

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – Part 2

Posted March 18, 2021

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 Illinois (BCBSIL) 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 April 1, 2021 are outlined below.

Drug List Coverage Additions – As of April 1, 2021

Drug¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Cancer
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg (base equiv) (generic for SAPHRIS)	Bipolar Disorder, Schizophrenia
CYSTADROPS (cysteamine hcl ophth soln 0.37% (base equivalent))	Cystinosis
deferiprone tab 500 mg (generic for FERRIPROX)	Chronic Iron Overload
DIFICID (fidaxomicin for susp 40 mg/ml)	Infections
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic for TECFIDERA STARTER PACK)	Relapsing Multiple Sclerosis
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic for ATRIPLA)	HIV
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	HIV/HIV Prophylaxis
ENSPRYNG (satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml)	Neuromyelitis Optica Spectrum Disorder (NMOSD)
EPCLUSA (sofosbuvir-velpatasvir tab 200-50 mg)	Hepatitis C
fosfomycin tromethamine powd pack 3 gm (base equivalent) (generic for MONUROL)	Infections
GAVRETO (pralsetinib cap 100 mg)	Cancer
icosapent ethyl cap 1 gm (generic for VASCEPA)	Hypertriglyceridemia
INQOVI (decitabine-cedazuridine tab 35-100 mg)	Cancer
ivermectin lotion 0.5% (generic for SKLICE)	Lice

LAMPIT (nifurtimox tab 30 mg, 120 mg)	Chagas Disease
lapatinib ditosylate tab 250 mg (base equiv) (generic for TYKERB)	Cancer
LEVOTHYROXINE SODIUM (levothyroxine sodium cap 13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg) (authorized generic for TIROSINT)	Hypothyroidism
MENQUADFI (meningococcal (a, c, y, and w-135) conjugate vaccine inj)	Meningococcal Vaccine
MYCAPSSA (octreotide acetate cap delayed release 20 mg)	Acromegaly
nitazoxanide tab 500 mg (generic for ALINIA)	Parasitic Infections
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	Oral Contraceptive
ONUREG (azacitidine tab 200 mg, 300 mg)	Cancer
PALFORZIA INITIAL DOSE ESCALATION (peanut powder-dnfp starter pack 0.5 & 1 & 1.5 & 3 & 6 mg)	Peanut Allergy
PALFORZIA LEVEL 1 (peanut powder-dnfp cap sprinkle pack 3 x 1 mg (3 mg dose))	Peanut Allergy
PALFORZIA LEVEL 2 (peanut powder-dnfp cap sprinkle pack 6 x 1 mg (6 mg dose))	Peanut Allergy
PALFORZIA LEVEL 3 (peanut powder-dnfp pack 2 x 1 mg & 10 mg (12 mg dose))	Peanut Allergy
PALFORZIA LEVEL 4 (peanut powder-dnfp cap sprinkle pack 20 mg (20 mg dose))	Peanut Allergy
PALFORZIA LEVEL 5 (peanut powder-dnfp cap sprinkle pack 2 x 20 mg (40 mg dose))	Peanut Allergy
PALFORZIA LEVEL 6 (peanut powder-dnfp cap sprinkle pack 4 x 20 mg (80 mg dose))	Peanut Allergy
PALFORZIA LEVEL 7 (peanut powder-dnfp pack 20 mg & 100 mg (120 mg dose))	Peanut Allergy
PALFORZIA LEVEL 8 (peanut powder-dnfp pack 3 x 20 mg & 100 mg (160 mg dose))	Peanut Allergy
PALFORZIA LEVEL 9 (peanut powder-dnfp pack 2 x 100 mg (200 mg dose))	Peanut Allergy
PALFORZIA LEVEL 10 (peanut powder-dnfp pack 2 x 20 mg & 2 x 100 mg (240 mg dose))	Peanut Allergy
PALFORZIA LEVEL 11 (MAINTENANCE) (peanut allergen powder-dnfp maintenance packet 300 mg)	Peanut Allergy
PALFORZIA LEVEL 11 (TITRATION) (peanut allergen powder-dnfp titration packet 300 mg)	Peanut Allergy
PFIZER-BIONTECH COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-pfizer im susp 30 mcg/0.3 ml)	COVID-19 Vaccine
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Dental Caries Prophylaxis
RETACRIT (epoetin alfa-epbx inj 20000 unit/ml)	Anemia
rufinamide susp 40 mg/ml (generic for BANZEL susp)	Seizures
SEVENFACT (coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 5 mg (5000 mcg))	Hemophilia
tobramycin nebu soln 300 mg/4 ml (generic for BETHKIS)	Cystic Fibrosis
TOLVAPTAN (tolvaptan tab 15 mg) (authorized generic for SAMSCA)	Hyponatremia

TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh)	Chronic Obstructive Pulmonary Disease
TRULICITY (dulaglutide soln pen-injector 4.5 mg/0.5 ml)	Diabetes
XYWAV (calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml)	Cataplexy/Excessive Daytime Sleepiness
Balanced Drug List	
ALKINDI SPRINKLE (hydrocortisone cap sprinkle 0.5 mg, 1 mg, 2 mg, 5 mg)	Adrenocortical Insufficiency
CONJUPRI (levamlodipine maleate tab 2.5 mg, 5 mg)	Hypertension
diphenhydramine hcl liquid 12.5 mg/5 ml	Allergic Conditions
GIMOTI (metoclopramide hcl nasal spray 15 mg/act)	Diabetic Gastroparesis
HEMADY (dexamethasone tab 20 mg)	Cancer
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit (generic for LAMICTAL ODT KIT)	Seizures
MECLIZINE HYDROCHLORIDE (meclizine hcl tab 50 mg)	Nausea/Motion Sickness
NEONATAL 19 (prenatal vitamin-folic acid tab 1 mg)	Prenatal Vitamin
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 29-1 mg)	Prenatal Vitamin
NEONATAL FE (prenatal vitamin w/ iron-folic acid tab 90-1 mg)	Prenatal Vitamin
NEONATAL/DHA (prenatal mv w/fe fum-fa tab 29-1 mg & dha cap 200 mg pack)	Prenatal Vitamin
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic for TAYTULLA)	Oral Contraceptive
ONGENTYS (opicapone cap 50 mg)	Parkinson's Disease
timolol maleate preservative free ophth soln 0.5% (generic for TIMOPTIC OCUDOSE)	Glaucoma, Ocular Hypertension
UPNEEQ (oxymetazoline hcl ophth soln 0.1%)	Acquired Blepharoptosis
WESTAB PLUS (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
WESTGEL DHA (prenat w/o a w/febn-methylf-fa-dha cap 31-0.6-0.4-200 mg)	Prenatal Vitamin
zileuton tab er 12hr 600 mg, sr 12hr 600 mg	Asthma
ZYFLO (zileuton tab 600 mg)	Asthma

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

Drug List Updates (Coverage Tier Changes) – As of April 1, 2021

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
alendronate sodium oral soln 70 mg/75 ml	Non-Preferred Generic	Osteoporosis
diltiazem hcl cap er 24hr 120 mg	Preferred Generic	Hypertension
diltiazem hcl cap er 24hr 180 mg, 24hr 240 mg	Non-Preferred Generic	Hypertension
ferrous sulfate syrup 300 mg/5 ml (60 mg/5 ml elemental fe)	Non-Preferred Generic	Iron Deficiency
leucovorin calcium tab 10 mg, 15 mg	Non-Preferred Generic	Toxicity treatment and prophylaxis, Cancer
oxazepam cap 10 mg, 15 mg, 30 mg	Non-Preferred Generic	Anxiety, alcohol withdrawal
RETEVMO (selpercatinib cap 40 mg, 80 mg)	Preferred Brand	Cancer

Balanced Drug List		
baclofen tab 5 mg	Non-Preferred Generic	Muscle spasms/spasticity
hydrocodone-acetaminophen soln 10-325 mg/15 ml	Non-Preferred Generic	Pain
pseudoephed-bromphen-dm syrup 30-2-10 mg/5 ml	Non-Preferred Generic	Cough/Cold
timolol maleate ophth gel forming soln 0.25%, 0.5% (generic for TIMOPTIC-XE)	Non-Preferred Generic	Glaucoma, ocular hypertension

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Feb. 1, 2021**, the Opioid Antidote Prior Authorization (PA) program retired due to the discontinuation of the product Evzio.
- Effective **April 1, 2021**, the following changes will be applied:
 - The Combination NSAIDs standard PA program will no longer apply to the Performance and Performance Annual Drug Lists.
 - The Somatostatins Specialty PA program will be added to the following drug lists as a standard Specialty PA program.
 - This program will include the target drugs Bynfezia, Mycapssa and Somavert that will apply to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. Please note: Prior to April 1, 2021, members needed a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
 - The target drugs Mycapssa and Somavert will also apply to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. Members will need a prior authorization approval for coverage consideration. The addition of this program will not be a new change for these members.
 - The Sodium Oxybate Specialty PA program will change its name to Oxybate. The targeted medications and the intent of the program criteria remain the same.
 - The target drugs of the Atypical Antipsychotics Step Therapy (ST) program will be recategorized into two separate programs:
 - Abilify Maintena, Aristada, Aristada Initio, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta and Zyprexa Relprevv will be included in the Atypical Antipsychotics – Extended Maintenance Agents ST program. This program will be added to the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists.
 - Abilify, Abilify Mycite, Caplyta, Clozapine ODT, Clozaril, Fanapt, Geodon, Invega, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Risperidone ODT, Saphris, Secuado, Seroquel, Seroquel XR, Versacloz, Vraylar, Zyprexa and Zyprexa Zydis will be included in the Atypical Antipsychotics ST program. This program will be added to all drug lists as a standard ST program.

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 [our website](#) and log in to Blue Access for MembersSM (BAMSM) or [MyPrime.com](#) for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSIL 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.

Updates to the List of Drugs Covered Without Cost Sharing

Starting **April 1, 2021**, BCBSIL will be offering additional single-agent statin and HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan. Atorvastatin tablets 10 mg and 20 mg (Lipitor) and emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Truvada) 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 recommendation.

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. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, 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.