



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

Sept. 27, 2024

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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 [October Quarterly Pharmacy Changes Part 1](#) which included changes that required member notification - drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. This article contains 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 Oct. 1, 2024, and prior updates are outlined below.**

Drug List Additions – Effective Oct. 1, 2024

Balanced Drug List Additions

Drug ¹	Condition
AGAMREE (vamorolone oral susp 40 mg/mL)	Duchenne Muscular Dystrophy
EOHILIA (budesonide oral suspension 2 mg/10 mL)	Esophagitis
FILSUEVZ (birch triterpenes gel 10%)	Epidermolysis bullosa
HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL)	Diabetes
HUMALOG (insulin lispro inj soln 100 unit/mL)	Diabetes
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial))	Diabetes
HUMALOG KWIKPEN (insulin lispro (human) soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25))	Diabetes
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25))	Diabetes
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL)	Diabetes
HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30))	Diabetes
HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30))	Diabetes
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL)	Diabetes
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL)	Diabetes
HUMULIN R (insulin regular (human) inj 100 unit/mL)	Diabetes
LYUMJEV (insulin lispro-aabc inj 100 unit/mL)	Diabetes
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL)	Diabetes
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis

Balanced Drug List Additions

Drug ¹	Condition
Seysara (sarecycline hcl tab 60 mg, 100 mg, 150 mg)	Infections
SOVUNA (hydroxychloroquine sulfate tab 200 mg, 300 mg)	Malaria, Lupus, Rheumatoid Arthritis
WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL)	Polyneuropathy

Performance Drug List Additions

Drug ¹	Condition
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	Irritable bowel syndrome
FILSUEVZ (birch triterpenes gel 10%)	Epidermolysis bullosa
HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL)	Diabetes
HUMALOG (insulin lispro inj soln 100 unit/mL)	Diabetes
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial))	Diabetes
HUMALOG KWIKPEN (insulin lispro (human) soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25))	Diabetes
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25))	Diabetes
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL)	Diabetes
HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30))	Diabetes
HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30))	Diabetes
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL)	Diabetes
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL)	Diabetes
HUMULIN R (insulin regular (human) inj 100 unit/mL)	Diabetes
LYUMJEV (insulin lispro-aabc inj 100 unit/mL)	Diabetes
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL)	Diabetes
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis
silodosin cap 4 mg, 8 mg	Benign prostatic hyperplasia
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune disorders
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune disorders
WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL)	Polyneuropathy

Performance Select Drug List Additions

Drug ¹	Condition
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	Irritable bowel syndrome
FILSUEZ (birch triterpenes gel 10%)	Epidermolysis bullosa
HUMALOG (insulin lispro (human) soln cartridge 100 unit/mL)	Diabetes
HUMALOG (insulin lispro inj soln 100 unit/mL)	Diabetes
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial))	Diabetes
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 50/50 (insulin lispro prot and lispro (human) inj 100 unit/ml (50-50))	Diabetes
HUMALOG MIX 75/25 (insulin lispro prot and lispro (human) inj 100 unit/mL (75-25))	Diabetes
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25))	Diabetes
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL)	Diabetes
HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30))	Diabetes
HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30))	Diabetes
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL)	Diabetes
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL)	Diabetes
HUMULIN R (insulin regular (human) inj 100 unit/mL)	Diabetes
LYUMJEV (insulin lispro-aabc inj 100 unit/mL)	Diabetes
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL)	Diabetes
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis
Seysara (sarecycline hcl tab 60 mg, 100 mg, 150 mg)	Infections
silodosin cap 4 mg, 8 mg	Benign prostatic hyperplasia

Performance Select Drug List Additions

Drug ¹	Condition
WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8 mL)	Polyneuropathy

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug List Additions

Drug ¹	Drug Class/Condition
HUMALOG (insulin lispro inj soln 100 unit/mL)	Diabetes
HUMALOG (insulin lispro soln cartridge 100 unit/mL)	Diabetes
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (0.5 unit dial))	Diabetes
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
HUMALOG MIX 50/50 (insulin lispro protamine and lispro inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (50-50))	Diabetes
HUMALOG MIX 75/25 (insulin lispro prot and lispro inj 100 unit/mL (75-25))	Diabetes
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot and lispro sus pen-inj 100 unit/mL (75-25))	Diabetes
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/mL)	Diabetes
HUMULIN 70/30 (insulin nph isophane and regular human inj 100 unit/mL (70-30))	Diabetes
HUMULIN 70/30 KWIKPEN (insulin nph and regular susp pen-inj 100 unit/mL (70-30))	Diabetes
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/mL)	Diabetes
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/mL)	Diabetes
HUMULIN R (insulin regular (human) inj 100 unit/mL)	Diabetes
LYUMJEV (insulin lispro-aabc inj 100 unit/mL)	Diabetes
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/mL (1 unit dial) and 200 unit/mL)	Diabetes
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/mL)	Diabetes
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders

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
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL)	Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms	7/14/2024
AFLURIA 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/14/2024
AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/14/2024
AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
BOSULIF (bosutinib cap 50 mg, 100 mg)	Cancer	9/1/2024
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Diabetes	7/28/2024
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	Heart Failure	7/7/2024
FLUAD 2024-2025 (influenza vac types a and b surface ant adj susp pref syr 0.5 mL)	Flu vaccine	7/14/2024
FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL)	Flu vaccine	7/21/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp)	Flu vaccine	7/14/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL)	Flu vaccine	7/14/2024
FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid)	Flu vaccine	8/11/2024
FLUZONE 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/21/2024
FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL)	Flu vaccine	7/21/2024

Balanced Drug List Additions

Drug ¹	Condition	Effective Date
glutamine (sickle cell) powd pack 5 gm	Sickle Cell Disease	7/21/2024
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	Heart Failure	7/21/2024
IWILFIN (eflornithine hcl tab 192 mg)	Neuroblastoma	8/1/2024
MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)	Meningococcal/Tetanus Vaccine	7/28/2024
METHOCARBAMOL (methocarbamol tab 1000 mg)	Muscle Relaxant	8/4/2024
OTEZLA (apremilast tab 20 mg)	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024
OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s))	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 15 mg)	Pain	8/4/2024
RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg)	Cancer	8/11/2024
REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL)	Opioid Overdose	9/4/2024
TANLOR (methocarbamol tab 1000 mg)	Muscle Relaxant	8/4/2024

Performance Drug List Additions

Drug ¹	Condition	Date Added
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL and 80 unit/mL)	Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms	7/14/2024
AFLURIA 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/14/2024
AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/14/2024
AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
BOSULIF (bosutinib cap 50 mg, 100 mg)	Cancer	9/1/2024
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Diabetes	7/28/2024
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	Heart Failure	7/7/2024
FLUAD 2024-2025 (influenza vac types A and B surface ant adj susp pref syr 0.5 mL)	Flu vaccine	7/14/2024

Performance Drug List Additions

Drug ¹	Condition	Date Added
FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL)	Flu vaccine	7/21/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp)	Flu vaccine	7/14/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL)	Flu vaccine	7/14/2024
FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid)	Flu vaccine	8/11/2024
FLUZONE 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/21/2024
FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL)	Flu vaccine	7/21/2024
glutamine (sickle cell) powd pack 5 gm	Sickle Cell Disease	7/21/2024
ivabradine hcl tab 5 mg (base equiv) and 7.5 mg (base equiv)	Heart Failure	7/21/2024
IWILFIN (eflornithine hcl tab 192 mg)	Neuroblastoma	8/1/2024
MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)	Meningococcal/Tetanus Vaccine	7/28/2024
OTEZLA (apremilast tab 20 mg)	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024
OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s))	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024
RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg)	Cancer	8/11/2024
REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL)	Opioid Overdose	9/4/2024

Performance Select Drug List Additions

Drug ¹	Condition	Date Added
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL)	Inflammatory Conditions, Multiple Sclerosis, Infantile Spasms	7/14/2024
AFLURIA 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/14/2024

Performance Select Drug List Additions

Drug ¹	Condition	Date Added
AFLURIA 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/14/2024
AUSTEDO XR (deutetrabenazine tab er 24 hr 18 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab er titration pack 12 mg, 18 mg, 24 mg, 30 mg)	Huntington dz-associated Chorea, Tardive Dyskinesia	7/14/2024
BOSULIF (bosutinib cap 50 mg, 100 mg)	Cancer	9/1/2024
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Diabetes	7/28/2024
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	Heart Failure	7/7/2024
FLUAD 2024-2025 (influenza vac types A and B surface ant adj susp pref syr 0.5 mL)	Flu vaccine	7/14/2024
FLUARIX 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUBLOK 2024-2025 (influenza virus vac recombinant ha pf soln pref syr 0.5 mL)	Flu vaccine	7/21/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit im susp)	Flu vaccine	7/14/2024
FLUCELVAX 2024-2025 (influenza virus vac tiss-cult subunit susp pref syr 0.5 mL)	Flu vaccine	7/14/2024
FLULAVAL 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUMIST NASAL VACCINE 2024-2025 (influenza virus vaccine live intranasal liquid)	Flu vaccine	8/11/2024
FLUZONE 2024-2025 (influenza virus vaccine split im susp)	Flu vaccine	7/21/2024
FLUZONE 2024-2025 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Flu vaccine	7/21/2024
FLUZONE HIGH-DOSE 2024-2025 (influenza virus vac split high-dose pf susp pref syr 0.5 mL)	Flu vaccine	7/21/2024
glutamine (sickle cell) powd pack 5 gm	Sickle Cell Disease	7/21/2024
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	Heart Failure	7/21/2024
IWILFIN (eflornithine hcl tab 192 mg)	Neuroblastoma	8/1/2024
MENQUADFI (meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)	Meningococcal/Tetanus Vaccine	7/28/2024
OTEZLA (apremilast tab 20 mg)	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024

Performance Select Drug List Additions

Drug ¹	Condition	Date Added
OTEZLA (apremilast tab starter therapy pack 10 mg (4s) and 20 mg (51s))	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers	8/4/2024
RETEVMO (selpercatinib tab 40 mg, 80 mg 120 mg, 160 mg)	Cancer	8/11/2024
REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL)	Opioid Overdose	9/4/2024

Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug List Additions

Drug ¹	Condition	Date Added
BOSULIF (bosutinib cap 50 mg, 100 mg)	Cancer	9/1/2024

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
isosorbide mononitrate tab 10 mg, 20 mg	Angina	Preferred Generic	8/18/2024
levorphanol tartrate tab 3 mg	Pain	Non-Preferred Generic	8/18/2024
promethazine and phenylephrine syrup 6.25-5 mg/5 mL	Allergies and Congestion	Non-Preferred Generic	8/11/2024

Performance Drug List

Drug ¹	Condition	New Lower Tier	Effective Date
isosorbide mononitrate tab 10 mg, 20 mg	Angina	Preferred Generic	8/18/2024
promethazine and phenylephrine syrup 6.25-5 mg/5 mL	Allergies and Congestion	Non-Preferred Generic	8/11/2024

Performance Select Drug List Tier Changes

Drug ¹	Condition	New Lower Tier	Effective Date
isosorbide mononitrate tab 10 mg and 20 mg	Angina	Preferred Generic	8/18/2024
promethazine and phenylephrine syrup 6.25-5 mg/5 mL	Allergies and Congestion	Non-Preferred Generic	8/11/2024

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.**

Basic, Enhanced, Balanced, Performance, Performance Select
and Health Insurance Marketplace Drug Lists

Clinical Program	Medication(s) ¹	New Dispensing Limit	Effective Date
Amifampridine PAQL	Firdapse (Amifampridine phosphate) 10 mg tab	300 tabs per 30 days	8/15/2024
Relyvrio PAQL	Relyvrio (sodium phenylbutyrate- taurursodiol) powd pack 3 gm-1 gm	Program retired. Manufacturer removed drug from market.	8/15/2024

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](https://www.bcbsmt.com) displays the current [drug lists](#) and [dispensing limits](#). Members may also log in to [Blue Access for MembersSM](#) or [MyPrime.com](https://www.MyPrime.com) for a variety of online resources.

Please Note: The 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](https://www.bcbsmt.com).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

Program Changes

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

- **Rapid to Intermediate Acting Insulins PAQL:** removed targets Humalog, Humalog Junior KwikPen, Humalog KwikPen U-200, Humalog Mix 75/25, Humalog Mix 50/50, Humalog Tempo, Humulin R U-100, Humulin N, Humulin 70/30, Lyumjev, Lyumjev Tempo effective Oct. 1, 2024.
This update applies to the Basic, Enhanced, and Health Insurance Marketplace Drug Lists
- **Rapid to intermediate Acting Insulins PAQL:** Prior Authorization program for the Basic and Enhanced Drug Lists will retire Oct. 1, 2024. Quantity Limits will stay in effect.

Program Retirements

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

- **Relyvrio PAQL** was retired Aug. 15, 2024, because the drug manufacturer removed Relyvrio from the market.

Please Note: The prior authorization 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.

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's 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}
methocarbamol tab 1000 mg (Tanlor) (NDC: 72245087310)	Muscle spasms/pain	baclofen, cyclobenzaprine, tizanidine, methocarbamol 500 mg 750 mg
methocarbamol tab 1000 mg (NDC: 72887087303)	Muscle spasms/pain	baclofen, cyclobenzaprine, tizanidine, methocarbamol 500 mg 750 mg
GLIMEPIRIDE tab 3 mg	type 2 Diabetes	glimepiride 1 mg, 2 mg, 4 mg

Pharmacy Benefits Updates

Visit the [Pharmacy Program page](#) for resource materials. Stay tuned to [BCBSMT's news and updates](#) or [Blue Review](#) for additional Pharmacy Program updates.

Reminder: Zero Dollar Emergency-Use Medications

Starting Jan. 1, 2025, upon renewal, select acute medications in the following categories will be available at \$0 member cost share (this list is subject to change):

- Severe allergic reactions (product example: epinephrine auto-injector)
- Hypoglycemia (product example: glucagon injection kit)
- Opioid overdoses (product example: naloxone injectables/nasal spray)
- Nitrates (product example: nitroglycerin sublingual)

These medications are typically used for emergency use or life-saving situations. By removing cost barriers to these medications, it will improve clinical outcomes, increase member satisfaction and overall benefit experience.

The \$0 cost share will apply at any in-network pharmacy.

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.

⁴This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

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.

¹Prime Therapeutics LLC is a separate company contracted by BCBSMT to provide pharmacy solutions. BCBSMT, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

[MyPrime.com](#) is a pharmacy benefit website offered by Prime Therapeutics LLC.

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.