

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2021 – 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 Montana (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 [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, 2021 are outlined below.

Drug List Coverage Additions – As of Jan. 1, 2021

Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Heart Failure
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Diabetes
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estrad-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
SYM TUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV

TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease (COPD), Asthma
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	HIV
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml, 4.5 mg/0.5 ml)	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, er 24hr 5-500 mg, er 24hr 5-1000 mg, er 24hr 10-500 mg, er 24hr 10-1000 mg)	Diabetes
Balanced, Performance and Performance Select Drug Lists	
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
AFLURIA QUADRIVALENT 2020 -2021 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
BREZTRI AEROSPHERE (budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)	Chronic Obstructive Pulmonary Disease (COPD)
ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic for CIPRODEX)	Otic Infections
CYSTADROPS (cysteamine hcl ophth soln 0.37%)	Corneal cysteine crystal accumulation
deferasirox granules packet 90 mg, 180 mg, 360 mg (generic for JADENU SPRINKLE)	Chronic Iron Overload
dimethyl fumarate capsule delayed release 120 mg, 240 mg (generic for TECFIDERA)	Relapsing Multiple Sclerosis
DUPIXENT (dupilumab subcutaneous soln pen-injector 300 mg/2 ml)	Atopic Dermatitis, Asthma
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (generic for SYMFI LO)	HIV
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic for SYMFI)	HIV
emtricitabine caps 200 mg (generic for EMTRIVA)	HIV
ENBREL (etanercept subcutaneous inj 25 mg/0.5 ml)	Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Plaque Psoriasis
EQ SPACE CHAMBER ANTI-STATIC (spacer/aerosol-holding chambers - device)	Respiratory Supplies
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	Hemophilia
EVRYSDI (risdiplam for soln 0.75 mg/ml)	Spinal Muscular Atrophy
FINTEPLA (fenfluramine hcl oral soln 2.2 mg/ml)	Seizures
FLUAD 2020-2021 (influenza vac type a&b surface ant adj susp pref syr 0.5 ml)	Influenza Vaccine

FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2020-2021 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2020-2021 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2020-2021 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
JIVI (antihemophilic factor recom pegylated-aucl for inj 500 unit, 1000 unit, 2000 unit, 3000 unit)	Hemophilia
KYNMOBI (apomorphine hydrochloride film 10 mg, 15 mg, 20 mg, 25 mg, 30 mg)	Parkinson's Disease
methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 36 mg, 54 mg	Attention Deficit Hyperactivity Disorder (ADHD)
naproxen tab ec 375 mg, 500 mg	Pain/Inflammation
NEXLIZET (bempedoic acid-ezetimibe tab 180-10 mg)	Heterozygous Familial Hypercholesterolemia
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5 mg & elagolix 300 mg cap pack)	Uterine Leiomyomas
pantoprazole sodium for delayed release susp packet 40 mg (generic for PROTONIX susp packet)	Gastroesophageal Reflux Disease (GERD)
PEMAZYRE (pemigatinib tab 4.5 mg, 9 mg, 13.5 mg)	Cancer
QINLOCK (ripretinib tab 50 mg)	Cancer
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
RUKOBIA (fostemsavir tromethamine tab er 12hr 600 mg)	HIV
sapropterin dihydrochloride powder packet 100 mg, 500 mg (generic for KUVAN)	Phenylketonuria
sapropterin dihydrochloride soluble tab 100 mg (generic for KUVAN)	Phenylketonuria
SIRTURO (bedaquiline fumarate tab 20 mg (base equiv))	Infections
SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide tab 800-150-200-10 mg)	HIV
TABRECTA (capmatinib hcl tab 150 mg, 200 mg)	Cancer
TAKHZYRO (lanadelumab-flyo inj 300 mg/2 ml)	Hereditary Angioedema
TIVICAY PD (dolutegravir sodium tab for oral susp 5 mg (base equiv))	HIV
TRIJARDY XR (empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000 mg, er 24hr 10-5-1000 mg, er 24hr 12.5-2.5-1000 mg, er 24hr 25-5-1000 mg)	Diabetes
TRULICITY (dulaglutide soln pen-injector 3 mg/0.5 ml)	Diabetes
XPOVIO 40 MG ONCE WEEKLY (selinexor tab therapy pack 20 mg (40 mg once weekly))	Cancer

XPOVIO 40 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (40 mg twice weekly))	Cancer
XPOVIO 60 MG TWICE WEEKLY (selinexor tab therapy pack 20 mg (60 mg twice weekly))	Cancer
Balanced and Performance Select Drug Lists	
DUOBRII (halobetasol propionate-tazarotene lotion 0.01-0.045%)	Plaque Psoriasis
RHOPRESSA (netarsudil dimesylate ophth soln 0.02%)	Glaucoma, Ocular Hypertension
ROCKLATAN (netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%)	Glaucoma, Ocular Hypertension
ZILXI (minocycline hcl micronized foam 1.5%)	Rosacea
Balanced Drug List	
ALA-SCALP (hydrocortisone lotion 2%)	Inflammatory Conditions
BROMPHENIRAMINE/PSEUDOEPHEDRINE/DM (pseudoephed-bromphen-dm liquid 30-2-10 mg/5 ml)	Cough/Cold
CALCIPOTRIENE (calcipotriene foam 0.005%)	Plaque Psoriasis
CITRANATAL ESSENCE (prenat w/o a w/fecbn-fegl-fa tab 35-1 & dha cap 300 mg pak)	Prenatal Vitamin
desonide gel 0.05% (generic for DESONATE)	Inflammatory Conditions
DOJOLVI (triheptanoin oral liquid 100%)	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)
FERRIPROX TWICE-A-DAY (deferiprone (twice daily) tab 1000 mg)	Chronic Iron Overload
HELIDAC THERAPY (metronidaz tab-tetracyc cap-bis subsal chew tab therapy pack)	Infections
KETOROLAC TROMETHAMINE (ketorolac tromethamine nasal spray 15.75 mg/spray) (authorized generic for SPRIX)	Pain
LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%)	Topical Pain
metformin hcl oral soln 500 mg/5 ml (generic for RIOMET)	Diabetes
metyrosine cap 250 mg (generic for DEMSER)	Hypertension
ONE VITE WOMENS PRENATAL VITAMIN PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (generic for NORGESIC FORTE)	Pain/Muscle Spasm
ZCORT 7-DAY (dexamethasone tab therapy pack 1.5 mg (25))	Inflammatory Conditions

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

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
CERDELGA (eliglustat tartrate cap 84 mg (base equivalent))	Preferred Brand	Gaucher's Disease
CORLANOR (ivabradine hcl oral soln 5 mg/5 ml (base equiv))	Preferred Brand	Heart Failure
CORLANOR (ivabradine hcl tab 5 mg, 7.5 mg (base equiv))	Preferred Brand	Heart Failure

FARXIGA (dapagliflozin propanediol tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Diabetes
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	Non-Preferred Generic	Schizophrenia
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity prophylaxis, Cancer
mexiletine hcl cap 150 mg, 200 mg, 250 mg	Non-Preferred Generic	Ventricular Tachycardia
XIGDUO XR (dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg)	Preferred Brand	Diabetes
XIGDUO XR (dapagliflozin-metformin hcl tab sr 24hr 5-500 mg, sr 24hr 5-1000 mg, sr 24hr 10-500 mg, sr 24hr 10-1000 mg)	Preferred Brand	Diabetes
Balanced Drug List		
metaxalone tab 400 mg	Non-Preferred Generic	Musculoskeletal Pain
oxycodone w/ acetaminophen tab 10-300 mg	Non-Preferred Generic	Pain

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Generics Moving From the Non-Preferred Generic Tier to Preferred Generic Tier as of Jan. 1, 2021

Drug¹	New Tier
Balanced, Performance and Performance Select Drug Lists	
alprazolam tab sr 24hr 1 mg	Preferred Generic
amiloride hcl tab 5 mg	Preferred Generic
azelastine hcl ophth soln 0.05%	Preferred Generic
betamethasone dipropionate augmented cream 0.05%	Preferred Generic
bupropion hcl tab er 24hr 300 mg	Preferred Generic
celecoxib cap 50 mg, 100 mg, 200 mg	Preferred Generic
chlorthalidone tab 25 mg	Preferred Generic
cyproheptadine hcl tab 4 mg	Preferred Generic
dexmethylphenidate hcl tab 2.5 mg	Preferred Generic
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Preferred Generic
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Preferred Generic
haloperidol lactate oral conc 2 mg/ml	Preferred Generic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic
levothyroxine sodium tab 300 mcg	Preferred Generic
lithium carbonate tab cr 300 mg, cr 450 mg	Preferred Generic
lithium carbonate tab er 300 mg, er 450 mg	Preferred Generic
methylphenidate hcl tab 5 mg	Preferred Generic
methylprednisolone tab 4 mg	Preferred Generic
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic
nonoxynol-9 gel 4%	Preferred Generic
olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Preferred Generic
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Preferred Generic
oxybutynin chloride tab 5 mg	Preferred Generic
oxybutynin chloride tab er 24hr 5 mg, er 24hr 15 mg	Preferred Generic
oxybutynin chloride tab sr 24hr 5 mg, sr 24hr 15 mg	Preferred Generic
oxycodone hcl tab 10 mg	Preferred Generic
prednisone tab 50 mg	Preferred Generic
prednisone tab therapy pack 5 mg (21), 5 mg (48)	Preferred Generic

propafenone hcl tab 150 mg	Preferred Generic
propranolol hcl tab 40 mg	Preferred Generic
sodium chloride soln nebu 7%	Preferred Generic
sotalol hcl (afib/af) tab 120 mg	Preferred Generic
tamoxifen citrate tab 10 mg (base equivalent)	Preferred Generic
telmisartan tab 80 mg	Preferred Generic
zonisamide cap 25 mg	Preferred Generic

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Clarification to the Standard Utilization Management Programs:
 - The Fintepla Prior Authorization (PA) program was incorrectly listed as a Specialty PA program in the January 2021 Pharmacy Changes Part 1 article. This program is a Non-Specialty PA program and includes the target drug Fintepla. As a reminder, this program applies to the Balanced, Performance and Performance Select Drug Lists.
 - In the January 2021 Pharmacy Changes Part 1 article, it was listed that the Orilissa PA program, would change its name to Elagolix on **Jan. 1, 2021**, and that a new target, Oriahnn, would be added. The notification also stated that the program and changes applied to the Balanced, Performance and Performance Select Drug Lists. This program and name change also applies to the Basic and Enhanced Drug Lists.
- Effective **Jan. 1, 2021**, the H.P. Acthar Specialty PA program will change its name to: Corticotropin. This program includes the target drug, Acthar Gel, and currently applies to the Basic, Enhanced, Balanced, Performance and Performance Select 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 bcbsmt.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

BCBSMT 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. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of a split fill. The specific list of drugs is subject to change at any time. You can now view a current list of drugs in the [Split Fill Program](#) on the Specialty Program section of our Provider website.

Members must use a designated in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member’s pharmacy benefit plan.

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

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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.