



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

Drug List Changes

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

- Balanced Drug List Exclusions
- Performance Select Drug List Exclusions
- Multi-Tier Basic and Multi-Tier Enhanced Revisions
- Multi-Tier Basic Annual and Multi-Tier Enhanced Annual Revisions

Drug Tier Changes

- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes
- Health Insurance Marketplace (HIM) Drug List Tier Changes
- Performance Annual Drug List Tier Changes

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

- Balanced Drug List Tier 1 to Tier 2 Changes
- Performance Drug List Tier 1 to Tier 2 Changes
- Performance Annual Drug List Tier 1 to Tier 2 Changes

Utilization Management Program Changes

Standard Program Additions – Effective Jan. 1, 2024

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

New Standard Programs

Dispensing Limit Changes

Other Dispensing Limit Changes

Change in Benefit Coverage for Select High-Cost Products

Pharmacy Benefits Updates

HDHP-HSA Preventive Drug Program Updates

Symbicort and Spiriva Positive Tier Changes

Increase in Mail-Order Multiplier

Reminder: MedsYourWay® 2024 Launch

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 TX (BCBSTX) 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 the [Prior Authorization/Step Therapy Programs](#) section of our provider website. There, you can find forms and more information.
- If you have patients with an individual benefit plan offered on/off the BCBSTX Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view these changes on the [BCBSTX member website](#).
- 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 BCBSTX 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 Texas (BCBSTX) 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 ¹	Drug Class/Condition	Alternatives ^{1, 2}
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.

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

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

³Coverage 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 ¹	Drug Class/Condition	Alternatives ^{1, 2}
EDARBI (azilsartan medoxomil tab 40 mg, 80 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telimisartan, valsartan
EDARBYCLOR (azilsartan medoxomil-chlorthalidone tab 40-12.5 mg, 40-25 mg)	Hypertension	candesartan, irbesartan, losartan, olmesartan, telimisartan, 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.
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 ^{1, 2}
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.

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

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

³Coverage 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 Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
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	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
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

Performance Select Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}
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

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

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

³Coverage 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 ¹	Drug Class/Condition	Alternatives ^{1, 2}
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.
VICTOZA (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY

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

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

³Coverage 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 Annual Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
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.
ALPRAZOLAM INTENSOL (alprazolam conc 1 mg/ml)	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution
alprazolam orally disintegrating tab 0.25 mg, 1 mg, 2 mg	Anxiety	alprazolam tablet, diazepam oral solution, diazepam concentrate oral solution, lorazepam concentrate oral solution
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.
ATROPINE SULFATE (atropine sulfate ophth soln 1%)	Amyopia/Cycloplegia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
calcitriol oral soln 1 mcg/ml	Hypocalcemia associated with hypoparathyroidism/Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
CARDIZEM LA (diltiazem hcl tab er 24 hr 120 mg)	Angina, Hypertension, Atrial Fibrillation/Flutter	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 Seizures, refractory	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10000 unit)	Ovulation induction, Cryptorchidism, Hypogonadism	OVIDREL, PREGNYL
colesevelam hcl packet for susp 3.75 gm	Hypercholesterolemia	colesevelam tablet
DALIRESP (roflumilast tab 250 mcg, 500 mcg)	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.

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

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

³Coverage 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 Annual Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
dantrolene sodium cap 25 mg, 50 mg, 100 mg	Muscle spasms	baclofen tablet
DELESTROGEN (estradiol valerate im in oil 10 mg/ml)	Vasomotor Symptoms/Vulvar and Vaginal Atrophy/Hypoestrogenism/Prostate Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
diltiazem hcl coated beads tab er 24 hr 420 mg	Angina, Hypertension	diltiazem hcl coated beads capsule 24 hr
diltiazem hcl tab er 24 hr 420 mg	Angina, Hypertension	diltiazem sr 420 mg capsule
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm (0.1%), 0.5 mg/0.5 gm (0.1%), 0.75 mg/0.5 gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25 gm (-.1%))	Menopausal vasomotor symptoms	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
doxercalciferol cap 0.5 mcg, 1 mcg, 2.5 mcg	Secondary Hyperparathyroidism	calcitriol capsule
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Benign Prostatic Hyperplasia (BPH)	dutasteride, tamsulosin
ESBRIET (pirfenidone cap 267 mg)	Idiopathic Pulmonary Fibrosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg (base equivalent))	Cancer	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
GILENYA (fingolimod hcl cap 0.5 mg (base equivalent))	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

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

³Coverage 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 Annual Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
HETLIOZ (tasimelteon capsule 20 mg)	Sleep Disorders	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
IRESSA (gefitinib tab 250 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
isradipine cap 2.5 mg, 5 mg	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
LAMICTAL ODT (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.
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.
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar Major Depression/Schizophrenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIRVASO (brimonidine tartrate gel 0.33% (base equivalent))	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nicardipine hcl cap 20 mg, 30 mg	Hypertension/Angina	amlodipine besylate tablet, nifedipine tablet er 24 hr
NISOLDIPINE ER (nisoldipine tab sr 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg)	Hypertension	amlodipine besylate tablet, nifedipine tablet er 24 hr
NITROMIST (nitroglycerin lingual aerosol 400 mcg/spray)	Angina	nitroglycerin lingual 400 mcg/spray
NOVAREL (chorionic gonadotropin for im inj 5000 unit, 10000 unit)	Ovulation induction, Cryptorchidism, Hypogonadism	OVIDREL, PREGNYL
NOXAFIL (posaconazole susp 40 mcg/ml)	Fungal Infections	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)	Type 1 Hereditary Tyrosinemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)	Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

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

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

Performance Annual Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	Secondary Hyperparathyroidism in Chronic Kidney Disease	calcitriol capsule
PRADAXA (dabigatran etexilate mesylate cap 150 mg (etexilate base eq))	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PA Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Prenatal vitamins	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
sapropterin dihydrochloride (Javygtor) powder packet 100 mg, 500 mg	Phenylketonuria	sapropterin dihydrochloride powder packet
sapropterin dihydrochloride (Javygtor) tab 100 mg	Phenylketonuria	sapropterin dihydrochloride tablet
SUMATRIPTAN SUCCINATE REFILL (sumatriptan succinate solution cartridge 4 mg/0.5 ml, 6 mg/0.5 ml)	Migraine	sumatriptan succinate solution auto injector
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/17 ml)	Bowel prep	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.
TAZORAC (tazarotene gel 0.5%, 1%)	Plaque Psoriasis, Acne Vulgaris	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-12.5 mg, 80-25 mg	Hypertension	losartan-hydrochlorothiazide tablet, telmisartan tablet, hydrochlorothiazide tablet
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg)	Hypertension	amlodipine-benazepril capsule
TRIMETHOPRIM (trimethoprim tab 100 mg)	Bacterial Infections	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

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

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.



Performance Annual Drug List Exclusions

Drug	Drug Class/Condition	Alternatives ^{1, 2}
TROKENDI XR (topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg)	Epilepsy, Migraine	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
UCERIS (budesonide rectal foam 2 mg/act)	Inflammatory Bowel Disease	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VERAPAMIL HCL ER (verapamil hcl cap er 24 hr 100 mg, 300 mg, 360 mg)	Arrhythmia/Hypertension/Angina	verapamil hcl capsule er 24 hr
VERAPAMIL HYDROCHLORIDE ER (verapamil hcl cap er 24 hr 100 mg)	Arrhythmia/Hypertension/Angina	verapamil er 120 mg cap, verapamil er 120 mg tab
VERAPAMIL HYDROCHLORIDE ER (verapamil hcl cap er 24 hr 200 mg)	Arrhythmia/Hypertension/Angina	verapamil hcl capsule er 24 hr
VERELAN PM (verapamil hcl cap er 24 hr 100 mg, 200 mg, 300 mg)	Arrhythmia/Hypertension/Angina	verapamil hcl capsule er 24 hr
VICTOZA (liraglutide soln pen-injector 18 mg/3 ml (6 mg/ml))	Diabetes	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
XYREM (sodium oxybate oral solution 500 mg/ml)	Cataplexy	sodium oxybate oral solution 500 mg/ml, Xywav (calcium, mag, potassium & sod oxybates oral soln 500 mg/ml)

Health Insurance Marketplace (HIM) Drug List Exclusions

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}
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

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

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

³Coverage 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.

Health Insurance Marketplace (HIM) Drug List Exclusions

Drug¹	Drug Class/Condition	Alternatives^{1, 2}
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.

Basic and Enhanced Revisions

Drug¹	Drug Class/Condition	Preferred Alternatives^{1, 2}
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

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

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

³Coverage 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 ¹	Drug Class/Condition	Preferred Alternatives ^{1, 2}
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

Basic Annual and Enhanced Annual Revisions

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	Multiple Sclerosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIVIGEL (estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25 gm (0.1%))	Vasomotor symptoms due to menopause	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GILENYA (fingolimod hcl cap 0.5 mg (base equiv))	Multiple Sclerosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	Bipolar major depression, schizophrenia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NOXAFIL (posaconazole susp 40 mg/ml)	Oropharyngeal candidiasis, prophylaxis of invasive Aspergillus and Candida infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

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

³Coverage 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 Annual and Enhanced Annual Revisions

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	Bowel Prep	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)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TAZORAC (tazarotene gel 0.05%, 0.1%)	Plaque Psoriasis, Acne Vulgaris	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Multi-Tier Basic and Multi-Tier Enhanced Revisions

Drug ¹	Drug Class/Condition	Preferred Alternatives ^{1, 2}
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/afl) 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 ¹	Drug Class/Condition	Preferred Alternatives ^{1, 2}
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/afl) 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.

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

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

³Coverage 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.

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.

Balanced Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	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 ¹	Drug Class/Condition	Alternatives ^{1, 2}	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 Select Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	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

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

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

³Coverage 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 ¹	Drug Class/Condition	Alternatives ^{1, 2}	New Tier
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 ¹	Drug Class/Condition	Alternatives ^{1, 2}	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

Performance Annual Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	New Tier
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Pain	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Non-Preferred Brand
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	Asthma	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Non-Preferred Brand
AMILORIDE/HYDROCHLOROTHIAZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	Hypertension	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Non-Preferred Brand

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

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

³Coverage 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 Annual Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	New Tier
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	Glaucoma, Post surgical ocular hypertension	brimonidine tartrate ophth soln 0.2%	Non-Preferred Brand
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	Glaucoma	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Non-Preferred Brand
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Keratitis, conjunctivitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	HIV	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Ear infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	Angina	isosorbide mononitrate er tablet, isosorbide dinitrate tablet	Non-Preferred Brand
LEVOFLOXACIN (levofloxacin ophth soln 0.5%)	Bacterial Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
LEVOFLOXACIN (levofloxacin oral soln 25 mg/ml)	Bacterial Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Ocular Inflammation/Pain	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Cancer	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
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
NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand

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

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

³Coverage 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 Annual Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	New Tier
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
NP THYROID 60 (thyroid tab 60 mg (1 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
NP THYROID 90 (thyroid tab 90 mg (1 1/2 grain))	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
NP THYROID 120 (thyroid tab 120 mg (2 grain))	Hypothyroidism	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
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg)	Hypertension	perindopril erbumine tab 4 mg	Non-Preferred Brand
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg)	Depression	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
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	Inflammatory Conditions	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Non-Preferred Brand
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml)	Upper Respiratory Symptoms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codine syrup 0.25-5-10 mg/5 ml)	Cough, Upper Respiratory Symptoms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg)	Hypertension	lisinopril/hydrochlorothiazide tablets, quinapril tablets, hydrochlorothiazide tablets	Non-Preferred Brand
RIBAVIRIN (ribavirin tab 200 mg)	Hepatitis C	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Non-Preferred Brand

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

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

³Coverage 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 Annual Drug List Tier Changes

Drug ¹	Drug Class/Condition	Alternatives ^{1, 2}	New Tier
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
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025 mg-mg)	Contraception	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.

Balanced Drug List Tier 1 to Tier 2 Changes

Drug ¹	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 ¹	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 Annual Drug List Tier 1 to Tier 2 Changes

Drug ¹	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

Texas Fully-Insured members will not have any of these generic drug revisions applied to their pharmacy benefits until their 2024 plan renewal date.

Utilization Management Program Changes

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

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

³Coverage 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 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 upon renewal for non-ASO groups. 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.

Note: For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group's 2024 renewal date, unless otherwise noted.

Please Note: the 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 bcbstx.com.

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

Standard Program	Medication(s) ¹ Added
Atypical Antipsychotics STQL	Rexulti (brexipiprazole) tablet

Basic, Basic Annual, Enhanced, Enhanced Annual

Standard Program	Medication(s) ¹ 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)

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

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

³Coverage 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.

New Standard Programs

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

Basic, Enhanced, Basic Annual, Enhanced Annual,
Balanced, Performance, Performance Annual, Performance Select, HIM Annual, HIM Quarterly, Jade, Topaz

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, Basic Annual, Enhanced Annual,
Performance, Performance Annual, HIM Annual, HIM Quarterly, Jade, Topaz

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 [bcbstx.com](#) and log in to Blue Access for MembersSM (BAMSM) or [MyPrime.com](#) for more online resources.

Dispensing Limit Changes

BCBSTX'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.

BCBSTX 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 on [bcbstx.com](#) and listed on the charts below. All changes are effective Jan. 1, 2024.

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

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

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

³Coverage 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.

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 BCBSTX members who have prescription-drug benefits administered by Prime Therapeutics¹. 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 ^{1*}	Condition	Covered Alternative(s) ^{1, 2}
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

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

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

³Coverage 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.

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.

Some preventive medications have been removed from the 2024 HDHP preventive lists and will affect members' out-of-pocket expense. Member costs (copay or coinsurance) may vary based on plan benefits and/or group selection.

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>Standard 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>Extended Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & 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, (asthma/COPD), Tobacco Cessation, Vaccines

Small Group (SG) Plans

State/Market Segment	Effective Date	2024 Changes	Categories
QHP/Metallic SG Blue Advantage Gold HMO 103 Blue Advantage Gold HMO 103-in vitro Blue Advantage Silver HMO 101 Blue Advantage Silver HMO 101-in vitro Blue Choice Gold PPO 103 Blue Choice Gold PPO 103-in vitro Blue Choice Silver PPO 101 Blue Choice Silver PPO 101-in vitro	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, BCBSTX 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.

- Symbicort was 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 and remain until multiple generics are available. This approach will not be adopted with annually updated drug lists. **(Effective Oct. 15)**

- Spiriva HandiHaler was added to the non-preferred generic tier on all drug lists. The available generic – tiotropium bromide inhalation – will no longer be covered. **(Effective Oct. 15)**

[†]Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. [MyPrime.com](https://www.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.