



**BlueCross BlueShield**  
of Montana

## Pharmacy Program Quarterly Update – Part 2 Changes Effective July 1, 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 [July 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 drug lists for Blue Cross and Blue Shield of Montana. Additions effective July 1, 2024, and prior updates are outlined below.

### Drug List Additions – Effective July 1, 2024

#### Balanced Drug List Additions

Drug <sup>1</sup>	Condition
AUGTYRO (repotrectinib cap 40 mg)	Cancer
BACLOFEN (baclofen oral soln 10 mg/5 ml)	Spasticity
CABTREO (adapalene-benzoyl peroxide-clindamycin gel 0.15-3.1-1.2%)	Acne
COXANTO (oxaprozin cap 300 mg)	Osteoarthritis, Rheumatoid Arthritis
FRUZAQLA (fruquintinib cap 1 mg, 5 mg)	Cancer
JYLAMVO (methotrexate oral soln 2 mg/ml)	Mycosis Fungoides, Non-Hodgkin Lymphoma, Rheumatoid Arthritis, Psoriasis
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors
OXAPROZIN (oxaprozin cap 300 mg)	Osteoarthritis, Rheumatoid Arthritis
OZOBAX DS (baclofen oral soln 10 mg/5 ml)	Spasticity
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis
TRUQAP (capiwasertib tab 160 mg, 200 mg)	Cancer
TYRVAYA (varenicline tartrate nasal soln 0.03 mg/act)	Dry Eye Disease
VOQUEZNA (vonoprazan fumarate tab 10 mg (base equiv), 20 mg (base equiv))	Erosive Esophagitis, Helicobacter Pylori Infection
ZURZUVAE (zuranolone cap 20 mg, 25 mg, 30 mg)	Postpartum Depression

#### Performance Drug List Additions

Drug <sup>1</sup>	Condition
AUGTYRO (repotrectinib cap 40 mg)	Cancer
FRUZAQLA (fruquintinib cap 1 mg, 5 mg)	Cancer
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis
TRUQAP (capiwasertib tab 160 mg, 200 mg)	Cancer
ZURZUVAE (zuranolone cap 20 mg, 25 mg, 30 mg)	Postpartum Depression

### Performance Select Drug List Additions

Drug <sup>1</sup>	Condition
AUGTYRO (repotrectinib cap 40 mg)	Cancer
FRUZAQLA (fruquintinib cap 1 mg, 5 mg)	Cancer
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis
TRUQAP (capivasertib tab 160 mg, 200 mg)	Cancer
TYRVAYA (varenicline tartrate nasal soln 0.03 mg/act)	Dry Eye Disease
VOQUEZNA (vonoprazan fumarate tab 10 mg (base equiv), 20 mg (base equiv))	Erosive Esophagitis, Helicobacter Pylori Infection
ZURZUVAE (zuranolone cap 20 mg, 25 mg, 30 mg)	Postpartum Depression

### Basic, Basic Multi-Tier, Enhanced, and Enhanced Multi-Tier Drug Lists Additions

Drug <sup>1</sup>	Drug Class/Condition
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes
OMNIPOD DASH INTRO KIT (GEN 4) (insulin infusion disposable pump kit)	Diabetes
OMNIPOD DASH PODS (GEN 4) (insulin infusion disposable pump reservoir)	Diabetes
ZURZUVAE (zuranolone cap 20 mg, 25 mg, 30 mg)	Postpartum Depression

### 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 <sup>1</sup>	Condition	Effective Date
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK (pacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease (COPD)	5/5/2024
AKEEGA (niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg)	Cancer	5/1/2024
BACLOFEN (baclofen tab 15 mg)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	4/7/2024

### Balanced Drug List Additions

Drug <sup>1</sup>	Condition	Effective Date
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 6 mg)	Allergic Symptoms, Allergic Reactions	4/21/2024
OHC COVID-19 ANTIGEN SELF TEST	COVID-19	5/5/2024
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 ml)	Crohn's disease, Ulcerative colitis	5/15/2024
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Menopause symptoms	5/5/2024
FRAICHE 5000 PREVI (sodium fluoride-tribasic calcium phosphate gel 1.1-3%)	Tooth decay prevention	4/7/2024
FRAICHE 5000 SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-4.5%)	Teeth sensitivity	4/7/2024
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv))	Huntington's disease, Tardive dyskinesia	5/5/2024
OJJAARA (mometotinib dihydrochloride tab 100 mg, 150 mg, 200 mg)	Myelofibrosis with Anemia	5/1/2024
OPFOLDA (miglustat (gaa deficiency) cap 65 mg)	Pompe Disease	6/1/2024
TOLECTIN 600 (tolmetin sodium tab 600 mg)	Arthritis	5/5/2024
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis	4/15/2024
XCOPRI (cenobamate tab 25 mg)	Seizures	4/28/2024

### Performance Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	5/5/2024
AKEEGA (niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg)	Cancer	5/1/2024
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 ml)	Crohn's disease, Ulcerative colitis	5/15/2024
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Menopause symptoms	5/5/2024
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv))	Huntington's disease, Tardive dyskinesia	5/5/2024
OJJAARA (mometotinib dihydrochloride tab 100 mg, 150 mg, 200 mg)	Myelofibrosis with Anemia	5/1/2024
OPFOLDA (miglustat (gaa deficiency) cap 65 mg)	Pompe Disease	6/1/2024
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis	4/15/2024
XCOPRI (cenobamate tab 25 mg)	Seizures	4/28/2024

### Performance Select Drug List Additions

Drug <sup>1</sup>	Condition	Date Added
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	5/5/2024
AKEEGA (niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg)	Cancer	5/1/2024
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 ml)	Crohn's disease, Ulcerative colitis	5/15/2024
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Menopause symptoms	5/5/2024
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv))	Huntington's disease, Tardive dyskinesia	5/5/2024
OJJAARA (mometinib dihydrochloride tab 100 mg, 150 mg, 200 mg)	Myelofibrosis with Anemia	5/1/2024
OPFOLDA (miglustat (gaa deficiency) cap 65 mg)	Pompe Disease	6/1/2024
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis	4/15/2024
XCOPRI (cenobamate tab 25 mg)	Seizures	4/28/2024

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

Drug <sup>1</sup>	Condition	Date Added
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis	4/15/2024

## Drug Tier Changes – As of July 1, 2024

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

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	Preferred Brand
OMNIPOD DASH INTRO KIT (GEN 4) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD DASH PODS (GEN 4) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	Preferred Brand
OMNIPOD DASH INTRO KIT (GEN 4) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD DASH PODS (GEN 4) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand

### Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Condition	New Lower Tier
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G6 PODS (GEN 5) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand
OMNIPOD 5 G7 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD 5 G7 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	Preferred Brand
OMNIPOD DASH INTRO KIT (GEN 4) (insulin infusion disposable pump kit)	Diabetes	Preferred Brand
OMNIPOD DASH PODS (GEN 4) (insulin infusion disposable pump supplies)	Diabetes	Preferred Brand

# 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, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Select, and Health Insurance Marketplace Drug Lists**

Clinical Program	Medication(s) <sup>1</sup>	New Dispensing Limit	Effective Date
Anti-COVID19 QL	LAGEVRIO (molnupiravir) 220 mg cap	40 caps per 90 days	5/15/2024
Anti-COVID19 QL	PAXLOVID (nirmatrelvir) 10 x 150 mg, 10 x 100 mg	20 tabs per 90 days	5/15/2024
Anti-COVID19 QL	PAXLOVID (nirmatrelvir) 20 x 150 mg, 10 x 100 mg	30 tabs per 90 days	5/15/2024
Homozygous Familial Hypercholesterolemia (HoFH) Agents PAQL	JUXTAPID (lomitapide mesylate) 20 mg cap, 30 mg cap	60 caps per 30 days	7/1/2024
Self-Administered Oncology PAQL	EXKIVITY (Mobocertinib succinate) 40 mg cap	Retired	6/15/2024
Therapeutic Alternatives PAQL	Metaxalone 400 mg tab	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.

### Program Changes

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

Program Name	Program Type	Description of Change	Drug Lists	Effective Date
Androgens and Anabolic Steroids PAQL	Prior Authorization Quantity Limits	removed testosterone cypionate as a target	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	4/15/2024

Program Name	Program Type	Description of Change	Drug Lists	Effective Date
Continuous Glucose Monitor PAQL	Prior Authorization Quantity Limits	removed Dexcom G4 and Dexcom G5 products	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	5/15/2024
Dipeptidyl Peptidase-4 Inhibitors and Combinations STQL	Step Therapy Quantity Limits	removed Step Therapy from HIM	Health Insurance Marketplace	4/15/2024
Fabhalta PAQL*	Prior Authorization Specialty Quantity Limits	New program with target Fabhalta (Iptacopan) 200 mg caps	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	7/1/2024
Multiple Sclerosis PAQL	Prior Authorization Quantity Limits	VUMERITY moved to preferred agent	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	4/15/2024
Self-Administered Oncology PAQL	Prior Authorization Quantity Limits	removed EXKIVITY as a target	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	6/15/2024
Therapeutic Alternatives PAQL	Prior Authorization Quantity Limits	removed Metaxalone 400 mg tab as a target	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	4/15/2024
Xphozah PAQL*	Prior Authorization Quantity Limits	New program with target Xphozah (tenapanor) 20 mg and 30 mg tab	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Health Insurance Marketplace, Balanced, Performance, Performance Select	7/1/2024

\*These programs were previously reported as additions to only the open drug lists. However, a clinical decision has since added these programs to all drug lists. Members will not be lettered because drugs are new to market and there is no utilization to date.



## Program Retirements

The following standard utilization management program has been retired on the date indicated below.

- **Human Fibrinogen Concentrate PAQL was retired April 15, 2024.**  
This program included the following medications: Fibryga and RiaSTAP

**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](https://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 visit [bcbsmt.com](https://bcbsmt.com) and log in to Blue Access for Members<sup>SM</sup> or [MyPrime.com](https://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 members who have prescription-drug benefits administered by Prime Therapeutics<sup>†</sup>. 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 <sup>1</sup>	Condition	Covered Alternative(s) <sup>1, 2</sup>
AMCINONIDE cream 0.1%	eczema, dermatitis, allergies, rash	Lower cost, high potency steroids (e.g., Betamethasone cream/ointment, Fluocinonide)
CARBINOXAMINE MALEATE tab 6 mg	seasonal allergies	carbinoxamine 4 mg, RYVENT
diclofenac potassium tab 25 mg	inflammation	diclofenac potassium 50 mg, meloxicam, ibuprofen, naproxen
TOLMETIN SODIUM cap 400 mg	Inflammation	meloxicam, ibuprofen, naproxen
TOLMETIN SODIUM tab 600 mg	inflammation	meloxicam, ibuprofen, naproxen

# Pharmacy Benefits Updates

## Reminder: “GLP-1 New to Therapy” Pharmacy Option for Large ASO Groups

ASO groups (151+ members) using Prime Therapeutics® can opt-in to a new pharmacy program called “GLP-1 New to Therapy.” This program limits initial fill(s) of GLP-1s to a 30-day supply for members with no claims history within the past 120 days. Subsequent fills may be eligible for up to a 90-day supply, per the member’s pharmacy benefits. For more information regarding this new program, review the full [article](#) on your news and updates site.

## Reminder: Links to Commonly Used Forms Now Available

Links to some commonly used forms have been added to our [provider website](#).

- [The Affordable Care Act \(ACA\) Copay Waiver](#) can be used to request \$0 member cost share for preventive drug products not covered on a commercial plan drug list for BCBSMT. There is also a [program summary](#) with more details on when and how to use this form.
- The [Formulary Coverage Exception](#) can be used to request coverage for drug products not covered on a commercial plan drug list for BCBSMT.

<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.

<sup>†</sup>This 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.

<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 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.