

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 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 Oklahoma (BCBSOK) 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 [bcbsok.com/provider](http://bcbsok.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 BCBSOK 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 July [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 Dec. 26, 2021 – July 1, 2022 are outlined below.**

#### **Drug List Coverage Additions – As of Dec. 26, 2021**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
MOLNUIPIRAVIR (molnupiravir cap 200 mg)	Covid-19 treatment

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

#### **Drug List Coverage Additions – As of Jan. 2, 2022**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Covid-19 treatment

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

**Drug List Coverage Additions – As of Jan. 9, 2022**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
glycopyrrolate oral soln 1 mg/5 ml (generic for CUVPOSA)	Chronic Severe Drooling
naloxone hcl nasal spray 4 mg/0.1 ml (generic for NARCAN)	Opioid overdose
<b>Balanced Drug List</b>	
NIACOR (niacin (antihyperlipidemic) tab 500 mg)	Dyslipidemias

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

**Drug List Coverage Additions – As of Jan. 15, 2022**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
BINAXNOW COVID-19 AG CARD HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID AT HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
ELLUME COVID-19 HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
FLOWFLEX COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
INTELISWAB COVID-19 RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
ON/GO COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
QUICKVUE AT-HOME COVID-19 TEST (covid-19 at home antigen test kit)	Covid-19 test

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

**Drug List Coverage Additions – As of Jan. 23, 2022**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis

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

**Drug List Coverage Additions – As of Jan. 24, 2022**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Balanced, Performance and Performance Select Drug Lists</b>	
RIASTAP (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Fibrinogen Deficiency

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

### Drug List Coverage Additions – As of Jan. 28, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
PREVNAR 20 (pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine
VAXNEUVANCE (pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)	Pneumococcal vaccine

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

### Drug List Coverage Additions – As of Jan. 30, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 test
COVID-19 AT-HOME TEST KIT (covid-19 at home antigen test kit)	Covid-19 test
IHEALTH COVID-19 ANTIGEN RAPID TEST (covid-19 at home antigen test kit)	Covid-19 test
<b>Balanced Drug List</b>	
WESCAP-C DHA (prenatal w/fe fum-fe poly -fa-omega 3 cap 53.5-38-1 mg)	Prenatal Vitamin
WESCAP-PN DHA (prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg)	Prenatal Vitamin
WESNATE DHA (prenatal vit w/ fe fum-fa-omega 3 cap 28-1-200 mg)	Prenatal Vitamin

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

### Drug List Coverage Additions – As of Feb. 6, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
<b>Balanced Drug List</b>	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE (brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%) (generic of COMBIGAN)	Glaucoma, Ocular Hypertension

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

### Drug List Coverage Additions – As of Feb. 13, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
betaine powder for oral solution (generic for CYSTADANE)	Homocystinuria
maraviroc tab 150 mg, 300 mg (generic for SELZENTRY)	HIV
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia A
QUADRACEL (diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)	Diphtheria, tetanus, pertussis, and poliovirus vaccine

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

### Drug List Coverage Additions – As of Feb. 20, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
CLEARDETECT COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 test
deferiprone tab 1000 mg (generic for FERRIPROX)	Transfusional Iron Overload
digoxin tab 62.5 mcg (0.0625 mg) (generic for LANOXIN)	Atrial Fibrillation, Heart Failure

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

### Drug List Coverage Additions – As of April 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit)	Hemophilia
NUWIQ (antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1500 unit)	Hemophilia
RINVOQ (upadacitinib tab er 24hr 30 mg)	Atopic dermatitis, Psoriatic arthritis, Rheumatoid arthritis
TAKHZYRO (lanadelumab-flyo soln pref syringe 300 mg/2ml (150 mg/ml))	HAE
TALZENNA (talazoparib tosylate cap 0.5 mg, 0.75 mg (base equivalent))	Cancer
XARELTO (rivaroxaban for susp 1 mg/ml)	Anticoagulant
<b>Balanced, Performance and Performance Select Drug Lists</b>	
EPCLUSA (sofosbuvir-velpatasvir pellet pack 150-37.5 mg)	Hepatitis C
EPCLUSA (sofosbuvir-velpatasvir pellet pack 200-50 mg)	Hepatitis C
MAVYRET (glecaprevir-pibrentasvir pellet pack 50-20 mg)	Hepatitis C
XARELTO (rivaroxaban for susp 1 mg/ml)	Atrial Fibrillation, Coronary Artery Disease, Anticoagulation, Peripheral Artery Disease, Thromboprophylaxis, DVT, PE

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

### Drug List Coverage Additions – As of June 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>	
SKYTROFA (lonapegsomatropin-tcgd for subcutaneous inj cartridge 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg, 13.3 mg)	Growth Hormone Deficiency

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## Drug List Coverage Additions – As of July 1, 2022

Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists</b>	
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Cancer
LENVIMA 8 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose))	Cancer
LENVIMA 10 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg (10 mg daily dose))	Cancer
LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose))	Cancer
LENVIMA 14 MG DAILY DOSE (lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose))	Cancer
LENVIMA 18 MG DAILY DOSE (lenvatinib cap therapy pack 10 mg & 2 x 4 mg (18 mg daily dose))	Cancer
LENVIMA 20 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose))	Cancer
LENVIMA 24 MG DAILY DOSE (lenvatinib cap therapy pack 2 x 10 mg & 4 mg (24 mg daily dose))	Cancer
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia
<b>Balanced, Performance and Performance Select Drug Lists</b>	
BESREMI (ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml)	Polycythemia Vera
LIVTENCITY (maribavir tab 200 mg)	Post-transplant Cytomegalovirus Infection
OXBRYTA (voxelotor tab for oral susp 300 mg)	Sickle Cell Disease
SCSEMBLIX (asciminib hcl tab 20 mg, 40 mg)	Chronic Myeloid Leukemia
VOXZOGO (vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg)	Achondroplasia
<b>Balanced and Performance Select Drug Lists</b>	
AUVI-Q (epinephrine solution auto-injector 0.1 mg/0.1 ml)	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.15 mg/0.15 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
AUVI-Q (epinephrine solution auto-injector 0.3 mg/0.3 ml (1:1000))	Anaphylaxis, Severe Hypersensitivity Reactions
ELYXYB (celecoxib oral soln 120 mg/4.8 ml (25 mg/ml))	Migraine
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Migraine
<b>Balanced Drug List</b>	
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia (age-related farsightedness)
<b>Performance Select Drug List</b>	
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Fibromyalgia

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

Changes effective Dec. 19, 2021 – July 1, 2022 are outlined below.

**Drug List Updates (Coverage Tier Changes) – As of Dec. 19, 2021**

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>		
selegiline hcl tab 5 mg	Non-Preferred Generic	Parkinson Disease
<b>Balanced Drug List</b>		
clocortolone pivalate cream 0.1% (generic for CLODERM)	Non-Preferred Generic	Skin Conditions

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

**Drug List Updates (Coverage Tier Changes) – As of Dec. 26, 2021**

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>		
quinidine sulfate tab 200 mg, 300 mg	Non-Preferred Generic	Arrhythmia
sulfadiazine tab 500 mg	Non-Preferred Generic	Infections

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced and Performance Select Drug Lists</b>		
RESTASIS (cyclosporine (ophth) emulsion 0.05%)	Non-Preferred Generic	Dry Eye

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance and Performance Select Drug Lists</b>		
VASCEPA (icosapent ethyl cap 1 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia

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

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

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced Drug List</b>		
SAVELLA (milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	Preferred Brand	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	Preferred Brand	Fibromyalgia

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## **UTILIZATION MANAGEMENT PROGRAM CHANGES**

### **Target Drugs Removed from Current Prior Authorization (PA) Programs and Added to Different PA Programs**

Effective **July 1, 2022**, the following changes will be applied:

- The target drug AirDuo Resplick will be removed from the Multisource Brand PA program and added to the Therapeutic Alternatives PA program. The Multisource Brand PA program will retire as there are no other target drugs included in the program.
- The target drug Auvi-Q will be removed from the Therapeutic Alternatives PA program and added to the Supplemental Therapeutic Alternatives PA program.

### **PA Program Name Changes**

Effective **July 1, 2022**, the following changes will be applied:

- The Parkinson's Disease Specialty PA program will change its name to Amantadine ER. The program includes the same targeted medication.
- The Deferasirox Specialty PA program will change its name to Iron Chelation and add a new target drug, Ferriprox.

### **New Programs Added to Select Drug Lists**

Effective **July 1, 2022**, the following changes will be applied:

- The Cibinqo Specialty PA program and target drug Cibinqo will be added to the Basic and Enhanced Drug Lists.
- The Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry will be added to the Basic and Enhanced 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 [bcbsok.com](http://bcbsok.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

### **Split Fill Program Pharmacy Expansion**

Starting July 1, 2022, members may use any in-network pharmacy, based on their benefits, that can dispense the medication.

#### **Background:**

The Split Fill Program was only applicable at select in-network specialty pharmacies, including specialty pharmacies participating in the BCBSOK Oral Oncology Network and Limited Distribution pharmacies.

#### **Reminder:**

BCBSOK 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 [Split Fill Program](#) 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.

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