasonal or Perennial Allergic Rhinitis	carbinoxamine 4 mg tablet
Balanced, Performance and Performance Select Drug Lists Exclusions		
DYRENIUM (triamterene cap 50 mg, 100 mg)	Heart Failure, Edema	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

FIRAZYR (icatibant acetate inj 30 mg/3 ml (base equivalent))	Hereditary Angioedema	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
LYRICA (pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg)	Diabetic Neuropathy, Fibromyalgia, Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
LYRICA (pregabalin soln 20 mg/ml)	Diabetic Neuropathy, Fibromyalgia, Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	Pain	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
NOXAFIL (posaconazole tab delayed release 100 mg)	Fungal Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRANSDERM SCOP (scopolamine td patch 72hr 1 mg/3 days)	Nausea/Vomiting, Motion Sickness	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

Balanced and Performance Select Drug Lists Exclusions

DICLEGIS (doxylamine-pyridoxine tab delayed release 10-10 mg)	Nausea/Vomiting of Pregnancy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
EPIPEN-JR 2-PAK (epinephrine solution auto-injector 0.15 mg/0.3 ml (1:2000))	Anaphylaxis	<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 Lists Exclusions

desoximetasone gel 0.05%	Dermatitis, Inflammatory Conditions	betamethasone dipropionate 0.05 % augmented cream, betamethasone dipropionate 0.05 % ointment
triamcinolone acetonide aerosol soln 0.147 mg/gm	Inflammatory Conditions	triamcinolone acetonide 0.1% ointment, triamcinolone acetonide 0.1% cream

Balanced Drug List Exclusions

BUPRENORPHINE (buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
buprenorphine td patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Pain	Belbuca
BUTRANS (buprenorphine td patch weekly 7.5 mcg/hr)	Pain	Belbuca

HALOG (halcinonide cream 0.1%)	Dermatitis, Inflammatory Conditions	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
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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.

DISPENSING LIMIT CHANGES

The BCBSOK 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. Please note:** The dispensing limits listed below do not apply to BCBSOK members on the Enhanced Annual Drug List. Dispensing limits will be applied to this drug list on or after Jan. 1, 2021.

Effective April 1, 2020:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Androgens and Anabolic Steroids	
Android 10 mg	600 capsules per 30 days
Androxy 10 mg	120 tablets per 30 days
Methitest 10 mg	600 capsules per 30 days
Methyltestosterone 10 mg	600 capsules per 30 days
Testred 10 mg	600 capsules per 30 days
Biologic Immunomodulators	
Xeljanz 10 mg	224 tabs per 365 days
Basic and Enhanced Drug Lists	
Sunosi	
Sunosi 75 mg	30 tablets per 30 days
Sunosi 150 mg	30 tablets per 30 days

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Nov. 15, 2019**, generic Elidel was added as a target to the Atopic Dermatitis Step Therapy Program, which applies to the Basic, Enhanced, Enhanced Annual and Performance Drug Lists.
- Effective **Jan. 1, 2020**, the Sunosi Prior Authorization (PA) program was added to the Balanced, Performance and Performance Select Drug Lists.* This program includes the target drug Sunosi.
- Effective Feb. 1, 2020, the following changes were applied:
 - The Idiopathic Pulmonary Fibrosis (IPF) PA program changed its name to Interstitial Lung Disease (ILD). This PA program includes the same targeted medications, Esbriet and Ofev. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
 - The hATTR Amyloidosis Neuropathy and the Tafamidis PA programs combined to form one new standard PA program. The new ATTR Amyloidosis PA program includes the same target drugs: Tegsedi, Vyndaqel and Vyndamax. This program currently applies to the Basic, Enhanced, Enhanced Annual, Performance and Performance Select Drug Lists.
- Effective **April 1, 2020**, several drug categories and/or targeted medications will be added to the PA programs for standard pharmacy benefit plans. *As a reminder*, please review your patient's

drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

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, 2020

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Sunosi	Sunosi

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

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

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and prior authorization program changes. 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 bcbsok.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

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 BCBSOK members with a group health plan, though some exceptions may apply.

Letters were sent in January to members who have 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.

Insulin Aspart Covered on Select Drug Lists

Starting Dec. 15, 2019, Insulin Aspart vials and pens will be added to the preferred brand tier, the same tier as the brand Novolog, on the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists.** This change applies to BCBSOK members, who have prescription drug benefits administered by Prime Therapeutics. Insulin Aspart is also known as NovoLog[®] and NovoLog[®] Mix authorized generics or follow on brands.

Insulin Aspart will be excluded from coverage on the Balanced and Performance Select Drug Lists. The brand Novolog will remain covered on these drug lists. Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see a cost share reduction based on the authorized generic price.

**Insulin Aspart is covered as a non-preferred generic on the Health Insurance Marketplace Drug List.

Please call the number on the member's ID card to verify coverage.

Pharmaceutical Care Management

BCBSOK 's Pharmaceutical Care Management (PCM) team routinely reviews medication claims to identify members who may benefit from further review for possible drug therapy issue(s) or to address any cost concerns for members. This review service is part of the PCM program, which also provides members access to clinical pharmacists and other resource tools to help answer questions they may have about their prescriptions. The goal of the PCM program is to ensure patients' medications are safe, appropriate and effective.

If your patient is identified for this further review, you may receive a request from our PCM team to provide more clinical information for evaluation. You will also be engaged with your patient and one of our clinical pharmacists through each step of this review and the recommended action plan. We encourage you to please review the action plan and talk with your patient as you think appropriate to optimize therapy.

Additionally, PCM pharmacists and technicians may reach out to advise providers if patients may be affected by an upcoming drug list (formulary) change or if a medication has a new prior authorization requirement. Please Note: This type of support is based on the member's benefit plan and not available for all members.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management and related other services. BCBSOK, 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.