

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2018

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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the Blue Cross and Blue Shield of Texas (BCBSTX) 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 that were effective April 1, 2018, are outlined below.

Drug List Updates (Coverage Additions) – As of April 1, 2018

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
BENZNIDAZOLE tab 12.5 mg, 100 mg	Chagas Disease
ENBREL MINI	Rheumatoid Arthritis, Plaque Psoriasis
FIASP	Diabetes
FIASP FLEXTOUCH	Diabetes
QVAR REDHALER 40 mcg/act, 80 mcg/act	Asthma
SHINGRIX	Shingles Vaccine
TRACLEER tab for oral susp 32 mg	Pulmonary Arterial Hypertension
ZENPEP dr cap 20000-63000-84000 unit, 40000-126000-168000 unit	Enzyme Deficiency
Basic and Multi-Tier Basic Drug Lists	
APRISO	Ulcerative Colitis
BYDUREON BCISE	Diabetes
LYRICA soln 20 mg/mL	Diabetic Nerve Pain, Fibromyalgia
Performance and Performance Select Drug Lists	
ALUNBRIG tab 90 mg, 180 mg	Cancer
ALUNBRIG tab initiation therapy pack 90 mg, 180 mg	Cancer
APRISO	Ulcerative Colitis
ATAZANAVIR SULFATE cap 150 mg, 200 mg, 300 mg	HIV
BAXDELA	Anti-infective
BENZNIDAZOLE tab 12.5 mg, 100 mg	Chagas Disease
BEVYXXA cap 40 mg, 80 mg	VTE Prophylaxis/Anticoagulant
BOSULIF tab 400 mg	Cancer
BYDUREON BCISE	Diabetes
CALQUENCE	Cancer
EFAVIRENZ cap 50 mg, 200 mg	HIV
ENDARI	Sickle Cell Disease
ESTRADIOL VAGINAL CREAM 0.1 mg/gm	Menopause Vaginal Changes
EZETIMIBE-SIMVASTATIN tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	High Cholesterol
FIASP	Diabetes
FIASP FLEXTOUCH	Diabetes
JULUCA	HIV
K-PHOS tab 500 mg	Phosphate Deficiency

K-PHOS NO 2 tab 305-700 mg	Phosphate Deficiency
NEULASTA ONPRO KIT	Neutropenia
OSELTAMIVIR PHOSPHATE for susp 6 mg/mL	Influenza
PREVYMIS tab 240 mg, 480 mg	CMV
QVAR REDHALER 40 mcg/act, 80 mcg/act	Asthma
SHINGRIX	Shingles Vaccine
SYMPROIC	Opioid-Induced Constipation
tenofovir disoproxil fumarate tab 300 mg	HIV
TRACLEER tab for oral susp 32 mg	Pulmonary Arterial Hypertension
VERZENIO tab 50 mg, 100 mg, 150 mg, 200 mg	Cancer
VIDEX EC	HIV
XIGDUO XR	Diabetes
ZENPEP dr cap 20000-63000-84000 unit, 40000-126000-168000 unit	Enzyme Deficiency
Performance Select Drug List	
QUILLICHEW ER 20 mg, 30 mg, 40 mg	ADHD
QUILLIVANT XR	ADHD
SOLIQUA 100/33	Diabetes
XULTOPHY 100/3.6	Diabetes
ZUBSOLV tab 0.7-0.18 mg, 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg, 8.6-2.1 mg, 11.4-2.9 mg	Opioid Dependence

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective April 1, 2018**, the following changes were applied:
 - Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal for select members' 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.

Drug categories added to current pharmacy PA standard programs, effective April 1, 2018

Drug Category	Targeted Medication(s)¹
Basic, Performance and Performance Select Drug Lists	
Benlysta	Benlysta
Hereditary Angioedema (HAE)	Haegarda
Keveyis	Keveyis
Basic Drug List	
Pseudobulbar Affect	Nuedexta

Drug categories added to current pharmacy ST standard programs, effective April 1, 2018:

Drug Category	Targeted Medication(s) ¹
Basic Drug List	
Phosphate Binder	Auryxia, Fosrenol, Renagel, Renvela, Velphoro

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit 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 Pharmacy Program number on their member ID card. Members may also visit [bcbstx.com](#) and log in to Blue Access for MembersSM (BAMSM) and [MyPrime.com](#) for a variety of online resources.

¹*Third party brand names are the property of their respective owners.*

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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.