



## **Pharmacy Program Quarterly Update Changes Effective Jan. 1, 2024 – Part 1**

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**Reminder:** The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the **Jan. 1, 2024** effective date.

# Pharmacy Benefit Reminders

A new year often welcomes new members to Blue Cross and Blue Shield of MT (BCBSMT) or updates to benefits for our current members. Discussing your patient's pharmacy benefits can help with this transition.

As you visit with your patients, also consider the following:

- Your patient's pharmacy benefits may be new to them or apply to an updated drug list. The [preview drug lists](#) are available on our member website to help both you and your patients when prescribing medication. The final drug lists will be available closer to the Jan. 1, 2024 effective date.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have a new utilization management program requirement. If your patients need a coverage exception or prior authorization request, visit our [provider website](#) for forms and more information.
- Some members' plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Members that are impacted by these changes will receive letters from BCBSMT to alert them they will pay more if continue to use a pharmacy no longer in network. In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.

If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits. 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.

# 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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana (BCBSMT) drug lists, effective on or after Jan. 1, 2024. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Drug-list changes are listed on the charts below.**

You can view a preview of the January drug lists on our [member website](#). The final lists will be available closer to the January 1 effective date.

## Drug List Exclusions/Revisions – Effective Jan. 1, 2024

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
EDARBI (azilsartan medoxomil tab 40 mg, 80 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
EDARBYCLOR (azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
FLEQSUVY (baclofen susp 25 mg/5 ml)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, 20 mg
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Urethritis Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
OBSTETRIX DHA (prenat w/fe carbonyl-fa tab 29-1 mg & dha cap 350 mg pak)	Prenatal Vitamin	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SYMBICORT (budesonide-formoterol fumarate aerosol, 80-4.5 mcg/act 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VICTOZA (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

### Performance Drug List Exclusions

Drug	Drug Class/Condition	Alternatives <sup>1, 2</sup>
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphylococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUIITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUIITY, ASMANEX, QVAR
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14 x 100 mg titration kit	Bipolar disorder, Seizures	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab delayed release 35 mg	Osteoporosis treatment	risedronate tablet 35 mg
VICTOZA (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

Performance Select Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
EDARBI (azilsartan medoxomil tab 40 mg, 80 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
EDARBYCLOR (azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphylococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
isotretinoin cap 25 mg, 35 mg	Acne	isotretinoin capsule 20 mg, 30 mg
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg, 42 x 50 mg & 14 x 100 mg titration kit	Bipolar disorder, Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MOXIFLOXACIN HYDROCHLORID E (moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily))	Ocular Infections	moxifloxacin ophthalmic solution 0.5% (3 times daily)
NEOMYCIN/POLYMYXIN/HYDROCORTISONE (neomycin-polymyxin-hc ophth susp)	Inflammatory Ocular Conditions w/ Infection	neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab delayed release 35 mg	Osteoporosis treatment	risedronate tablet 35 mg
SYMBICORT (budesonide-formoterol fumarate aerosol, 80-4.5 mcg/act 160-4.5 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

Performance Select Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>
VICTOZA (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

Health Insurance Marketplace (HIM) Drug List Exclusions

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CELONTIN (methsuximide cap 300 mg)	Absence Seizure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FIRVANQ (vancomycin hcl for oral soln 25 mg/ml, 50 mg/ml (base equivalent))	C. Difficile Infection, Staphylococcal Enterocolitis	vancomycin solution 50 mg/mL
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve)) <i>(manufacturer to discontinue product in early 2024)</i>	Asthma	ARNUITY, ASMANEX, QVAR
ORFADIN (nitisinone cap 20 mg)	Hereditary Tyrosinemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

Basic and Enhanced Revisions

Drug <sup>1</sup>	Drug Class/Condition	Preferred Alternatives <sup>1, 2</sup>
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APO-VARENICLINE - (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	Smoking cessation	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FLOVENT DISKUS (fluticasone propionate aer pow ba 50 mcg/act, 100 mcg/act, 250 mcg/act)	Asthma	ARNUITY, ASMANEX, QVAR
FLOVENT HFA (fluticasone propionate hfa inhal aero 44 mcg/act (50/valve), 110 mcg/act (125/valve), 220 mcg/act (250/valve))	Asthma	ARNUITY, ASMANEX, QVAR
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ORFADIN (nitisinone cap 20 mg)	Hereditary Tyrosinemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREZISTA (darunavir tab 600 mg, 800 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VICTOZA (liraglutide soln pen-injector 18 mg/3ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

Multi-Tier Basic and Multi-Tier Enhanced Revisions		
Drug <sup>1</sup>	Drug Class/Condition	Preferred Alternatives <sup>1, 2</sup>
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
Multi-Tier Basic Annual and Multi-Tier Enhanced Annual Revisions		
Drug <sup>1</sup>	Drug Class/Condition	Preferred Alternatives <sup>1, 2</sup>
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
sotalol hcl (afib/af) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

## Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after Jan. 1, 2024.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.



### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non-Preferred Brand
NAFRINSE DROPS (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non-Preferred Brand
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine-valsartan, amlodipine-olmesartan	Non-Preferred Brand

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non-Preferred Brand
NAFRINSE DROPS (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non-Preferred Brand
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine-valsartan, amlodipine-olmesartan	Non-Preferred Brand

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<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

### Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>	New Tier
MESALAMINE DR (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	mesalamine tab delayed release 400 mg	Non-Preferred Brand
NAFRINSE DROPS (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries Prophylaxis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
OXANDROLONE (oxandrolone tab, 2.5 mg 10 mg)	Promotes Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Warts	imiquimod cream 5%	Non-Preferred Brand
TELMISARTAN/AMLODIPINE (telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg)	Hypertension	telmisartan tab 40 mg, amlodipine tab 10 mg, amlodipine-valsartan, amlodipine-olmesartan	Non-Preferred Brand

### Health Insurance Marketplace (HIM) Drug List Tier Changes

Drug <sup>1</sup>	Drug Class/Condition	Alternatives <sup>1, 2</sup>	New Tier
MELPHALAN (melphalan tab 2 mg)	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand Specialty
MESALAMINE (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
NAFRINSE (sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf))	Dental Caries	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Weight Gain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
PODOFILOX (podofilox soln 0.5%)	Anogenital Warts	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand

## Tier 1 to Tier 2 Changes – Effective Jan. 1, 2024

The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2024. These changes only apply to members with a pharmacy benefit plan that includes different payment tiers for preferred generics and non-preferred generic (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). Members may pay more for these drugs.

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

Balanced Drug List Tier 1 to Tier 2 Changes

Drug <sup>1</sup>	Drug Class/Condition
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Smoking cessation
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders
sotalol hcl (afib/afl) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter
stannous fluoride conc 0.63%	Dental Caries Prophylaxis

Performance Drug List Tier 1 to Tier 2 Changes

Drug <sup>1</sup>	Drug Class/Condition
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Smoking cessation
dexamethasone tab 0.5 mg, 0.75 mg	inflammatory Conditions
haloperidol lactate oral conc 2 mg/ml	Psychosis, Tourette Syndrome, Behavioral Disorders
sotalol hcl (afib/afl) tab 120 mg, 160 mg	Atrial Fibrillation/Atrial Flutter
stannous fluoride conc 0.63%	Dental Caries Prophylaxis

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage 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.

## 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.

### Standard Program Additions – Effective Jan. 1, 2024

Several drug categories and/or targeted medications will be added to the Prior Authorization (PA) programs for standard pharmacy benefit plans. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates. For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

Members were notified about the PA standard program changes listed in the tables below.

#### Basic, Enhanced, Balanced, Performance, Performance Select and Health Insurance Marketplace (HIM) Drug Lists

Standard Program	Medication(s) <sup>1</sup> Added
Atypical Antipsychotics STQL	Rexulti (brexipiprazole) tablet

#### Basic, Enhanced

Standard Program	Medication(s) <sup>1</sup> Added
Oral Inhaler STQL	Advair Diskus (Fluticasone-Salmeterol Aer Powder BA), Alvesco (ciclesonide inhal aerosol), Flovent Diskus (fluticasone propionate aer pow ba), Flovent HFA (fluticasone propionate hfa inhal aer; fluticasone propionate hfa inhal aero)

### New Standard Programs

The drug programs listed below have been added to the prior authorization and dispensing limit programs.

#### Basic, Enhanced, Balanced, Performance, and Performance Select

Effective Date	New Program	Program Type
11/1/2023	Joenja PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Miebo PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Neurokinin Receptor Antagonists PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Opioids PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Rezurock PAQL	Prior Authorization and Dispensing Limits
1/1/2024	Vowst PAQL	Prior Authorization and Dispensing Limits

#### Basic, Enhanced, and Performance

Effective Date	New Program	Program Type
1/1/2024	Winlevi PA	Prior Authorization

Per our usual process, members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes will receive mailings prior to implementation.

For the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

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](http://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or [MyPrime.com](http://MyPrime.com) for more online resources.

## Dispensing Limit Changes

BCBSMT's 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.

BCBSMT sends letters to all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

**Changes by drug list are listed on the chart below. All changes are effective Jan. 1, 2024.** View the most up-to-date drug list and list of drug dispensing limits on [www.bcbsmt.com/rx-drugs/drug-lists/drug-lists](http://www.bcbsmt.com/rx-drugs/drug-lists/drug-lists).

Program	Target Agent	Dispensing Limit
Miebo PAQL	Miebo (perflurohexylocatane) oph solution 1.338 gm/mL	4 bottles per 30 days
Neurokinin Receptor Antagonists PAQL	Veozah (fezolinetant) 45 mg tab	30 tabs per 30 days
Rezurock PAQL	Rezurock (belumosudil mesylate) 200 mg tab	60 tabs per 30 days
Vowst PAQL	Vowst (fecal microbiota spores) live-brpk caps	12 caps per 12 months

## Other Dispensing Limit Changes

Effective Date	Program	Target Agent	Dispensing Limit
11/1/2023	Joenja PAQL*	Joenja (leniolisib phosphate) 70 mg tab	60 tabs per 30 days

\*Members were not lettered.

## 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<sup>†</sup>. This change is part of an ongoing effort to make sure 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 <sup>1*</sup>	Condition	Covered Alternative(s) <sup>1, 2</sup>
AMCINONIDE OINTMENT 0.1%	Eczema, rash	Lower cost, Group 2 Potency Steroids (e.g., Betamethasone cream/ointment, Fluocinonide)
DICLOFENAC POTASSIUM 25 mg TABLETS		DICLOFENAC POT 50 mg, MELOXICAM, IBUPROFEN, NAPROXEN

# Pharmacy Benefits Updates

## HDHP-HSA Preventive Drug Program Updates

The HDHP-HSA Preventive Drug Program offers certain preventive medications at reduced out-of-pocket costs to members in select High Deductible Health Plans (HDHP), along with those using a Health Savings Account (HSA). See below for the applicable categories and the 2024 updates for each market segment.

**Note:** Affected members will receive letters alerting them of the preventive-drug changes. Impacted categories include the following: Contraceptives, High Blood Pressure, High Cholesterol, Respiratory, and Osteoporosis

### ASO/Custom Fully Insured (CFI) Groups

Effective Date	2024 Changes	Categories
1/1/2024	Standard categories from 2023 are unchanged with minor product differences. CFI groups can now select from all extended categories rather than only select categories and products.	<p><b>Standard</b> Anti-Coagulants / Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines.</p> <p><b>Extended</b> Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral &amp; Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors (CGMs) and Associated Supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins - Prenatal</p>

### ASO-Only Groups

Effective Date	2024 Changes	Custom Categories
1/1/2024	The migraine prophylaxis custom category was split into Migraine Prophylaxis DGRPs Injectable and Migraine Prophylaxis CGRPs Oral. Custom categories remain ASO only with the exception of Diabetic Supplies – Insulin Pumps and Associated Supplies, which is available for CFI groups.	<p>Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Breast Cancer Secondary Prevention, Diabetic Supplies - Insulin Pumps and Associated Supplies***, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, HIV/AIDS, Influenza Agents, Lipid Lowering – Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Substance Use Disorder, Thyroid Agents, Weight Loss</p> <p>***Optional coverage is also available to Custom Fully Insured groups</p>

### Blue Balance Funded Plans

Effective Date	2024 Changes	Categories
1/1/2024	Standard categories from 2023 are unchanged with minor product differences.	Anti-Coagulants / Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines

### Small Group (SG) Plans

State/Market Segment	Effective Date	2024 Changes	Categories
QHP/Metallic SG Blue Preferred Gold PPO 135 Blue Preferred Gold PPO 123 Blue Preferred Gold PPO 101 Blue Preferred Silver PPO 136 Blue Preferred Silver PPO 127 Blue Preferred Silver PPO 122 Blue Preferred Silver PPO 101 Blue Preferred Bronze PPO 134 Blue Focus Gold POS 101 Blue Focus Silver POS 101 Blue Focus Silver POS 003 Blue Focus Bronze POS 002	1/1/24	The Quality Health Plan (QHP) categories from 2023 are unchanged with minor product differences.	Anti-Coagulants / Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis

## Symbicort and Spiriva Positive Tier Changes

As markets change, BCBSMT is focused on reducing the rising cost of generic drugs for our members. In doing so, it has chosen to move the following brand-name drugs to lower payment tiers on select drug lists.

- Effective Oct. 15, Symbicort will be placed in the non-preferred generic tier on the Balanced and Performance Select drug lists until Jan. 1, 2024. The available alternatives – budesonide/formoterol fumarate dihydrate inhalation aerosol and Breyndra – will no longer be covered during this time.  
For all other quarterly drug lists – Basic, Enhanced, Performance and Health Insurance Marketplace – Symbicort will be moved to the non-preferred generic tier on Oct. 15 and remain until multiple generics are available. This approach will not be adopted with annually updated drug lists.
- Effective Oct. 15, Spiriva HandiHaler will be added to the non-preferred generic tier on all drug lists. The available generic – tiotropium bromide inhalation – will no longer be covered.

<sup>†</sup>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 judgement 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.