

Pharmacy Program Quarterly Update

Changes Effective Oct. 1, 2025 – Part 1

Aug. 5, 2025

Contents

Drug List Changes

Drug List Exclusions and Revisions

- Balanced Drug List Exclusions
- Performance and Performance Annual Drug List Exclusions
- Performance Select Drug List Exclusions
- Basic, Basic Multi-Tiered, Enhanced and Enhanced Multi-Tiered Drug Lists Removals

Drug Tier Changes

- Balanced Drug List Tier Changes
- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes

Utilization Management Program Changes

Standard Prior Authorization Program Changes

- Balanced Drug List
- Performance and Performance Select Drug List
- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier, Enhanced Multi-Tier Annual Drug Lists

New Standard Utilization Management Programs

Dispensing Limit Changes

- Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier Drug Lists
- Balanced Drug List
- Performance Drug List
- Performance Annual Drug Lists
- Performance Select Drug List

Change in Benefit Coverage for Select High-Cost Products

Pharmacy Benefits Updates

- CivicaScript Launches Affordable Generic for MS
- Reminder: Updated Specialty-Drug Packaging and Cost Share

Reminder: Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. The part 2 article includes updates that do not require member notification. These changes will be published closer to the Oct. 1, 2025, effective date.

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 drug lists for [Blue Cross and Blue Shield of Texas](#), effective on or after Oct. 1, 2025.

The October Quarterly Pharmacy Changes Part 2 article with recent coverage additions will be published closer to the Oct. 1 effective date.

Please note: The drug list changes below do not apply to members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. Those revisions and/or exclusions will apply on or after Jan. 1, 2026.

Please note: The drug list changes listed below apply only to TX ASO members who have moved to quarterly updates.

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG	ALTERNATIVE	CONDITION
APTOM tab (eslicarbazepine acetate 200 mg, 400 mg, 600 mg, 800 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRILINTA (ticagrelor 60 mg, 90 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cardiovascular risk reduction
NAMZARIC (memantine hcl-donepezil hcl er 24 hr 21-10 mg cap)	donepezil tablet, memantine tablet	Alzheimer's Disease
ONETOUCH ULTRA (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH ULTRA BLUE TEST STRIP (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes

BALANCED DRUG LIST EXCLUSIONS		
DRUG	ALTERNATIVE	CONDITION
ONETOUCH ULTRA CONTROL (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration liquid - high)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
PURIXAN (mercaptopurine 2000 mg/100 mL susp (20 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
QSYMIA (phentermine hcl-topiramate er 24 hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg cap)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Obesity
SOOLANTRA (ivermectin cream 1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Rosacea

BALANCED DRUG LIST EXCLUSIONS		
DRUG	ALTERNATIVE	CONDITION
TARPEYO (budesonide 4 mg delayed release cap)	budesonide DR capsule 3 mg	Primary immunoglobulin A nephropathy

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
APTOM (eslicarbazepine acetate 200 mg, 400 mg, 600 mg, 800 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRILINTA (ticagrelor 60 mg, 90 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cardiovascular risk reduction
ONETOUCH ULTRA (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH ULTRA BLUE TEST STRIP (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH ULTRA CONTROL (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
PURIXAN (mercaptopurine 2000 mg/100 mL susp (20 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
QSYMIA (phentermine hcl-topiramate er 24 hr 3.75--23 mg, 7.5-46 mg, 11.25--69 mg, 15--92 mg cap)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Obesity
SOOLANTRA (ivermectin 1% cream)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Rosacea

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
APTOM (eslicarbazepine acetate 200 mg, 400 mg, 600 mg, 800 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRILINTA (ticagrelor 60 mg, 90 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cardiovascular risk reduction
ONETOUCH ULTRA (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
ONETOUGH ULTRA BLUE TEST STRIP (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUGH ULTRA CONTROL (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUGH ULTRA CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUGH ULTRA TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUGH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUGH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration liquid)	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid	Diabetes
ONETOUGH VERIO TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
PURIXAN (mercaptopurine 2000 mg/100ml susp (20 mg/ml))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
QSYMIA (phentermine hcl-topiramate er 24 hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg cap)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Obesity

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
SOOLANTRA (ivermectin 1% cream)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Rosacea

BASIC, BASIC MULTI-TIERED, ENHANCED AND ENHANCED MULTI-TIERED DRUG LISTS REMOVALS		
DRUG ¹	ALTERNATIVE	CONDITION
BRILINTA (ticagrelor 60 mg, 90 mg tab)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cardiovascular risk reduction
ONETOUCH ULTRA (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH ULTRA BLUE TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Contour, Freestyle, Precision (A free blood glucose meter is available for the preferred brands. Members can visit bcbstx.com/prescription-drugs/benefits for more information.)	Diabetes
PURIXAN (mercaptopurine 2000 mg/100 mL susp (20 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SOOLANTRA (ivermectin 1% cream)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Rosacea

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after Oct. 1, 2025.

BALANCED DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE ^{1, 2}	CONDITION	NEW TIER
BACLOFEN (baclofen 5 mg/5 mL oral soln)	baclofen tablet 10 mg, baclofen tablet 20 mg	Spasticity	Non-Preferred Brand
CEFPODOXIME PROXETIL (cefprozime proxetil 50 mg/5 mL, 100 mg/5 mL for susp)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
CHENODAL (chenodiol 250 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gallstones	Preferred Brand
CYCLOSERINE (cycloserine 250 mg cap)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
DESMOPRESSIN ACETATE (desmopressin acetate soln 0.01% nasal spray)	desmopressin acetate nasal spray soln 0.01% (refrigerated)	Central diabetes insipidus	Non-Preferred Brand
DOXERCALCIFEROL (doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg cap)	calcitriol capsule	Secondary Hyperparathyroidism	Non-Preferred Brand
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM (drospirenone-ethinyl estrad-levomefolate 3-0.03-0.451 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Contraception	Non-Preferred Brand
E.E.S. 400 (erythromycin ethylsuccinate 400 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
FENOPROFEN CALCIUM (fenoprofen calcium 600 mg tab)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Pain/Inflammation	Non-Preferred Brand

BALANCED DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE ^{1, 2}	CONDITION	NEW TIER
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate 24 hr deter 120 mg er tab)	oxycodone hydrochloride tablet, oxymorphone hydrochloride tablet, Xtampza ER	Pain	Non- Preferred Brand
HYDROCORTISONE (hydrocortisone 1% perianal cream)	budesonide 2 mg/act rectal foam, hydrocortisone 2.5% perianal cream	Pruritus, Dermatoses	Non- Preferred Brand
MINOCYCLINE HYDROCHLORIDE ER (minocycline hcl 24hr 45 mg, 90 mg, 135 mg er tab)	minocycline capsule	Acne	Non- Preferred Brand
NORGESIC (orphenadrine w/ aspirin & caffeine tab 25-385-30 mg)	baclofen 10 mg tablet, baclofen 20 mg tablet, orphenadrine ER tablet, tizanidine tablet	Contraception	Non- Preferred Brand
ORPHENADRINE/ASPIRIN/CAFFEINE (orphenadrine w/ aspirin & caffeine 25-385-30 mg tab)	baclofen tablet 10 mg, baclofen tablet 20 mg, orphenadrine tablet ER, tizanidine tablet	Pain	Non- Preferred Brand
ORPHENGESIC FORTE (orphenadrine with aspirin & caffeine 50-770-60 mg tab)	baclofen 10 mg tablet, baclofen 20 mg tablet, orphenadrine ER tablet, tizanidine tablet	Pain	Non- Preferred Brand
PROCTOCORT (hydrocortisone 1% perianal cream)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non- Preferred Brand
PROPRANOLOL HYDROCHLORIDE (propranolol hcl 20 mg/5 mL oral soln)	propranolol hydrochloride capsules, propranolol hydrochloride tablets	Hypertension	Non- Preferred Brand
TRIAMCINOLONE ACETONIDE (triamcinolone acetonide 0.147 mg/gm aerosol soln)	mometasone furoate solution 0.1% (lotion), triamcinolone acetonide cream 0.1%, triamcinolone acetonide ointment 0.1%	Skin conditions	Non- Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
CEFPODOXIME PROXETIL (cefepodoxime proxetil 50 mg/5 mL 100 mg/5 mL for susp)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
CHENODAL (chenodiol 250 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gallstones	Preferred Brand
CYCLOSERINE (cycloserine 250 mg cap)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
DESMOPRESSIN ACETATE (desmopressin acetate soln 0.01% nasal spray)	desmopressin acetate nasal spray soln 0.01% (refrigerated)	central diabetes insipidus	Non-Preferred Brand
DROSPIRENONE/ ETHINYL ESTRADIOL/ LEVOMEFOLATE CALCIUM (drospirenone-ethinyl estradiol-levomefolate 3-0.03-0.451 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Contraception	Non-Preferred Brand
E.E.S. 400 (erythromycin ethylsuccinate 400 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
HYDROCORTISONE (hydrocortisone 1% perianal cream)	budesonide rectal foam 2 mg/act, hydrocortisone perianal cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
PROCTOCORT (hydrocortisone 1% perianal cream)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
PROPRANOLOL HYDROCHLORIDE (propranolol hcl 20 mg/5 mL oral soln)	propranolol hydrochloride capsules, propranolol hydrochloride tablets	Hypertension	Non-Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
CEFPODOXIME PROXETIL (cefepodoxime proxetil 50 mg/5 mL, 100 mg/5 mL for susp)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
CHENODAL (chenodiol 250 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gallstones	Preferred Brand
CYCLOSERINE (cycloserine 250 mg cap)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand
DESMOPRESSIN ACETATE (desmopressin acetate 0.01% nasal spray soln)	desmopressin acetate nasal spray soln 0.01% (refrigerated)	Central diabetes insipidus	Non-Preferred Brand
DROSPIRENONE/ ETHINYL ESTR ADIOL/ LEVOMEFOLATE CALCIUM (drospirenone-ethinyl estradiol-levomefolate 3-0.03-0.451 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Contraception	Non-Preferred Brand
E.E.S. 400 (erythromycin ethylsuccinate 400 mg tab)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
HYDROCORTISONE (hydrocortisone 1% perianal cream)	budesonide rectal foam 2 mg/act, hydrocortisone perianal cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
PROCTOCORT (hydrocortisone 1% perianal cream)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
PROPRANOLOL HYDROCHLORIDE (propranolol hcl 20 mg/5 mL oral soln)	propranolol hydrochloride capsules, propranolol hydrochloride tablets	Hypertension	Non-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.

Standard Prior Authorization Program Changes

Changes to drug categories and/or medications will be made 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.

Note: For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group's 2025 renewal date, unless otherwise noted.

Remember: 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](https://www.bcbstx.com).

Members received letters regarding the program changes listed below. All changes are effective Oct. 1, 2025.

BALANCED DRUG LIST		
PROGRAM NAME	TARGET AGENTS	PROGRAM TYPE
Ctexli PAQL	Ctexli tab	Specialty Prior Authorization
Therapeutic Alternatives PAQL	Crotan lotion	Prior Authorization
Xdemvy PAQL	Xdemvy ophth soln	Prior Authorization

PERFORMANCE AND PERFORMANCE SELECT DRUG LIST		
PROGRAM NAME	TARGET AGENTS	PROGRAM TYPE
Ctexli PAQL	Ctexli tab	Specialty Prior Authorization

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS		
PROGRAM NAME	TARGET AGENTS	PROGRAM TYPE
Ctexli PAQL	Ctexli tab	Specialty Prior Authorization
Therapeutic Alternatives PAQL	Crotan Lotion	Prior Authorization
Xdemvy PAQL	Xdemvy ophth soln	Prior Authorization
Glucose Test Strip STQL	All non-Preferred (i.e., LifeScan)	Step Therapy

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS

PROGRAM NAME	TARGET AGENTS	PROGRAM TYPE
Phosphate Binder STQL	Auryxia	Step Therapy

New Standard Utilization Management Programs

The following are new programs or a new drug that does not have drug utilization. Members were not lettered on the programs listed.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Efgartigimod PAQL	Specialty Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM, Balanced, Performance, Performance Annual, Performance Select	10/1/2025
Qfitlia PAQL	Specialty Prior Authorization, Dispensing Limits	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM, Balanced, Performance, Performance Annual, Performance Select	10/1/2025

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Vanrafia PAQL	Specialty Prior Authorization, Dispensing Limits	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM, Balanced, Performance, Performance Annual, Performance Select	10/1/2025
Vykat XR PAQL	Specialty Prior Authorization, Dispensing Limits	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM/HIE, Balanced, Performance, Performance Annual, Performance Select	10/1/2025
Zelsuvmi PAQL	Prior Authorization, Dispensing Limits	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM/HIE, Balanced, Performance, Performance Annual, Performance Select	10/1/2025

Dispensing Limit Changes

The prescription-drug benefit program [BCBSTX](#) includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling.

[BCBSTX](#) may send 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.

Please note: The dispensing limits listed below only apply to select members whose plan has a quarterly updated prescription drug list. [Members](#) on an annually updated prescription drug list will have these dispensing limits applied on or after Oct. 1, 2025. For members on the 2024 or 2025 Health Insurance Marketplace Drug Lists, these dispensing limits may be applied on or after Oct. 1, 2025.

Dispensing Limit changes are listed below with their effective date.

View the most up-to-date [drug lists](#) and [dispensing limits](#) on bcbstx.com.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Abrilada (adalimumab-afzb) 40 mg/0.8 mL 2 pen kit	Biologic Immunomodulators PAQL	2 pens per 28 days	10/1/2025
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 agent and one strength per 28 days	10/1/2025
Crotan Lotion	Therapeutic Alternatives PAQL	454 grams per 30 days	10/1/2025
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	10/1/2025
Dexilant (dexlansoprazole) cap dr 60 mg	Proton Pump Inhibitors STQL	30 caps per 30 days	10/1/2025
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
Inzirqo (HCTZ) 10 mg/mL suspension	Alternative Dosage Form PAQL	160 mLs per 30 days	10/1/2025
Journavx (suzetrigine) 50 mg tab	Journavx QL	29 tabs per 90 days	10/1/2025
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	10/1/2025
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln 20 mg/0.2 mL	Qfitlia PAQL	1 vial per 28 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln auto-inj 50 mg/0.5 mL	Qfitlia PAQL	1 pen per 28 days	10/1/2025

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 agent and one strength per 28 days	10/1/2025
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	10/1/2025
Tryngolza (olazarsen sod) subcut soln auto inject 80 mg/0.8 mL	Tryngolza PAQL	1 injection device per 28 days	8/1/2025
Vanrafia (atrasentan hcl) 0.75 mg tab	Vanrafia PAQL	30 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 25 mg tab	Vykat XR PAQL	120 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 75 mg tab	Vykat XR PAQL	210 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 150 mg tab	Vykat XR PAQL	90 tabs per 30 days	10/1/2025
Vyvgart Hytrulo (efgartigimod alfahyalur-qvfc) pref syr 1000-10000 mg unit/5 mL	Efgartigimod PAQL	4 syringes per 28 days	10/1/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	10/1/2025
Zelsuvmi (berdazimer sodium) gel 10.3%	Zelsuvmi PAQL	2 kits per 84 days	10/1/2025

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Abrilada (adalimumab-afzb) 40 mg/0.8 mL 2 pen kit	Biologic Immunomodulators PAQL	2 pens per 28 days	10/1/2025
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 agent and one strength per 28 days	10/1/2025
Crotan Lotion	Therapeutic Alternatives PAQL	454 grams per 30 days	10/1/2025
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	10/1/2025

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Dexilant (dexlansoprazole) dr cap 60 mg	Proton Pump Inhibitors STQL	30 caps per 30 days	10/1/2025
Elepsia (levetiracetam) XR 1000 mg tab	Therapeutic Alternatives PAQL	90 tabs per 30 days	10/1/2025
Elepsia (levetiracetam) XR 1500 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	10/1/2025
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
Inzirqo (HCTZ) 10 mg/mL suspension	Alternative Dosage Form PAQL	160 mLs per 30 days	10/1/2025
Journavx (suzetrigine) 50 mg tab	Journavx QL	29 tabs per 90 days	10/1/2025
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	10/1/2025
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln 20 mg/0.2 mL	Qfitlia PAQL	1 vial per 28 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln auto-inj 50 mg/0.5 mL	Qfitlia PAQL	1 pen per 28 days	10/1/2025
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 agent and one strength per 28 days	10/1/2025
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	10/1/2025
Tryngolza (olazarsen sod) subcut soln auto inject 80 mg/0.8 mL	Tryngolza PAQL	1 injection device per 28 days	8/1/2025
Vanrafia (atrasentan hcl) 0.75 mg tab	Vanrafia PAQL	30 tabs per 30 days	10/1/2025

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Vykat XR (diazoxide choline er) 25 mg tab	Vykat XR PAQL	120 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 75 mg tab	Vykat XR PAQL	210 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 150 mg tab	Vykat XR PAQL	90 tabs per 30 days	10/1/2025
Vyvgart Hytrulo (efgartigimod alfhylur-qvfc) pref syr 1000-10000 mg unit/ 5 mL	Efgartigimod PAQL	4 syringes per 28 days	10/1/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	10/1/2025
Zelsuvmi (berdazimer sodium) gel 10.3%	Zelsuvmi PAQL	2 kits per 84 days	10/1/2025

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Abrilada (adalimumab-afzb) 40 mg/0.8 mL 2 pen kit	Biologic Immunomodulators PAQL	2 pens per 28 days	10/1/2025
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 agent and one strength per 28 days	10/1/2025
Crotan Lotion	Therapeutic Alternatives PAQL	454 grams per 30 days	10/1/2025
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	10/1/2025
Dexilant (dexlansoprazole) DR cap 60 mg	Proton Pump Inhibitors STQL (CS Reg)	30 caps per 30 days	10/1/2025
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
Inzirqo (HCTZ) 10 mg/mL suspension	Alternative Dosage Form PAQL	160 mLs per 30 days	10/1/2025

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Journavx (suzetrigine) 50 mg tab	Journavx QL	29 tabs per 90 days	10/1/2025
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	10/1/2025
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln 20 mg/0.2 mL	Qfitlia PAQL	1 vial per 28 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln auto-inj 50 mg/0.5 mL	Qfitlia PAQL	1 pen per 28 days	10/1/2025
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 agent and one strength per 28 days	10/1/2025
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	10/1/2025
Tryngolza (olazarsen sod) subcut soln auto inject 80 mg/0.8 mL	Tryngolza PAQL	1 injection device per 28 days	8/1/2025
Vanrafia (atrasentan hcl) 0.75 mg tab	Vanrafia PAQL	30 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 25 mg tab	Vykat XR PAQL	120 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 75 mg tab	Vykat XR PAQL	210 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 150 mg tab	Vykat XR PAQL	90 tabs per 30 days	10/1/2025
Vyvgart Hytrulo (efgartigimod alfhylur-qvfc) pref syr 1000-10000 mg unit/ 5 mL	Efgartigimod PAQL	4 syringes per 28 days	10/1/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	10/1/2025
Zelsuvmi (berdazimer sodium) gel 10.3%	Zelsuvmi PAQL	2 kits per 84 days	10/1/2025

PERFORMANCE ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Abrilada (adalimumab-afzb) 40 mg/0.8 mL 2 pen kit	Biologic Immunomodulators PAQL	2 pens per 28 days	10/1/2025
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	10/1/2025
Inzirco (HCTZ) 10 mg/mL suspension	Alternative Dosage Form PAQL	160 mLs per 30 days	10/1/2025
Journavx (suzetrigine) 50 mg tab	Journavx QL	29 tabs per 90 days	10/1/2025
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln 20 mg/0.2 mL	Qfitlia PAQL	1 vial per 28 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln auto-inj 50 mg/0.5 mL	Qfitlia PAQL	1 pen per 28 days	10/1/2025
Tryngolza (olazarsen sod) subcut soln auto inject 80 mg/0.8 mL	Tryngolza PAQL	1 injection device per 28 days	8/1/2025
Vanrafia (atrasentan hcl) 0.75 mg tab	Vanrafia PAQL	30 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 25 mg tab	Vykat XR PAQL	120 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 75 mg tab	Vykat XR PAQL	210 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 150 mg tab	Vykat XR PAQL	90 tabs per 30 days	10/1/2025
Vyvgart Hytrulo (efgartigimod alfhylur- qvfc) pref syr 1000-10000 mg unit/ 5 mL	Efgartigimod PAQL	4 syringes per 28 days	10/1/2025
Zelsuvmi (berdazimer sodium) gel 10.3%	Zelsuvmi PAQL	2 kits per 84 days	10/1/2025

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Abrilada (adalimumab-afzb) 40 mg/ 0.8 mL 2 pen kit	Biologic Immunomodulators PAQL	2 pens per 28 days	10/1/2025
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 agent and one strength per 28 days	10/1/2025
Crotan Lotion	Therapeutic Alternatives PAQL	454 grams per 30 days	10/1/2025

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	10/1/2025
Dexilant (dexlansoprazole) DR 60 mg cap	Proton Pump Inhibitors STQL	30 caps per 30 days	10/1/2025
Elepsia (levetiracetam) XR 1000 mg tab	Therapeutic Alternatives PAQL	90 tabs per 30 days	10/1/2025
Elepsia (levetiracetam) XR 1500 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	10/1/2025
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	10/1/2025
Inzirco (HCTZ) 10 mg/ mL suspension	Alternative Dosage Form PAQL	160 mLs per 30 days	10/1/2025
Journavx (suzetrigine) 50 mg tab	Journavx QL	29 tabs per 90 days	10/1/2025
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	10/1/2025
Prilosec (Omeprazole magnesium) DR 2.5 mg susp packet	Proton Pump Inhibitors STQL	30 packets per 30 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln 20 mg/0.2 mL	Qfitlia PAQL	1 vial per 28 days	10/1/2025
Qfitlia (fitusiran sodium) subcutaneous soln auto-inj 50 mg/0.5 mL	Qfitlia PAQL	1 pen per 28 days	10/1/2025
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 agent and one strength per 28 days	10/1/2025
Sevelamer HCL 400 mg tab	Phosphate Binder STQL	2880 tabs per 365 days	10/1/2025
Tryngolza (olazarsen sod) subcut soln auto inject 80 mg/ 0.8 mL	Tryngolza PAQL	1 injection device per 28 days	8/1/2025
Vyvgart Hytrulo (efgartigimod alfhylur-qvfc) pref syr 1000-10000 mg unit/ 5 mL	Efgartigimod PAQL	4 syringes per 28 days	10/1/2025
Vanrafia (atrasentan hcl) 0.75 mg tab	Vanrafia PAQL	30 tabs per 30 days	10/1/2025

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Vykat XR (diazoxide choline er) 25 mg tab	Vykat XR PAQL	120 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 75 mg tab	Vykat XR PAQL	210 tabs per 30 days	10/1/2025
Vykat XR (diazoxide choline er) 150 mg tab	Vykat XR PAQL	90 tabs per 30 days	10/1/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	10/1/2025
Zelsuvmi (berdazimer sodium) 10.3% gel	Zelsuvmi PAQL	2 kits per 84 days	10/1/2025

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's](#) members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications. Members were not lettered on these changes.

PRODUCT(S) NO LONGER COVERED ¹	COVERED ALTERNATIVE(S) ^{1, 2}	CONDITION
PRENATAL MULTIVITAMINS & MINERALS WITH IRON & FA CAP 0.5 mg (MATERVIA) [V2 PHARMA]	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19	Pregnancy
DICLOFENAC POTASSIUM TAB 25 MG [CARWIN]	DICLOFENAC POT 50 MG, MELOXICAM, IBUPROFEN, NAPROXEN	Inflammation

Pharmacy Benefits Updates

Visit BCBSTX for news and updates on additional Pharmacy Program resources.

CivicaScript Launches Affordable Generic for MS

What's new: CivicaScript has added the Multiple Sclerosis drug dimethyl fumarate to its growing suite of low-cost drugs. Starting Oct. 1, 2025, CivicaScript's dimethyl fumarate (120 mg and 240 mg) will be the only version covered on Individual & Family Market and commercial group drug lists.

What changes: Only SortPak Pharmacy will supply CivicaScript's dimethyl fumarate. Members with claims for dimethyl fumarate, or claims for the brand Tecfidera, will receive notification 60 days before the effective date with detailed instructions on how to get their prescription from SortPak Pharmacy.

Why this matters: Our partnership with CivicaScript continues to help lower costs for even more of our members. A 30-day supply of CivicaScript's dimethyl fumarate is \$25 for 120 mg and \$47 for 240 mg.

- Other generics cost an average of \$314 for 120 mg and \$344 for 240 mg.

Reminder: Updated Specialty-Drug Packaging and Cost Share

Background: Select specialty medications have FDA approval to be dispensed in a supply greater than 30 days and/or the drug manufacturer packaging cannot be broken into only a 30-day supply.

What's changed: A member's cost-share will apply to the total days supplied. Members pay for what they are filling, based on their benefits. For example, members receiving a 90-day supply of specialty medication will pay an applicable copay for a 90-day supply rather than the current 30-day supply cost-share amount.

Member notifications: The change began Jan. 1, 2025. Small Group, Blue Balanced FundedSM, Custom Fully Insured and Mid-Market fully insured group members with an October, November, or December renewal date received an awareness letter in July.

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.

⁴This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on 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.

[†]Prime Therapeutics, LLC is a separate company contracted by BCBSTX to provide pharmacy solutions. BCBSTX, as well as several independent [Blue Cross and Blue Shield Plans](#), has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy benefits website offered by Prime Therapeutics LLC.

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.