

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

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

Please note: The drug list changes listed below apply only to some members whose health plan has a quarterly updated prescription drug list. BCBSTX members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2022.

Drug List Updates (Revisions/Exclusions) - As of July 1, 2021

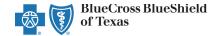
Non-Preferred Brand ¹	Condi	g Class/ tion Used For	Altei	red Generic rnative(s) ²	Al	eferred Brand ternative(s) ^{1, 2}
Basic, Multi-Tie	r Basic, E	nhanced and	Multi-Tier	Enhanced Drug	g List R	Revisions
ATRIPLA (efavirenz-	HIV			Generic equivalent available. Members should talk		
emtricitabine-tenofovir df				to their doctor or pharmacist about other		
tab 600-200-300 mg)			medication(s) available for their condition.			
TRUVADA	HIV/HIV	Prophylaxis		•		nbers should talk
(emtricitabine-tenofovir				octor or pharmaci		
disoproxil fumarate tab 100-150 mg, 133-200			medicatio	n(s) available for	trieir co	onaition.
mg, 167-250 mg, 200-						
300 mg)						
Drug ¹		Dru	ıg	Generic		Brand
		Class/Co	ndition	Alternatives	1,2	Alternatives ^{1,2}
		Used				
Balanced, Performance and Performance Select Drug List Revisions			ons			
- '		Pain/Inflamr	nation	ibuprofen,		
50 mg)		1		naproxen		
HYDROCORTISONE BUTYRATE		Inflammatory Conditions		desonide lotion 0.05%,		
(hydrocortisone butyrate s 0.1%)	OITI	Conditions		hydrocortisone		
0.176)				valerate cream		
				0.2%		
PYRAZINAMIDE (pyrazinamide Tube		Tuberculosis Members shou		ld talk to	o their doctor or	
tab 500 mg)				pharmacist about other medication(s)		
			available for the			
TYBLUME (levonorgestrel &		Oral Contraceptive		Members should talk to their doctor or		
ethinyl estradiol tab 0.1 mg-20				pharmacist about other medication(s)		
mcg)			available for the	eir cond	lition.	



	Balanced Drug List Re	visions
NALOCET (oxycodone w/	Pain	oxycodone W/
acetaminophen tab 2.5-300 mg)		acetaminophen
assammerman as 2.5 cos mg/		tablet 2.5-325 mg
OXYCODONE/ACETAMINOPHEN	Pain	oxycodone W/
(oxycodone w/ acetaminophen tab		acetaminophen
2.5-300 mg)		tablet 2.5-325 mg
OXYCODONE/ACETAMINOPHEN	Pain	oxycodone W/
(oxycodone w/ acetaminophen tab		acetaminophen
10-300 mg)		tablet 10-325 mg
PRIMLEV (oxycodone w/	Pain	oxycodone W/
acetaminophen tab 10-300 mg)		acetaminophen
additiminapriori tab 10 000 mg/		tablet 10-325 mg
PROLATE (oxycodone w/	Pain	oxycodone W/
acetaminophen tab 10-300 mg)		acetaminophen
adotaminophon tab 10 000 mg)		tablet 10-325 mg
	L	10.00.00
Balanced, Performa	nce and Performance S	Select Drug List Exclusions
ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	Generic equivalent available. Members
, Little (intazokaniae tab 500 mg)	i didoldo ii iicoliono	should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
ATRIPLA (efavirenz-emtricitabine-	HIV	
	Піл	Generic equivalent available. Members
tenofovir df tab 600-200-300 mg)		should talk to their doctor or pharmacist
		about other medication(s) available for
DANIZEL (6 40		their condition.
BANZEL (rufinamide susp 40	Seizures	Generic equivalent available. Members
mg/ml)		should talk to their doctor or pharmacist
		about other medication(s) available for
DETUICO (t. L	Ossatis Eilessatis	their condition.
BETHKIS (tobramycin nebu soln	Cystic Fibrosis	Generic equivalent available. Members
300 mg/4 ml)		should talk to their doctor or pharmacist
		about other medication(s) available for
55555555555555555555555555555555555555		their condition.
FERRIPROX (deferiprone tab 500	Chronic Iron	Generic equivalent available. Members
mg)	Overload	should talk to their doctor or pharmacist
		about other medication(s) available for
LINCORALI (I		their condition.
HYCODAN (hydrocodone w/	Cough	Generic equivalent available. Members
homatropine syrup 5-1.5 mg/5 ml)		should talk to their doctor or pharmacist
		about other medication(s) available for
		their condition.
KUVAN (sapropterin	Phenylketonuria	Generic equivalent available. Members
dihydrochloride powder packet 100		should talk to their doctor or pharmacist
mg, 500 mg)		about other medication(s) available for
	 	their condition.
KUVAN (sapropterin	Phenylketonuria	Generic equivalent available. Members
dihydrochloride soluble tab 100		should talk to their doctor or pharmacist
mg)		about other medication(s) available for
		their condition.
MONUROL (fosfomycin	Infections	Generic equivalent available. Members
tromethamine powd pack 3 gm		should talk to their doctor or pharmacist
(base equivalent))		about other medication(s) available for
		their condition.



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SKLICE (ivermectin lotion 0.5%)	Lice	Generic equivalent available. Members should talk to their doctor or pharmacis		
		about other medicati		
		their condition.	ori(s) available for	
TRUVADA (emtricitabine-tenofovir	HIV/HIV Prophylaxis	Generic equivalent a	available Members	
disoproxil fumarate tab 100-150	Thivithiv i repriyidatio	should talk to their d		
mg, 133-200 mg, 167-250 mg,		about other medicati		
200-300 mg)		their condition.		
TYKERB (lapatinib ditosylate tab	Cancer	Generic equivalent a	available. Members	
250 mg (base equiv))		should talk to their d	octor or pharmacist	
		about other medicati	ion(s) available for	
		their condition.		
	nd Performance Select		S	
amantadine hcl tab 100 mg	Parkinson's Disease	amantadine		
1		capsule		
benzonatate cap 150 mg	Cough	benzonatate 100		
		mg capsule,		
		benzonatate 200		
clindamycin phosphate-benzoyl	Aono	mg capsule clindamycin		
peroxide gel 1-5%	Acne	phosphate/benzoyl		
peroxide ger 1-5%		peroxide 1.2-5%		
		(refrigerated) gel		
cyclobenzaprine hcl tab 7.5 mg	Muscle	cyclobenzaprine 5		
oyolobolizapilile flor tab 7.0 mg	Spasm/Spasticity	mg tablet,		
	- Opdom/Opdomony	cyclobenzaprine		
		10 mg tablet		
imipramine pamoate cap 75 mg,	Depression	imipramine tablet		
100 mg, 125 mg, 150 mg				
temazepam cap 7.5 mg	Insomnia	estazolam tablet,		
		temazepam 15 mg		
		capsule		
temazepam cap 22.5 mg	Insomnia	estazolam tablet,		
		temazepam 15 mg		
		capsule,		
		temazepam 30 mg		
trating in gal 0.050/	Acres	capsule		
tretinoin gel 0.05%	Acne	tretinoin 0.05% cream		
TREXALL (methotrexate sodium	Cancer, Rheumatoid	methotrexate 2.5		
tab 5 mg, 7.5 mg, 10 mg, 15 mg	Arthritis, Psoriasis	mg tablet		
(base equiv))	7.1.111110, 1.00110010	g tablet		
/				
Perfo	rmance Select Drug Lis	t Exclusions		
azelastine hcl-fluticasone prop	Allergic Rhinitis	azelastine nasal		
nasal spray 137-50 mcg/act		spray 0.1% (137		
(generic for DYMISTA)		mcg/spray),		
		fluticasone nasal		
		spray 50 mcg/act		
	d Performance Select D	rug List Exclusions		
calcipotriene-betamethasone	Psoriasis		Enstilar	
dipropionate susp 0.005-0.064%				
(generic for TACLONEX)				



doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Insomnia	zolpidem tablet	Belsomra
DYMISTA (azelastine hcl- fluticasone prop nasal spray 137- 50 mcg/act)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act	
KERYDIN (tavaborole soln 5%)	Fungal Infections	ciclopirox	Jublia
naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg (generic for VIMOVO)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
TACLONEX (calcipotriene- betamethasone dipropionate susp 0.005-0.064%)	Psoriasis		Enstilar
tavaborole soln 5% (generic for KERYDIN)	Fungal Infections	ciclopirox	Jublia
VIMOVO (naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
_	Palamand Dwyn Liat Eva	lucione	
TAYTULLA (norethindrone aceethinyl estradiol-fe cap 1 mg-20 mcg (24))	Balanced Drug List Exc Oral Contraceptive	Aurovela FE 1/20, Junel FE 1/20, norethindrone aceethinyl estradiol-fe tablet 1 mg-20 mcg	
TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	

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

DISPENSING LIMIT CHANGES

The BCBSTX 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 only apply to select members whose plan has a quarterly updated prescription drug list. BCBSTX members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2022.

BCBSTX letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

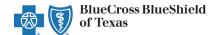
²This list is not all inclusive. Other medicines may be available in this drug class.



Effective July 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)		
	formance Annual and Performance Select Drug		
Lists			
Sucraid			
Sucraid 8500 units/mL*	236 mL per 28 days		
Basic, Enhanced, Balanced, Performa	nce and Performance Select Drug Lists		
Alternative Dosage Form			
Indomethacin suspension 25 mg / 5 mL	40 mL per day		
Therapeutic Alternatives			
Adapalene pads 0.1%	28 swabs per 28 days		
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days		
Topical Corticosteroid	· •		
Amcinonide 0.01% cream, lotion, and ointment	100 grams per 30 days		
Betamethasone Dipropionate Spray Emulsion	240 mL per 90 days		
0.05% (SERNIVO)			
Betamethasone dipropionate 0.05% cream	100 grams per 30 days		
Betamethasone dipropionate 0.05% lotion	100 grams per 30 days		
Betamethasone dipropionate 0.05% ointment	100 grams per 30 days		
calcipotriene-betamethasone dipropionate 0.005-	120 grams per 30 days		
0.064% foam (ENSTILAR), ointment and			
suspension (TACLONEX), cream (WYNZORA)			
clobetasol 0.05% aerosolized foam (OLUX)	180 grams per 90 days		
Clobetasol Propionate Cream 0.025% (IMPOYZ)	100 grams per 30 days		
clobetasol propionate foam 0.05%	180 grams per 90 days		
desoximetasone 0.25% cream, ointment, spray,	100 grams per 30 days		
and gel			
diflorasone diacetate cream and ointment 0.05%	100 grams per 30 days		
diflorasone diacetate emollient base cream and	100 grams per 30 days		
ointment 0.05%			
fluocinonide cream 0.5%	100 grams per 30 days		
fluocinonide emulsified base (cream) 0.05%	100 grams per 30 days		
fluocinonide gel 0.05%	100 grams per 30 days		
fluocinonide ointment 0.05%	100 grams per 30 days		
fluocinonide solution 0.05%	100 grams per 30 days		
halcinonide cream 0.025% and 0.1%	100 grams per 30 days		
halcinonide ointment 0.1%	100 grams per 30 days		
Halcinonide Soln 0.1% (HALOG)	120 grams per 30 days		
halobetasol 0.01% lotion (BRYHALI)	100 grams per 30 days		
halobetasol 0.05% aerosolized foam (LEXETTE)	180 grams per 90 days		
halobetasol-tazarotene 0.01-0.45% lotion (DUOBRII)	100 grams per 30 days		
mometasone furoate 0.1% ointment	100 grams per 30 days		
Xhance			
XHANCE (fluticasone propionate) nasal exhaler	2 bottles per 30 days		
suspension 93 mcg/act*			

¹Third-party brand names are the property of their respective owner. * Not all members may have been notified due to limited utilization.



UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **July 1, 2021**, the following changes will be applied:
 - The Sucraid PA program and target drug Sucraid (sacrosidase) 8,500 unit/mL oral solution will be added to the Performance Annual Drug List.*
 - The Xhance PA program and target drug Xhance (fluticasone propionate) nasal exhaler suspension 93 mcg/act will be added to the Performance, Performance Annual and Performance Select Drug Lists.*

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective July 1, 2021**:

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists		
Sucraid SUCRAID (sacrosidase) 8,500 unit/mL oral solution		
Basic, Enhanced and Balanced Drug Lists		
XHANCE (fluticasone propionate) nasal exhaler su 93 mcg/act*		
Basic and Enhanced Drug Lists		
Somatostatins	BYFENZIA (octreotide acetate) 2500 mcg/mL solution pen- injector*	

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

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2021**:

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists		
Alternative Dosage Form	INDOCIN (indomethacin) 25 mg/mL oral suspension	
Therapeutic Alternatives	ADAPALENE (adapalene) pads 0.1%, ADRENACLICK (epinephrine) 0.15 mg injection, ADRENACLICK (epinephrine) 0.3 mg injection, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 80 mg, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 120 mg, XERESE (acyclovir-hydrocortisone) 5-1% cream	

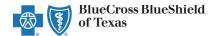
¹Third-party brand names are the property of their respective owner.

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

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^{**} Applies to select members on July 1, 2021. Members on an Annual drug list may not see these changes applied until their 2022 renewal date.

^{**} Applies to select members on July 1, 2021. Members on an Annual drug list may not see these changes applied until their 2022 renewal date.



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 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 <u>Split Fill Program</u> 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.

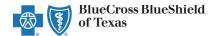
Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSTX members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective July 1, 2021. Please talk to your patient about other products that may be available.

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

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
BUTALBITAL-	HEADACHE	BUTALBITAL-
ACETAMINOPHEN CAP		ACETAMINOPHEN 50-325 MG
50-300 MG		TABS
INDOMETHACIN CAP 20 MG	INFLAMMATION AND PAIN	INDOMETHACIN 25 MG



NABUMETONE TAB 1000 MG	INFLAMMATION AND PAIN	NABUMETONE 500 MG or 750
		MG TAB

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 50-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
PNV TAB 1-20 [†]	PRENATAL VITAMINS	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

¹ All brand names are the property of their respective owners.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

Starting July 1, 2021, BCBSTX will be changing HIV Pre-exposure Prophylaxis (PrEP) coverage for select members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance and Performance Select. The brand Truvada 200-300 mg will no longer be covered under the HIV PrEP ACA category and may not be covered on the member's drug list. Members who are affected by this change will be 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.*

As a reminder, 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.

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.

² This list is not all-inclusive. Other products may be available.

^{*} This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

[†] The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.