



**BlueCross BlueShield**  
of Oklahoma

# Pharmacy Program Quarterly Update Changes Effective April 1, 2024 – Part 1

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**Reminder:** The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the **April 1, 2024**, effective date.

## 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 drug lists, effective on or after April 1, 2024.

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

Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the charts below or you can view current drug lists on our [member](#) website.

## Drug List Exclusions/Revisions – Effective April 1, 2024

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition
CAROSPIR (spironolactone susp 25 mg/5 ml)	eplerenone tablet, spironolactone tablet, triamterene capsule	Heart Failure, Hypertension, Edema
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
LIVALO (pitavastatin calcium tab 1 mg, 2 mg, 4 mg)	atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin	Hyperlipidemia, Hypercholesterolemia
MITIGARE (colchicine cap 0.6 mg)	colchicine tablet 0.6 mg	Gout
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
ONEXTON (clindamycin phosphate-benzoyl peroxide gel 1.2%-3.75%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acne
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

### Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
CROTAN (crotamiton lotion 10%)	permethrin	Scabies
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 15 mg, 30 mg)	estazolam, temazepam	Insomnia
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes

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<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.

### Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	epinephrine solution auto-injector, AUVI-Q	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

### Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
CROTAN (crotamiton lotion 10%)	permethrin	Scabies
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
diclofenac potassium (migraine) packet 50 mg	diclofenac tablet	Migraine

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**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 this preventive drug benefit may also change.

### Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 15 mg, 30 mg)	estazolam, temazepam	Insomnia
LIVALO (pitavastatin calcium tab 1 mg, 2 mg, 4 mg)	atorvastatin, lovastatin, rosuvastatin, pravastatin, simvastatin	Hyperlipidemia, Hypercholesterolemia
NORDITROPIN FLEXPRO (somatropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
ONEXTON (clindamycin phosphate-benzoyl peroxide gel 1.2%-3.75%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acne
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

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**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 this preventive drug benefit may also change.

### Health Insurance Marketplace (HIM) Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition
FLURAZEPM HYDROCHLORIDE (flurazepam hcl cap 15 mg, 30 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Insomnia
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPEN (somatotropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Growth Hormone Deficiency, Short Stature, Growth Failure
OXANDROLONE (oxandrolone tab 2. mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Weight Gain
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	epinephrine (generic Epi-Pen), AUVI-Q	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

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<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.

Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Drug Class/Condition
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
INSULIN ASPART (insulin aspart inj soln 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPEN (somatotropin solution pen-injector 5 mg/1.5 ml, 10 mg/1.5 ml, 15 mg/1.5 ml, 30 mg/3 ml)	GENOTROPIN, OMNITROPE	Growth Hormone Deficiency, Short Stature, Growth Failure
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))	epinephrine (generic Epi-Pen), AUVI-Q	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
VYVANSE (lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

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<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.

Basic, Enhanced, Multi-Tier Basic and Multi-Tier Enhanced Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Drug Class/Condition
VYVANSE (lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

## Drug Tier Changes – As of April 1, 2024

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after April 1, 2024.

Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition	New Tier
AMCINONIDE (amcinonide oint 0.1%)	fluocinonide cream 0.5%, betamethasone dipropionate augmented cream 0.05%, betamethasone dipropionate oint 0.05%	Inflammatory Conditions	Non-Preferred Brand
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polster susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/dextromethorphan hydrobromide, promethazine/codeine, promethazine/dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Drug Class/Condition	New Tier
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polster susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/dextromethorphan hydrobromide, promethazine/codeine, promethazine/dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.



### Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

### Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polst er susp 10-8 mg/5 ml)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/dextromethorphan hydrobromide, promethazine/codeine, promethazine/dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand

### Health Insurance Marketplace Exchange (HIE) Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Drug Class/Condition	New Tier
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (hydrocod polst-chlorphen polst er susp 10-8 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms	Non-Preferred Brand

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

**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 this preventive drug benefit may also change.

# Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

## Additions to Standard Prior Authorization Program – Effective April 1, 2024

Several drug categories and/or targeted medications will be added to the Prior Authorization (PA) programs for standard pharmacy benefit plans. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates. For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

**Members were notified about the Prior Authorization Standard Program Changes listed in the table below.**

### Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists, and Health Insurance Marketplace (HIM)

Drug Category	Targeted Medication(s) <sup>1</sup> Added
Rapid to Intermediate Acting Insulin PAQL	Insulin Aspart, Insulin Aspart Mix, Insulin Lispro

### Balanced, Performance, Performance Select, Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Health Insurance Marketplace (HIM) Drug Lists

Drug Category	Targeted Medication(s) <sup>1</sup> Added
Therapeutic Alternatives PAQL	Cambia/diclofenac 50 mg packet, Flurazepam* 15 mg, 30 mg capsules

## Dispensing Limit Changes

BCBSOK's 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.

BCBSOK may send letters to 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.

For the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

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 Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](#) for more online resources.

**Dispensing Limit changes are on the chart below with their effective date.** Visit [bcbsok.com](#) for the most up-to-date [drug lists](#) and [dispensing limits](#).

<sup>1</sup>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 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.

Balanced, Performance, Performance Select, Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced and Health Insurance Marketplace (HIM) Drug Lists

Effective Date	Program	Target Agent	Dispensing Limit
4/1/2024	Xdemvy QL	Xdemvy (lotilaner ophth) soln 0.25%	1 bottle per 50 days

Members were not lettered on these changes.

## 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 BCBSOK members who have prescription-drug benefits administered by Prime Therapeutics<sup>†</sup>. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

**Please note:** Members were not notified of this change because either 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 <sup>1</sup>	Condition	Covered Alternative(s) <sup>1,2</sup>
DICLOFENAC POTASSIUM 25 MG TABLETS	Pain	DICLOFENAC POTASSIUM 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN

## Pharmacy Benefits Updates

### Reminder: BCBSOK Offers LifeScan as Preferred Option for Glucose Management

**New for Members with Diabetes:** LifeScan<sup>®</sup> One Touch test strips and supplies are now preferred options for BCBSOK members with diabetes (effective Jan. 1, 2024). LifeScan products include the OneTouch family of meters, such as the OneTouch Verio Reflect<sup>®</sup>, Verio Flex<sup>®</sup>, Ultra Plus Flex<sup>™</sup>, and Ultra 2<sup>®</sup> test strips and supplies.

All preferred diabetic glucose-monitoring devices and supplies are available to members with Prime Therapeutics as their pharmacy benefit manager.

- Contour and Contour Next test strips remain preferred options for managing diabetes.
- LifeScan's OneTouch test strips have been removed from the Glucose Test Strip Step Therapy Quantity Limits program effective Jan. 1, 2024.

**Free Glucose Monitor:** Members may use a coupon in our [member flier](#) for a free, blood-glucose monitor from either preferred vendor.

<sup>†</sup>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.

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## Reminder: BCBSOK's Updated Approach to Managing GLP-1 Agonist Medications

BCBSOK is committed to providing its members access to safe, appropriate, and cost-effective health care within their plan benefits. To ensure the appropriate use of GLP-1s as indicated for diabetes, we are making it easier for providers to bypass our prior authorization (PA) process for some of our members with diabetes.

**Note:** Members may have received a letter regarding this change. For more information, review the [full article](#).

*<sup>†</sup>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.*

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