



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 – Part 2

IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Montana (BCBSMT) members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsmt.com/provider for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

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 BCBSMT 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 [April 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 Sept. 19, 2021 – April 1, 2022 are outlined below.

Drug List Coverage Additions – As of Sept. 19, 2021

Drug¹	Drug Class/Condition Used For
Balanced Drug List	
THALITONE (chlorthalidone tab 15 mg)	Hypertension, Edema

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

Drug List Coverage Additions – As of Oct. 3, 2021

Drug¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
everolimus tab 10 mg (generic for AFINITOR)	Cancer

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Drug List Coverage Additions – As of Oct. 10, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
everolimus tab for oral susp 2 mg, 3 mg, 5 mg (generic for AFINITOR DISPERZ)	Cancer
Balanced Drug List	
EZETIMIBE/ROSUVASTATIN (ezetimibe-rosuvastatin calcium tab 10-5 mg, 10-10 mg, 10-20 mg, 10-40 mg)	Hypercholesterolemia

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Drug List Coverage Additions – As of Oct. 17, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
azathioprine tab 75 mg, 100 mg	Renal Transplant Rejection, Rheumatoid Arthritis

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Drug List Coverage Additions – As of Oct. 29, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
PFIZER-BIONTECH COVID-19 VACCINE/5-11Y (covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.2 ml)	Covid-19 Prophylaxis
PFIZER-BIONTECH COVID-19 VACCINE/ADULT RTU (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Prophylaxis

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Drug List Coverage Additions – As of Oct. 31, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 30 mg, 90 mg)	Hypercholesterolemia

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Drug List Coverage Additions – As of Nov. 14, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
diclofenac potassium tab 25 mg	Pain/Inflammation

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Drug List Coverage Additions – As of Nov. 21, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg)	Hypertension

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Drug List Coverage Additions – As of Nov. 28, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
everolimus tab 1 mg (generic for ZORTRESS)	Cancer

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Drug List Coverage Additions – As of Dec. 5, 2021

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
atropine sulfate ophth soln 1% (generic for ATROPINE SULFATE)	Cycloplegic Refraction, Uveitis
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
carglumic acid soluble tab 200 mg (generic for CARBAGLU)	Hyperammonemia
GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml)	Hypoglycemia
Balanced and Performance Select Drug Lists	
adapalene-benzoyl peroxide gel 0.3-2.5% (generic for EPIDUO FORTE)	Acne
Balanced Drug List	
EULEXIN (flutamide cap 125 mg)	Cancer
FLUORIMAX 5000 SENSITIVE (sodium fluoride-potassium nitrate paste 1.1-5%)	Dental Caries Prophylaxis
naftifine hcl cream 2%	Antifungal (Topical)
OXYCODONE AND ACETAMINOPHEN (oxycodone w/ acetaminophen tab 7.5-300 mg)	Pain

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Drug List Coverage Additions – As of Dec. 12, 2021

Drug ¹	Drug Class/Condition Used For
Balanced Drug List	
IMITREX STATDOSE REFILL (sumatriptan succinate solution cartridge 6 mg/0.5 ml)	Migraine

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Drug List Coverage Additions – As of Jan. 1, 2022

Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Balanced, Performance and Performance Select Drug Lists	
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 100 mg/0.67 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	Menorrhagia
Balanced, Performance and Performance Select Drug Lists	
SEMGLEE ² (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
SEMGLEE ² (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes
Balanced and Performance Select Drug Lists	
GEMTESA (vibegron tab 75 mg)	Overactive Bladder
Balanced Drug List	
NOCDURNA (desmopressin acetate sublingual tab 55.3 mcg)	Nocturnal Polyuria
zolmitriptan nasal spray 5 mg/spray unit	Migraine
Performance Drug List	
INSULIN GLARGINE ³ (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
INSULIN GLARGINE ³ (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Diabetes

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² SEMGLEE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted SEMGLEE as a coverage tier change.

³ INSULIN GLARGINE listed as a coverage addition is a correction to the information included in the previously published January Quarterly Pharmacy Changes Part 2 article. That article incorrectly noted INSULIN GLARGINE as a coverage tier change.

Drug List Coverage Additions – As of March 1, 2022

Drug ¹	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists	
REZUROCK (belumosudil mesylate tab 200 mg)	Graft-versus-host-disease
Balanced and Performance Select Drug Lists	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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Drug List Coverage Additions – As of March 15, 2022

Drug ¹	Drug Class/Condition Used For
Performance Drug List	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	Cholestatic Pruritus
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	Cholestatic Pruritus

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Drug List Coverage Additions – As of April 1, 2022

Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
BIKTARVY (bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)	HIV
DIFICID (fidaxomicin for susp 40 mg/ml)	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	Chronic Thrombocytopenia
Balanced, Performance and Performance Select Drug Lists	
EXKIVITY (mobocertinib succinate cap 40 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 9.5 mg/ml)	Cholestatic Pruritus associated with Alagille Syndrome
WELIREG (belzutifan tab 40 mg)	Von Hippel-Lindau Syndrome
Balanced Drug List	
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	Lupus, Malaria
ibuprofen-famotidine tab 800-26.6 mg (generic for DUEXIS)	Rheumatoid Arthritis, Osteoarthritis
LOREEV XR (lorazepam cap er 24hr sprinkle 1 mg, 2 mg, 3 mg)	Anxiety
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg, 200 mg)	Depression

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Drug List Updates (Coverage Tier Changes) – As of Nov. 7, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
propranolol hcl oral soln 20 mg/5 ml	Non-Preferred Generic	Hypertension

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Drug List Updates (Coverage Tier Changes) – As of April 1, 2022

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
DIFICID (fidaxomicin for susp 40 mg/ml)	Preferred Brand	Clostridium difficile
DIFICID (fidaxomicin tab 200 mg)	Preferred Brand	Clostridium difficile

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Clarifications to the Standard Utilization Management (UM) Programs
 - The April Quarterly Pharmacy Changes Part 1 article incorrectly stated the Deferasirox Specialty Prior Authorization (PA) program will change its name to Iron Chelation and add a new target drug, Ferriprox, effective April 1, 2022. **The name change and target drug addition will be effective July 1, 2022.**
 - The January Quarterly Pharmacy Changes Part 2 article mistakenly mentioned the following:
 - The Enzyme Deficiency Specialty PA program changed its name to Phenylketonuria, effective Jan. 1, 2022. **The correct effective date was Feb. 1, 2022.**
 - The standard Insulin Agents PA program changed its name to Rapid to Immediate Acting Insulin, effective Jan. 1, 2022. The correct name change is: **Rapid to Intermediate Acting Insulin.**
 - Cholestasis Pruritus Specialty PA program was misspelled in the January Quarterly Pharmacy Changes Part 2 and April Quarterly Pharmacy Changes Part 1 articles.
- Effective **Jan. 1, 2022**, the Antifungal Agents – Onychomycosis PA program changed its name to Onychomycosis. The program includes the same targeted medication.
- Effective **March 15, 2022**, the Cystic Fibrosis Specialty PA program changed its name to Cystic Fibrosis Transmembrane Conductance Regulator (CFTR). 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 bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Diabetic Test Strips at a Reduced Cost-share

As a reminder, effective Jan. 1, 2022 (regardless of renewal), select diabetic test strips moved to a lower member payment tier from a preferred brand tier to either a non-preferred generic or generic tier, based on plan benefits.

Details: This applies across all drug lists for our group BCBSMT members.

- This benefit change applies at retail and home delivery pharmacies.
- Dispensing/quantity limits still apply.
- Any additional charges for using a non-value or out-of-network pharmacy still apply. Note: Some members' benefit plans may include a Value Pharmacy Network, which offers reduced out-of-pocket expenses if members use a value pharmacy instead.
- The drug list publications do not show the distinction in tier change.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the diabetic test strips at a reduced cost-share.

Insulin Copay Maximum Added to Pharmacy Benefit Plans

As a reminder, a \$25 copay cap for a 30-day supply of a preferred insulin drug was applied to BCBSMT pharmacy benefit plans starting Jan. 1, 2022, regardless of renewal.

Details: Members can get preferred insulin medication at a \$25 copay cap for a 30-day supply at a value or home delivery pharmacy.

- Dispensing/quantity limits still apply.
- For plans on the Value Pharmacy Network, members pay the reduced cost-share at a value pharmacy only. Members who use other pharmacies pay the applicable cost-share for that pharmacy based on their plan. The cost-share is not capped at \$25.
- For plans that do not have the Value Pharmacy Network, members pay the reduced cost-share at any in-network pharmacy based on their plan.
- For a High Deductible Health Plan (HDHP) that does not have preventive benefit coverage for insulin, members must meet their deductible first before the insulin cost-share cap would apply.
- The drug list publications do not show which insulins are eligible for the copay cap. Members can get pricing estimates if completing a medication search on MyPrime.com.

If your patients have questions, please advise them to call the number on their ID card to verify coverage and confirm if their pharmacy of choice offers the preferred insulin at a reduced cost-share.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSMT and contracting pharmacies is that of independent contractors. BCBSMT, 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.