



**BlueCross BlueShield**  
of Texas

# Pharmacy Program Quarterly Update Changes Effective Jan. 1, 2026 – Part 1

Jan. 6, 2025

## Contents

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### Drug List Changes

#### Drug List Exclusions and Revisions

- Balanced Drug List Exclusions
- Balanced Biosimilar Drug List Exclusions
- Performance Drug List Exclusions
- Performance Biosimilar Drug List Exclusions
- Performance Select Drug List Exclusions
- Performance Select Biosimilar Drug List Exclusions
- Performance Annual Drug List Exclusions
- Basic and Enhanced Drug Lists Removals
- Basic Multi-Tier and Enhanced Multi-Tier Drug Lists Removals
- Basic Annual And Enhanced Annual Drug Lists Removals
- Basic Multi-Tier Annual And Enhanced Multi-Tier Annual Drug Lists Removals

#### Drug Tier Changes

- Balanced Drug List Tier Changes
- Balanced Biosimilar Drug List Tier Changes
- Performance Drug List Tier Changes
- Performance Biosimilar Drug List Tier Changes
- Performance Select Drug List Tier Changes
- Performance Select Biosimilar Drug List Tier Changes
- Performance Full List Tier Changes
- Performance Annual Drug List Tier Changes

#### Tier 1 to Tier 2 Changes

- Performance and Performance Full Drug List Performance, Performance Annual Tier 1 to Tier 2 Changes
- Performance Biosimilar Drug List Tier 1 to Tier 2 Changes
- Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced Multi-Tier, Enhanced Multi-Tier Annual Drug Lists Tier 1 to Tier 2 Changes

### Utilization Management Program Changes

#### Standard Prior Authorization Program Changes

- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier, Enhanced Multi-Tier Annual Drug Lists
- Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists
- Balanced Drug List
- Balanced Biosimilar Drug List
- Performance Annual Drug List
- Health Insurance Marketplace Drug List

## New Standard Utilization Management Programs

### Dispensing Limit Changes

- Basic, Basic Multi-Tier, Enhanced and Enhanced Multi-Tier Drug Lists
- Balanced Drug List
- Balanced Biosimilar Drug List
- Performance Drug List
- Performance Biosimilar Drug List
- Performance Annual Drug List
- Performance Select Drug List
- Performance Select Biosimilar Drug List
- Health Insurance Marketplace Drug List

### Change in Benefit Coverage for Select High-Cost Products

### HDHP-HSA Preventive Drug Program Updates

- Small Group (SG) Plans

Humira and Stelara coverage changes starting on Jan. 1, 2026

New Low-Cost Cancer and Multiple Sclerosis Drugs from CivicaScript

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 **Jan. 1, 2026**, effective date.

## Pharmacy Benefit Reminders

A new year often welcomes new members to Blue Cross and Blue Shield of Texas or updates to a current member's benefits. As you visit with your patients, consider discussing their pharmacy benefits. Mentioning the following items can help them with this transition.

- 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, 2026, 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 section of our provider website where you can find forms and more information.
- If you have patients with an individual benefit plan offered on/off the [Health Insurance Marketplace](#) for BCBSTX, they may be impacted by annual drug list changes. You can view these changes on the [our 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 drug lists for Blue Cross and Blue Shield of Texas, effective on or after Jan. 1, 2026.

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

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, or you can view the January 2026 drug lists on our [member website](#).**

**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. These revisions and/or exclusions will be applied 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 <sup>1</sup>                                                                                      | CONDITION            | ALTERNATIVES                                                                                                                                       |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector<br>40 mg/0.4 mL, 80 mg/0.8 mL)                     | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY,<br>ADALIMUMAB-ADBM                                                                                                        |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe<br>10 mg/0.1mL, 20 mg/0.2 mL,<br>40 mg/0.4 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY,<br>ADALIMUMAB-ADBM                                                                                                        |
| CAPECITABINE (capcitabine tab<br>150 mg, 500 mg)                                                       | Cancer               | This medication is available through<br>SortPak Pharmacy.<br>Call 877-570-7787.                                                                    |
| COMPLERA (emtricitabine-<br>rilpivirine-tenofovir df tab<br>200-25-300 mg)                             | HIV                  | There is a generic equivalent available.<br>Please talk to your doctor or<br>pharmacist about other medication(s)<br>available for your condition. |
| DALFAMPRIDINE (dalfampridinetab<br>10 mg ER)                                                           | Multiple Sclerosis   | This medication is available through<br>SortPak Pharmacy.<br>Call 877-570-7787.                                                                    |

| BALANCED DRUG LIST EXCLUSIONS                                                                                       |                                                                       |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                   | CONDITION                                                             | ALTERNATIVES                                                                                                                              |
| DIFICID (fidaxomicin tab 200 mg)                                                                                    | Clostridium difficile infection                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                                                   | Heart Failure                                                         | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                                                         | Seizures                                                              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)                                         | Autoimmune Disorders                                                  | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)                                   | Autoimmune Disorders                                                  | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)                                                                  | Constipation                                                          | Trulance tablet 3 mg                                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                                                    | Neutropenia                                                           | FULPHILA, NEULASTA                                                                                                                        |
| OZOBAX DS (baclofen oral soln 10 mg/5 mL)                                                                           | Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions | baclofen tablet 10 mg, baclofen tablet 20mg                                                                                               |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))                           | Aplastic anemia, Thrombocytopenia                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)) | Aplastic anemia, Thrombocytopenia                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BALANCED DRUG LIST EXCLUSIONS                                                                           |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                                    | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                  | Contraception                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                               | Autoimmune Disorders                         | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)                                                    | Depression, Mood Disorders                   | sertraline tablet 100 mg                                                                                                                  |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)               | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                       | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                     | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                       | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VUITY (pilocarpine hcl ophth soln 1.25%)                                                                | Presbyopia                                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other                                             |

| BALANCED DRUG LIST EXCLUSIONS |           |                                             |
|-------------------------------|-----------|---------------------------------------------|
| DRUG <sup>1</sup>             | CONDITION | ALTERNATIVES                                |
|                               |           | medication(s) available for your condition. |

| BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS                                                          |                                 |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                 | CONDITION                       | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)                   | Autoimmune Disorders            | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders            | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| CAPECITABINE (capcitabine tab 150 mg, 500 mg)                                                     | Cancer                          | This medication is available through SortPak Pharmacy.<br>Call 877-570-7787.                                                              |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                               | HIV                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                                                        | Multiple Sclerosis              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIFICID (fidaxomicin tab 200 mg)                                                                  | Clostridium difficile infection | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                                 | Heart Failure                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS                                                                            |                                                                       |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                   | CONDITION                                                             | ALTERNATIVES                                                                                                                              |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                                                         | Seizures                                                              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)                                         | Autoimmune Disorders                                                  | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)                                   | Autoimmune Disorders                                                  | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)                                                                  | Constipation                                                          | Trulance tablet 3 mg                                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                                                    | Neutropenia                                                           | FULPHILA, NEULASTA                                                                                                                        |
| OZOBAX DS (baclofen oral soln 10 mg/5 mL)                                                                           | Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions | baclofen tablet 10 mg, baclofen tablet 20 mg                                                                                              |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))                           | Aplastic anemia, Thrombocytopenia                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)) | Aplastic anemia, Thrombocytopenia                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                                                | Cancer                                                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                              | Contraception                                                         | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS                                                                |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                               | Autoimmune Disorders                         | STEQEYMA, YESINTEK                                                                                                                        |
| SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)                                                    | Depression, Mood Disorders                   | sertraline tablet 100 mg                                                                                                                  |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)               | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                       | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                     | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                       | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VUITY (pilocarpine hcl ophth soln 1.25%)                                                                | Presbyopia                                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE DRUG LIST EXCLUSIONS                                                |                      |                                          |
|---------------------------------------------------------------------------------|----------------------|------------------------------------------|
| DRUG <sup>1</sup>                                                               | CONDITION            | ALTERNATIVES                             |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM |

| PERFORMANCE DRUG LIST EXCLUSIONS                                                                 |                                                |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                | CONDITION                                      | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders                           | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| alendronate sodium oral soln 70 mg/75 mL                                                         | Osteoporosis                                   | alendronate tablet 70 mg                                                                                                                  |
| CAPECITABINE (capcitabine tab 150 mg, 500 mg)                                                    | Cancer                                         | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                              | HIV                                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                                                       | Multiple Sclerosis                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIFICID (fidaxomicin tab 200 mg)                                                                 | Clostridium difficile infection                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                                | Heart Failure                                  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| fluocinolone acetonide cream 0.025%                                                              | Dermatoses, Atopic dermatitis, Scalp Psoriasis | desonide ointment 0.05%                                                                                                                   |
| FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)                                                    | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |

| PERFORMANCE DRUG LIST EXCLUSIONS                                                          |                                      |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION                            | ALTERNATIVES                                                                                                                              |
| flurbiprofen tab 100 mg                                                                   | Osteoarthritis, Rheumatoid Arthritis | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                               | Seizures                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))                  | Wilson's Disease                     | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)               | Autoimmune Disorders                 | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)         | Autoimmune Disorders                 | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)                                              | Diabetes                             | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| miglitol tab 25 mg, 50 mg, 100 mg                                                         | Diabetes                             | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                          | Neutropenia                          | FULPHILA, NEULASTA                                                                                                                        |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv)) | Aplastic anemia, Thrombocytopenia    | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE DRUG LIST EXCLUSIONS                                                                                    |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                   | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)) | Aplastic anemia, Thrombocytopenia            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg                                                 | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| risedronate sodium tab 5 mg                                                                                         | Osteoporosis                                 | alendronate tablet 10 mg                                                                                                                  |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                              | Contraception                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL                                            | Autoimmune Disorders                         | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)                           | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                                   | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                                 | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBAM                                                                                                 |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                                   | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |

| PERFORMANCE DRUG LIST EXCLUSIONS                                                                        |                                 |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                       | ALTERNATIVES                                                                                                                              |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                          | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS                                                      |                                 |                                                                                                                                           |
|--------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                | CONDITION                       | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)                  | Autoimmune Disorders            | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders            | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| alendronate sodium oral soln 70 mg/75 mL                                                         | Osteoporosis                    | alendronate tablet 70 mg                                                                                                                  |
| CAPECITABINE (capcitabine tab 150 mg, 500 mg)                                                    | Cancer                          | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                              | HIV                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridinetab 10 mg ER)                                                        | Multiple Sclerosis              | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                                                 | Clostridium difficile infection | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS                                               |                                                |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION                                      | ALTERNATIVES                                                                                                                              |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                         | Heart Failure                                  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| fluocinolone acetonide cream 0.025%                                                       | Dermatoses, Atopic dermatitis, Scalp Psoriasis | desonide ointment 0.05%                                                                                                                   |
| FLURBIPROFEN (flurbiprofen tab, 50 mg, 100 mg)                                            | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| flurbiprofen tab 100 mg                                                                   | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                               | Seizures                                       | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))                  | Wilson's Disease                               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)               | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)        | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)                                              | Diabetes                                       | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| miglitol tab 25 mg, 50 mg, 100 mg                                                         | Diabetes                                       | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                          | Neutropenia                                    | FULPHILA, NEULASTA                                                                                                                        |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv)) | Aplastic anemia, Thrombocytopenia              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg)                            | Aplastic anemia, Thrombocytopenia              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other                                             |

| PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS                                                             |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| (base equiv), 50 mg (base equiv), 75 mg (base equiv))                                                   |                                              | medication(s) available for your condition.                                                                                               |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                                    | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| risedronate sodium tab 5 mg                                                                             | Osteoporosis                                 | alendronate tablet 10 mg                                                                                                                  |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                  | Contraception                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                               | Autoimmune Disorders                         | STEQEYMA, YESINTEK                                                                                                                        |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)               | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                       | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                     | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                       | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE SELECT DRUG LIST EXCLUSIONS                                                             |                                                |                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                   | CONDITION                                      | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector<br>40 mg/0.4 mL, 80 mg/0.8 mL)                  | Autoimmune Disorders                           | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe<br>10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders                           | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| alendronate sodium oral soln<br>70 mg/75 mL                                                         | Osteoporosis                                   | alendronate tablet 70 mg                                                                                                                  |
| CAPECITABINE (capecitabine tab<br>150 mg, 500 mg)                                                   | Cancer                                         | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                                 | HIV                                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridinetab<br>10 mg ER)                                                        | Multiple Sclerosis                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIFICID (fidaxomicin tab 200 mg)                                                                    | Clostridium difficile infection                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab<br>24-26 mg, 49-51 mg, 97-103 mg)                                | Heart Failure                                  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| fluocinolone acetonide cream<br>0.025%                                                              | Dermatoses, Atopic dermatitis, Scalp Psoriasis | desonide ointment 0.05%                                                                                                                   |
| FLURBIPROFEN (flurbiprofen tab<br>50 mg, 100 mg)                                                    | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| flurbiprofen tab 100 mg                                                                             | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |

| PERFORMANCE SELECT DRUG LIST EXCLUSIONS                                                                             |                                   |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                   | CONDITION                         | ALTERNATIVES                                                                                                                              |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                                                         | Seizures                          | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))                                            | Wilson's Disease                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)                                         | Autoimmune Disorders              | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)                                  | Autoimmune Disorders              | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)                                                                  | Constipation                      | Trulance tablet 3 mg                                                                                                                      |
| MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)                                                                        | Diabetes                          | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| miglitol tab 25 mg, 50 mg, 100 mg                                                                                   | Diabetes                          | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                                                    | Neutropenia                       | FULPHILA, NEULASTA                                                                                                                        |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))                           | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)) | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                                                | Cancer                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| risedronate sodium tab 5 mg                                                                                         | Osteoporosis                      | alendronate tablet 10 mg                                                                                                                  |

| PERFORMANCE SELECT DRUG LIST EXCLUSIONS                                                                 |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                  | Contraception                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                               | Autoimmune Disorders                         | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)               | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                       | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                     | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                       | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VUITY (pilocarpine hcl ophth soln 1.25%)                                                                | Presbyopia                                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS                              |                      |                                   |
|---------------------------------------------------------------------------------|----------------------|-----------------------------------|
| DRUG <sup>1</sup>                                                               | CONDITION            | ALTERNATIVES                      |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS                                                |                                                |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                 | CONDITION                                      | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| alendronate sodium oral soln 70 mg/75 mL                                                          | Osteoporosis                                   | alendronate tablet 70 mg                                                                                                                  |
| CAPECITABINE (capcitabine tab 150 mg, 500 mg)                                                     | Cancer                                         | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                               | HIV                                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridinetab 10 mg ER)                                                         | Multiple Sclerosis                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIFICID (fidaxomicin tab 200 mg)                                                                  | Clostridium difficile infection                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                                 | Heart Failure                                  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| fluocinolone acetonide cream 0.025%                                                               | Dermatoses, Atopic dermatitis, Scalp Psoriasis | desonide ointment 0.05%                                                                                                                   |
| FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)                                                     | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| flurbiprofen tab 100 mg                                                                           | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)                                       | Seizures                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other                                             |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS                                                                  |                                   |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                   | CONDITION                         | ALTERNATIVES                                                                                                                              |
|                                                                                                                     |                                   | medication(s) available for your condition.                                                                                               |
| GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))                                            | Wilson's Disease                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)                                         | Autoimmune Disorders              | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)                                   | Autoimmune Disorders              | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)                                                                  | Constipation                      | Trulance tablet 3 mg                                                                                                                      |
| MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)                                                                        | Diabetes                          | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| miglitol tab 25 mg, 50 mg, 100 mg                                                                                   | Diabetes                          | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                                                    | Neutropenia                       | FULPHILA, NEULASTA                                                                                                                        |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))                           | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)) | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                                                | Cancer                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| risedronate sodium tab 5 mg                                                                                         | Osteoporosis                      | alendronate tablet 10 mg                                                                                                                  |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                                              | Contraception                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS                                                      |                                              |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                       | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                               | Autoimmune Disorders                         | STEQEYMA, YESINTEK                                                                                                                        |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)               | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)                       | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                                     | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))                       | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)) | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                                             | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VUITY (pilocarpine hcl ophth soln 1.25%)                                                                | Presbyopia                                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                              |                                             |                                   |
|--------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|
| DRUG <sup>1</sup>                                                                    | CONDITION                                   | ALTERNATIVES                      |
| ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL) | Inflammatory Conditions, Multiple Sclerosis | Acthar injection 80 unit/mL       |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)      | Autoimmune Disorders                        | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                                           |                                |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                 | CONDITION                      | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders           | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| alendronate sodium oral soln 70 mg/75 mL                                                          | Osteoporosis                   | alendronate tablet 70 mg                                                                                                                  |
| APTOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)                                | Seizures                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| BRILINTA (ticagrelor tab 60 mg, 90 mg)                                                            | Cardiovascular risk reduction  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CAPECITABINE (capecitabine tab 150 mg, 500 mg)                                                    | Cancer                         | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)                               | HIV                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                                                        | Multiple Sclerosis             | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                                                  | Clostridium difficile diarrhea | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIMETHYL FUMARATE - dimethyl fumarate cap 120 mg dr, 240 mg dr                                    | Multiple Sclerosis             | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIMETHYL FUMARATE STARTERPACK- dimethyl fumarate starter pack                                     | Multiple Sclerosis             | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                                                                    |                                                |                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                                          | CONDITION                                      | ALTERNATIVES                                                                                                                              |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                                                          | Heart Failure                                  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| fluocinolone acetonide cream 0.025%                                                                                        | Dermatoses, Atopic dermatitis, Scalp Psoriasis | desonide ointment 0.05%                                                                                                                   |
| FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)                                                                              | Osteoarthritis, Rheumatoid Arthritis           | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg                            |
| FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg, 12 mg)                                                               | Seizures                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| GALZIN (zinc acetate cap 25 mg, 50 mg (elemental zinc))                                                                    | Wilson's disease                               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwvd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)                                                | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HADLIMA PUSH TOUCH (adalimumab-bwvd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)                                         | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)                           | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HUMIRA pediatric Crohn's Disease starter pack (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HUMIRA pen (adalimumab auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL)                                         | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| HUMIRA pen-cd/uc/hs starter (adalimumab auto-injector kit 40 mg/0.8 mL, 80 mg/0.8 mL)                                      | Autoimmune Disorders                           | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                             |                                        |                                                                                                                                           |
|-------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                   | CONDITION                              | ALTERNATIVES                                                                                                                              |
| HUMIRA pen-pediatric uc starter pack (adalimumab auto-injector kit 80 mg/0.8 mL)    | Autoimmune Disorders                   | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| HUMIRA pen-ps/uv starter (adalimumab auto-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL) | Autoimmune Disorders                   | ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                          |
| LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))                             | Opioid withdrawal                      | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| MESNEX (mesna tab 400 mg)                                                           | Hemorrhagic Cystitis Prophylaxis       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40 mL (25 mg/mL))           | Cancer                                 | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)                                        | Diabetes                               | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| miglitol tab 25 mg, 50 mg, 100 mg                                                   | Diabetes                               | acarbose tablet 25 mg, 50 mg, 100 mg                                                                                                      |
| MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 mL)                            | Pain                                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg)        | Gastroesophageal Reflux Disease (GERD) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))                   | Angina                                 | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                    | Neutropenia                            | FULPHILA, NEULASTA                                                                                                                        |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                             |                     |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                   | CONDITION           | ALTERNATIVES                                                                                                                                                                 |
| OCALIVA (obeticholic acid tab 5 mg, 10 mg)                                          | Biliary cholangitis | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                                                             |
| ONETOUGH ULTRA (glucose blood test strip)                                           | Diabetes            | Contour, Freestyle, Precision                                                                                                                                                |
| ONETOUGH ULTRA BLUE TEST STRIP (glucose blood test strip)                           | Diabetes            | Contour, Freestyle, Precision                                                                                                                                                |
| ONETOUGH ULTRA CONTROL SOLUTION (blood glucose calibration - liquid)                | Diabetes            | Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid |
| ONETOUGH ULTRA TEST STRIPS (glucose blood test strip)                               | Diabetes            | Contour, Freestyle, Precision                                                                                                                                                |
| ONETOUGH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration - liquid)        | Diabetes            | Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid |
| ONETOUGH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration - liquid - high) | Diabetes            | Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid |
| ONETOUGH VERIO TEST STRIPS (glucose blood test strip)                               | Diabetes            | Contour, Freestyle, Precision                                                                                                                                                |
| OXBRYTA (voxelotor tab 300 mg, 500 mg)                                              | sickle cell disease | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                                                             |
| OXBRYTA (voxelotor tab for oral susp 300 mg)                                        | sickle cell disease | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                                                             |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                                      |                                   |                                                                                                                                           |
|----------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                            | CONDITION                         | ALTERNATIVES                                                                                                                              |
| PREVIDENT RINSE (sodium fluoride rinse 0.2%)                                                 | Tooth decay prevention            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base equiv), 25 mg (base equiv)) | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| PROMACTA (eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg (base equiv))                 | Aplastic anemia, Thrombocytopenia | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| 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.                                          |
| PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25--5--10 mg/5 mL)       | Cough, Upper Respiratory Symptoms | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL                                   | Cough, Upper Respiratory Symptoms | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))                                      | Cancer                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| QSYMIA (phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg) | Obesity                           | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                        | Cancer                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| risedronate sodium tab 5 mg                                                                  | Osteoporosis                      | alendronate tablet 10 mg                                                                                                                  |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                                                   |                                              |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)                    | Contraception                                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SAJAZIR (icatibant acetate subcutaneous soln pref syr 30 mg/3 mL)                         | Hereditary angioedema                        | icatibant acetate subcutaneous soln pref syr 30 mg/3ml                                                                                    |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                 | Autoimmune Disorders                         | STEQEYMA, YESINTEK                                                                                                                        |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))        | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                       | Autoimmune Disorders                         | ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                         |
| SOOLANTRA (ivermectin cream 1%)                                                           | Rosacea                                      | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))         | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)                        | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| STELARA (ustekinumab inj 45 mg/0.5 mL)                                                    | Autoimmune Disorders                         | Steqeyma, Yesintek                                                                                                                        |
| STELARA (ustekinumab soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                       | Autoimmune Disorders                         | Steqeyma, Yesintek                                                                                                                        |

| PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS                             |                                                            |                                                                                                                                           |
|---------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                   | CONDITION                                                  | ALTERNATIVES                                                                                                                              |
| STENDRA (avanafil tab 50 mg, 100 mg, 200 mg)                        | Erectile dysfunction                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent)) | cancer                                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TAZORAC (tazarotene cream 0.05%)                                    | Plaque Psoriasis                                           | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                         | Pulmonary arterial hypertension                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)                 | Hyperphosphatemia                                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)   | Neutropenia, acute hematopoietic radiation injury syndrome | FULPHILA, NEULASTA                                                                                                                        |

| BASIC AND ENHANCED DRUG LISTS REMOVALS                                                            |                      |                                          |
|---------------------------------------------------------------------------------------------------|----------------------|------------------------------------------|
| DRUG <sup>1</sup>                                                                                 | CONDITION            | ALTERNATIVES                             |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)                   | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM |

| BASIC AND ENHANCED DRUG LISTS REMOVALS                                            |                                 |                                                                                                                                           |
|-----------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                 | CONDITION                       | ALTERNATIVES                                                                                                                              |
| APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)               | Seizures                        | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CAPECITABINE (capecitabine tab 150 mg, 500 mg)                                    | Cancer                          | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                                        | Multiple Sclerosis              | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                                  | Clostridium difficile infection | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                 | Heart Failure                   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| HADLIMA (adalimumab-bwdd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)       | Autoimmune Disorders            | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| HADLIMA PUSHTOUCH (adalimumab-bwdd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL) | Autoimmune Disorders            | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL)                   | Neutropenia                     | FULPHILA, NUELASTA                                                                                                                        |
| REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)             | Cancer                          | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BASIC AND ENHANCED DRUG LISTS REMOVALS                                                    |                                              |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                 | Autoimmune Disorders                         | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADB                                                                                                   |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)         | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADB                                                                                                   |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                       | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADB                                                                                                   |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))         | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))                       | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                               | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS                    |                      |                                         |
|---------------------------------------------------------------------------------|----------------------|-----------------------------------------|
| DRUG <sup>1</sup>                                                               | CONDITION            | ALTERNATIVES                            |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADB |

| BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS                                      |                      |                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                 | CONDITION            | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| alprazolam tab er 24hr 2 mg                                                                       | Anxiety              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| amoxicillin & k clavulanate for susp 400-57 mg/5 mL                                               | Infections           | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| APTiom (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)                               | Seizures             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CAPECITABINE (capcitabine tab 150 mg, 500 mg)                                                     | Cancer               | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| cefprozil tab 250 mg                                                                              | Infections           | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| cefuroxime axetil tab 500 mg                                                                      | Infections           | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| cimetidine tab 200 mg                                                                             | Heartburn            | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| clotrimazole w/ betamethasone cream 1-0.05%                                                       | Fungal Infections    | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

| BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS                      |                                                                                  |                                                                                                                                           |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                 | CONDITION                                                                        | ALTERNATIVES                                                                                                                              |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                                        | Multiple Sclerosis                                                               | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                                  | Clostridium difficile infection                                                  | 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 cap er 24hr 300 mg                                     | Angina, Hypertension, Atrial Fibrillation/Flutter                                | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                 | Heart Failure                                                                    | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ethambutol hcl tab 100 mg                                                         | Tuberculosis                                                                     | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| fluticasone propionate cream 0.05%                                                | Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| glycopyrrolate tab 1 mg                                                           | Peptic Ulcer Disease                                                             | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)       | Autoimmune Disorders                                                             | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL) | Autoimmune Disorders                                                             | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |

# BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                               | CONDITION                            | ALTERNATIVES                                                                                     |
|-----------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------|
| liothyronine sodium tab 25 mcg                                  | Hypothyroidism                       | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| mafenide acetate packet for topical soln 5% (50 gm)             | Burns                                | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| megestrol acetate tab 40 mg                                     | Anorexia, Cachexia                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| naloxone hcl inj 4 mg/10 mL                                     | Opioid Overdose                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| nifedipine tab er 24hr osmotic release 90 mg                    | Angina, Hypertension                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| nitrofurantoin macrocrystalline cap 100 mg                      | Cystitis                             | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg             | Contraception                        | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL) | Neutropenia                          | FULPHILA, NUELASTA                                                                               |
| ondansetron hcl oral soln 4 mg/5 mL                             | Nausea and Vomiting                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| piroxicam cap 10 mg                                             | Osteoarthritis, Rheumatoid Arthritis | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| prednisolone soln 15 mg/5 mL                                    | Inflammatory Conditions              | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

# BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                                                         | CONDITION                                    | ALTERNATIVES                                                                                                                              |
|-------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                     | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                 | Autoimmune Disorders                         | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)         | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                       | Autoimmune Disorders                         | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| sodium chloride soln nebu 3%,10%                                                          | Loosen mucus in lungs                        | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))         | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL                                         | Infections                                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))                       | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| tizanidine hcl cap 2 mg (base equivalent)                                                 | Spasticity                                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

### BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                           | CONDITION                                                                 | ALTERNATIVES                                                                                                                              |
|---------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| TRACLEER (bosentan tab for oral susp 32 mg) | Pulmonary arterial hypertension                                           | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| trimethobenzamide hcl cap 300 mg            | Postoperative nausea and vomiting, nausea associated with gastroenteritis | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| zolpidem tartrate tab er 12.5 mg            | Insomnia                                                                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

### BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                                                                 | CONDITION               | ALTERNATIVES                                                                                                                              |
|---------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)                   | Autoimmune Disorders    | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders    | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| APTiom (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)                               | Seizures                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| BRILINTA (ticagrelor tab 60 mg, 90 mg)                                                            | Acute coronary syndrome | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CAPECITABINE (capecitabine tab 150 mg, 500 mg)                                                    | Cancer                  | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |

# BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                                                  | CONDITION                              | ALTERNATIVES                                                                                                                              |
|------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DALFAMPRIDINE (dalfampridinetab 10 mg ER)                                          | Multiple Sclerosis                     | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                                   | Clostridium difficile infection        | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| DIMETHYL FUMARATE - dimethyl fumarate cap 120 mg dr, 240 mg dr                     | Multiple Sclerosis                     | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIMETHYL FUMARATE STARTERPACK (dimethyl fumarate starter pack)                     | Multiple Sclerosis                     | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)                  | Heart Failure                          | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)        | Autoimmune Disorders                   | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL) | Autoimmune Disorders                   | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| MESNEX (mesna tab 400 mg)                                                          | Hemorrhagic Cystitis Prophylaxis       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg)       | Gastroesophageal Reflux Disease (GERD) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS                                      |                      |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION            | ALTERNATIVES                                                                                                                              |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)                          | Neutropenia          | FULPHILA, NEULASTA                                                                                                                        |
| ONETOUGH ULTRA (glucose blood test strip)                                                 | Diabetes             | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUGH ULTRA BLUE TEST STRIPS (glucose blood test strip)                                | Diabetes             | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUGH ULTRA TEST STRIPS (glucose blood test strip)                                     | Diabetes             | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUGH VERIO TEST STRIPS (glucose blood test strip)                                     | Diabetes             | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))                                   | Cancer               | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)                      | Cancer               | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                 | Autoimmune Disorders | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))        | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                       | Autoimmune Disorders | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |

# BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                                                 | CONDITION                                                  | ALTERNATIVES                                                                                                                              |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| SOOLANTRA (ivermectin cream 1%)                                                   | Rosacea                                                    | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)) | Chronic Obstructive Pulmonary Disease (COPD)               | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)                | Cancer                                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))               | Cancer                                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TAZORAC (tazarotene cream 0.05%)                                                  | Plaque Psoriasis                                           | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TRACLEER (bosentan tab for oral susp 32 mg)                                       | Pulmonary arterial hypertension                            | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)                               | Hyperphosphatemia                                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)                 | Neutropenia, acute hematopoietic radiation injury syndrome | FULPHILA, NEULASTA                                                                                                                        |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS                           |                         |                                                                                                                                           |
|------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                                    | CONDITION               | ALTERNATIVES                                                                                                                              |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector<br>40 mg/0.4 mL, 80 mg/0.8 mL)                   | Autoimmune Disorders    | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe<br>10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL) | Autoimmune Disorders    | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM                                                                                                 |
| alprazolam tab er 24hr 2 mg                                                                          | Anxiety                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| amoxicillin & k clavulanate for susp<br>400-57 mg/5 mL                                               | Infections              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| APTOM (eslicarbazepine acetate<br>tab 200 mg, 400 mg, 600 mg, 800 mg)                                | Seizures                | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| BRILINTA (ticagrelor tab 60 mg, 90 mg)                                                               | Acute coronary syndrome | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| CAPECITABINE (capecitabine tab<br>150 mg, 500 mg)                                                    | Cancer                  | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| cefprozil tab 250 mg                                                                                 | Infections              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| cefuroxime axetil tab 500 mg                                                                         | Infections              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

# BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS

| DRUG <sup>1</sup>                                                 | CONDITION                                         | ALTERNATIVES                                                                                                                              |
|-------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| cimetidine tab 200 mg                                             | Gastroesophageal Reflux Disease (GERD)            | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| clotrimazole w/ betamethasone cream 1-0.05%                       | Fungal Infections                                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| DALFAMPRIDINE (dalfampridine tab 10 mg ER)                        | Multiple Sclerosis                                | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIFICID (fidaxomicin tab 200 mg)                                  | Clostridium difficile infection                   | 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 cap er 24hr 300 mg                     | Angina, Hypertension, Atrial Fibrillation/Flutter | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| DIMETHYL FUMARATE - dimethyl fumarate cap 120 mg dr, 240 mg dr    | Multiple Sclerosis                                | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| DIMETHYL FUMARATE STARTERPACK (dimethyl fumarate starter pack)    | Multiple Sclerosis                                | This medication is available through SortPak Pharmacy. Call 877-570-7787.                                                                 |
| ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg) | Heart Failure                                     | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ethambutol hcl tab 100 mg                                         | Tuberculosis                                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS        |                                               |                                                                                                                                           |
|-----------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                 | CONDITION                                     | ALTERNATIVES                                                                                                                              |
| fluticasone propionate cream 0.05%                                                | Asthma, Chronic Obstructive Pulmonary Disease | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| glycopyrrolate tab 1 mg                                                           | Peptic Ulcer Disease                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| HADLIMA (adalimumab-bwvd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)       | Autoimmune Disorders                          | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| HADLIMA PUSHTOUCH (adalimumab-bwvd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL) | Autoimmune Disorders                          | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| lithyronine sodium tab 25 mcg                                                     | Peptic Ulcer Disease                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| mafenide acetate packet for topical soln 5% (50 gm)                               | Burns                                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| megestrol acetate tab 40 mg                                                       | Anorexia, Cachexia                            | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| MESNEX (mesna tab 400 mg)                                                         | Hemorrhagic Cystitis Prophylaxis              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| naloxone hcl inj 4 mg/10 mL                                                       | Opioid Overdose                               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS   |                                        |                                                                                                                                           |
|------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                            | CONDITION                              | ALTERNATIVES                                                                                                                              |
| NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg) | Gastroesophageal Reflux Disease (GERD) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| nifedipine tab er 24hr osmotic release 90 mg                                 | Angina, Hypertension                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| nitrofurantoin macrocrystalline cap 100 mg                                   | Cystitis                               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg                          | Contraception                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)             | Neutropenia                            | FULPHILA, NEULASTA                                                                                                                        |
| ondansetron hcl oral soln 4 mg/5 mL                                          | Nausea and Vomiting                    | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| ONETOUCH ULTRA (glucose blood test strip)                                    | Diabetes                               | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUCH ULTRA BLUE TEST STRIPS (glucose blood test strip)                   | Diabetes                               | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)                        | Diabetes                               | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |
| ONETOUCH VERIO TEST STRIPS (glucose blood test strip)                        | Diabetes                               | Ascensia (CONTOUR), Abbot (FREESTYLE)                                                                                                     |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS                |                                      |                                                                                                                                           |
|-------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                         | CONDITION                            | ALTERNATIVES                                                                                                                              |
| piroxicam cap 10 mg                                                                       | Osteoarthritis, Rheumatoid Arthritis | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| prednisolone soln 15 mg/5 mL                                                              | Inflammatory conditions              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))                                   | Cancer                               | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg                       | Cancer                               | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)                 | Autoimmune Disorders                 | STELARA, STEQEYMA, YESINTEK                                                                                                               |
| SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL) | Autoimmune Disorders                 | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))        | Autoimmune Disorders                 | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)                       | Autoimmune Disorders                 | HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM                                                                                                  |
| sodium chloride soln nebu 3%, 10%                                                         | Loosen mucus in lungs                | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS        |                                              |                                                                                                                                           |
|-----------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                                 | CONDITION                                    | ALTERNATIVES                                                                                                                              |
| SOOLANTRA (ivermectin cream 1%)                                                   | Rosacea                                      | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)) | Chronic Obstructive Pulmonary Disease (COPD) | INCRUSE ELLIPTA, SPIRIVA RESPIMAT                                                                                                         |
| SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)                | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL                                 | Infections                                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))               | Cancer                                       | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| TAZORAC (tazarotene cream 0.05%)                                                  | Plaque Psoriasis                             | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| tizanidine hcl cap 2 mg (base equivalent)                                         | Spasticity                                   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                                          |
| TRACLEER (bosentan tab for oral susp 32 mg)                                       | Pulmonary arterial hypertension              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

| BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS |                                                                           |                                                                                                  |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| DRUG <sup>1</sup>                                                          | CONDITION                                                                 | ALTERNATIVES                                                                                     |
| trimethobenzamide hcl cap 300 mg                                           | Postoperative nausea and vomiting, nausea associated with gastroenteritis | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| VELPHORO (sucroferic oxyhydroxide chew tab 500 mg)                         | Hyperphosphatemia                                                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |
| ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)          | Neutropenia, acute hematopoietic radiation injury syndrome                | FULPHILA, NEULASTA                                                                               |
| zolpidem tartrate tab er 12.5 mg                                           | Insomnia                                                                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. |

## Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Tier changes effective Jan. 1, 2026, are listed below.

| BALANCED DRUG LIST TIER CHANGES                                                                            |                                                                                                  |            |                     |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                                          | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))                              | triamcinolone acetonide lotion 0.025%                                                            | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)                                                   | chloroquine phosphate tab 500 mg                                                                 | Malaria    | Non-preferred Brand |
| DESOXIMETASONE (desoximetasone gel 0.05%)                                                                  | desoximetasone cream 0.25%, desoximetasone ointment 0.25%                                        | HIV        | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV        | Non-preferred Brand |

| BALANCED DRUG LIST TIER CHANGES                                                |                                                                                                                |                                                     |                     |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|
| DRUG <sup>1</sup>                                                              | ALTERNATIVES <sup>1, 2</sup>                                                                                   | CONDITION                                           | NEW TIER            |
| FENOPROFEN CALCIUM<br>(fenoprofen calcium cap 400 mg)                          | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg | Pain/Inflammation                                   | Non-preferred Brand |
| FLURBIPROFEN (flurbiprofen tab 100 mg)                                         | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg | Osteoarthritis, Rheumatoid Arthritis                | Non-preferred Brand |
| PAROXETINE HYDROCHLORIDE<br>(paroxetine hcl oral susp 10 mg/5 mL (base equiv)) | paroxetine tablet 10 mg                                                                                        | Depression, Mood Disorders                          | Non-preferred Brand |
| TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))                    | testosterone gel 1.62% pump                                                                                    | Primary hypogonadism, hypogonadotropic hypogonadism | Non-preferred Brand |
| TRETINOIN MICROSPHERE<br>(tretinoin microsphere gel 0.04%)                     | tretinoin cream 0.05%                                                                                          | Acne                                                | Non-preferred Brand |
| TRETINOIN MICROSPHERE PUMP<br>(tretinoin microsphere gel 0.04%)                | tretinoin cream 0.05%                                                                                          | Acne                                                | Non-preferred Brand |
| TRETINOIN MICROSPHERE PUMP<br>(tretinoin microsphere gel 0.1%)                 | tretinoin cream 0.1%                                                                                           | Acne                                                | Non-preferred Brand |

| BALANCED BIOSIMILAR DRUG LIST TIER CHANGES                                       |                                                           |            |                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                | ALTERNATIVES <sup>1, 2</sup>                              | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE<br>(betamethasone valerate lotion 0.1% (base equivalent)) | triamcinolone acetonide lotion 0.025%                     | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE<br>(chloroquine phosphate tab 250 mg)                      | chloroquine phosphate tab 500 mg                          | Malaria    | Non-preferred Brand |
| DESOXIMETASONE<br>(desoximetasone gel 0.05%)                                     | desoximetasone cream 0.25%, desoximetasone ointment 0.25% | HIV        | Non-preferred Brand |

| BALANCED BIOSIMILAR DRUG LIST TIER CHANGES                                                                |                                                                                                                |                                                     |                     |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------|
| DRUG <sup>1</sup>                                                                                         | ALTERNATIVES <sup>1, 2</sup>                                                                                   | CONDITION                                           | NEW TIER            |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.               | HIV                                                 | Non-preferred Brand |
| FENOPROFEN CALCIUM (fenoprofen calcium cap 400 mg)                                                        | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg | Pain/Inflammation                                   | Non-preferred Brand |
| FLURBIPROFEN (flurbiprofen tab 100 mg)                                                                    | diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg | Osteoarthritis, Rheumatoid Arthritis                | Non-preferred Brand |
| PAROXETINE HYDROCHLORIDE (paroxetine hcl oral susp 10 mg/5 mL (base equiv))                               | paroxetine tablet 10 mg                                                                                        | Depression, Mood Disorders                          | Non-preferred Brand |
| TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))                                               | testosterone gel 1.62% pump                                                                                    | Primary hypogonadism, hypogonadotropic hypogonadism | Non-preferred Brand |
| TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.04%)                                                   | tretinoin cream 0.05%                                                                                          | Acne                                                | Non-preferred Brand |
| TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.04%)                                              | tretinoin cream 0.05%                                                                                          | Acne                                                | Non-preferred Brand |
| TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.1%)                                               | tretinoin cream 0.1%                                                                                           | Acne                                                | Non-preferred Brand |

| PERFORMANCE DRUG LIST TIER CHANGES                                            |                                       |            |                     |
|-------------------------------------------------------------------------------|---------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                             | ALTERNATIVES <sup>1, 2</sup>          | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent)) | triamcinolone acetonide lotion 0.025% | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)                      | chloroquine phosphate tab 500 mg      | Malaria    | Non-preferred Brand |

| PERFORMANCE DRUG LIST TIER CHANGES                                                                        |                                                                                                  |           |                     |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------|---------------------|
| DRUG <sup>1</sup>                                                                                         | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION | NEW TIER            |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV       | Non-preferred Brand |

| PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES                                                             |                                                                                                  |            |                     |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                                         | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))                             | triamcinolone acetonide lotion 0.025%                                                            | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)                                                  | chloroquine phosphate tab 500 mg                                                                 | Malaria    | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV        | Non-preferred Brand |

| PERFORMANCE SELECT DRUG LIST TIER CHANGES                                                                 |                                                                                                  |            |                     |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                                         | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))                             | triamcinolone acetonide lotion 0.025%                                                            | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)                                                  | chloroquine phosphate tab 500 mg                                                                 | Malaria    | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV        | Non-preferred Brand |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES                                                         |                                                                                                  |            |                     |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                                            | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE<br>(betamethasone valerate lotion 0.1% (base equivalent))                             | triamcinolone acetonide lotion 0.025%                                                            | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE<br>(chloroquine phosphate tab 250 mg)                                                  | chloroquine phosphate tab 500 mg                                                                 | Malaria    | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE<br>(efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV        | Non-preferred Brand |

| PERFORMANCE FULL LIST TIER CHANGES                                                                           |                                                                                                  |            |                     |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------|---------------------|
| DRUG <sup>1</sup>                                                                                            | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION  | NEW TIER            |
| BETAMETHASONE VALERATE<br>(betamethasone valerate lotion 0.1% (base equivalent))                             | triamcinolone acetonide lotion 0.025%                                                            | Dermatoses | Non-preferred Brand |
| CHLOROQUINE PHOSPHATE<br>(chloroquine phosphate tab 250 mg)                                                  | chloroquine phosphate tab 500 mg                                                                 | Malaria    | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE<br>(efavirenz-lamivudine-tenofovir df tab 400-300-300 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV        | Non-preferred Brand |

| PERFORMANCE ANNUAL DRUG LIST TIER CHANGES                                        |                                        |                  |                     |
|----------------------------------------------------------------------------------|----------------------------------------|------------------|---------------------|
| DRUG <sup>1</sup>                                                                | ALTERNATIVES <sup>1, 2</sup>           | CONDITION        | NEW TIER            |
| ACETAMINOPHEN/CODEINE<br>(acetaminophen w/ codeine soln 120-12 mg/5 mL)          | acetaminophen w/ codeine tablet        | Pain             | Non-preferred Brand |
| ALCLOMETASONE DIPROPIONATE (alclometasone dipropionate oint 0.05%)               | alclometasone dipropionate cream 0.05% | Disorder of skin | Non-preferred Brand |
| BETAMETHASONE VALERATE<br>(betamethasone valerate lotion 0.1% (base equivalent)) | triamcinolone acetonide lotion 0.025%  | Dermatoses       | Non-preferred Brand |

| PERFORMANCE ANNUAL DRUG LIST TIER CHANGES                                                                                        |                                                                                                  |                      |                     |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------|---------------------|
| DRUG <sup>1</sup>                                                                                                                | ALTERNATIVES <sup>1, 2</sup>                                                                     | CONDITION            | NEW TIER            |
| CEFPODOXIME PROXETIL<br>(cefepodoxime proxetil for susp<br>50 mg/5 mL, 100 mg/5 mL)                                              | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Infections           | Non-preferred Brand |
| CHENODAL (chenodiol tab 250 mg)                                                                                                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Gallstones           | Preferred Brand     |
| CHLOROQUINE PHOSPHATE<br>(chloroquine phosphate tab 250 mg)                                                                      | chloroquine phosphate tab 500 mg                                                                 | Malaria              | Non-preferred Brand |
| CYCLOSERINE (cycloserine cap 250 mg)                                                                                             | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tuberculosis         | Non-preferred Brand |
| DESOXIMETASONE<br>(desoximetasone gel 0.05%)                                                                                     | desoximetasone cream 0.25%,<br>desoximetasone ointment 0.25%                                     | HIV                  | Non-preferred Brand |
| E.E.S. 400 (erythromycin ethylsuccinate tab 400 mg)                                                                              | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Infections           | Non-preferred Brand |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE<br>(efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)                     | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | HIV                  | Non-preferred Brand |
| FENTANYL CITRATE ORAL TRANSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Pain                 | Non-preferred Brand |
| HYDROCORTISONE<br>(hydrocortisone perianal cream 1%)                                                                             | budesonide rectal foam 2mg/act,<br>hydrocortisone perianal cream 2.5%                            | Pruritus, Dermatoses | Non-preferred Brand |

| PERFORMANCE ANNUAL DRUG LIST TIER CHANGES                                                           |                                                                                                                                                                                      |                           |                            |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------|
| DRUG <sup>1</sup>                                                                                   | ALTERNATIVES <sup>1, 2</sup>                                                                                                                                                         | CONDITION                 | NEW TIER                   |
| ISOSORBIDE MONONITRATE<br>(isosorbide mononitrate tab<br>10 mg, 20 mg)                              | isosorbide mononitrate tablet ER,<br>isosorbide dinitrate tablet 5 mg,<br>isosorbide dinitrate tablet 10 mg,<br>isosorbide dinitrate tab 20 mg,<br>isosorbide dinitrate tablet 30 mg | Angina                    | Non-<br>preferred<br>Brand |
| METHOTREXATE SODIUM<br>(methotrexate sodium inj<br>50 mg/2 mL (25 mg/mL))                           | methotrexate sodium inj PF<br>50 mg/2 mL (25 mg/mL)                                                                                                                                  | Cancer                    | Non-<br>preferred<br>Brand |
| PROCTOCORT (hydrocortisone<br>perianal cream 1%)                                                    | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                                                                            | Pruritus, Dermatoses      | Non-<br>preferred<br>Brand |
| PROPRANOLOL<br>HYDROCHLORIDE (propranolol<br>hcl oral soln 20 mg/5 mL)                              | propranolol hydrochloride capsules,<br>propranolol hydrochloride tablets                                                                                                             | Hypertension              | Non-<br>preferred<br>Brand |
| SODIUM FLUORIDE 5000 PPM<br>ENAMEL PROTECT (sodium<br>fluoride-potassium nitrate gel<br>1.1-5%)     | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                                                                            | Tooth decay<br>prevention | Preferred<br>Brand         |
| SODIUM FLUORIDE/POTASSIUM<br>NITRATE/SENSITIVE (sodium<br>fluoride-potassium nitrate gel<br>1.1-5%) | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                                                                            | Tooth decay<br>prevention | Preferred<br>Brand         |
| SODIUM FLUORIDE/POTASSIUM<br>NITRATE/SENSITIVE (sodium<br>fluoride-potassium nitrate gel<br>1.1-5%) | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                                                                            | Tooth decay<br>prevention | Preferred<br>Brand         |
| SPS (sodium polystyrene<br>sulfonate rectal susp<br>30 gm/120 mL)                                   | SPS (sodium polystyrene sulfonate<br>susp 15 gm/60 mL)                                                                                                                               | Hyperkalemia              | Non-<br>preferred<br>Brand |

## Tier 1 to Tier 2 Changes

The following drugs are moving from a preferred generic (tier 1) to a non--preferred generic (tier 2), effective Jan. 1, 2026. 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.

PERFORMANCE AND PERFORMANCE FULL DRUG LIST  
PERFORMANCE, PERFORMANCE ANNUAL TIER 1 TO TIER 2 CHANGES

| DRUG <sup>1</sup>                                   | CONDITION                                                                        |
|-----------------------------------------------------|----------------------------------------------------------------------------------|
| alprazolam tab er 24hr 2 mg                         | Anxiety                                                                          |
| amoxicillin & k clavulanate for susp 400-57 mg/5 mL | Infections                                                                       |
| cefprozil tab 250 mg                                | Infections                                                                       |
| cefuroxime axetil tab 500 mg                        | Infections                                                                       |
| clotrimazole w/ betamethasone cream 1-0.05%         | Fungal Infections                                                                |
| diltiazem hcl coated beads cap er 24hr 300 mg       | Angina, Hypertension, Atrial Fibrillation/Flutter                                |
| ethambutol hcl tab 100 mg                           | Tuberculosis                                                                     |
| fluticasone propionate cream 0.05%                  | Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses |
| glycopyrrolate tab 1 mg                             | Peptic Ulcer Disease                                                             |
| liothyronine sodium tab 25 mcg                      | Hypothyroidism                                                                   |
| megestrol acetate tab 40 mg                         | Cancer                                                                           |
| naloxone hcl inj 4 mg/10 mL                         | Opioid Overdose                                                                  |
| nifedipine tab er 24hr osmotic release 90 mg        | Angina, Hypertension                                                             |
| nitrofurantoin macrocrystalline cap 100 mg          | Cystitis                                                                         |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | Contraception                                                                    |
| ondansetron hcl oral soln 4 mg/5 mL                 | Nausea and Vomiting                                                              |
| piroxicam cap 10 mg                                 | Osteoarthritis, Rheumatoid Arthritis                                             |
| prednisolone soln 15 mg/5 mL                        | Inflammatory conditions                                                          |
| sodium chloride soln nebu 3%                        | Loosen mucus in lungs                                                            |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL   | Infections                                                                       |
| trimethobenzamide hcl cap 300 mg                    | Postoperative nausea and vomiting, Nausea associated with gastroenteritis        |

**PERFORMANCE AND PERFORMANCE FULL DRUG LIST  
PERFORMANCE, PERFORMANCE ANNUAL TIER 1 TO TIER 2 CHANGES**

| DRUG <sup>1</sup>                | CONDITION |
|----------------------------------|-----------|
| zolpidem tartrate tab er 12.5 mg | Insomnia  |

**PERFORMANCE BIOSIMILAR DRUG LIST TIER 1 TO TIER 2 CHANGES**

| DRUG <sup>1</sup>                                   | CONDITION                                                                        |
|-----------------------------------------------------|----------------------------------------------------------------------------------|
| alprazolam tab er 24hr 2 mg                         | Anxiety                                                                          |
| amoxicillin & k clavulanate for susp 400-57 mg/5 mL | Infections                                                                       |
| cefprozil tab 250 mg                                | Infections                                                                       |
| cefuroxime axetil tab 500 mg                        | Infections                                                                       |
| clotrimazole w/ betamethasone cream 1-0.05%         | Fungal Infections                                                                |
| diltiazem hcl coated beads cap er 24 hr 300 mg      | Angina, Hypertension, Atrial Fibrillation/Flutter                                |
| ethambutol hcl tab 100 mg                           | Tuberculosis                                                                     |
| fluticasone propionate cream 0.05%                  | Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses |
| glycopyrrolate tab 1 mg                             | Peptic Ulcer Disease                                                             |
| liothyronine sodium tab 25 mcg                      | Hypothyroidism                                                                   |
| megestrol acetate tab 40 mg                         | Cancer                                                                           |
| naloxone hcl inj 4 mg/10 mL                         | Opioid Overdose                                                                  |
| nifedipine tab er 24hr osmotic release 90 mg        | Angina, Hypertension                                                             |
| nitrofurantoin macrocrystalline cap 100 mg          | Cystitis                                                                         |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | Contraception                                                                    |
| ondansetron hcl oral soln 4 mg/5 mL                 | Nausea and Vomiting                                                              |
| piroxicam cap 10 mg                                 | Osteoarthritis, Rheumatoid Arthritis                                             |
| prednisolone soln 15 mg/5 mL                        | Inflammatory conditions                                                          |
| sodium chloride soln nebu 3%                        | Loosen mucus in lungs                                                            |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL   | Infections                                                                       |
| trimethobenzamide hcl cap 300 mg                    | Postoperative nausea and vomiting, Nausea associated with gastroenteritis        |
| zolpidem tartrate tab er 12.5 mg                    | Insomnia                                                                         |

**BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER,  
ENHANCED MULTI-TIER ANNUAL DRUG LISTS  
TIER 1 TO TIER 2 CHANGES**

| DRUG <sup>1</sup>                                   | CONDITION                                         |
|-----------------------------------------------------|---------------------------------------------------|
| alprazolam tab er 24hr 2 mg                         | Anxiety                                           |
| amoxicillin & k clavulanate for susp 400-57 mg/5ml  | Infections                                        |
| cefprozil tab 250 mg                                | Infections                                        |
| cefuroxime axetil tab 500 mg                        | Infections                                        |
| cimetidine tab 200 mg                               | Gastroesophageal Reflux Disease (GERD)            |
| clotrimazole w/ betamethasone cream 1-0.05%         | Fungal Infections                                 |
| diltiazem hcl coated beads cap er 24hr 300 mg       | Angina, Hypertension, Atrial Fibrillation/Flutter |
| ethambutol hcl tab 100 mg                           | Tuberculosis                                      |
| fluticasone propionate cream 0.05%                  | Asthma, Chronic Obstructive Pulmonary Disease     |
| glycopyrrolate tab 1 mg                             | Peptic Ulcer Disease                              |
| liothyronine sodium tab 25 mcg                      | Peptic Ulcer Disease                              |
| mafenide acetate packet for topical soln 5% (50 gm) | Burns                                             |
| megestrol acetate tab 40 mg                         | Anorexia, Cachexia                                |
| naloxone hcl inj 4 mg/10ml                          | Opioid Overdose                                   |
| nifedipine tab er 24hr osmotic release 90 mg        | Angina, Hypertension                              |

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER,  
ENHANCED MULTI-TIER ANNUAL DRUG LISTS  
TIER 1 TO TIER 2 CHANGES

| DRUG <sup>1</sup>                                   | CONDITION                                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------------|
| nitrofurantoin macrocrystalline cap 100 mg          | Cystitis                                                                  |
| norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg | Contraception                                                             |
| ondansetron hcl oral soln 4 mg/5ml                  | Nausea and Vomiting                                                       |
| piroxicam cap 10 mg                                 | Osteoarthritis, Rheumatoid Arthritis                                      |
| prednisolone soln 15 mg/5ml                         | Inflammatory conditions                                                   |
| sodium chloride soln nebu 3%, 10%                   | Loosen mucus in lungs                                                     |
| sulfamethoxazole-trimethoprim susp 200-40 mg/5ml    | Infections                                                                |
| tizanidine hcl cap 2 mg (base equivalent            | Spasticity                                                                |
| trimethobenzamide hcl cap 300 mg                    | Postoperative nausea and vomiting, nausea associated with gastroenteritis |
| zolpidem tartrate tab er 12.5 mg                    | Insomnia                                                                  |

# 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 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 2026 renewal date, unless otherwise noted.

**Members received letters regarding the program changes listed below. All changes are effective Jan. 1, 2026.**

| BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                               |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|
| TARGET AGENTS                                                                                                                                         | PROGRAM NAME                  | PROGRAM TYPE        |
| Bucapsol caps                                                                                                                                         | Therapeutic Alternatives PAQL | Prior Authorization |
| Metaxalone 640 mg tab                                                                                                                                 | Therapeutic Alternatives PAQL | Prior Authorization |
| Onexton 1/5% gel                                                                                                                                      | Therapeutic Alternatives PAQL | Prior Authorization |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL DRUG LISTS      |                               |                     |
|----------------------------------------------------------------------------------------------------|-------------------------------|---------------------|
| TARGET AGENTS                                                                                      | PROGRAM NAME                  | PROGRAM TYPE        |
| All Non-Preferred Test Strips (Lifescan (OneTouch), Nipro (TRUtest, TRUEtrack), Roche (Accu-Chek)) | Glucose Test Strip STQL       | Step Therapy        |
| Bucapsol caps                                                                                      | Therapeutic Alternatives PAQL | Prior Authorization |
| Cabtreo gel                                                                                        | Therapeutic Alternatives PAQL | Prior Authorization |
| Crotan Lotion                                                                                      | Therapeutic Alternatives PAQL | Prior Authorization |
| Ctexli tab                                                                                         | Ctexli PAQL                   | Prior Authorization |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL,<br>ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                                                   |                     |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|
| TARGET AGENTS                                                                                    | PROGRAM NAME                                      | PROGRAM TYPE        |
| Doxycycline Hyclate 50 mg tab                                                                    | Oral Tetracycline Derivatives Prior Authorization | Prior Authorization |
| Ergomar SL tab                                                                                   | Therapeutic Alternatives PAQL                     | Prior Authorization |
| Metaxalone 640 mg tab                                                                            | Therapeutic Alternatives PAQL                     | Prior Authorization |
| Nalocet (oxycodone w/ Acetaminophen) tab 2.5-300 mg                                              | Therapeutics Alternatives PAQL                    | Prior Authorization |
| Onexton 1/5% gel                                                                                 | Therapeutic Alternatives PAQL                     | Prior Authorization |
| Prolate (oxycodone w/ Acetaminophen) tab 5-300 mg, 7.5-300 mg, 10-300 mg                         | Therapeutics Alternatives PAQL                    | Prior Authorization |
| Sohonos cap                                                                                      | Sohonos PAQL                                      | Prior Authorization |
| Xdemvy ophth soln                                                                                | Xdemvy PAQL                                       | Prior Authorization |

| BALANCED DRUG LIST    |                               |                     |
|-----------------------|-------------------------------|---------------------|
| TARGET AGENTS         | PROGRAM NAME                  | PROGRAM TYPE        |
| Bucapsol caps         | Therapeutic Alternatives PAQL | Prior Authorization |
| Metaxalone 640 mg tab | Therapeutic Alternatives PAQL | Prior Authorization |
| Onexton 1/5% gel      | Therapeutic Alternatives PAQL | Prior Authorization |

| BALANCED BIOSIMILAR DRUG LIST |                               |                     |
|-------------------------------|-------------------------------|---------------------|
| TARGET AGENTS                 | PROGRAM NAME                  | PROGRAM TYPE        |
| Bucapsol caps                 | Therapeutic Alternatives PAQL | Prior Authorization |
| Metaxalone 640 mg tab         | Therapeutic Alternatives PAQL | Prior Authorization |
| Onexton 1/5% gel              | Therapeutic Alternatives PAQL | Prior Authorization |

| PERFORMANCE ANNUAL DRUG LIST |                               |                     |
|------------------------------|-------------------------------|---------------------|
| TARGET AGENTS                | PROGRAM NAME                  | PROGRAM TYPE        |
| Ctexli tab                   | Ctexli PAQL                   | Prior Authorization |
| Ergomar SL tab               | Therapeutic Alternatives PAQL | Prior Authorization |

| PERFORMANCE ANNUAL DRUG LIST |              |                     |
|------------------------------|--------------|---------------------|
| TARGET AGENTS                | PROGRAM NAME | PROGRAM TYPE        |
| Sohonos cap                  | Sohonos PAQL | Prior Authorization |

| HEALTH INSURANCE MARKETPLACE DRUG LIST |              |                     |
|----------------------------------------|--------------|---------------------|
| TARGET AGENTS                          | PROGRAM NAME | PROGRAM TYPE        |
| Sohonos cap                            | Sohonos PAQL | Prior Authorization |

## New Standard Utilization Management Programs

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

| PROGRAM NAME | PROGRAM TYPE        | CHANGES MADE                                                          | DRUG LISTS                                                                                                                                                                                                                                                                                               | EFFECTIVE DATE |
|--------------|---------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ctexli PAQL  | Prior Authorization | New program that includes the drug Ctexli.                            | Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual                                                                                                                                                                                                   | 1/1/2026       |
| Harliku PAQL | Prior Authorization | New program that includes the drug Harliku (nitisinone (aku) 2 mg tab | Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM Annual, Performance (ASO), Performance Biosimilar Performance Annual, , Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar | 1/1/2026       |
| Sohonos PAQL | Prior Authorization | New program that includes the drug Sohonos.                           | Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM Annual                                                                                                                                                                                                           | 1/1/2026       |

| PROGRAM NAME | PROGRAM TYPE        | CHANGES MADE                                                      | DRUG LISTS                                                                         | EFFECTIVE DATE |
|--------------|---------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------|
| Xdemvy PAQL  | Prior Authorization | New program that includes the drug Xdemvy ophthalmology solution. | Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual | 1/1/2026       |

## Dispensing Limit Changes

Our prescription drug benefit program 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. Our members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2026. For members on the 2025 or 2026 Health Insurance Marketplace Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2026.

**Dispensing Limit changes are listed below with their effective date.**

View 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 log in to [Blue Access for Members<sup>SM</sup>](#) or [MyPrime.com](#) for more online resources.

| BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS |                                |                      |                |
|----------------------------------------------------------------------|--------------------------------|----------------------|----------------|
| TARGET AGENT                                                         | PROGRAM                        | DISPENSING LIMIT     | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx)<br>320 mg auto-injector                   | Biologic Immunomodulators PAQL | 1 per 56 days        | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx)<br>320 mg prefilled syringe               | Biologic Immunomodulators PAQL | 1 per 56 days        | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>15 mg caps                               | Therapeutic Alternatives PAQL  | 120 caps per 30 days | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>7.5 mg caps                              | Therapeutic Alternatives PAQL  | 60 caps per 30 days  | 1/1/2026       |

| BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS |                               |                       |                |
|----------------------------------------------------------------------|-------------------------------|-----------------------|----------------|
| TARGET AGENT                                                         | PROGRAM                       | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bucapsol (buspirone hcl)<br>10 mg caps                               | Therapeutic Alternatives PAQL | 90 caps per 30 days   | 1/1/2026       |
| Metaxalone 640 mg tab                                                | Therapeutic Alternatives PAQL | 120 tabs per 30 days  | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                                       | IBS-D PAQL                    | 126 tabs per 365 days | 1/1/2026       |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                                                 |                                                                                                                                       |                |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                                                                     | PROGRAM                                         | DISPENSING LIMIT                                                                                                                      | EFFECTIVE DATE |
| Auryxia (ferric citrate) 1 gm<br>tab (210 mg ferric iron)                                        | Phosphate Binder STQL                           | 1080 tabs per 365<br>days                                                                                                             | 1/1/2026       |
| Austedo XR<br>(deutetrabenazine) 24 mg tab                                                       | VMAT2 Inhibitors PAQL                           | 30 tabs per 30 days                                                                                                                   | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx)<br>320 mg auto-injector                                               | Biologic Immunomodulators PAQL                  | 1 per 56 days                                                                                                                         | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx)<br>320 mg prefilled syringe                                           | Biologic Immunomodulators PAQL                  | 1 per 56 days                                                                                                                         | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>15 mg caps                                                           | Therapeutic Alternatives PAQL                   | 120 caps per 30 days                                                                                                                  | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>7.5 mg caps                                                          | Therapeutic Alternatives PAQL                   | 60 caps per 30 days                                                                                                                   | 1/1/2026       |
| Bucapsol (buspirone<br>hcl)10 mg caps                                                            | Therapeutic Alternatives PAQL                   | 90 caps per 30 days                                                                                                                   | 1/1/2026       |
| Bydureon Bcise, Byetta,<br>liraglutide, Mounjaro,<br>Ozempic, Trulicity, Victoza                 | GLP-1 (glucagon-like peptide-1)<br>agonist PAQL | Fill limit of one<br>injectable GLP-1 drug<br>product at one dose<br>strength, up to the full<br>day-supply quantity,<br>per 28 days. | 1/1/2026       |
| Crotan Lotion                                                                                    | Therapeutic Alternatives PAQL                   | 454 grams per<br>30 days                                                                                                              | 1/1/2026       |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND<br>ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                                 |                        |                |
|-----------------------------------------------------------------------------------------------------|---------------------------------|------------------------|----------------|
| TARGET AGENT                                                                                        | PROGRAM                         | DISPENSING LIMIT       | EFFECTIVE DATE |
| Ctexli (chenodiol) 250 mg tab                                                                       | Ctexli PAQL                     | 90 tabs per 30 days    | 1/1/2026       |
| Dexilant (dexlansoprazole) DR cap 60 mg                                                             | Proton Pump Inhibitors STQL     | 30 caps per 30 days    | 1/1/2026       |
| Ergomar 2 mg SL tab                                                                                 | Therapeutics Alternatives PAQL  | 20 tabs per 28 days    | 1/1/2026       |
| Esbriet (pirfenidone) cap 267 mg                                                                    | Interstitial Lung Disease PAQL  | 180 caps per 30 days   | 1/1/2026       |
| Esbriet (pirfenidone) tab 267 mg                                                                    | Interstitial Lung Disease PAQL  | 180 tabs per 30 days   | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)                                         | Phosphate Binder STQL           | 360 tabs per 365 days  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)                                 | Phosphate Binder STQL           | 360 packs per 365 days | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)                                          | Phosphate Binder STQL           | 810 tabs per 365 days  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)                                          | Phosphate Binder STQL           | 540 tabs per 365 days  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)                                  | Phosphate Binder STQL           | 540 packs per 365 days | 1/1/2026       |
| FreeStyle Libre 2 Plus                                                                              | Continuous Glucose Monitor PAQL | 2 sensors per 30 days  | 1/1/2026       |
| FreeStyle Libre 3 Plus                                                                              | Continuous Glucose Monitor PAQL | 2 sensors per 30 days  | 1/1/2026       |
| Lyrica (pregabalin) 225 mg cap, 300 mg cap                                                          | Fibromyalgia QL                 | 60 caps per 30 days    | 1/1/2026       |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND<br>ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                                              |                                                                                                                  |                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                                                                        | PROGRAM                                      | DISPENSING LIMIT                                                                                                 | EFFECTIVE DATE |
| Metaxalone 640 mg tab                                                                               | Therapeutic Alternatives PAQL                | 120 tabs per 30 days                                                                                             | 1/1/2026       |
| Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg                                               | Proton Pump Inhibitors STQL                  | 30 packets per 30 days                                                                                           | 1/1/2026       |
| Renagel (sevelamer HCl) 800 mg tab                                                                  | Phosphate Binder STQL                        | 1440 tabs per 365 days                                                                                           | 1/1/2026       |
| Renvela (sevelamer carbonate) 800 mg tab                                                            | Phosphate Binder STQL                        | 1530 tabs per 365 days                                                                                           | 1/1/2026       |
| Renvela (sevelamer carbonate) 0.8 gm packet                                                         | Phosphate Binder STQL                        | 1530 packets per 365 days                                                                                        | 1/1/2026       |
| Renvela (sevelamer carbonate) 2.4 gm packet                                                         | Phosphate Binder STQL                        | 450 packets per 365 days                                                                                         | 1/1/2026       |
| Rybelsus tabs                                                                                       | GLP-1 (glucagon-like peptide-1) agonist PAQL | Fill limit of one oral GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days. | 1/1/2026       |
| Sevelamer HCL tab 400 mg                                                                            | Phosphate Binder STQL                        | 2880 tabs per 365 days                                                                                           | 1/1/2026       |
| Sohonos (palovarotene) 1 mg cap, 1.5 mg cap                                                         | Sohonos PAQL                                 | 120 caps per 30 days                                                                                             | 1/1/2026       |
| Sohonos (palovarotene) 10 mg cap                                                                    | Sohonos PAQL                                 | 60 caps per 30 days                                                                                              | 1/1/2026       |
| Sohonos (palovarotene) 2.5 mg cap                                                                   | Sohonos PAQL                                 | 150 caps per 30 days                                                                                             | 1/1/2026       |
| Sohonos (palovarotene) 5 mg cap                                                                     | Sohonos PAQL                                 | 90 caps per 30 days                                                                                              | 1/1/2026       |
| Velphoro (sucroferri oxyhydroxide) 500 mg chew tab                                                  | Phosphate Binder STQL                        | 540 tabs per 365 days                                                                                            | 1/1/2026       |

| BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND<br>ENHANCED MULTI-TIER ANNUAL DRUG LISTS |              |                       |                |
|-----------------------------------------------------------------------------------------------------|--------------|-----------------------|----------------|
| TARGET AGENT                                                                                        | PROGRAM      | DISPENSING LIMIT      | EFFECTIVE DATE |
| Xifaxan (rifaximin) 550 mg tab                                                                      | IBS-D PAQL   | 126 tabs per 365 days | 1/1/2026       |
| Xphozah (tenapanor hcl)<br>20 mg tab, 30 mg tab                                                     | Xphozah PAQL | 180 tabs per 365 days | 1/1/2026       |

| BALANCED DRUG LIST                                                              |                                |                       |                |
|---------------------------------------------------------------------------------|--------------------------------|-----------------------|----------------|
| TARGET AGENT                                                                    | PROGRAM                        | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx)<br>320 mg auto-injector, 320 mg<br>prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>15 mg caps                                          | Therapeutic Alternatives PAQL  | 120 caps per 30 days  | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>7.5 mg caps                                         | Therapeutic Alternatives PAQL  | 60 caps per 30 days   | 1/1/2026       |
| Bucapsol (buspirone<br>hcl)10 mg caps                                           | Therapeutic Alternatives PAQL  | 90 caps per 30 days   | 1/1/2026       |
| Metaxalone 640 mg tab                                                           | Therapeutic Alternatives PAQL  | 120 tabs per 30 days  | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                                                  | IBS-D PAQL                     | 126 tabs per 365 days | 1/1/2026       |

| BALANCED BIOSIMILAR DRUG LIST                                                   |                                |                      |                |
|---------------------------------------------------------------------------------|--------------------------------|----------------------|----------------|
| TARGET AGENT                                                                    | PROGRAM                        | DISPENSING LIMIT     | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx)<br>320 mg auto-injector, 320 mg<br>prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days        | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>15 mg caps                                          | Therapeutic Alternatives PAQL  | 120 caps per 30 days | 1/1/2026       |
| Bucapsol (buspirone hcl)<br>7.5 mg caps                                         | Therapeutic Alternatives PAQL  | 60 caps per 30 days  | 1/1/2026       |
| Bucapsol (buspirone<br>hcl)10 mg caps                                           | Therapeutic Alternatives PAQL  | 90 caps per 30 days  | 1/1/2026       |
| Metaxalone 640 mg tab                                                           | Therapeutic Alternatives PAQL  | 120 tabs per 30 days | 1/1/2026       |

| BALANCED BIOSIMILAR DRUG LIST  |            |                       |                |
|--------------------------------|------------|-----------------------|----------------|
| TARGET AGENT                   | PROGRAM    | DISPENSING LIMIT      | EFFECTIVE DATE |
| Xifaxan (rifaximin) 550 mg tab | IBS-D PAQL | 126 tabs per 365 days | 1/1/2026       |

| PERFORMANCE DRUG LIST                                                     |                                |                       |                |
|---------------------------------------------------------------------------|--------------------------------|-----------------------|----------------|
| TARGET AGENT                                                              | PROGRAM                        | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                                            | IBS-D PAQL                     | 126 tabs per 365 days | 1/1/2026       |

| PERFORMANCE BIOSIMILAR DRUG LIST                                          |                                |                       |                |
|---------------------------------------------------------------------------|--------------------------------|-----------------------|----------------|
| TARGET AGENT                                                              | PROGRAM                        | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                                            | IBS-D PAQL                     | 126 tabs per 365 days | 1/1/2026       |

| PERFORMANCE ANNUAL DRUG LIST                                              |                                |                        |                |
|---------------------------------------------------------------------------|--------------------------------|------------------------|----------------|
| TARGET AGENT                                                              | PROGRAM                        | DISPENSING LIMIT       | EFFECTIVE DATE |
| Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron)                    | Phosphate Binder STQL          | 1080 tabs per 365 days | 1/1/2026       |
| Austedo XR (deutetrabenazine) 24 mg tab                                   | VMAT2 Inhibitors PAQL          | 30 tabs per 30 days    | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days          | 1/1/2026       |

| PERFORMANCE ANNUAL DRUG LIST                                               |                                              |                                                                                                                        |                |
|----------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                                               | PROGRAM                                      | DISPENSING LIMIT                                                                                                       | EFFECTIVE DATE |
| Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza | GLP-1 (glucagon-like peptide-1) agonist PAQL | Fill limit of one injectable GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days. | 1/1/2026       |
| Ctexli (chenodiol) 250 mg tab                                              | Ctexli PAQL                                  | 90 tabs per 30 days                                                                                                    | 1/1/2026       |
| Dexilant (dexlansoprazole) DR cap 60 mg                                    | Proton Pump Inhibitors STQL                  | 30 caps per 30 days                                                                                                    | 1/1/2026       |
| Ergomar 2 mg SL tab                                                        | Therapeutics Alternatives PAQL               | 20 tabs per 28 days                                                                                                    | 1/1/2026       |
| Esbriet (pirfenidone) cap 267 mg                                           | Interstitial Lung Disease PAQL               | 180 caps per 30 days                                                                                                   | 1/1/2026       |
| Esbriet (pirfenidone) tab 267 mg                                           | Interstitial Lung Disease PAQL               | 180 tabs per 30 days                                                                                                   | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)                 | Phosphate Binder STQL                        | 810 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)                 | Phosphate Binder STQL                        | 540 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)                | Phosphate Binder STQL                        | 360 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)         | Phosphate Binder STQL                        | 540 packs per 365 days                                                                                                 | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)        | Phosphate Binder STQL                        | 360 packs per 365 days                                                                                                 | 1/1/2026       |
| FreeStyle Libre 2 Plus                                                     | Continuous Glucose Monitor PAQL              | 2 sensors per 30 days                                                                                                  | 1/1/2026       |
| FreeStyle Libre 3 Plus                                                     | Continuous Glucose Monitor PAQL              | 2 sensors per 30 days                                                                                                  | 1/1/2026       |

| PERFORMANCE ANNUAL DRUG LIST                             |                                                 |                                                                                                                              |                |
|----------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                             | PROGRAM                                         | DISPENSING LIMIT                                                                                                             | EFFECTIVE DATE |
| Lyrica (pregabalin) 225 mg cap,<br>300 mg cap            | Fibromyalgia QL                                 | 60 caps per 30 days                                                                                                          | 1/1/2026       |
| Prilosec (Omeprazole magnesium) DR<br>susp packet 2.5 mg | Proton Pump Inhibitors<br>STQL                  | 30 packets per 30 days                                                                                                       | 1/1/2026       |
| Renagel (sevelamer HCl) 800 mg tab                       | Phosphate Binder STQL                           | 1440 tabs per 365<br>days                                                                                                    | 1/1/2026       |
| Renvela (sevelamer carbonate)<br>800 mg tab              | Phosphate Binder STQL                           | 1530 tabs per 365<br>days                                                                                                    | 1/1/2026       |
| Renvela (sevelamer carbonate) 0.8 gm<br>packet           | Phosphate Binder STQL                           | 1530 packets per 365<br>days                                                                                                 | 1/1/2026       |
| Renvela (sevelamer carbonate) 2.4 gm<br>packet           | Phosphate Binder STQL                           | 450 packets per 365<br>days                                                                                                  | 1/1/2026       |
| Rybelsus tabs                                            | GLP-1 (glucagon-like<br>peptide-1) agonist PAQL | Fill limit of one oral<br>GLP-1 drug product at<br>one dose strength, up<br>to the full day-supply<br>quantity, per 28 days. | 1/1/2026       |
| Sevelamer HCL tab 400 mg                                 | Phosphate Binder STQL                           | 2880 tabs per 365<br>days                                                                                                    | 1/1/2026       |
| Sohonos (palovarotene) 1 mg cap,<br>1.5 mg cap           | Sohonos PAQL                                    | 120 caps per 30 days                                                                                                         | 1/1/2026       |
| Sohonos (palovarotene) 10 mg cap                         | Sohonos PAQL                                    | 60 caps per 30 days                                                                                                          | 1/1/2026       |
| Sohonos (palovarotene) 2.5 mg cap                        | Sohonos PAQL                                    | 150 caps per 30 days                                                                                                         | 1/1/2026       |
| Sohonos (palovarotene) 5 mg cap                          | Sohonos PAQL                                    | 90 caps per 30 days                                                                                                          | 1/1/2026       |
| Velphoro (sucroferric oxyhydroxide)<br>500 mg chew tab   | Phosphate Binder STQL                           | 540 tabs per 365 days                                                                                                        | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                           | IBS-D PAQL                                      | 126 tabs per 365 days                                                                                                        | 1/1/2026       |

| PERFORMANCE ANNUAL DRUG LIST                 |              |                       |                |
|----------------------------------------------|--------------|-----------------------|----------------|
| TARGET AGENT                                 | PROGRAM      | DISPENSING LIMIT      | EFFECTIVE DATE |
| Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab | Xphozah PAQL | 180 tabs per 365 days | 1/1/2026       |

| PERFORMANCE SELECT DRUG LIST                        |                                |                       |                |
|-----------------------------------------------------|--------------------------------|-----------------------|----------------|
| TARGET AGENT                                        | PROGRAM                        | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector     | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                      | IBS-D PAQL                     | 126 tabs per 365 days | 1/1/2026       |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST             |                                |                       |                |
|-----------------------------------------------------|--------------------------------|-----------------------|----------------|
| TARGET AGENT                                        | PROGRAM                        | DISPENSING LIMIT      | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector     | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe | Biologic Immunomodulators PAQL | 1 per 56 days         | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                      | IBS-D PAQL                     | 126 tabs per 365 days | 1/1/2026       |

| HEALTH INSURANCE MARKETPLACE DRUG LIST                 |                       |                        |                |
|--------------------------------------------------------|-----------------------|------------------------|----------------|
| TARGET AGENT                                           | PROGRAM               | DISPENSING LIMIT       | EFFECTIVE DATE |
| Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron) | Phosphate Binder STQL | 1080 tabs per 365 days | 1/1/2026       |
| Austedo XR (deutetrabenazine) 24 mg tab                | VMAT2 Inhibitors PAQL | 30 tabs per 30 days    | 1/1/2026       |

| HEALTH INSURANCE MARKETPLACE DRUG LIST                                     |                                              |                                                                                                                        |                |
|----------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                                               | PROGRAM                                      | DISPENSING LIMIT                                                                                                       | EFFECTIVE DATE |
| Bimzelx (bimekizumab-bkzx) 320 mg auto-injector                            | Biologic Immunomodulators PAQL               | 1 per 56 days                                                                                                          | 1/1/2026       |
| Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe                        | Biologic Immunomodulators PAQL               | 1 per 56 days                                                                                                          | 1/1/2026       |
| Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza | GLP-1 (glucagon-like peptide-1) agonist PAQL | Fill limit of one injectable GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days. | 1/1/2026       |
| Dexilant (dexlansoprazole) DR cap 60 mg                                    | Proton Pump Inhibitors STQL                  | 30 caps per 30 days                                                                                                    | 1/1/2026       |
| Esbriet (pirfenidone) cap 267 mg                                           | Interstitial Lung Disease PAQL               | 180 caps per 30 days                                                                                                   | 1/1/2026       |
| Esbriet (pirfenidone) tab 267 mg                                           | Interstitial Lung Disease PAQL               | 180 tabs per 30 days                                                                                                   | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)                | Phosphate Binder STQL                        | 360 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)        | Phosphate Binder STQL                        | 360 packs per 365 days                                                                                                 | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)                 | Phosphate Binder STQL                        | 810 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)                 | Phosphate Binder STQL                        | 540 tabs per 365 days                                                                                                  | 1/1/2026       |
| Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)         | Phosphate Binder STQL                        | 540 packs per 365 days                                                                                                 | 1/1/2026       |
| FreeStyle Libre 2 Plus                                                     | Continuous Glucose Monitor PAQL              | 2 sensors per 30 days                                                                                                  | 1/1/2026       |
| FreeStyle Libre 3 Plus                                                     | Continuous Glucose Monitor PAQL              | 2 sensors per 30 days                                                                                                  | 1/1/2026       |

| HEALTH INSURANCE MARKETPLACE DRUG LIST                |                                              |                                                                                                                  |                |
|-------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------|
| TARGET AGENT                                          | PROGRAM                                      | DISPENSING LIMIT                                                                                                 | EFFECTIVE DATE |
| Lyrica (pregabalin) 225 mg cap, 300 mg cap            | Fibromyalgia QL                              | 60 caps per 30 days                                                                                              | 1/1/2026       |
| Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg | Proton Pump Inhibitors STQL                  | 30 packets per 30 days                                                                                           | 1/1/2026       |
| Renagel (sevelamer HCl) 800 mg tab                    | Phosphate Binder STQL                        | 1440 tabs per 365 days                                                                                           | 1/1/2026       |
| Renvela (sevelamer carbonate) 800 mg tab              | Phosphate Binder STQL                        | 1530 tabs per 365 days                                                                                           | 1/1/2026       |
| Renvela (sevelamer carbonate) 0.8 gm packet           | Phosphate Binder STQL                        | 1530 packets per 365 days                                                                                        | 1/1/2026       |
| Renvela (sevelamer carbonate) 2.4 gm packet           | Phosphate Binder STQL                        | 450 packets per 365 days                                                                                         | 1/1/2026       |
| Rybelsus tabs                                         | GLP-1 (glucagon-like peptide-1) agonist PAQL | Fill limit of one oral GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days. | 1/1/2026       |
| Sevelamer HCL tab 400 mg                              | Phosphate Binder STQL                        | 2880 tabs per 365 days                                                                                           | 1/1/2026       |
| Sohonos (palovarotene) 1 mg cap, 1.5 mg cap           | Sohonos PAQL                                 | 120 caps per 30 days                                                                                             | 1/1/2026       |
| Sohonos (palovarotene) 10 mg cap                      | Sohonos PAQL                                 | 60 caps per 30 days                                                                                              | 1/1/2026       |
| Sohonos (palovarotene) 2.5 mg cap                     | Sohonos PAQL                                 | 150 caps per 30 days                                                                                             | 1/1/2026       |
| Sohonos (palovarotene) 5 mg cap                       | Sohonos PAQL                                 | 90 caps per 30 days                                                                                              | 1/1/2026       |
| Velphoro (sucroferric oxyhydroxide) 500 mg chew tab   | Phosphate Binder STQL                        | 540 tabs per 365 days                                                                                            | 1/1/2026       |
| Xifaxan (rifaximin) 550 mg tab                        | IBS-D PAQL                                   | 126 tabs per 365 days                                                                                            | 1/1/2026       |
| Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab          | Xphozah PAQL                                 | 180 tabs per 365 days                                                                                            | 1/1/2026       |

# 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 our members who have prescription-drug benefits administered by Prime Therapeutics<sup>†</sup>. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications. Members were lettered on these changes unless otherwise noted.

| PRODUCT(S) NO LONGER COVERED <sup>1</sup> | COVERED ALTERNATIVE(S) <sup>1, 2</sup> | CONDITION                       |
|-------------------------------------------|----------------------------------------|---------------------------------|
| ZANAFLEX CAP 8 mg (Trifluent Pharma)      | TIZANIDINE TABS                        | Muscle spasticity and stiffness |

# Pharmacy Benefits Updates

Visit the [our provider pharmacy page](#) for resource materials and additional pharmacy program 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, along with those using a Health Savings Account.

When members have reduced cost-share, it can improve adherence and clinical outcomes, as well as provide a positive member experience.

See below for the applicable categories and the 2026 updates for each market segment.

**New Custom Categories:** Emergency-Use Medications is the only new custom category for 2026. This category is only for ASO group clients.

| ASO GROUPS     |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date | 2026 Changes                                                                             | Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1/1/2026       | Standard and Extended categories from 2025 are unchanged with minor product differences. | <b>Standard</b><br>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.<br><br><b>Extended</b><br>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 |

| CUSTOM FULLY INSURED (CFI) GROUPS |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                    | 2026 Changes                                                                                                                                                                              | Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1/1/2026                          | Standard and Extended categories from 2025 are unchanged with minor product differences. One Custom category is available and remains unchanged from 2025 with minor product differences. | <p><b>Standard</b></p> <p>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><b>Extended</b></p> <p>Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral &amp; 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> <p><b>Custom</b></p> <p>Diabetic Supplies - insulin pumps and associated supplies</p> |

| ASO-ONLY GROUPS |                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date  | 2026 Changes                                                                                                                                                                                          | Custom Categories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1/1/2026        | Custom categories remain for ASO groups only from 2025 with minor product differences. A few categories have had a minor name change.<br>Emergency-Use Medications is the only new category for 2026. | Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Asthma - Advanced, Autoimmune, Autoimmune - Advanced, Breast Cancer Secondary Prevention, Diabetic Supplies - insulin pumps and associated supplies*, Emergency-Use Medications, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, Hereditary Angioedema (HAE) , Hemophilia, HIV/AIDS, HIV PrEP, Influenza Agents, Lipid Lowering - Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Multiple Sclerosis, Substance Use Disorder, Substance Use Disorder - Naloxone, Thyroid Agents, Weight-Loss Agents (traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos).<br><hr/> <i>*Optional coverage is also available to Custom Fully Insured groups</i> |

| BLUE BALANCE FUNDED PLANS |                                                                                               |                                                                                                                                                                                                                                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date            | 2026 Changes                                                                                  | Categories                                                                                                                                                                                                                                                                                              |
| 1/1/2026                  | The Blue Balance Funded categories from 2025 remain 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), Respiratory, Tobacco Cessation, Vaccines |

| MID-MARKET PLANS |                                                                                      |                                                                                                                                                                                                                                                                                                         |
|------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date   | 2026 Changes                                                                         | Categories                                                                                                                                                                                                                                                                                              |
| 7/1/2026         | The Mid-Market categories from 2025 remain 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), Respiratory, Tobacco Cessation, Vaccines |

| SMALL GROUP (SG) PLANS                                                                                                                       |                |                                                                   |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AVAILABLE QHP/METALLIC PLANS                                                                                                                 | EFFECTIVE DATE | 2026 CHANGES                                                      | CATEGORIES                                                                                                                                                  |
| Blue Advantage Silver HMO 101<br>Blue Advantage Silver HMO 101-in vitro<br>Blue Choice Silver PPO 101<br>Blue Choice Silver PPO 101-in vitro | 1/1/2026       | The Quality Health Plan (QHP) categories from 2025 are unchanged. | Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory |

## Humira and Stelara coverage changes starting on Jan. 1, 2026

Coverage of Humira (adalimumab), Stelara (ustekinumab) and select biosimilars of those drugs will change on most commercial drug lists, starting on Jan. 1, 2026.

**What's new:** For groups on the ASO-only Balanced Biosimilar, Performance Select Biosimilar and Performance Biosimilar drug lists, Humira and Stelara will remain excluded while select biosimilars of those drugs will be preferred. Humira and Stelara will also be excluded on the Performance Full and Performance Annual drug lists. For IL HMO groups (fully insured and ASO) and Texas fully insured groups on Performance Annual, the exclusions will be effective upon renewal, on or after Jan. 1, 2026.

- Humira biosimilar adalimumab-adbm is being added as a preferred drug on all drug lists.
- Humira biosimilars Simlandi (adalimumab-ryvk), Hadlima (adalimumab-bwwd) and adalimumab-adaz (unbranded Hyrimoz) will no longer be covered across all drug lists.
- Stelara biosimilar Selarsdi (ustekinumab-aekn) will no longer be covered across all drug lists.

**(Reminder:** Stelara was excluded July 1, 2025, on the Performance Full and quarterly HIM drug lists (NM, OK, MT, IL non-HMO). This exclusion is becoming effective for Performance Annual and HIM annual drug lists Jan. 1, 2026, upon renewal.

Humira and Stelara will remain covered, subject to prior authorization, for groups on Open drug lists, and on the ASO-only Balanced, Performance Select and Performance drug lists.

Members can check drug coverage by logging into their member account.

**Reminder:** A biosimilar is a biological product that is highly similar to and has no clinically meaningful differences from an existing [FDA-approved reference product](#)<sup>1</sup>.

## New Low-Cost Cancer and Multiple Sclerosis Drugs from CivicaScript

**What's new:** Starting Jan. 1, 2026, or upon renewal, the CivicaScript-produced versions of capecitabine (50 mg and 500 mg) and dalfampridine (10 mg) will be the only generic versions covered for members on all Individual & Family Market and commercial-group drug lists. The brand name drugs Xeloda and Ampyra, and all other non-CivicaScript generics of both drugs, will be excluded.

- The CivicaScript versions of capecitabine and dalfampridine are only available from SortPak Pharmacy
- Members will be notified regarding this change.

**\$0 Member Cost Share:** Capecitabine and dalfampridine are also covered under the [\\$0 CivicaScript Benefit](#), which eliminates out-of-pocket costs for covered, CivicaScript drugs. This benefit will be available to IFM and fully insured groups Jan. 1, 2026, or upon renewal.

## 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:** This change began Jan. 1, 2025. Mid-Market fully insured group members with a January, February, or March renewal date will receive an awareness letter.

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

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

<sup>4</sup>This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

<sup>†</sup>Prime Therapeutics, LLC is a separate company BCBSTX contracts with Prime Therapeutics 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-benefit website owned and operated 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.