

For brokers and producers only

Date: November 18, 2021

Market: **Commercial**

2022 Pharmacy Management Strategy

Together with CVS Caremark®, our pharmacy benefit manager, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) continuously monitor the marketplace and adjust our formularies to address rising drug cost trends. With these adjustments, drugs may move to a different tier or may no longer be covered. In addition, there may be changes to prescription guideline requirements, including prior authorization, step therapy and quantity limits.

All drug lists for the 2022 plan year are available on the Drug Search page at www.carefirst.com/rx (ACA Small Group/Consumer Direct and 51+ fully-insured) and www.carefirst.com/rxgroup (self-insured). Formulary impact information is available on page 2.

Overview of Key Pharmacy Management Updates

Benefit Changes:

The DC Insulin and Diabetes Device Affordability Amendment Act

- **Current:** There is a \$50 per month copay cap for insulin products.
- **Change 1/1/2022:** CareFirst will cap the insulin product copay at \$30 per month. Covered diabetic equipment will have a maximum copay of \$100 per month for fully insured DC plans and Affordable Care Act (ACA) plans in all jurisdictions. Self-insured groups in DC may opt into this benefit.
- **Why:** To comply with the DC mandate and proactively expand this enhanced benefit to all CareFirst jurisdictions.
- **Impact:** For 2022, non-preferred insulin will have a maximum copay of \$30 per month and covered diabetic equipment will have a maximum copay of \$100 per month based on the plan benefit.
- For more information, please refer to the [September 16 Broker News](#).

Formulary Changes:

Formulary Updates

- **2022 Key formularies change:** For 2022, approximately 20 drugs were removed from the formulary. A [summary of formulary changes](#) effective January 1, 2022, is available for your reference. One of the most impactful updates is the removal of Eliquis®. Eliquis® is the preferred product for Formulary 2 and Formulary 3 for 2021. For Formularies 2 and 3: Warfarin and Xarelto will be the preferred drugs in this class in 2022.
- **Why:** Savings initiative.
- **Clinical Rationale:** Eliquis® and Xarelto® are both direct oral anticoagulants (DOAC). The decision to remove Eliquis® was reviewed and approved by the CVS National Pharmacy and Therapeutic Committee which included a specialist in Cardiology. Clinical guidelines, (e.g., American College of Cardiology and American Heart Association) recommend DOACs over Warfarin. A specific agent is not listed as preferred. Xarelto is a once-a-day dosing versus Eliquis® is a twice a day dosing.

<ul style="list-style-type: none"> o Medical exception process is available for those members whose prescriber feels the member cannot take the preferred Xarelto. o If needed, a one-time one-month override may be placed by Customer Care and the pharmacy help desk while the medical exception request is reviewed • Impact:* The formulary changes effective January 1, 2022, are expected to save approximately \$132 per member. Most members (98%) will not be negatively affected by formulary exclusion and tier changes. 				
Formulary 1	Formulary 2	Formulary 3	Formulary 4	Exchange
	X	X		

* Impact and saving projections are based on CVS Caremark Book of Business. This may vary based on formulary and account's benefit design.

Tier 1 Strategy				
<ul style="list-style-type: none"> • Current: Budesonide ER tablet 9mg and Ivermectin 1% cream are covered on Formulary 2 and Formulary 3. • Change 1/1/2022: For Formularies 2 and 3, CareFirst will remove budesonide ER tablet 9mg and Ivermectin 1% cream as part of the Tier 1 strategy. The brand-name product, Uceris® (budesonide ER) and Soolantra® (Ivermectin 1% cream) will be covered at the generic copay. • Why: Savings initiative. • Impact: Members will be able to obtain the brand-name products, Uceris® and Soolantra® at the same cost share as the generic product. 				
Formulary 1	Formulary 2	Formulary 3	Formulary 4	Exchange
	X	X		

Summary of 2021 – 2022 Disruption by Formulary:

Formulary	Segment	2021 Drugs Covered*	2022 Drugs Covered*	2022 Negative Disruption (Member impact)^	2022 Negative Disruption (Rx impact)^
Formulary 1	Self-insured (ASO)	1,742 products covered	1,742 products covered	0.03%	0.00%
Formulary 2	Self-insured (ASO), Grandfathered risk	1,464 products covered	1,459 products covered	1.36%	0.49%
Formulary 3	51+ fully insured (Risk), Self-insured (ASO)	1,395 products covered	1,394 products covered	1.01%	0.42%
Formulary 4	51+ fully insured (Risk), Self-insured (ASO)	1,071 products covered	1,078 products covered	N/A - No Membership	N/A - No Membership
Exchange	Consumer Direct, 2-50 fully insured	1,312 products covered	1,332 products covered	1.60%	0.40%

* Drugs identified via GPI-10, which means the drug strength and route of administration were all rolled under one drug count; 2021 and 2022 drugs covered are based on 9/1/2021 data.

^ Percentage represents the formulary exclusion and tier changes and does not take into consideration the benefit structures.

Upcoming initiatives: Commercial and Exchange Accounts will be impacted

Balance on Hand – Target for First Quarter of 2022

- **Current:** Traditional Refill threshold logic reviews static number of days early per fill; however, it still leaves the door open for stockpiling.
- **Change:** Balance on hand (BOH) adjudication logic is a cost saving initiative that uses smart logic to limit prescription stockpiling. BOH prevents a prescription from being filled too soon, based on the actual days' supply a member has in their possession over a defined timeframe. If a claim is adjudicated and the calculated number of days' supply is greater than the allotted amount, a "refill too soon" rejection message will generate.
- **Why:** Medication stockpiling is the excessive and inappropriate accumulation of prescription or nonprescription medications for later use. Medication stockpiling is unsafe for members and causes unnecessary cost for members and payors. BOH will be implemented to help reduce medication stockpiling.
- **Impact*:** BOH is estimated to save approximately \$8.3 million across CareFirst's book of business. Approximately 32,000 members may be affected by "refill too soon" messages. However, the members will still be able to cumulatively access the total quantities of their prescription as written, with up to an excess balance of 25 days.

** Projected savings will vary based on an account's benefit design and drug utilization.*

For more information

If you have any questions, please contact your broker sales representative.