



BlueCross BlueShield
of Texas

Pharmacy Program Quarterly Update Changes Effective April 1, 2026 – Part 2

April 2, 2026

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Reminder: Quarterly Pharmacy Changes are published in two parts. This part 2 article contains coverage additions, utilization management updates and other pharmacy program updates. These updates do not require member notification. 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.

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 additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Texas drug lists. **Additions effective April 1, 2026, and prior updates are outlined below.**

Drug List Additions

| BALANCED DRUG LIST ADDITIONS | |
|---|------------------------------------|
| DRUG ¹ | CONDITION |
| BLUJEP (gepotidacin mesylate) 750 mg tab | Urinary tract infection |
| BREKIYA (dihydroergotamine mesylate) 1 mg/mL auto-inj soln | Migraine |
| BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| DROXIA (hydroxyurea) 200 mg cap, 300 mg cap, 400 mg cap | Sickle cell anemia, cancer |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| ORLYNVAH (sulopenem etzadroxil-probenecid) 500-500 mg tab | Urinary tract infection |
| VIZZ (aceclidine HCl) 1.44% ophth soln | Presbyopia |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

| BALANCED BIOSIMILAR DRUG LIST ADDITIONS | |
|---|------------------------------------|
| DRUG ¹ | CONDITION |
| BLUJEP (gepotidacin mesylate) 750 mg tab | Urinary tract infection |
| BREKIYA (dihydroergotamine mesylate) 1 mg/mL auto-inj soln | Migraine |
| BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| DROXIA (hydroxyurea) 200 mg cap, 300 mg cap, 400 mg cap | Sickle cell anemia, cancer |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| ORLYNVAH (sulopenem etzadroxil-probenecid) 500-500 mg tab | Urinary tract infection |
| VIZZ (aceclidine HCl) 1.44% ophth soln | Presbyopia |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

| DRUG ¹ | CONDITION |
|---|------------------------------------|
| BRINSUPRI (brensocatib) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| oxcarbazepine ER 24 hr 150 mg tab, 300 mg tab, 600 mg tab | Seizures |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS

| DRUG ¹ | CONDITION |
|---|------------------------------------|
| BRINSUPRI (brensocatib) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| oxcarbazepine tab ER 24 hr 150 mg tab, 300 mg tab, 600 mg tab | Seizures |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

PERFORMANCE SELECT DRUG LIST ADDITIONS

| DRUG ¹ | CONDITION |
|---|------------------------------------|
| BRINSUPRI (brensocatib) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| VIZZ (aceclidine HCl) 1.44% ophth soln | Presbyopia |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS

| DRUG ¹ | CONDITION |
|---|------------------------------------|
| BRINSUPRI (brensocatib) 10 mg tab, 25 mg tab | Non-cystic fibrosis bronchiectasis |
| HERNEXEOS (zongertinib) 60 mg tab | Cancer |
| LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv) | Alopecia areata |
| MODEYSO (dordaviprone HCl) 125 mg cap | Cancer |
| VIZZ (aceclidine HCl) 1.44% ophth soln | Presbyopia |
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

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

| DRUG ¹ | CONDITION |
|---|-----------------|
| ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv) | Opioid overdose |

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

| BALANCED DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| ANZUPGO (delgocitinib) 20 mg/gm (2%) cream | Hand eczema | 3/1/2026 |
| BESIFLOXACIN HYDROCHLORIDE (besifloxacin HCl) 0.6% ophth susp (base equiv) | Bacterial conjunctivitis | 1/11/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| CEFIXIME (cefixime) 400 mg tab | Infections | 1/4/2026 |
| CORPHENA (dexchlorpheniramine maleate) 2 mg/5 mL oral soln | Allergic Symptoms | 1/11/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| LOPRESSOR (metoprolol tartrate) 12.5 mg tab | Hypertension | 1/15/2026 |
| loteprednol etabonate-tobramycin 0.5-0.3% ophth susp | Ocular Inflammation/Pain | 1/11/2026 |
| METOPROLOL TARTRATE (metoprolol tartrate) 12.5 mg tab | Hypertension | 1/11/2026 |
| ORUDIS (ketoprofen) 75 mg cap | Pain | 1/18/2026 |
| POKONZA (potassium chloride) 5% (10 mEq/15 mL) oral soln | Hypokalemia | 2/8/2026 |

| BALANCED DRUG LIST ADDITIONS | | |
|--|--------------------------------------|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| RENTHYROID (thyroid tab) 45 mg (3/4 grain), 75 mg (1 1/4 grain) | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr | Zoster vaccine | 1/18/2026 |
| TRYPTYR (acoltremon) 0.003% ophth soln | Dry eye syndrome | 2/1/2026 |
| WEGOVI (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| ZYBIC (meloxicam) 7.5 mg/5 mL oral susp | Osteoarthritis, rheumatoid arthritis | 1/25/2026 |

| BALANCED BIOSIMILAR DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| ANZUPGO (delgocitinib) 20 mg/gm (2%) cream | Hand eczema | 3/1/2026 |
| BESIFLOXACIN HYDROCHLORIDE (besifloxacin HCl) 0.6% ophth susp (base equiv) | Bacterial conjunctivitis | 1/11/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| CEFIXIME (cefixime) 400 mg tab | Infections | 1/4/2026 |
| CORPHENA (dexchlorpheniramine maleate) 2 mg/5 mL oral soln | Allergic Symptoms | 1/11/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| LOPRESSOR (metoprolol tartrate) 12.5 mg tab | Hypertension | 1/15/2026 |

| BALANCED BIOSIMILAR DRUG LIST ADDITIONS | | |
|--|---|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| loteprednol etabonate-tobramycin 0.5-0.3% ophth susp | Ocular Inflammation/Pain | 1/11/2026 |
| METOPROLOL TARTRATE (metoprolol tartrate) 12.5 mg tab | Hypertension | 1/11/2026 |
| ORUDIS (ketoprofen) 75 mg cap | Ankylosing spondylitis, Arthritis, pain | 1/18/2026 |
| POKONZA (potassium chloride) 5% oral soln (10 mEq/15 mL) oral soln | Hypokalemia | 2/8/2026 |
| RENTHYROID (thyroid tab) 45 mg (3/4 grain), 75 mg (1 1/4 grain) | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin powder packet) 250 mg, 1000 mg | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr | Zoster vaccine | 1/18/2026 |
| TRYPYR (acoltremon) 0.003% ophth soln | Dry eye syndrome | 2/1/2026 |
| WEGOVY (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| ZYBIC (meloxicam) 7.5 mg/5 mL susp | Osteoarthritis, rheumatoid arthritis | 1/25/2026 |

| PERFORMANCE DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| HYPERSAL (sodium chloride soln nebu) 7% soln | Loosen mucus in lungs | 1/4/2026 |
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |

| PERFORMANCE DRUG LIST ADDITIONS | | |
|---|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1 1/4 grain) | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr | Zoster vaccine | 1/18/2026 |
| WEGOVY (semaglutide (weight management) tab 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |

| PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune Conditions | 2/15/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| HYPERMOR (sodium chloride soln nebu) 7% soln | Loosen mucus in lungs | 1/4/2026 |
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| RENTHYROID (thyroid) 45 mg (3/4 grain) tab, 75 mg (1 1/4 grain) tab | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5mL IM susp pref syr | Zoster vaccine | 1/18/2026 |

| PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS | | |
|--|-------------------------------------|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| WEGOVY (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |

| PERFORMANCE SELECT DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| ANZUPGO (delgocitinib) 20 mg/gm (2%) cream | Hand eczema | 3/1/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune conditions | 2/15/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| HYPERSAL (sodium chloride soln nebu) 7% soln | Loosen mucus in lungs | 1/4/2026 |
| KERENDIA (finerenone) tab 40 mg | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1/4 grain) | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted IM susp pref syr) 50 mcg/0.5mL | Zoster vaccine | 1/18/2026 |
| TRYPTYR (acoltremon ophth soln) 0.003% soln | Dry eye syndrome | 2/1/2026 |
| WEGOVY (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS | | |
|--|--|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| ANZUPGO (delgocitinib) 20 mg/gm (2% cream) | Hand eczema | 3/1/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln | Autoimmune conditions | 2/15/2026 |
| BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln | Autoimmune conditions | 2/15/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet | Rett syndrome | 1/11/2026 |
| HYPERSAL (sodium chloride soln nebu) 7% soln | Loosen mucus in lungs | 1/4/2026 |
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| K-PHOS (potassium phosphate monobasic) 500 mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab | Hypophosphatemia, increase urinary phosphate | 1/4/2026 |
| RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1 1/4 grain) | Hypothyroidism | 2/1/2026 |
| SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet | Hyperphenylalaninemia | 3/1/2026 |
| SHINGRIX (zoster vac recomb adjuvanted IM susp pref syr) 50 mcg/0.5mL | Zoster vaccine | 1/18/2026 |
| TRYPTYR (acoltremon ophth soln 0.003%) | Dry eye syndrome | 2/1/2026 |
| WEGOVI (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |

| BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LIST ADDITIONS | | |
|--|-----------------------|----------------|
| DRUG ¹ | CONDITION | EFFECTIVE DATE |
| ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln | Hereditary angioedema | 2/1/2026 |
| DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln | Hereditary angioedema | 2/1/2026 |
| ILET INSULIN INFUSION KIT - FLEX 23" 6 mm (insulin infusion pump supplies) | Diabetes | 2/15/2026 |

**BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL
AND ENHANCED MULTI-TIER ANNUAL DRUG LIST ADDITIONS**

| DRUG ¹ | CONDITION | EFFECTIVE DATE |
|---|-------------------------------------|----------------|
| KERENDIA (finerenone) 40 mg tab | Chronic kidney disease, Diabetes | 3/1/2026 |
| WEGOVY (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab | Chronic weight management | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 300 mg tab | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |
| YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln | HIV pre-exposure prophylaxis (PrEP) | 2/1/2026 |

Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their effective date.

BALANCED DRUG LIST TIER CHANGES

| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
|---|---------------------------|-----------------------|----------------|
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute Repetitive Seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, narcolepsy | Non-preferred generic | 1/25/2026 |

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES

| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
|---|---------------------------|-----------------------|----------------|
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute repetitive seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, narcolepsy | Non-preferred generic | 1/25/2026 |

PERFORMANCE DRUG LIST TIER CHANGES

| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
|---|---------------------------|-----------------------|----------------|
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute Repetitive Seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, Narcolepsy | Non-preferred generic | 1/25/2026 |

| PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES | | | |
|---|---------------------------|-----------------------|----------------|
| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute Repetitive Seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, Narcolepsy | Non-preferred generic | 1/25/2026 |

| PERFORMANCE SELECT DRUG LIST TIER CHANGES | | | |
|---|---------------------------|-----------------------|----------------|
| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute Repetitive Seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, Narcolepsy | Non-preferred generic | 1/25/2026 |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES | | | |
|---|---------------------------|-----------------------|----------------|
| DRUG ¹ | CONDITION | NEW TIER | EFFECTIVE DATE |
| amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr | Infections | Non-preferred generic | 1/18/2026 |
| diazepam rectal delivery system 2.5 mg gel | Acute Repetitive Seizures | Non-preferred generic | 2/8/2026 |
| sodium oxybate 500 mg/mL oral solution | Cataplexy, Narcolepsy | Non-preferred generic | 1/25/2026 |

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 Utilization Management Program Updates

Prior Authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on bcbstx.com lists the current drug lists and dispensing limits. Members may also log in to [Blue Access for MembersSM](#) or MyPrime.com for more online resources.

Please Note: The PA and ST programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA and ST programs may apply, based on the member's current drug list and plan benefits. A list of PA and ST programs per drug list is posted on the member pharmacy programs section of bcbstx.com.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

New Dispensing Limits

| BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL AND PERFORMANCE SELECT DRUG LISTS | | | |
|--|--------------------------------|------------------------|----------------|
| MEDICATION(S) ¹ | CLINICAL PROGRAM | NEW DISPENSING LIMIT | EFFECTIVE DATE |
| ADDERALL (amphetamine-dextroamphetamine) 5 mg tab, 10 mg tab | ADHD Agents QL | 180 tabs per 30 days | 2/15/2026 |
| ADDERALL (amphetamine-dextroamphetamine) 12.5 mg tab, 15 mg tab | ADHD Agents QL | 120 tabs per 30 days | 2/15/2026 |
| ADDERALL (amphetamine-dextroamphetamine) 7.5 mg tab | ADHD Agents QL | 90 tabs per 30 days | 2/15/2026 |
| ADDERALL XR (amphetamine-dextroamphetamine) 5 mg 24 hr cap, 10 mg 24 hr cap, 15 mg 24 hr cap, 20 mg 24 hr cap | ADHD Agents QL | 60 caps per 30 days | 2/15/2026 |
| CIMZIA (certolizumab pegol) 200 mg/mL prefilled syringe kit | Biologic Immunomodulators PAQL | 4 syringes per 28 days | 2/1/2026 |
| CONCERTA; RELEXXII (methylphenidate HCl osmotic release) 18 mg ER tab, 27 mg ER tab | ADHD Agents QL | 60 tabs per 30 days | 2/15/2026 |
| dextroamphetamine sulfate 5 mg tab | ADHD Agents QL | 360 tabs per 30 days | 2/15/2026 |

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL AND PERFORMANCE SELECT DRUG LISTS

| MEDICATION(S) ¹ | CLINICAL PROGRAM | NEW DISPENSING LIMIT | EFFECTIVE DATE |
|--|------------------------|------------------------|----------------|
| FOCALIN (dexamethylphenidate HCl) 2.5 mg | ADHD Agents QL | 240 tabs per 30 days | 2/15/2026 |
| FOCALIN (dexamethylphenidate HCl) 5 mg | ADHD Agents QL | 120 tabs per 30 days | 2/15/2026 |
| FOCALIN XR (dexamethylphenidate HCl) 5 mg ER 24 hr cap, 10 mg ER 24 hr cap, 15 mg ER 24 hr cap, 20 mg ER 24 hr cap | ADHD Agents QL | 60 caps per 30 days | 2/15/2026 |
| INTUNIV (guanfacine HCl) 2 mg ER 24 hr tab | ADHD Agents QL | 90 tabs per 30 days | 2/15/2026 |
| INTUNIV (guanfacine HCl) 3 mg ER 24 hr tab | ADHD Agents QL | 60 tabs per 30 days | 2/15/2026 |
| lidocaine HCl 4% soln | Topical Lidocaine PAQL | 150 mLs per 30 days | 4/1/2026 |
| lidocaine HCl urethral/mucosal 2% gel | Topical Lidocaine PAQL | 150 mLs per 30 days | 4/1/2026 |
| lidocaine HCl urethral/mucosal 2% gel prefilled syringe | Topical Lidocaine PAQL | 150 mLs per 30 days | 4/1/2026 |
| METADATE CD (methylphenidate HCl) 10 mg ER cap CD, 30 mg ER cap CD, 120 mg ER cap CD | ADHD Agents QL | 60 caps per 30 days | 2/15/2026 |
| methylphenidate HCl 2.5 mg chew tab, 5 mg chew tab | ADHD Agents QL | 180 tabs per 30 days | 2/15/2026 |
| PLIAGLIS (lidocaine-tetracaine) 7-7% cream | Topical Lidocaine PAQL | 120 gms per 30 days | 4/1/2026 |
| PRUDOXIN; ZONALON (doxepin HCl) cream 5% | Topical Doxepin PAQL | 45 gms per 30 days | 2/1/2026 |
| RITALIN (methylphenidate HCl) 5 mg tab | ADHD Agents QL | 360 tabs per 30 days | 2/15/2026 |
| RITALIN (methylphenidate HCl) 10 mg tab | ADHD Agents QL | 180 tabs per 30 days | 2/15/2026 |
| RITALIN LA (Methylphenidate HCl ER 24 hr) 20 mg ER 24 hr cap | ADHD Agents QL | 90 caps per 30 days | 2/15/2026 |
| STRATTERA (atomoxetine HCl) 18 mg cap, 25 mg cap | ADHD Agents QL | 120 caps per 30 days | 2/15/2026 |
| Vyvgart Hytrulo 1000-10000 mg-unit/5 mL | Efgartigimod PAQL | 4 syringes per 28 days | 2/15/2026 |

Retired Dispensing Limits

**BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL,
BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM,
BALANCED, PERFORMANCE, PERFORMANCE ANNUAL AND PERFORMANCE SELECT DRUG LISTS**

| MEDICATION(S) ¹ | CLINICAL PROGRAM | NEW DISPENSING LIMIT | EFFECTIVE DATE |
|---|------------------------|--------------------------|----------------|
| lidocaine aerosol 0.5%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine cream 3%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine gel 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl aerosol soln 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl cream 3%, 3.25%, 3.88%, 4%, 4.12% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl gel 1%, 2%, 2.8%, 3%, 3.88%, 4%, 5% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl liquid 2%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl lotion 1%, 3% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl oint 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl pad 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl patch 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl soln 2%, 5% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine lotion 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine oint 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine patch 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR DRUG LISTS

| MEDICATION(S) ¹ | CLINICAL PROGRAM | NEW DISPENSING LIMIT | EFFECTIVE DATE |
|---|------------------------|--------------------------|----------------|
| lidocaine aerosol 0.5%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine cream 3%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine gel 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl aerosol soln 0.5%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl cream 3%, 3.25%, 3.88%, 4%, 4.12% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl gel 1%, 2%, 2.8%, 3%, 3.88%, 4%, 5% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl liquid 2%, 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl lotion 1%, 3% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl oint 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl pad 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl patch 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine HCl soln 2%, 5% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |

| BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR DRUG LISTS | | | |
|---|------------------------|--------------------------|----------------|
| MEDICATION(S) ¹ | CLINICAL PROGRAM | NEW DISPENSING LIMIT | EFFECTIVE DATE |
| lidocaine lotion 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine oint 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |
| lidocaine patch 4% | Topical Lidocaine PAQL | Dispensing Limit Retired | 4/1/2026 |

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 BCBSTX members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications.

Please note: Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor.

The following drugs are excluded on select drug lists.

| PRODUCT(S) NO LONGER COVERED ¹ | COVERED ALTERNATIVE(S) ^{1, 2} | CONDITION |
|---|---|----------------|
| RELEVIA 27-1 mg tab (Oncora Pharma) | Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate | Pre-natal Care |
| TIZANIDINE 8 mg cap (Trifluent) | Tizanidine Tabs | Muscle Spams |

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

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

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

*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.

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

MyPrime.com is a pharmacy-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.