

Drug List Changes Utilization Management Program Changes

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 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 bcbsook.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 October [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 Oct. 1, 2022 and previous updates effective Feb. 18, 2022 – Sept. 1, 2022 are outlined below.

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

| Drug ¹ | Drug Class/Condition Used For |
|--|--|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists | |
| NUCALA (mepolizumab subcutaneous solution pref syringe 40 mg/0.4 ml) | Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome |
| OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml)) | Diabetes |
| VARENICLINE STARTING MONTH BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack) | Smoking Cessation |
| Balanced, Performance and Performance Select Drug Lists | |
| OMNIPOD 5 G6 KIT (insulin infusion disposable pump kit) | Diabetes |

| | |
|--|---|
| OMNIPOD 5 G6 PODS (insulin infusion disposable pump supplies) | Diabetes |
| PYRUKYND (mitapivat sulfate tab 5 mg, 20 mg, 50 mg) | Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency |
| PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 5 mg) | Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency |
| PYRUKYND TAPER PACK (mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg) | Hemolytic Anemia associated w/ Pyruvate Kinase Deficiency |
| SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4 ml) | Crohn's Disease |
| VONJO (pacritinib citrate cap 100 mg) | Myelofibrosis |
| Balanced and Performance Select Drug Lists | |
| EYSUVIS (loteprednol etabonate ophth susp 0.25%) | Dry Eye |
| Balanced Drug List | |
| CITALOPRAM HYDROBROMIDE (citalopram hydrobromide cap 30 mg) | Depression |
| DARTISLA ODT (glycopyrrolate tab disintegrating 1.7 mg) | Peptic Ulcer Disease |
| FLEQSUVY (baclofen susp 25 mg/5 ml) | Spasticity |
| RECORLEV (levoketoconazole tab 150 mg) | Cushing Syndrome |
| SEGLENTIS (celecoxib-tramadol hcl tab 56-44 mg) | Pain |
| SOAANZ (torsemide tab 20 mg, 40 mg, 60 mg) | Edema |
| TARPEYO (budesonide delayed release cap 4 mg) | IgA Nephropathy |

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

Drug List Coverage Additions – As of Feb. 18, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| GVOKE KIT (glucagon subcutaneous soln 1 mg/0.2 ml) | Hypoglycemia |

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Drug List Coverage Additions – As of Feb. 27, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|----------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| BD VERITOR AT-HOME COVID- 19 TEST (covid-19 at home antigen test kit) | Covid-19 test |
| CARESTART COVID-19 ANTIGE N HOME TEST (covid-19 at home antigen test kit) | Covid-19 test |
| COMIRNATY (covid-19 mrna vac tris-sucrose-pfizer im susp 30 mcg/0.3 ml) | Covid-19 Prophylaxis |
| NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1500 unit) | Hemophilia A |
| TAKHZYRO (lanadelumab-flyo soln pref syringe 300 mg/2 ml (150 mg/ml)) | Hereditary Angioedema Prevention |
| Performance Drug List | |
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg (generic for STALEVO) | Parkinson's Disease |

| Balanced and Performance Select Drug Lists | |
|---|----------------------|
| NAFTIN (naftifine hcl gel 1%) | Antifungal (Topical) |
| Balanced Drug List | |
| BACLOFEN (baclofen oral soln 5 mg/5 ml) | Spasticity |
| TRAMADOL HYDROCHLORIDE (tramadol hcl oral soln 5 mg/ml) | Pain |

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Drug List Coverage Additions – As of March 6, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| apomorphine hcl soln cartridge 30 mg/3 ml (generic for APOKYN) | Parkinson Disease |

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Drug List Coverage Additions – As of March 13, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|---------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| tolvaptan tab 15 mg (generic for SAMSCA) | Hyponatremia |
| Balanced Drug List | |
| DIFLORASONE DIACETATE (diflorasone diacetate cream 0.05%) | Inflammatory Conditions-Topical |
| GLYCATE (glycopyrrolate tab 1.5 mg) | Peptic Ulcer Disease |
| GLYCOPYRROLATE (glycopyrrolate tab 1.5 mg) | Peptic Ulcer Disease |
| NEXICLON XR (clonidine hcl tab er 24hr 0.17 mg (base equivalent)) | Hypertension |

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Drug List Coverage Additions – As of March 20, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|--|
| Balanced, Performance and Performance Select Drug Lists | |
| lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg | Seizures |
| MAYZENT (siponimod fumarate tab 1 mg (base equivalent)) | Multiple Sclerosis |
| MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack) | Multiple Sclerosis |
| RINVOQ (upadacitinib tab er 24hr 45 mg) | Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis |
| Balanced Drug List | |
| diclofenac potassium cap 25 mg (generic for ZIPSOR) | Pain/Inflammation |

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Drug List Coverage Additions – As of March 25, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--------------------|-------------------------------|
| Balanced Drug List | |

| | |
|----------------------------|---------------|
| NIACIN (niacin tab 500 mg) | Dyslipidemias |
|----------------------------|---------------|

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Drug List Coverage Additions – As of March 27, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|--|
| Balanced, Performance and Performance Select Drug Lists | |
| BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/ADULT (spacer/aerosol-holding chambers - device) | Asthma/Chronic Obstructive Pulmonary Disease |
| BREATHE COMFORT ANTI-STAT IC VALVED HOLDING CHAMBER/CHILD (spacer/aerosol-holding chambers - device) | Asthma/Chronic Obstructive Pulmonary Disease |
| CELLTRION DIATRUST COVID- 19 AG HOME TEST (covid-19 at home antigen test kit) | Covid-19 test |
| potassium phosphate monobasic tab 500 mg (generic for K-PHOS) | Urinary Acidification |
| Balanced and Performance Select Drug Lists | |
| fluoxetine hcl tab 60 mg | Depression, Mood Disorders |
| Balanced Drug List | |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg | Pain |
| PRENATAL PLUS VITAMIN AND MINERAL (prenatal vit w/ fe fumarate-fa tab 27-1 mg) | Prenatal Vitamin |

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Drug List Coverage Additions – As of March 29, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| MODERNA COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 50 mcg/0.5 ml) | Covid-19 Prophylaxis |

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Drug List Coverage Additions – As of April 1, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Balanced Drug List | |
| LOREEV XR (lorazepam cap er 24hr sprinkle 1.5 mg) | Anxiety |

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Drug List Coverage Additions – As of April 17, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic for BIDIL) | Heart Failure |
| Balanced Drug List | |
| brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic for COMBIGAN) | Glaucoma, Ocular Hypertension |

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Drug List Coverage Additions – As of April 24, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| OZEMPIC (semaglutide soln pen-inj 2 mg/dose (8 mg/3 ml)) | Diabetes |
| VARENICLINE STARTING MONT H BOX (varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack) | Smoking Cessation |
| Balanced and Performance Select Drug Lists | |
| TRIZIVIR (abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg) | HIV |
| Balanced Drug List | |
| VALSARTAN (valsartan oral soln 4 mg/ml) | Hypertension |

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Drug List Coverage Additions – As of May 8, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| INDICAID COVID-19 RAPID A NTIGEN AT-HOME TEST (covid-19 at home antigen test kit) | Covid-19 test |
| PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak) | Covid-19 treatment |
| PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak) | Covid-19 treatment |
| pirfenidone tab 267 mg, 801 mg (generic for ESBRIET) | Idiopathic Pulmonary Fibrosis |
| Balanced Drug List | |
| LEVAMLODIPINE (levamlodipine maleate tab 2.5 mg, 5 mg) | Hypertension |
| OXYCODONE HYDROCHLORIDE/A CETAMINOPHEN (oxycodone w/ acetaminophen soln 5-325 mg/5 ml) | Pain |

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Drug List Coverage Additions – As of May 15, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Balanced Drug List | |
| CONJUPRI (levamlodipine maleate tab 5 mg) | Hypertension |

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Drug List Coverage Additions – As of May 22, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| lacosamide oral solution 10 mg/ml (generic for VIMPAT) | Seizures |
| Balanced and Performance Select Drug Lists | |
| diclofenac sodium soln 2% (generic for PENNSAID) | Pain/Inflammation |
| Balanced Drug List | |

| | |
|--|--------------------|
| mesalamine cap er 500 mg (generic for PENTASA) | Ulcerative Colitis |
| METFORMIN HYDROCHLORIDE (metformin hcl tab 625 mg) | Diabetes |

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Drug List Coverage Additions – As of May 25, 2022

| Drug ¹ | Drug Class/Condition Used For |
|--|-------------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| OMNIPOD DASH KIT INTRO (insulin infusion disposable pump kit) | Diabetes |

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Drug List Coverage Additions – As of July 1, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---|--|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists | |
| DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg) | HIV/HIV Prophylaxis |
| MAYZENT (siponimod fumarate tab 1 mg (base equiv)) | Multiple Sclerosis |
| MAYZENT STARTER PACK (siponimod fumarate tab 0.25 mg (7) starter pack) | Multiple Sclerosis |
| QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg) | Migraine |
| RINVOQ (upadacitinib tab er 24hr 45 mg) | Atopic Dermatitis, Psoriatic Arthritis, Rheumatoid Arthritis |
| Balanced, Performance and Performance Select Drug Lists | |
| DESCOVY (emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg) | HIV/HIV Prophylaxis |
| lenalidomide cap 5 mg, 10 mg, 15 mg, 25 mg (generic for REVLIMID) | Cancer |
| Balanced and Performance Select Drug Lists | |
| QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg) | Migraine |

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

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists | |
| ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml) | Atopic Dermatitis |
| Balanced, Performance and Performance Select Drug Lists | |
| ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml) | Atopic Dermatitis |
| ZIMHI (naloxone hcl soln prefilled syringe 5 mg/0.5 ml) | Opioid overdose |

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Drug List Updates (Coverage Tier Changes) – As of Feb. 27, 2022

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|--|
| Balanced, Performance and Performance Select Drug Lists | | |
| methyltestosterone cap 10 mg | Non-Preferred Generic | Hypogonadism, Metastatic Breast Cancer |

| Balanced and Performance Select Drug Lists | | |
|---|-----------------------|---------------------|
| carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25- 100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg (generic for STALEVO) | Non-Preferred Generic | Parkinson's Disease |

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Drug List Updates (Coverage Tier Changes) – As of April 17, 2022

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|---|-----------------------|-------------------------------|
| Balanced and Performance Select Drug Lists | | |
| brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic for COMBIGAN) | Non-Preferred Generic | Glaucoma, Ocular Hypertension |

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Drug List Updates (Coverage Tier Changes) – As of April 24, 2022

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|---------------------|-------------------------------|
| Performance Drug List | | |
| TRIZIVIR (abacavir sulfate-lamivudine- zidovudine tab 300-150-300 mg) | Non-Preferred Brand | HIV |

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

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|-------------------------------|
| Balanced and Performance Select Drug Lists | | |
| doxepin hcl cap 150 mg | Non-Preferred Generic | Depression, Anxiety |

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Drug List Updates (Coverage Tier Changes) – As of May 15, 2022

| Drug ¹ | Drug Class/Condition Used For |
|---------------------------|--|
| Balanced Drug List | |
| timolol maleate tab 10 mg | Hypertension, CV Event risk reduction post-MI, Migraine Prophylaxis |

Drug List Updates (Coverage Tier Changes) – As of May 22, 2022

| Drug ¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|-------------------------------|
| Balanced and Performance Select Drug Lists | | |
| orphenadrine w/ aspirin & caffeine tab 25-385-30 mg | Non-Preferred Generic | Pain |

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UTILIZATION MANAGEMENT PROGRAM CHANGES

Prior Authorization (PA) Program Name Changes

- Effective **July 1, 2022**, the Polycystic Kidney Disease Specialty PA program changed its name to Jynarque. The program includes the same targeted medication.
- Effective **Aug. 15, 2022**, the Neuropathy PA program changed its name to Lyrica CR. The program includes the same targeted medication.

Retired Step Therapy (ST) Programs

Effective **Sept. 15, 2022**, the Lipid Management ST program and non-standard Fibromyalgia ST program retired.

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.

Implementation of New to Market Clinical Review Program for Select Prescription Drug Lists

What's new: Effective Oct. 1, 2022, a New to Market program applies to FDA-approved drugs launched into the market on or after Oct. 1, 2022. This replaces a similar program that was offered on our Basic and Enhanced prescription drug lists for select BCBSOK Commercial plan members.

Program details: The program implements coverage exception clinical evaluation processes on new-to-market drug products until coverage evaluation decisions can be determined. Once the final clinical evaluation criteria is implemented, members that started drug therapy and have approval are not disrupted. Oral oncology and anti-retroviral drugs are not included.

Please call the number on the member's ID card to start any coverage exception review process, to verify coverage, or for further assistance or clarification on your patient's benefits.

New Proactive Utilization Management Approval Renewal Program, SmartRenew, Effective Oct. 1, 2022

What's new: Certain prescription drugs require utilization management (UM) program approval year over year. This can include prior authorization approval, step therapy exception requests and dispensing/quantity limits override requests. To help avoid you having to submit the request each year for your patients, a new proactive UM renewal program, **SmartRenewTM**, is in effect as of Oct. 1, 2022.

This program helps save both you and your patient time and effort in needing to submit a new request, reduces frustration and potential coverage delays from not having an updated approval and provides a better overall experience.

Program Details:

- Applies to a pre-determined and regularly updated list of prescription drugs covered under the member's BCBSOK pharmacy benefit. These drugs are typically used for maintenance and have a high reapproval rate.
- The member and you do not need to do anything for drugs included in the program. Authorization approvals are automatically extended for 12 months, based on set program criteria. Members will need to meet program criteria, such as having:
 - a prior approval for a duration of at least six to 12 months,
 - a current prescription for an included drug product,
 - claims history within the past 180 days and

- no change in coverage for their medication.
- Members are sent a notification of the drug's automatic approval confirmation and new expiration date. Identification of members will be ongoing. Letters will be sent at least 60 days prior to the original approval expiration date starting mid-November 2022.

Please call the number on the member's ID card to for further assistance or clarification on your patient's benefits.

Reminder of Split Fill Program Category Expansion

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

Program 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.

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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.