



BlueCross BlueShield
of Montana

Pharmacy Program Quarterly Update Changes Effective April 1, 2024 – Part 2

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Reminder: The Quarterly Pharmacy Changes are published as articles in two parts. This part-2 article is a continuation of the [April Quarterly Pharmacy Changes Part 1](#), which included changes that require member notification — drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This article contains recent coverage additions, utilization management updates and any other pharmacy program updates.

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 Montana drug lists. **Additions effective April 1, 2024, and prior updates are outlined below.**

Drug List Additions – Effective April 1, 2024

Balanced Drug List Additions

Drug ¹	Condition
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LODOCO (colchicine (cardiovascular) tab 0.5 mg)	Cardiovascular Event Risk Reduction
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
OPZELURA (ruxolitinib phosphate cream 1.5%)	Atopic Dermatitis, Vitiligo
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
XDEMVIY (lotilaner ophth soln 0.25%)	Demodex Blepharitis
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

Performance Drug List Additions

Drug ¹	Condition
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

Performance Select Drug List Additions

Drug ¹	Condition
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	Cataplexy
OPZELURA (ruxolitinib phosphate cream 1.5%)	Atopic Dermatitis, Vitiligo
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	Hereditary Angioedema
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
SOHONOS (palovarotene cap 1 mg, 1.5 mg, 2.5 mg, 5 mg, 10 mg)	Fibrodysplasia Ossificans Progressiva
TIBSOVO (ivosidenib tab 250 mg)	Cancer
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	C. Difficile Infection, Staphylococcal Enterocolitis
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer
XYOSTED (testosterone enanthate solution auto-injector 50 mg/0.5 ml, 75 mg/0.5 ml, 100 mg/0.5 ml)	Primary hypogonadism, hypogonadotrophic hypogonadism
ZEPBOUND (tirzepatide) 2.5 mg/0.5 ml, 5 mg/0.5 ml, 7.5 mg/0.5 ml, 10 mg/0.5 ml, 12.5 mg/0.5 ml, 15 mg/0.5 ml	Weight Loss

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug Lists Revisions

Drug ¹	Drug Class/Condition
BREO ELLIPTA (fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act)	Asthma
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	Atopic Dermatitis
INSULIN GLARGINE-YFGN (insulin glargine-yfgn inj 100 unit/ml)	Diabetes
KALYDECO (ivacaftor packet 5.8 mg)	Cystic fibrosis
ROZLYTREK (entrectinib pellet pack 50 mg)	Cancer
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XALKORI (crizotinib cap sprinkle 20 mg, 50 mg, 150 mg)	Cancer

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

Balanced Drug List Additions

Drug ¹	Condition	Effective Date
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024

Balanced Drug List Additions

Drug ¹	Condition	Effective Date
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
bromfenac sodium ophth soln 0.075% (base equivalent)	Inflammation-Ophthalmic	2/11/2024
CLONIDINE HYDROCHLORIDE ER (clonidine hcl tab er 24 hr 0.17 mg (base equivalent))	Hypertension	1/14/2024
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
deflazacort tab 6 mg, 18 mg, 30 mg, 36 mg	Duchenne Muscular Dystrophy	2/11/2024
gabapentin (once-daily) tab 300 mg, 600 mg	Post-herpetic Neuralgia	1/28/2024
GLOPERBA (colchicine oral soln 0.6 mg/5 ml)	Gout prevention	1/22/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
indomethacin susp 25 mg/5 ml	Inflammatory Conditions	1/21/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
LOCOID LIPOCREAM (hydrocortisone butyrate hydrophilic lipo base cream 0.1%)	Dermatitis, Dermatoses	1/21/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (G EN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 25 mg)	Pain	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Performance Drug List Additions

Drug ¹	Condition	Date Added
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit-hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (G EN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Performance Select Drug List Additions

Drug ¹	Condition	Date Added
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	Hypothyroidism	1/7/2024
ANALPRAM-HC (hydrocortisone acetate with pramoxine perianal cream 1-1%)	Pruritus, Dermatoses	1/21/2024
bromfenac sodium ophth soln 0.075% (base equivalent)	Inflammation-Ophthalmic	2/11/2024

Performance Select Drug List Additions

Drug¹	Condition	Date Added
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Thromboembolism/ Stroke Prevention, DVT/PE Prevention and Treatment	2/11/2024
gabapentin (once-daily) tab 300 mg, 600 mg	Post-herpetic Neuralgia	1/28/2024
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Smallpox and Monkeypox Vaccine	2/1/2024
loteprednol etabonate ophth susp 0.2%	Ocular Inflammation/Pain	2/11/2024
METHYLPHENIDATE ER TABLETS 24 HR 18 mg	attention deficit- hyperactivity disorder (ADHD)	3/1/2024
methylphenidate er tablets 27 mg, 36 mg and 54 mg	attention deficit- hyperactivity disorder (ADHD)	3/1/2024
mifepristone tab 300 mg	Cushing's Syndrome	1/28/2024
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	2/4/2024
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	2/4/2024
teriparatide (recombinant) soln pen-inj 600 mcg/2.4 ml	Osteoporosis	1/7/2024
VANFLYTA (quizartinib dihydrochloride tab 17.7 mg, 26.5 mg)	Cancer	3/1/2024

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug Lists Revisions

Drug¹	Condition	Date Added
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2 ml (150 mg/ml))	Hemophilia A	1/14/2024
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5 ml, 300 mg/2 ml, 150 mg/ml)	Moderate to severe asthma, Chronic rhinosinusitis with nasal polyps, Chronic spontaneous urticaria	2/18/2024
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2 ml)	Moderate to severe asthma, Chronic rhinosinusitis with nasal polyps, Chronic spontaneous urticaria	2/18/2024

Drug Tier Changes – As of April 1, 2024

The tier changes listed below apply to members on a managed drug list. Tier changes effective April 1, 2024 are listed below.

Performance Drug List

Drug ¹	Condition	New Lower Tier
TIBSOVO (ivosidenib tab 250 mg)	Cancer	Preferred Brand

Other Drug Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their addition date.

Balanced Drug List Tier Changes

Drug ¹	Condition	New Lower Tier	Effective Date
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024
VALSARTAN (valsartan oral soln 4 mg/ml)	Heart failure, Hypertension, Cardiovascular risk reduction post- myocardial infarction	Non-Preferred Generic	1/7/2024

Performance Drug List Tier Changes

Drug ¹	Condition	New Lower Tier	Effective Date
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024

Performance Select Drug List Tier Changes

Drug ¹	Condition	New Lower Tier	Effective Date
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Asthma	Non-Preferred Generic	2/11/2024

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Dispensing Limit Changes

BCBSMT's prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits, or quantity limits (QLs), are based on U.S. Food and Drug Administration approved dosage regimens and product labeling. **New dispensing limits and effective dates are listed on the chart below.**

Clinical Program	Medication(s) ¹	New Dispensing Limit	Effective Date
Keveyis PAQL	Keveyis (dichlorphenamide) 50 mg tab	Program retired	3/15/2024
Therapeutic Alternatives PAQL	Metaxalone 400 mg tab	Target retired	4/15/2024

Standard Utilization Management Program Updates

Prior authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on bcbsmt.com lists the current [drug lists](#) and [dispensing limits](#).

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 log in to Blue Access for MembersSM or MyPrime.com for a variety of online resources.

Program Changes

The following standard utilization management programs were updated on the dates indicated below.

- **Androgens/Anabolic Steroids PAQL:** removed generic testosterone cypionate from the program effective April 15, 2024.
- **Dipeptidyl Peptidase-4 Inhibitors and Combinations STQL:** program will no longer apply to the HIM Drug List effective April 15, 2024.
- **Oral Pulmonary Hypertension Agents PAQL:** this program has been renamed to Pulmonary Arterial Hypertension PAQL. This change was effective March 15, 2024.
- **Therapeutic Alternatives PAQL:** removed Metaxalone 400 mg tab from program effective April 15, 2024.

Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

- **Erectile Dysfunction PA was retired March 15, 2024.**
This program included the following medications: Caverject, Cialis/tadalafil, Edex, Levitra/vardenafil, Muse, Staxyn/vardenafil, Stendra and Viagra
- **Human Fibrinogen Concentrate PAQL will retire April 15, 2024.**
This program included the following medications: Fibryga, RiaSTAP
- **Keveyis PAQL was retired March 15, 2024.**
This program included the following medication: Keveyis

Please Note: The prior authorization (PA) programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of bcbsmt.com.

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 log in to [Blue Access for MembersSM](#) 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 BCBSMT members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications.

Please note: Members were not notified of this change because either 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	Covered Alternative(s) ^{1, 2}
KETOPROFEN 25 mg capsules	Pain	meloxicam, ibuprofen, naproxen

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.

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

[†]Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. BCBSMT, 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 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.