BlueCross BlueShield of Texas

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

Aug. 4, 2026

Contents

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. Those changes will be published closer to the Oct. 1, 2026, effective date.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Texas drug lists, effective on or after Oct. 1, 2026.

The October Quarterly Pharmacy Changes Part 2 article containing recent coverage additions will be published closer to the October 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 Oct. 1, 2026, drug lists.

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 have been applied on or after Jan. 1, 2027.

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

Members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2027.

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
BRIVIACT (brivaracetam oral soln 10 mg/mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
CITALOPRAM HYDROBROMIDE (citalopram hydrobromide cap 30 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Depression
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
NUCYNTA (tapentadol HCl tab 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	**ALTERNATIVES**	**CONDITION**
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
BRIVIACT (brivaracetam oral soln 10 mg/mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
CITALOPRAM HYDROBROMIDE (citalopram hydrobromide cap 30 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Depression
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NUCYNTA (tapentadol HCl tab 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
BRIVIACT (brivaracetam oral soln 10 mg/mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
HEMANGEOL (propranolol HCl oral soln 4.28 mg/mL (3.75 mg/mL base equiv))	propranolol oral solution	Infantile hemangioma
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg or 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
BRIVIACT (brivaracetam oral soln 10 mg/mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
BRIVIACT (brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	**ALTERNATIVES**	**CONDITION**
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
HEMANGEOL (propranolol HCl oral soln 4.28 mg/mL (3.75 mg/mL base equiv))	propranolol oral solution	Infantile hemangioma
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
OFEV (nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg,10-500 mg, 5-1000 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 Diabetes
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 Diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 Diabetes
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fibromyalgia
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 2 Diabetes

Drug Tier Changes

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

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	betamethasone lotion, betamethasone ointment, clobetasol cream, clobetasol ointment, clobetasol gel, clobetasol solution, halobetasol cream	Inflammatory conditions	Non-preferred brand
HEMANGEOL (propranolol HCl oral soln 4.28 mg/mL (3.75 mg/mL base equiv))	propranolol oral solution	Infantile hemangioma	Non-preferred brand
LEXETTE (halobetasol propionate foam 0.05%)	betamethasone lotion, betamethasone ointment, clobetasol cream, clobetasol ointment, clobetasol gel, clobetasol solution, halobetasol cream	Plaque psoriasis	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NAPROXEN SODIUM ER (naproxen sodium tab ER 24 hr 750 mg (base equiv))	naproxen sodium tab ER 24 hr 275 mg, naproxen sodium tab ER 24 hr 550 mg	Pain, inflammation	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
NISOLDIPINE ER (nisoldipine tab ER 24 hr 8.5 mg, 17 mg, 34 mg)	felodipine ER, nifedipine ER, verapamil ER	High blood pressure	Non-preferred brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	**ALTERNATIVES[1, 2]**	**CONDITION**	**NEW TIER**
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	betamethasone lotion, betamethasone ointment, clobetasol cream, clobetasol ointment, clobetasol gel, clobetasol solution, halobetasol cream	Inflammatory conditions	Non-preferred brand
HEMANGEOL (propranolol HCl oral soln 4.28 mg/mL (3.75 mg/mL base equiv))	propranolol oral solution	Infantile hemangioma	Non-preferred brand
LEXETTE (halobetasol propionate foam 0.05%)	betamethasone lotion, betamethasone ointment, clobetasol cream, clobetasol ointment, clobetasol gel, clobetasol solution, halobetasol cream	Plaque psoriasis	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NAPROXEN SODIUM ER (naproxen sodium tab ER 24 hr 750 mg (base equiv))	naproxen sodium tab ER 24 hr 275 mg, naproxen sodium tab ER 24 hr 550 mg	Pain, inflammation	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
NISOLDIPINE ER (nisoldipine tab ER 24 hr 8.5 mg, 17 mg, 34 mg)	felodipine ER, nifedipine ER, verapamil ER	High blood pressure	Non-preferred brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG1	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	**ALTERNATIVES[1, 2]**	**CONDITION**	**NEW TIER**
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred brand
MESALAMINE DR (mesalamine cap DR 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prostate cancer	Non-preferred brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred brand

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Standard Prior Authorization Program Changes

Changes to drug categories and/or medications will be made to the prior authorization 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 changes or drugs added to the programs listed below. All changes are effective Oct. 1, 2026.

BALANCED DRUG LIST		
DRUG ADDED	PROGRAM NAME	PROGRAM TYPE
Enbumyst*	Alternative Dosage Form PAQL	Prior Authorization
Potassium Chloride Powder packet 40 meq	Therapeutic Alternatives PAQL	Prior Authorization
Tonmya	Alternative Dosage Form PAQL	Prior Authorization
Vyscoxa	Alternative Dosage Form PAQL	Prior Authorization

*members were not lettered on this program change

BALANCED BIOSIMILAR DRUG LIST		
DRUG ADDED	PROGRAM NAME	PROGRAM TYPE
Enbumyst*	Alternative Dosage Form PAQL	Prior Authorization
Potassium Chloride Powder packet 40 meq	Therapeutic Alternatives PAQL	Prior Authorization
Tonmya	Alternative Dosage Form PAQL	Prior Authorization
Vyscoxa	Alternative Dosage Form PAQL	Prior Authorization

*members were not lettered on this program change

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS		
DRUG ADDED	PROGRAM NAME	PROGRAM TYPE
Enbumyst	Alternative Dosage Form PAQL	Prior Authorization
Potassium Chloride Powder packet 40 meq	Therapeutic Alternatives PAQL	Prior Authorization

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS		
DRUG ADDED	PROGRAM NAME	PROGRAM TYPE
Tonmya	Alternative Dosage Form PAQL	Prior Authorization
Vyscoxa	Alternative Dosage Form 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
Alternative Dosage Form PAQL	Prior Authorization, Dispensing Limits	Added Javadin, Sdamlo and Ontralfy as targets	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Select, Performance Select Biosimilar	10/1/2026
Cardamyst PAQL	Prior Authorization, Dispensing Limits	New program Added Cardamyst nasal soln as target	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Select, Performance Select Biosimilar	8/1/2026

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Cardiac Myosin Inhibitors PAQL	Prior Authorization, Dispensing Limits	Myqorzo added as target	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Biosimilar, Performance Select, Performance Select Biosimilar	8/1/2026
PCKS9 Inhibitors PAQL	Prior Authorization, Dispensing Limits	Lerochol added as target	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Biosimilar, Performance Select, Performance Select Biosimilar	10/1/2026
Voyxact PAQL	Prior Authorization, Dispensing Limits	New Program Added Voyxact as target	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Biosimilar, Performance Select, Performance Select Biosimilar	8/1/2026

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Yuviwel PAQL	Prior Authorization, Dispensing Limits	New program Yuviwel inj added as target	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Select, Performance Select Biosimilar	10/1/2026

Dispensing Limit Changes

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

Please note: The dispensing limits listed below only apply to select members whose plan has a quarterly updated prescription drug list. BCBSTX members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2027. For BCBSTX members on the 2025 or 2026 Health Insurance Marketplace Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2027.

All drugs with dispensing limits have been consolidated into one document.

If a member is uncertain about a particular drug, they can log into their online account at MyPrime.com or BCBSTX.com. Members can also download the BCBSTX Mobile App to manage prescription drug benefits. In addition to these online resources, members can call the number on their member ID card and speak to a customer advocate.

Dispensing Limits that were listed on the provider page are now available on the member drug list page. All drugs with dispensing limits have been consolidated into one document that is available on BCBSTX.com.

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℠ or MyPrime.com for more online resources.

BALANCED DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026

BALANCED DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026

BALANCED DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

BALANCED BIOSIMILAR DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026

BALANCED BIOSIMILAR DRUG LIST			
DRUG NAME	**PROGRAM**	**DISPENSING LIMIT**	**EFFECTIVE DATE**
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet,	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

PERFORMANCE DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg/dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026

PERFORMANCE DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq inection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

PERFORMANCE ANNUAL DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026

PERFORMANCE ANNUAL DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

PERFORMANCE SELECT DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026

PERFORMANCE SELECT DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026

PERFORMANCE SELECT DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCl) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
DRUG NAME	**PROGRAM**	**DISPENSING LIMIT**	**EFFECTIVE DATE**
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS			
DRUG NAME	**PROGRAM**	**DISPENSING LIMIT**	**EFFECTIVE DATE**
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	10/1/2026
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	10/1/2026
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCL) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	10/1/2026
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine hcl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 1 gm packet	Miscellaneous QL	240 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	10/1/2026
Veltassa (patiromer sorbitex calcium) for susp packet 16.8 gm packet, 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/ 2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Xarelto (rivaroxaban) starter therapy pack 15 mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	10/1/2026

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL DRUG LISTS			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Cardamyst (etripamil) 70 mg/dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	08/01/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/01/2026
Javadin (clonidine HCL) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/01/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/01/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	08/01/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/01/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/01/2026
Voyxact (sibeprenlimab-szsi) 400 mg/2 mL prefilled syringe	Voyxact PAQL	1 syringe per 28 days	08/01/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/01/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/01/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	09/01/2026

HEALTH INSURANCE MARKETPLACE			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Cardamyst (etripamil) 70 mg dose nasal soln	Cardamyst PAQL	3 cartons per 180 days	8/1/2026

HEALTH INSURANCE MARKETPLACE			
DRUG NAME	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	10/1/2026
Epidolex (cannabidiol soln) 100 mg/mL	Cannabidiol PAQL	1000 mLs per 30 days	10/1/2026
Javadin (clonidine HCL) oral soln 0.02 mg/mL	Alternative Dosage Form PAQL	3600 mLs per 30 days	10/1/2026
Lerochol (lerodaicibep) prefilled syringe 300 mg/ 1.2 mL	PCSK9 Inhibitors PAQL	1 syringe per 28 days	10/1/2026
Myqorzo (aficamten) 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab	Cardiac Myosin Inhibitors PAQL	30 tabs per 30 days	8/1/2026
Ontralfy (tizanidine hcl) 2 mg/mL oral soln	Alternative Dosage Form PAQL	2700 mLs per 30 days	10/1/2026
Sdamlo (amlodipine besylate) 2.5 mg oral soln, 5 mg oral soln, 10 mg oral soln	Alternative Dosage Form PAQL	30 bottles per 30 days	10/1/2026
Tonmya (cyclobenzaprine hcl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	10/1/2026
Voyxact (sibeprenlimab-szsi) 400 mg/ 2 mL subq soln prefilled syringe	Voyxact PAQL	1 syringe per 28 days	8/1/2026
Vyscoxa (celecoxib) oral susp 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	10/1/2026
Yuviwel (navepegritide) subq injection 1.3 mg, 2.8 mg	Yuviwel PAQL	4 vials per 28 days	10/1/2026
Yuviwel (navepegritide) subq injection 5.5 mg	Yuviwel PAQL	8 vials per 28 days	10/1/2026
Zycubo (copper histidinate) 2.9 mg subq soln	Zycubo QL	30 vials per 30 days	9/1/2026

Change in Benefit Coverage for Select High-Cost Drugs

Several high-cost drugs with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSTX's members who have prescription-drug benefits administered by Prime Therapeutics†. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications. Members were notified regarding these changes, unless otherwise noted.

DRUG(S) NO LONGER COVERED[1]	COVERED ALTERNATIVE(S)[1, 2]	CONDITION
GABAPENTIN cap 200 mg	Other gabapentin capsule/tablet	Neuralgia

DRUG(S) NO LONGER COVERED[1]	COVERED ALTERNATIVE(S)[1, 2]	CONDITION
Metronidazole tab 125 mg	METRONIDAZOLE 250 mg tab	Infection

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

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

[3]Coverage 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 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.

CivicaScript® is an independent company that supports BCBSTX to offer prescription cost-saving options. CivicaScript® is independent from and not affiliated with BCBSTX.

SortPak Pharmacy is an independent pharmacy that contracts with CivicaScript® to provide mail order prescription drug services. SortPak Pharmacy is independent from and not affiliated with BCBSTX.

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.