

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2020 – 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 New Mexico (BCBSNM) 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 Oct. 1, 2020 are outlined below.

Drug List Coverage Additions – As of Oct. 1, 2020

| Drug ¹ | Drug Class/Condition Used For |
|---|-------------------------------|
| Basic, Multi-Tier Basic, Enhanced, and Multi-Tier Enhanced Drug Lists | |
| ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act) | Asthma |
| BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose) | Hypoglycemia |
| BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose) | Hypoglycemia |
| DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq)) | Viral Infections |
| DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act) | Asthma |
| ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs)) | Menopause-related symptoms |
| GVOKE HYPOPEN (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml) | Hypoglycemia |
| HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg) | Hepatitis C |
| IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg) | Cancer |
| JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)) | Viral Infections |
| NEXLETOL (bempedoic acid tab 180 mg) | Hypercholesterolemia |
| PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg) | Parasitic Infections |
| REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml) | Hypercholesterolemia |

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| REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml) | Hypercholesterolemia |
| REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml) | Hypercholesterolemia |
| SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml) | Diabetes |
| SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg) | Hepatitis C |
| TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent)) | Cancer |
| XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml) | Diabetes |
| ZEPOSIA (ozanimod hcl cap 0.92 mg) | Relapsing Multiple Sclerosis |
| ZEPOSIA 7-DAY STARTER PACK (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg) | Relapsing Multiple Sclerosis |
| ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg) | Relapsing Multiple Sclerosis |
| ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| Enhanced and Multi-Tier Enhanced Drug Lists | |
| SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg) | Cancer |
| Balanced, Performance and Performance Select Drug Lists | |
| ASMANEX HFA (mometasone furoate inhal aerosol suspension 50 mcg/act) | Asthma |
| BAQSIMI ONE PACK (glucagon nasal powder 3 mg/dose) | Hypoglycemia |
| BAQSIMI TWO PACK (glucagon nasal powder 3 mg/dose) | Hypoglycemia |
| CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/ADULT LARGE (spacer/aerosol-holding chambers - device) | Spacer Respiratory Device/Supply |
| CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/MEDIUM/3 YEA (spacer/aerosol-holding chambers - device) | Spacer Respiratory Device/Supply |
| CLEVER CHOICE ANTI-STATIC VALVED HOLDING CHAMBER/SMALL INFANT (spacer/aerosol-holding chambers - device) | Spacer Respiratory Device/Supply |
| DULERA (mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act) | Asthma |
| ELLA (ulipristal acetate tab 30 mg) | Emergency Oral Contraceptive |
| esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (generic for NEXIUM granules) | Gastroesophageal Reflux Disease (GERD) |
| FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml) | Influenza Vaccine |

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| FLUZONE HIGH-DOSE PF 2020 -2021 (influenza vac split high-dose quad pf susp pref syr 0.7 ml) | Influenza Vaccine |
| GVOKE HYPOPEN 1-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml) | Hypoglycemia |
| GVOKE HYPOPEN 2-PACK (glucagon subcutaneous solution auto-injector 0.5 mg/0.1 ml, 1 mg/0.2 ml) | Hypoglycemia |
| HARVONI (ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg) | Hepatitis C |
| IMOVAX RABIES (H.D.C.V.) (rabies virus vaccine, hdc inj) | Rabies Vaccine |
| ISTURISA (osilodrostat phosphate tab 1 mg, 5 mg, 10 mg) | Cushing's Disease |
| JYNARQUE (tolvaptan tab therapy pack 15 mg) | Kidney Disease |
| JYNARQUE (tolvaptan tab therapy pack 30 & 15 mg) | Kidney Disease |
| KOSELUGO (selumetinib sulfate cap 10 mg, 25 mg) | Neurofibromatosis Type 1 (NF1) |
| NEXLETOL (bempedoic acid tab 180 mg) | Hypercholesterolemia |
| NURTEC (rimegepant sulfate tab disint 75 mg) | Migraine |
| NYMALIZE (nimodipine oral soln 6 mg/ml) | Subarachnoid hemorrhage (SAH) |
| PRO COMFORT INHALER SPACER CHAMBER INFANT (spacer/aerosol-holding chambers - device) | Spacer Respiratory Device/Supply |
| PROMACTA (eltrombopag olamine powder pack for susp 25 mg (base equiv)) | Thrombocytopenia |
| REYVOW (lasmiditan succinate tab 50 mg, 100 mg) | Migraine |
| SOVALDI (sofosbuvir pellet pack 150 mg, 200 mg) | Hepatitis C |
| tolvaptan tab 30 mg (generic for SAMSCA) | Kidney Disease |
| TUKYSA (tucatinib tab 50 mg, 150 mg) | Cancer |
| UBRELVY (ubrogepant tab 50 mg, 100 mg) | Migraine |
| VEMLIDY (tenofovir alafenamide fumarate tab 25 mg) | Hepatitis B |
| VERELAN PM (verapamil hcl cap er 24hr 200 mg) | Hypertension |
| XCOPRI (cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg) | Seizures |
| XCOPRI (cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose)) | Seizures |
| XCOPRI (cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)) | Seizures |
| XCOPRI (cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg) | Seizures |
| XCOPRI (cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg) | Seizures |
| XCOPRI (cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg) | Seizures |
| ZEPOSIA (ozanimod hcl cap 0.92 mg) | Relapsing Multiple Sclerosis |
| ZEPOSIA 7-DAY STARTER PACK (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg) | Relapsing Multiple Sclerosis |
| ZEPOSIA STARTER KIT (ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg) | Relapsing Multiple Sclerosis |
| ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 ml) | Neutropenia |
| Balanced and Performance Select Drug Lists | |
| calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX) | Psoriasis |

| Performance and Performance Select Drug Lists | |
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| DOVATO (dolutegravir sodium-lamivudine tab 50-300 mg (base eq)) | Viral Infections |
| famotidine for susp 40 mg/5 ml | Gastroesophageal Reflux Disease (GERD) |
| VALTOCO (diazepam nasal spray 5 mg/0.1 ml, 10 mg/0.1 ml) | Seizures |
| VALTOCO (diazepam nasal spray ther pack 2 x 7.5 mg/0.1 ml (15 mg dose)) | Seizures |
| VALTOCO (diazepam nasal spray ther pack 2 x 10 mg/0.1 ml (20 mg dose)) | Seizures |
| Balanced Drug List | |
| desonide gel 0.05% (generic for DESONATE) | Inflammatory conditions (Topical) |
| DEXABLISS (dexamethasone tab therapy pack 1.5 mg (39)) | Inflammatory conditions |
| HALOG (halcinonide soln 0.1%) | Inflammatory conditions (Topical) |
| LIDOCAINE/TETRACAINE (lidocaine-tetracaine cream 7-7%) | Pain (Topical) |
| OSMOLEX ER (amantadine hcl tab er 24hr pak 129 mg & 193 mg (322 mg dose)) | Parkinson's Disease |
| RIOMET ER (metformin hcl for oral er susp 500 mg/5 ml) | Diabetes |
| ZERVIAE (cetirizine hcl ophth soln 0.24% (base equiv)) | Ophthalmic Allergic conditions |
| Performance Drug List | |
| SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml) | Diabetes |
| XULTOPHY 100/3.6 (insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml) | Diabetes |
| Performance Select Drug List | |
| dihydroergotamine mesylate inj 1 mg/ml | Migraine |

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

Drug List Updates (Coverage Tier Changes) – As of Oct. 1, 2020

| Drug¹ | New Lower Tier | Drug Class/Condition Used For |
|--|-----------------------|--------------------------------------|
| Balanced, Performance and Performance Select Drug Lists | | |
| chloroquine phosphate tab 250 mg | Non-Preferred Generic | Malaria |
| naloxone hcl soln prefilled syringe 2 mg/2 ml | Non-Preferred Generic | Opioid Overdose |
| JULUCA (dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)) | Preferred Brand | Viral Infections |
| PAROMOMYCIN SULFATE (paromomycin sulfate cap 250 mg) | Preferred Brand | Parasitic Infections |
| REPATHA (evolocumab subcutaneous soln prefilled syringe 140 mg/ml) | Preferred Brand | Hypercholesterolemia |
| REPATHA PUSHTRONEX SYSTEM (evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5 ml) | Preferred Brand | Hypercholesterolemia |
| REPATHA SURECLICK (evolocumab subcutaneous soln auto-injector 140 mg/ml) | Preferred Brand | Hypercholesterolemia |

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| TALZENNA (talazoparib tosylate cap 0.25 mg, 1 mg (base equivalent)) | Preferred Brand | Cancer |
| Balanced and Performance Select Drug Lists | | |
| SOLOSEC (secnidazole granules packet 2 gm) | Preferred Brand | Infections |
| Balanced Drug List | | |
| buprenorphine td patch weekly 7.5 mcg/hr | Non-Preferred Generic | Pain |
| metaxalone tab 400 mg | Non-Preferred Generic | Muscle Spasm |
| metformin hcl oral soln 500 mg/5 ml | Non-Preferred Generic | Diabetes |
| mupirocin calcium cream 2% | Non-Preferred Generic | Infections (Topical) |
| timolol maleate tab 10 mg, 20 mg | Non-Preferred Generic | Hypertension |

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DISPENSING LIMIT CHANGES

The BCBSNM 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.**

Effective Oct. 1, 2020:

| Drug Class and Medication(s)¹ | Dispensing Limit(s) |
|--|----------------------------|
| Balanced, Performance and Performance Select Drug Lists | |
| Bempedoic Acid | |
| Nexlizet 180-10 mg tablet | 30 tablets per 30 days |

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Oct. 1, 2020**, the following changes will be applied:
 - The target drugs of the Hypercholesterolemia Specialty Prior Authorization (PA) program will be recategorized into two separate programs:
 - Juxtapid and Kynamro will be included in the Homozygous Familial Hypercholesterolemia Agents (HoFH) Specialty PA program. This program will be added to all drug lists as a standard Specialty PA program.
 - Praluent and Repatha will be included in the PCSK-9 PA program. This program will be added to the Basic, Enhanced and Performance Drug Lists.
 - The previous Hypercholesterolemia Specialty PA program will retire on Oct. 1, 2020.
 - The Insulin Combination Agents standard Step Therapy program will no longer apply as of Oct. 1, 2020 to the 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 bcbsnm.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Additional Breast Cancer Prevention Coverage Without Cost-Sharing

Starting Oct. 1, 2020, BCBSNM will be offering additional breast cancer prevention coverage for members with an ACA-compliant plan. The anastrozole tablet 1 mg (Arimidex) will be available at \$0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force inclusion of aromatase inhibitors to medications that can reduce the risk of breast cancer.

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

Reminder: Drug Coupon Change

Drug manufacturer coupons (or copay cards) used by members for specialty and non-specialty drugs will not count toward the deductible (if applicable) and/or annual out-of-pocket maximum effective on or after Jan. 1, 2020. This change applies to most BCBSNM members with a group health plan, though some exceptions may apply.

Letters were sent in July to members who have plans renewing in Q4 2020 and have been identified as using a drug coupon. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Reminder: HSA Preventive Drug Program Updates

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

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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| <p>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.</p> |
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