

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2022 – Part 1

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 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 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 BCBSOK 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 Oct. 1, 2022 are outlined below.**

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

Drug List Updates (Revisions/Exclusions) - As of Oct. 1, 2022

Non-Preferred Brand ¹	Drug Class/ Condition Used	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
	For		
Basic, Multi-Tier Bas	sic, Enhanced and	Multi-Tier Enhanced Drug	J Lists Revisions
CYSTADANE (betaine	Homocystinuria	There is a generic equivalent	ent available. Please talk
powder for oral solution)		to your doctor or pharmac	
		medication(s) available for	your condition.
VIMPAT (lacosamide tab 50	Seizures	There is a generic equivalent	ent available. Please talk
mg, 100 mg, 150 mg, 200,		to your doctor or pharmac	ist about other
mg)		medication(s) available for	your condition.
Multi-Tier E	Basic and Multi-Tie	r Enhanced Drug Lists Re	evisions
DEXAMETHASONE	Inflammatory	methylprednisolone	
(dexamethasone tab 0.5 mg,	Conditions	tablets, prednisone	
0.75 mg)		tablets	

Drug ¹	Drug Class/ Condition Used For	Generic Alternatives ^{1,2}	Brand Alternatives ^{1,2}
·		ormance Select Drug Lists	Revisions
DEXAMETHASONE	Inflammatory	methylprednisolone	
(dexamethasone tab 0.5 mg,	Conditions	tablets, prednisone	
0.75 mg)		tablets	
MORPHINE SULFATE	Pain	morphine sulfate	
(morphine sulfate oral soln		solution 10 mg/5 ml	
20 mg/5 ml)			
MORPHINE SULFATE ER	Pain	Please talk to your doctor	or pharmacist about other
(morphine sulfate cap er		medication(s) available for	your condition.
24hr 10 mg, 20 mg, 30 mg,		, ,	
50 mg, 60 mg, 80 mg, 100			
mg)			
QUINIDINE SULFATE	Arrhythmia	Please talk to your doctor	or pharmacist about other
(quinidine sulfate tab 200	,	medication(s) available for	
mg, 300 mg)		(5) = 1	,
SULFADIAZINE	Infections	Please talk to your doctor	or pharmacist about other
(sulfadiazine tab 500 mg)	miodiono	medication(s) available for	
TRAMADOL HCL ER	Pain	Please talk to your doctor	
(tramadol hcl tab er 24hr	1 dill	medication(s) available for	
biphasic release 100 mg,		The dication (3) available for	your condition.
200 mg, 300 mg)			
TRIHEXYPHENIDYL HCL	Parkinson's	Please talk to your doctor	or pharmacist about other
	Disease,		
(trihexyphenidyl hcl oral soln		medication(s) available for	your condition.
0.4 mg/ml)	Extrapyramidal Disorders		
VANDAZOLE	Bacterial	matropidazala vaginal	
		metronidazole vaginal	
(metronidazole vaginal gel	Vaginosis	gel 0.75%	
0.75%)			
Balanced and Performance Select Drug Lists Revisions			
			ions
MOXIFLOXACIN	Antibacterial-	ciprofloxacin ophthalmic	
HYDROCHLORIDE	Ophthalmic	solution, gatifloxacin	
(moxifloxacin hcl ophth soln		ophthalmic solution,	
0.5% (base eq) (2 times		ofloxacin ophthalmic	
daily))		solution, moxifloxacin	
		ophthalmic solution	
		ug List Revisions	
ZOLPIDEM TARTRATE	Insomnia	eszopiclone tablets,	
(zolpidem tartrate sl tab 1.75		zaleplon capsules,	
mg, 3.5 mg)		zolpidem tablets	
	nsurance Marketp	lace (HIM) Drug List Revis	ions
DEXAMETHASONE -	Inflammatory	methylprednisolone	
dexamethasone tab 0.5 mg,	Conditions	tablets, prednisone	
0.75 mg		tablets	
MORPHINE SULFATE -	Pain	morphine sulfate	
morphine sulfate oral soln 20		solution 10 mg/5 ml	

QUINIDINE SULFATE -	Arrhythmia	Please talk to your doctor	or pharmacist about other
	Amyulilla		
quinidine sulfate tab 200 mg,		medication(s) available for your condition.	
300 mg	Infantions	Diagon tolleto very destan	
SULFADIAZINE -	Infections	Please talk to your doctor	
sulfadiazine tab 500 mg	D 11 1	medication(s) available for	
TRIHEXYPHENIDYL HCL	Parkinson's	Please talk to your doctor	
(trihexyphenidyl hcl oral soln	Disease,	medication(s) available for	your condition.
0.4 mg/ml)	Extrapyramidal		
	Disorders		
		rmance Select Drug Lists	
BIDIL (isosorbide dinitrate-	Heart Failure	There is a generic equivale	
hydralazine hcl tab 20-37.5		to your doctor or pharmaci	ist about other
mg)		medication(s) available for	your condition.
CONTRAVE (naltrexone	Weight Loss	Qsymia, Saxenda,	
hcl-bupropion hcl tab er 12hr		Wegovy	
8-90 mg)			
ESBRIET (pirfenidone tab	Idiopathic	There is a generic equivale	ent available. Please talk
267 mg, 801 mg)	Pulmonary	to your doctor or pharmaci	
3, 11 3,	Fibrosis	medication(s) available for	
FERRIPROX (deferiprone	Transfusional	There is a generic equivale	•
tab 1000 mg)	Iron Overload	to your doctor or pharmaci	
las receing)	non oveneda	medication(s) available for	
K-PHOS (potassium	Urinary	There is a generic equivale	
phosphate monobasic tab	Acidification	to your doctor or pharmaci	
500 mg)	Acidification	medication(s) available for	
SAMSCA (tolvaptan tab 15	Hyponatremia	There is a generic equivale	
, ,	Пуропапенна		
mg)		to your doctor or pharmaci	
STALEVO FO (carbidana	Parkinson's	medication(s) available for	
STALEVO 50 (carbidopa-		There is a generic equivalent	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	
12.5-50-200 mg)	D. d	medication(s) available for	
STALEVO 75 (carbidopa-	Parkinson's	There is a generic equivale	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	
18.75-75-200 mg)		medication(s) available for	
STALEVO 100 (carbidopa-	Parkinson's	There is a generic equivale	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	
25-100-200 mg)		medication(s) available for	
STALEVO 125 (carbidopa-	Parkinson's	There is a generic equivale	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	
31.25-125-200 mg)		medication(s) available for	
STALEVO 150 (carbidopa-	Parkinson's	There is a generic equivale	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	ist about other
37.5-150-200 mg)		medication(s) available for	your condition.
STALEVO 200 (carbidopa-	Parkinson's	There is a generic equivale	
levodopa-entacapone tabs	Disease	to your doctor or pharmaci	ist about other
50-200-200 mg)		medication(s) available for	
UKONIQ (umbralisib	Cancer	Please talk to your doctor	
tosylate tab 200 mg)		medication(s) available for	
VIMPAT (lacosamide tab 50	Seizures	There is a generic equivale	
mg,100 mg, 150 mg, 200		to your doctor or pharmaci	
mg)		medication(s) available for	
<u>a</u> /	l	sarsansings) available for	,

Performance and Performance Select Drug Lists Exclusions metronidazole lotion 0.75% Rosacea Metronidazole cream 0.75% Metronidazole gel 0.025% Metronidazole gel 0.025% Metronidazole gel pump 1.62% Metronidazole gel 0.025% Metronidazole gel pump 1.62% Metronidazole gel 0.025% Metronidazole gel pump 1.62%				
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testosterone td gel 20.25 mg/1.25 gm (1.62%), 40.5 mg/2.5 gm (1.62%) tretinoin gel 0.025% Acne Balanced Drug List Exclusions ACZONE (dapsone gel 7.5%) COMBIGAN (brimonidine athrate-timolol maleate ophth soln 0.2-0.5%) IPSOR (diclofenac potassium cap 25 mg) Acne Performance Select Drug List Exclusions Acne There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. Performance Select Drug List Exclusions Acne Tretinoin cream 0.1% Health Insurance Marketplace (HIM) Drug List Exclusions Acne Health Insurance Marketplace (HIM) Drug List Exclusions Acne There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. There				usions
gel 0.75% testosterone td gel 20.25 mg/1.62%), 40.5 mg/2.5 gm (1.62%) testosterone gel pump 1.62% mg/2.5 gm (1.62%) tretinoin gel 0.025% Acne tretinoin cream 0.025%	metroriidazoie lottori 0.7070	Ttosacca		
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¹Third-party brand names are the property of their respective owner. ²This list is not all inclusive. Other medicines may be available in this drug class.

DISPENSING LIMIT CHANGES

The BCBSOK 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.

BCBSOK 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.

Effective June 15, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)	
2021 Health Insurance Marketplace (HIM), 2022 HIM, Performance and Performance Select		
Drug Lists		
Oxbryta		
Oxbryta (voxelotor)*	90 tablets per 30 days	

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

Effective Sept. 1, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)	
2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance and		
Performance Select Drug Lists		
IL-13 Antagonist		
Adbry (tralokinumab-ldrm)*	4 mL per 30 days	

Effective Oct. 1, 2022:

Drug Class and Medication(s) ¹	Dispensing Limit(s)	
Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), Balanced, Performance and		
Performance S	elect Drug Lists	
Alternative Dosage Form		
Dartisla ODT*	120 tablets per 30 days	
Lyvispah (baclofen) 5 mg Granule packet*2	120 packets per 30 days	
Lyvispah (baclofen) 10 mg Granule packet*2	120 packets per 30 days	
Lyvispah (baclofen) 20 mg Granule packet*2	120 packets per 30 days	
Valsartan oral solution*	2400 mL per 30 days	
Miscellaneous		
Emla (lidocaine-prilocaine) 2.5%-2.5%	60 grams per 30 days	
Therapeutic Alternatives		
METAXALONE TAB 400 MG*	240 tablets per 30 days	
PHOSPHOLINE SOL 0.125%OP*	5 mL per 30 days	
Basic, Enhanced, 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select		
Drug Lists		
Cibinqo		
Cibinqo (abrocitinib) 50 mg tablets*	30 tablets per 30 days	
Cibinqo (abrocitinib) 100 mg tablets*	30 tablets per 30 days	
Cibinqo (abrocitinib) 200 mg tablets*	30 tablets per 30 days	
Insulin Pumps		
Omnipod DASH kit/Omnipod 5 kit*	1 kit per 720 days	

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

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

Pyrukynd		
Pyrukynd (mitapivat) Therapy Pack 5 MG*	7 tablets per 365 days	
Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7	14 tablets per 365 days	
x 5 MG*	Transis per occ days	
Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7	14 tablets per 365 days	
x 20 MG*	μου σου μου	
Pyrukynd (mitapivat) 5 mg tablets*	56 tablets per 28 days	
Pyrukynd (mitapivat) 20 mg tablets*	56 tablets per 28 days	
Pyrukynd (mitapivat) 50 mg tablets*	56 tablets per 28 days	
Recorlev		
Recorlev (levoketoconazole)*	240 tablets per 30 days	
Tarpeyo		
TARPEYO (budesonide)*	120 capsules per 30 days	
Basic, Enhanced and Balanced Drug Lists		
Oxbryta		
Oxbryta (voxelotor)	90 tablets per 30 days	
Basic and Enhanced Drug Lists		
IL-13 Antagonist		
Adbry (tralokinumab-ldrm)	4 mL per 30 days	
Vuity		
Vuity (pilocarpine HCL) ophthalmic solution	2.5 mL per 30 days	

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

Clarification to the July 2022 Quarterly Changes Dispensing Limit Letter

The dispensing limit letter incorrectly listed Edarbi, Edarbyclor and Soolantra as target drugs included in the Therapeutic Alternatives program. These target drugs belong to the Miscellaneous program, effective July 1, 2022.

Letters mailed in late April to impacted members on the Basic, Enhanced, 2022 Health Insurance Marketplace (HIM), Balanced, Performance and Performance Select Drug Lists. Clarification letters will not be sent to members because the dispensing limits are accurate on the letter and both programs apply to the drug lists mentioned above.

UTILIZATION MANAGEMENT PROGRAM CHANGES

New Target Drugs Added to Existing PA Programs

Effective Oct. 1, 2022, the following changes will be applied:

- Target drugs Dartisla ODT, Valsartan oral solution and Lyvispah (baclofen) granule packet will be added to the Alternative Dosage Form PA program. This change applies to the 2022 Health Insurance Marketplace (HIM), Performance and Performance Select Drug Lists.*
- Target drugs METAXALONE TAB 400 MG, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV), PHOSPHOLINE SOL 0.125%OP, METFORMIN TAB 625 MG and VTAMA (tapinarof) 1% CREAM will be included in the Therapeutic Alternatives PA program. This change applies to the 2022 HIM Drug Lists.*
- Target drug Omnipod DASH kit/Omnipod 5 kit will be added to the Insulin Pumps PA program.
 This change applies to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*

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

² The target drug Lyvispah is misspelled on the dispensing limits letter for Basic and Enhanced Drug Lists.

New Programs Added to Select Drug Lists

- Effective Sept. 1, 2022, the Interleukin-13 (IL-13) Antagonist Specialty PA program and target drug Adbry (tralokinumab-ldrm) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
- Effective Oct. 1, 2022, the following changes will be applied:
 - The Cibinqo Specialty PA program and target drug Cibinqo will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
 - The Pyrukynd Specialty PA program and target drug Pyrukynd (mitapivat) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
 - The Recorlev Specialty PA program and target drug Recorlev (levoketoconazole) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance and Performance Select Drug Lists.*
 - The Tarpeyo PA program and target drug TARPEYO (budesonide) will be added to the 2021 HIM, 2022 HIM, Balanced, Performance 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, 2022:

Drug Category	Targeted Medication(s) ¹
Basic a	nd Enhanced Drug Lists
Cibinqo	Cibinqo (abrocitinib) ^{2*}
IL-13 Antagonist	Adbry (tralokinumab-ldrm) ^{2*}

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

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2022:

Drug Category	Targeted Medication(s) ¹	
Basic and Enhanced Drug Lists		
Pyrukynd	Pyrukynd (mitapivat) Therapy Pack 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 20 MG & 7 x 5 MG*, Pyrukynd (mitapivat) Therapy Pack 7 x 50 MG & 7 x 20 MG*, Pyrukynd (mitapivat) 5 mg tablets*, Pyrukynd (mitapivat) 20 mg tablets*, Pyrukynd (mitapivat) 50 mg tablets*	
Recorlev	Recorlev (levoketoconazole)*	
Tarpeyo	TARPEYO (budesonide)*	

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

² Member level PAs were entered through Oct. 1, 2022, for Basic and Enhanced Drug Lists.

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

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

Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2022:

Drug Category	Targeted Medication(s) ¹	
Basic, Enhanced and Balanced Drug Lists		
Alternative Dosage Form	Dartisla ODT*, Lyvispah (baclofen) 5 mg Granule packet*, Lyvispah (baclofen) 10 mg Granule packet*, Lyvispah (baclofen) 20 mg Granule packet*, Valsartan oral solution*	
Basic, Enhanced, 2021 Health Insurance Marketplace (HIM) and 2022 HIM Drug Lists		
Insulin Pumps	Omnipod DASH kit/Omnipod 5 kit*	
Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists		
Therapeutic Alternatives	METAXALONE TAB 400 MG*, METFORMIN TAB 625 MG*, PHOSPHOLINE SOL 0.125% OP*, PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5 ML (BASE EQUIV)*, VTAMA (tapinarof) 1% CREAM*	

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

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions 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 *bcbsok.com* and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

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. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

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}
DICLOFENAC TAB 25 MG	PAIN	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN
METFORMIN TAB 625 MG	DIABETES	METFORMIN 500 MG TABS

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

ORPHENADRINE W/	MUSCLE PAIN	CYCLOBENZAPRINE,
ASPIRIN & CAFFEINE TAB		ORPHENADRINE
25-385-30 MG		

¹ All brand names are the property of their respective owners

Split Fill Program Category Expansion

Starting on Jan. 1, 2023, the Split Fill Program will be expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity.

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. 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

This did it lained are the property of their respective owners.
 This list is not all-inclusive. Other products may be available.
 *This chart applies to members on the Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists.