

## New pharmacy benefit manager, pharmacy benefit changes

<b>Date issued:</b>	Sep 30, 2022
<b>Effective date:</b>	Jan 1, 2023
<b>To:</b>	Prescribers caring for our members
<b>From:</b>	Mary Beth Erwin, MPH, RPh, Chief Pharmacy Officer and Vice President

We will make the changes described below to our members' prescription drug benefits on January 1, 2023.

## New pharmacy benefit manager

As we previously communicated, on January 1, 2023 we will have a new pharmacy benefit manager.

CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies.

For the most part, this transition will have little or no impact to our members and prescribers.

- Active mail order prescriptions will transfer automatically to our members' new mail order pharmacy, CVS Caremark Mail Service Pharmacy (in your eprescribing tool, look for CVS Caremark Mail Order)
- Current prior authorization approvals are valid through their original expiration date
- The [retail specialty pharmacy network](#) is the same as today
- Blue Cross Pharmacy Operations continues to review and process prior authorization requests

Members who may be affected will receive communications throughout the month of November, and we suggest that they share this information with their prescribers.

## Action steps for prescribers

There may be some actions prescribers may need to take as we transition our members to the new pharmacy benefit manager. Here's an overview:

What's new	Prescriber action steps
A brand new feature where we fax reminders to prescribers before their patient's prior authorization will expire. <i>Applies to commercial members only.</i>	Renew the authorization for your patient if they need to continue on the medication.
Mail order pharmacy will now be CVS Caremark Mail Service Pharmacy.	Look for "CVS Caremark Mail Order" in your eprescribing tool and send mail order prescriptions there.  Update your EHR systems if you have the patient's default or preferred pharmacy set up.
Programs and benefits to help members save on maintenance medications or medications used to treat chronic conditions.	Refer to <a href="#">benefits and programs pages</a> to learn more.
Pharmacies that members use.  CVS Caremark has a broad network of more than 65,000 retail pharmacies nationwide, including CVS Pharmacy and many others, such as large retail chains and other neighborhood pharmacies.	Send prescriptions to in-network pharmacies when possible.
Member ID cards.  Members will receive new ID cards with updated Rx information.	Update your records and remind patient to share new ID card with the pharmacy.

## Pharmacy benefit manager transition page

We've created a new section on Provider Central to help prescribers through this transition period. You'll find information on pharmacy benefits, programs, and coverage that will be new in 2023.

[Go now.](#)

## Prescription benefit changes

### Blue Cross formulary changes

Effective on January 1, 2023, we'll make changes to our standard (Blue Cross) formulary as listed below. These apply to:

- Members who have a commercial medical plan with pharmacy benefits
- Group Medex® members who have a three-tier pharmacy benefit

## Certain medications will become non-covered

We will move the medications listed below to our standard formulary's non-covered list.

We're doing so because these medications have less expensive alternatives that we also cover. Please remember:

- To avoid higher costs for members, consider prescribing covered medications. We've listed alternatives available on our formulary.
- If no covered medication is medically appropriate for your patient, you may request a formulary exception. Formulary exceptions are covered at the member's highest tier (highest cost).

Please note that our Pharmacy Operations department will be available starting on December 1, 2022 for any authorization requests for refills after January 1, 2023. To reach Pharmacy Operations, call **1-800-366-7778**.

In this therapeutic class or for this condition	This medication or supply will be non-covered	Other alternatives on our formulary
Antidiabetic treatment – Dipeptidyl Peptidase-4 (DPP4) enzyme inhibitor and combinations	Kombiglyze XR <sup>1</sup> Onglyza <sup>1</sup>	Glyxambi <sup>1</sup> Janumet <sup>1</sup> Janumet XR <sup>1</sup> Januvia <sup>1</sup> Trijardy XR <sup>1</sup>
Antidiabetic treatment – Glucagon-like Peptide-1 (GLP1) receptor antagonists (injectable)	Bydureon <sup>1</sup> Bydureon BCise <sup>1</sup> Byetta <sup>1</sup>	Ozempic <sup>1</sup> Trulicity <sup>1</sup> Victoza <sup>1</sup>
Inflammatory conditions treatment	Actemra <sup>1, 2, 3</sup> Actemra ACTPen <sup>1, 2, 3</sup> Cimzia <sup>1,2</sup> Ilumya <sup>1,2</sup> Kineret <sup>1,2</sup> Olumiant <sup>1,2</sup> Orencia <sup>1,2</sup> Orencia ClickJect <sup>1,2</sup> Siliq <sup>1,2</sup> Simponi <sup>1,2</sup>	Enbrel <sup>1</sup> Humira <sup>1</sup> Kevzara <sup>1</sup> Otezla <sup>1</sup> Rinvoq ER <sup>1</sup> Skyrizi <sup>1</sup> Stelara <sup>1</sup> Taltz <sup>1</sup> Tremfya <sup>1</sup> Xeljanz <sup>1</sup> Xeljanz XR <sup>1</sup>
Migraine treatment – Calcitonin Gene-Related Peptide (CGRP) agents	Qulipta <sup>1,2</sup> Vyepi <sup>1,2,3</sup>	Aimovig <sup>1</sup> Ajovy <sup>1</sup> Emgality <sup>1</sup> Nurtec <sup>1</sup>
Multiple sclerosis treatment	Bafiertam <sup>1,2,3</sup>	dimethyl fumarate

1. This medication also has prior authorization and/or step therapy requirements.
2. Members currently using this medication will continue to be covered until their prior authorization expires.
3. Members using this medication will experience a copayment increase as of January 1, 2023.

## Medications that will be excluded from pharmacy benefit coverage

We plan to exclude medications from pharmacy benefit coverage as of January 1, 2023. This means that they will no longer be included as part of our pharmacy benefit coverage. Because of this, we will not grant any formulary exceptions for these medications.

Members using the medications will either need to pay the full cost of the prescription or, if available and clinically appropriate, can switch to an over-the-counter or covered alternative.

Refer to the [2023 Medication Lookup Tool](#) (click Rx Coverage) to see if a medication is excluded. The link will be available in October.

## Medications with cost tier changes

We make tier changes when we determine that a medication or supply offers more or less value, both clinically and financially, than alternatives in its therapeutic class. As a result, a member will either pay more or less for their medication or supply.

We expect to have additional tier changes not listed below that we're adding. You can refer to the [2023 Medication Lookup Tool](#) (click Rx Coverage). The link will be available in October.

Medication class	Medication name	New tier as of Jan 1, 2023 (applies to a 3-tier pharmacy benefit)	New tier as of Jan 1, 2023 (applies to a 4-tier pharmacy benefit)	New tier as of Jan 1, 2023 (applies to a 5-tier pharmacy benefit)	New tier as of Jan 1, 2023 (applies to a 6-tier pharmacy benefit)
These medications are moving to a lower tier, which means it may cost our members less.					
Antiobesity agents (injectable)	Contrave XR <sup>1</sup> Saxenda <sup>1</sup>	Tier 2	Tier 3	Tier 2	Tier 3
Multiple sclerosis treatment	Aubagio <sup>1</sup>	Tier 2	Tier 3	Tier 4	Tier 5
These medications were previously non-covered but will now be covered at their respective tiers.					
Antidiabetic – GLP1 receptor antagonists (injectable)	Ozempic <sup>1</sup> Victoza <sup>1</sup>	Tier 2	Tier 3	Tier 2	Tier 3
Antidiabetic – GLP1 receptor antagonist (oral)	Rybelsus <sup>1</sup>	Tier 2	Tier 3	Tier 2	Tier 3
Irritable bowel syndrome treatment (oral)	Xifaxan <sup>1</sup>	Tier 3	Tier 4	Tier 3	Tier 4
Multiple sclerosis treatment	Vumerity <sup>1</sup>	Tier 2	Tier 3	Tier 4	Tier 5

1. This medication also has prior authorization and/or step therapy requirements.

## Specialty medication updates

We are updating our [Specialty Medications](#) list on January 1, 2023 to include medications that are new to the market that we've designated as "specialty medications" on our formulary. These specialty medications must be filled by a retail specialty pharmacy in our network (*applies to members who use our standard Blue Cross formulary and Standard Control with Advanced Control Specialty Formulary*).

## Medication lists revisions

We have also reviewed the following medication lists and will be updating them as of January 1, 2023. Members using medications on these lists may need to switch to a new medication to help keep costs lower or switch the pharmacy they use for the lowest cost. We'll notify members when this is the case.

- Affordable Care Act (ACA) Covered Medication List
- Health Savings Account (HSA) Preventive Medication List
- Maintenance Medication List

## Standard Control with Advanced Control Specialty Formulary

With the transition to our new pharmacy benefit manager, members who previously used the the National Preferred Formulary that's managed by Express Scripts, Inc. will now have a new formulary. This formulary, called Standard Control with Advanced Control Specialty Formulary, provides coverage for thousands of medications, including specialty medications.

This formulary is used by self-insured accounts who choose to offer it to employees. CVS Caremark updates the formulary quarterly and will send letters to prescribers who may have patients experiencing changes.

## Standard Control with Advanced Control Specialty Formulary changes

For January 1, 2023, when members switch to this new formulary, they may experience a change and will be notified. These changes **may** include:

- Moving medications to non-covered or removing them from pharmacy benefit coverage, also called excluded
  - For some members, their diabetic test strips will become non-covered and we'll offer eligible members a new glucose meter at no additional cost.
- Switching the tier of the medication
- Adding medications to the covered list of medications (formulary) that previously were not covered
- Preferring certain medications
- Requiring quantity or dosage limits
- Requiring prior authorization and/or step therapy
- Reviewing diagnosis for auto-immune medications to check against FDA and other clinical guidelines

The Standard Control with Advanced Control Specialty Formulary can be accessed through [Provider Central](#) (click Rx Coverage) later in October.

## Medicare Advantage formulary changes

With approval from the Centers for Medicare & Medicaid Services (CMS), we are also making several changes to our Medicare Advantage formulary, effective January 1, 2023 due to our transition to CVS Caremark. Members and providers can access the Medicare Advantage formulary by visiting the Medicare Options page of our member website, [bluecrossma.com/medicare-options](https://bluecrossma.com/medicare-options).

Medicare Advantage formulary changes include:

- **Senior Savings Model.** All Preferred Brand tier insulin products will have a \$35 copay for 30-days' supply.
- **Moving medications to non-covered status.** Other preferred alternatives are now available on the formulary. Here are some that are commonly used:

Medication moving to non-covered	Covered formulary alternative
Humalog Kwikpen/Vial	Novolog Flexpen/Vial
Spiriva Respimat/Handihaler	Incruse Ellipta
Stiolto	Anoro Ellipta
Eszopiclone	Zolpidem
Methocarbamol	Cyclobenzaprine
Glyburide	Glipizide
Invokana	Farxiga, Jardiance

- **Non-formulary quantity limits.** Quantity limits will apply to certain non-formulary medications, effective January 1, 2023. Here are some commonly that are commonly used:

Non-formulary medication	Quantity limit
Invokana 100 mg tablets	60 tablets per 30 days
Invokana 300 mg tablets	30 tablets per 30 days
Steglatro 5 mg tablets	60 tablets per 30 days
Steglatro 15 mg tablets	30 tablets per 30 days
Tadalafil 20 mg (PAH) tablets	60 tablets per 30 days
Dimethyl fumarate DR capsules	60 capsules per 30 days
Zolpidem SL/ER tablets	30 tablets per 30 days
Eszopiclone tablets	30 tablets per 30 days
Ramelteon 8 mg tablets	30 tablets per 30 days
Cequa 0.09% Solution	60 vials per 30 days
Omeprazole-sodium bicarbonate capsules, packets	30 capsules, packets per 30 days
Acyclovir 5% cream	5 grams per 30 days

Non-formulary medication	Quantity limit
Acyclovir 5% ointment	30 grams per 30 days
Clobetasol 0.05% lotion, spray, shampoo	236 ml per 28 days
Lubiprostone 8 mcg capsules	180 capsules per 30 days
Lubiprostone 24 mcg capsules	60 capsules per 30 days

## Blue MedicareRx prescription drug plan formulary changes

With approval from CMS, we plan to change our Blue MedicareRx<sup>SM</sup> formulary, effective January 1, 2023. Blue MedicareRx prescription drug plans are stand-alone Medicare Part D prescription drug plans, available to Medicare beneficiaries living in Massachusetts. The formulary is administered by pharmacy benefit manager CVS Caremark. You can access the Blue MedicareRx formulary by visiting [rxmedicareplans.com/documents](https://rxmedicareplans.com/documents).

## Highlights of changes to the MedicareRx Value Plus formulary

Non-covered medications (medications with covered alternatives)	Tier changes (members will pay more for these medications)	Medications that require prior authorization
Azopt	Betamethasone Dipropionate Cream	Eprontia
Bystolic	Clobetasol Propionate	Ivermectin Tab
Clindamycin Phosphate	Felodipine ER	Rezurock
Dexlansoprazole	Diltiazem ER	
Famciclovir	Hydrocortisone	
Lumigan	Hydroxyzine HCL	
Moexipril	Olanzapine	
Toviaz	Tiadyt ER	

## Highlights of changes to the Blue MedicareRx Premier formulary

We're removing and adding medications to the formulary, changing the tier of specific medications, and moving several medications to non-covered status. Here are some highlights of these changes.

Non-covered medications (some medications have covered alternatives)	Tier changes (members will pay more for these medications)	Medications that require prior authorization
Cevimeline	Clobetasol Propionate	Eprontia
Dexlansoprazole	Divalproex Sodium ER	Ivermectin Tab
Febuxostat	Hydrocortisone	Rezurock
Mesalamine DR	Hydroxyzine	
Mometasone Furoate	Olanzapine	

Non-covered medications (some medications have covered alternatives)	Tier changes (members will pay more for these medications)	Medications that require prior authorization
Stelara	Pramipexole Dihydrochloride	
Toviaz	Solifenacin Succinate	
Travoprost	Trimethoprim	

## Federal Employee Program changes

As we get closer to January 1, we'll provide more information about any changes applicable to the Federal Employee Program members' medication benefits. **Fepblue.org** will also be updated.

## Medical policy updates

We are making the updates listed below to our pharmacy medical policies on January 1, 2023.

You can learn more about these policy changes on our [medical policy](#) website. Updated policies are available on the website starting on January 1, 2023.

### Policy update details

For this policy	Update
<i>Anti-Migraine Policy (021)</i>	<p>Because Qulipta and Vyepti are moving to <b>non-covered</b>, the policy will be updated to reflect the formulary change.</p> <ul style="list-style-type: none"> <li>Existing authorizations for these medications will continue through the time period approved. After that, prior authorization will apply.</li> </ul> <p>For members new to the following therapies, we are also revising the claim lookback period for step therapy:</p> <ul style="list-style-type: none"> <li>Aimovig, Ajovy, and Emgality.</li> </ul>
<i>Diabetes Step Therapy (041)</i>	<ul style="list-style-type: none"> <li>Bydureon, Bydureon BCise, Byetta, Kombiglyze XR, and Onglyza are moving to <b>non-covered</b> on the formulary. Because of this change, these medications will move to step 3 within the policy, instead of the current step 2. <ul style="list-style-type: none"> <li>Prior authorization is required for members currently taking these medications and those members new to therapy.</li> </ul> </li> <li>Updating Ozempic, Rybelsus, and Victoza from non-covered to <b>covered</b>. As a result, these medications will become <b>step 2</b> within the policy.</li> </ul>



For this policy	Update
<i>Immune Modulating Drugs (004)</i>	<p>For all medications in this policy, we're moving from an indication based prior authorization to non-indication based prior authorization and require the use of preferred agents before covering non-preferred agents.</p> <p>Updating Actemra, Actemra ACTPen, Cimzia, Ilumya, Kineret, Olumiant, Orencia, Orencia ClickJect, Siliq, Simponi to <b>non-covered</b>.</p> <ul style="list-style-type: none"> <li>• Prior authorization will be required for members newly prescribed these medications.</li> <li>• Existing approved authorizations will continue through the date initially approved and some members may experience an increase in cost.</li> </ul>
<i>Drug Management &amp; Retail Pharmacy Prior Authorization Policy (049)</i>	<p>Updating the policy. Xifaxan is moving from non-covered to <b>covered</b>. It requires prior authorization to check against FDA-labeled indications.</p> <p>Existing approved authorizations will continue through the date initially approved.</p>
<i>Multiple Sclerosis Step Therapy (839)</i>	<p>Adding prior authorization to the following medications to check against FDA recommendations for use: Aubagio, Gilenya, Mavenclad, Mayzent, Vumerity, and Zeposia.</p>

## New offerings and benefits

Starting January 1, 2023, we'll have new offerings or will be updating benefits for our commercial and Medicare Advantage members.

[Learn more here by clicking Benefits and Programs](#) links.

## Questions?

If you have any questions, please call Pharmacy Operations at **1-800-366-7778**. As always, thank you for the care you provide to our members.

Clinical changes to our standard formulary are made in consultation with our Pharmacy & Therapeutics (P&T) Committee, which is comprised of independently practicing physicians and pharmacists who are not employed by Blue Cross Blue Shield of Massachusetts.

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