

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 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 Montana (BCBSMT) 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 bcbsmt.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.

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 BCBSMT 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 Jan. 1, 2022 are outlined below.

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

Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists	
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 200 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps

EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Eosinophilic Asthma
INSULIN GLARGINE (insulin glargine-yfng inj 100 unit/ml)	Diabetes
INSULIN GLARGINE (insulin glargine-yfng soln pen-injector 100 unit/ml)	Diabetes
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Migraine
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Migraine
SEMGLEE (insulin glargine-yfng inj 100 unit/ml)	Diabetes
SEMGLEE (insulin glargine-yfng soln pen-injector 100 unit/ml)	Diabetes
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	Bowel Prep
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Migraine
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria

Multi-Tier Basic and Multi-Tier Enhanced Drug Lists

alprazolam tab er 24hr 2 mg, 3 mg	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Depression
cholecalciferol cap 1.25 mg (50000 unit)	Vitamin/Supplement
clindamycin hcl cap 75 mg	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Hypertension
fenofibrate micronized cap 67 mg	Hypertriglyceridemia
hydrocodone-acetaminophen tab 5-300 mg	Pain
isosorbide mononitrate tab er 24hr 120 mg	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Hypertension/Angina
nevirapine susp 50 mg/5 ml	HIV
nitroglycerin sl tab 0.4 mg	Angina
ofloxacin ophth soln 0.3%	Ocular infections
potassium chloride tab er 20 mg (1500 mg)	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Neuropathy/Fibromyalgia
sildenafil citrate tab 25 mg, 50 mg, 100 mg	Erectile Dysfunction
sodium chloride soln nebu 7%	Cystic Fibrosis

Balanced, Performance and Performance Select Drug Lists

AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vac split quadrivalent susp pref syr 0.25 ml, 0.5 ml)	Influenza Vaccine
AFLURIA QUADRIVALENT 2021 -2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine

AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5 ml)	Migraine
amphetamine-dextroamphetamine cap er 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
amphetamine-dextroamphetamine cap sr 24hr 5 mg, 24hr 10 mg, 24hr 15 mg, 24hr 20 mg, 24hr 25 mg, 24hr 30 mg	Attention Deficiency Hyperactivity Disorder (ADHD)
arformoterol tartrate soln nebu 15 mcg/2 ml (base equiv)	Chronic Obstructive Pulmonary Disease (COPD)
AYVAKIT (avapritinib tab 25 mg, 50 mg)	Cancer
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	Paroxysmal Nocturnal Hemoglobinuria (PNH)
enalapril maleate oral soln 1 mg/ml	Hypertension/Heart Failure
FLUAD QUADRIVALENT 2021-2022 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
FLUARIX QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUBLOK QUADRIVALENT 2021-2022 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine
FLUCELVAX QUADRIVALENT 2021-2022 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine
FLULAVAL QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE HIGH-DOSE PF 2021-2022 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine
FLUZONE QUADRIVALENT 2021-2022 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine
KLOXXADO (naloxone hcl nasal spray 8 mg/0.1 ml)	Opioid Overdose
LUMAKRAS (sotorasib tab 120 mg)	Cancer
MYRBETRIQ (mirabegron granules for oral extended release susp 8 mg/ml)	Overactive Bladder
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Contraception
ORENCIA (abatacept subcutaneous soln prefilled syringe 50 mg/0.4 ml, 87.5 mg/0.7 ml, 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
ORENCIA CLICKJECT (abatacept subcutaneous soln auto-injector 125 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Juvenile Idiopathic Arthritis
sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 mg (base equivalent)	Cancer
TIROSINT-SOL (levothyroxine sodium oral solution 37.5 mcg/ml, 44 mcg/ml, 62.5 mcg/ml)	Hypothyroidism
TRUSELTIQ (infigratinib phos cap pack 100 & 25 mg (125 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 100 mg (100 mg daily dose))	Cancer
TRUSELTIQ (infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose), 3 x 25 mg (75 mg daily dose))	Cancer
VARENICLINE TARTRATE (varenicline tartrate tab 0.5 mg, 1 mg (base equiv))	Smoking Cessation

WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 ml, 0.5 mg/0.5 ml, 1 mg/0.5 ml, 1.7 mg/0.75 ml, 2.4 mg/0.75 ml)	Weight Loss
XOFLUZA (baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose))	Influenza
XOLAIR (omalizumab subcutaneous soln prefilled syringe 75 mg/0.5 ml, 150 mg/ml)	Allergic Asthma, Nasal Polyps, Urticaria
Balanced and Performance Select Drug Lists	
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5 ml)	Migraine
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension
Performance Drug List	
SUTAB (sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg)	Bowel Prep
Balanced Drug List	
ACCRUFER (ferric maltol cap 30 mg (fe equiv))	Iron Deficiency
ADAPALENE (adapalene lotion 0.1%)	Acne
ADAPALENE (adapalene pads 0.1%)	Acne
ADAPALENE (adapalene soln 0.1%)	Acne
ANDRODERM (testosterone td patch 24hr 2 mg/24hr, 24hr 4 mg/24hr)	Hypogonadism
BREXAFEMME (ibrexafungerp citrate tab 150 mg)	Yeast Infection
budesonide tab er 24hr 9 mg	Ulcerative Colitis
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Plaque Psoriasis
CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)	Otic Infections
COLCHICINE (colchicine cap 0.6 mg)	Gout
CONSENSI (amlodipine besylate-celecoxib tab 2.5-200 mg, 5-200 mg, 10-200 mg)	Hypertension/Osteoarthritis
DIFFERIN (adapalene lotion 0.1%)	Acne
dihydroergotamine mesylate nasal spray 4 mg/ml	Migraine
DIPENTUM (olsalazine sodium cap 250 mg)	Ulcerative Colitis
DOXYCYCLINE HYCLATE (doxycycline hyclate tab delayed release 80 mg)	Acne, Infections
doxycycline hyclate tab delayed release 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	Acne, Infections
EXSERVAN (riluzole oral film 50 mg)	Amyotrophic Lateral Sclerosis (ALS)
febuxostat tab 40 mg, 80 mg	Gout
IMPOYZ (clobetasol propionate cream 0.025%)	Plaque Psoriasis
JATENZO (testosterone undecanoate cap 158 mg, 198 mg, 237 mg)	Hypogonadism
KRISTALOSE (lactulose oral crystal packet 10 gm, 20 gm)	Constipation
LACTULOSE (lactulose oral crystal packet 10 gm)	Constipation, Hepatic Encephalopathy
mafenide acetate packet for topical soln 5% (50 gm)	Burn
minocycline hcl tab er 24hr 45 mg, 24hr 90 mg, 24hr 135 mg	Acne
naproxen sodium tab er 24hr 375 mg, 24hr 500 mg (base equiv)	Pain, Inflammation

NATESTO (testosterone nasal gel 5.5 mg/act)	Hypogonadism
NOCDURNA (desmopressin acetate sublingual tab 27.7 mcg)	Nocturnal Polyuria
ONZETRA XSAIL (sumatriptan succinate exhaler powder 11 mg/nosepiece)	Migraine
ORTIKOS (budesonide cap er 24hr 6 mg, 24hr 9 mg)	Crohn's Disease
oxiconazole nitrate cream 1%	Fungal Infections
PENTASA (mesalamine cap cr 250 mg, 500 mg)	Ulcerative Colitis
PIFELTRO (doravirine tab 100 mg)	HIV
STRIANT (testosterone buccal mucoadhesive system 30 mg)	Hypogonadism
TESTOSTERONE (testosterone td gel 25 mg/2.5 gm, 50 mg/5 gm (1%))	Hypogonadism
TESTOSTERONE PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
testosterone td gel 10mg/act (2%)	Hypogonadism
VOGELXO (testosterone td gel 50 mg/5 gm (1%))	Hypogonadism
VOGELXO PUMP (testosterone td gel 12.5 mg/act (1%))	Hypogonadism
XYOSTED (testosterone enanthate solution auto-injector 50 mg/0.5 ml, 75 mg/0.5ml, 100 mg/0.5 ml)	Hypogonadism
ZEMBRACE SYMTOUCH (sumatriptan succinate solution auto-injector 3 mg/0.5 ml)	Migraine
ZOLMITRIPTAN (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine
ZOMIG (zolmitriptan nasal spray 2.5 mg/spray unit, 5 mg/spray unit)	Migraine

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

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

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance and Performance Select Drug Lists		
alprazolam tab sr 24hr 2 mg, 24 hr 3 mg	Preferred Generic	Anxiety
aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg	Preferred Generic	Schizophrenia, Bipolar Disorder
bupropion hcl tab 75 mg	Preferred Generic	Depression
clindamycin hcl cap 75 mg	Preferred Generic	Infections
diltiazem hcl extended release beads cap er 24hr 180 mg	Preferred Generic	Hypertension/Angina
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension/Angina
DUPIXENT (dupilumab subcutaneous soln pen-injector 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml)	Preferred Brand	Atopic Dermatitis, Eosinophilic Asthma, Nasal Polyps
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Preferred Brand	Eosinophilic Asthma
fenofibrate micronized cap 67 mg	Preferred Generic	Hypertriglyceridemia
isosorbide mononitrate tab er 24hr 120 mg	Preferred Generic	Angina

isosorbide mononitrate tab sr 24hr 120 mg	Preferred Generic	Angina
metoprolol tartrate tab 37.5 mg, 75 mg	Preferred Generic	Hypertension/Angina
nevirapine susp 50 mg/5 ml	Preferred Generic	HIV
nitroglycerin sl tab 0.4 mg	Preferred Generic	Angina
NUCALA (mepolizumab subcutaneous solution auto-injector 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NUCALA (mepolizumab subcutaneous solution pref syringe 100 mg/ml)	Preferred Brand	Eosinophilic Asthma, Nasal Polyps, Eosinophilic Granulomatosis with Polyangiitis, Hypereosinophilic Syndrome
NURTEC (rimegepant sulfate tab disint 75 mg)	Preferred Brand	Migraine
ofloxacin ophth soln 0.3%	Preferred Generic	Ocular Infection
potassium chloride tab er 20 meq (1500 mg)	Preferred Generic	Hypokalemia
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg	Preferred Generic	Neuropathy/Fibromyalgia
REYVOW (lasmiditan succinate tab 50 mg, 100 mg)	Preferred Brand	Migraine
SEMGLEE (insulin glargine-yfgn inj 100 unit/ml)	Preferred Brand	Diabetes
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
sildenafil citrate tab 25 mg, 50 mg, 100 mg*	Preferred Generic	Erectile Dysfunction
UBRELVY (ubrogepant tab 50 mg, 100 mg)	Preferred Brand	Migraine
Performance Drug List		
arformoterol tartrate soln nebu 15 mcg/2 ml (base equivalent)	Non-Preferred Generic	Chronic Obstructive Pulmonary Disease (COPD)
INSULIN GLARGINE (insulin glargine-yfgn inj 100 unit/ml)	Preferred Brand	Diabetes
INSULIN GLARGINE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Preferred Brand	Diabetes
mefloquine hcl tab 250 mg	Non-Preferred Generic	Malaria
potassium chloride microencapsulated crys er tab 15 meq	Non-Preferred Generic	Hypokalemia
pyrazinamide tab 500 mg	Non-Preferred Generic	Bacterial Infections

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* Optional sexual dysfunction component coverage for select health plans.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **Jan.1, 2022**, the following changes will be applied:
 - The Antifungal Agents Prior Authorization (PA) program will add the target drug Brexafemme (ibresafungerp). This program applies to the Basic, Enhanced, Balanced, Performance and Performance Select Drug Lists.
 - The Enzyme Deficiency Specialty PA program will change its name to Phenylketonuria. This program has new criteria requirements for approval.

- The standard Insulin Agents PA program will change its name to Rapid to Immediate Acting Insulin. One targeted medication, Semglee, will be removed from this program and added to the new non-standard Long Acting Insulin PA program.
 - Please note: This non-standard program is effective Jan. 1, 2022 and will also include Lantus (insulin glargine) and other insulin agents. This program only applies to members with a Health Insurance Marketplace plan (Individual or Employer-Offered Small Group) or a Student Health plan.
- The target drug Verkazia will be added to the Ophthalmic Immunomodulators PA program. This program applies to the Basic, Enhanced and Performance Drug Lists.
- Effective **March 1, 2022**, the Cholestasis Pruritis Specialty PA program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drug Bylvay (odevixibat).
 - Effective **March 15, 2022**, this Specialty PA program will be added to the Performance Drug List.

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 bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

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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.