

2024 Pharmacy Benefit Drug List Changes

Starting January 1, 2024, some prescription drugs may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. *If you have a keyboard, you can search for a drug name by using the Control and F keys, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.*

What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2024.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number listed on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2024

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
ADVAIR DISKU AER 100/50	Respiratory Tract Agents, Other		X		02	N/A	
ADVAIR DISKU AER 250/50	Respiratory Tract Agents, Other		X		02	N/A	
ADVAIR DISKU AER 500/50	Respiratory Tract Agents, Other		X		02	N/A	
ALBUTEROL NEB 0.5%	Bronchodilators, Sympathomimetic			X	02	04	
AMILOR/HCTZ TAB 5-50	Cardiovascular Agents, Other			X	01	04	
AMITRIPTYLIN TAB 75 MG	Tricyclics			X	02	01	
AMOX/K CLAV SUS 400/5ML	Beta-lactam, Penicillins			X	02	01	
AMPHET/DEXTR TAB 5 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines			X	02	01	
APAP/CODEINE SOL 120-12/5	Opioid Analgesics, Short-acting			X	01	04	
APO-VARENICL TAB 0.5 MG	Smoking Cessation Agents		X		01	N/A	
APO-VARENICL TAB 1 MG	Smoking Cessation Agents		X		01	N/A	

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** Special Requirements Key: PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
APRACLONIDIN SOL 0.5% OP	Ophthalmic Intraocular Pressure Lowering Agents, Other			X	02	04	
ARMODAFINIL TAB 50 MG	Wakefulness Promoting Agents			X	02	01	
AUBAGIO TAB 7 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
AUBAGIO TAB 14 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
AUVI-Q INJ 0.1 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AUVI-Q INJ 0.15 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AUVI-Q INJ 0.3 MG	Respiratory Tract/ Pulmonary Agents	X			N/A	03	
AZITHROMYCIN SUS 200/5 ML	Macrolides			X	02	01	
AZURETTE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
BACLOFEN TAB 20 MG	Antispasticity Agents			X	02	01	
BETAXOLOL SOL 0.5% OP	Ophthalmic Beta-Adrenergic Blocking Agents			X	02	04	
BISOPRIL/HCTZ TAB 10/6.25	Cardiovascular Agents, Other			X	02	01	
BISOPRIL/HCTZ TAB 2.5/6.25	Cardiovascular Agents, Other			X	02	01	
BUMETANIDE TAB 0.5 MG	Diuretics, Loop			X	02	01	
BUPROPION TAB 100 MG	Antidepressants, Other			X	02	01	
BYDUREON BCISE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85 ML	Antidiabetic Agents				04	04	PA
CALCITRIOL SOL 1 MCG/ML	Metabolic Bone Disease Agents		X		02	N/A	
CARDIZEM LA TAB 120 MG	Calcium Channel Blocking Agents, Nondihydropyridines		X		04	N/A	
CARTIA XT CAP 240/24HR	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
CEFUROXIME TAB 250 MG	Beta-lactam, Cephalosporins			X	02	01	
CEPHALEXIN SUS 125/5 ML	Beta-lactam, Cephalosporins			X	02	01	
CHOLESTYRAM POW 4 GM LITE PACKET	Dyslipidemics, Other		X		02	N/A	
CHOLESTYRAM POW 4 GM PACKET	Dyslipidemics, Other		X		02	N/A	
CICLOPIROX SUS 0.77%	Antifungals		X		01	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
CIMETIDINE SOL 300/5 ML	Histamine2 (H2) Receptor Antagonists			X	02	04	
CLOMID TAB 50 MG	Synthetic Ovulatory Stimulants			X	02	03	
CLOTRIMAZOLE/BETAMETHASONE CRE 1-0.05%	Dermatological Agents, Other			X	02	01	
CLOZAPINE TAB 25 MG	Treatment-Resistant			X	02	01	ST, QL
COMBIGAN SOL 0.2/0.5%	Ophthalmic Agents, Other		X		04	N/A	
CROMOLYN SOD SOL 4% OP	Ophthalmic Anti-allergy Agents			X	01	04	
CRYSSELLE-28 TAB 28 TABS	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
CUBICIN SOL 500 MG	Antibacterials, Other		X		N/A	N/A	
CYPROHEPTAD SYP 2 MG/5 ML	Antihistamines			X	02	01	
DALIRESP TAB 250 MCG	Phosphodiesterase Inhibitors, Airways Disease		X		04	N/A	
DALIRESP TAB 500 MCG	Phosphodiesterase Inhibitors, Airways Disease		X		04	N/A	
DEPO-TESTOST INJ 100 MG/ML	Androgens			X	02	01	PA, QL
DESLOMATADIN TAB 5 MG	Antihistamines			X	02	01	
DESO/ETHINYL TAB ESTRADIO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
DEXAMETHASON TAB 0.5 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	01	04	
DEXAMETHASON TAB 0.75 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	01	04	
DEXILANT CAP 30 MG DR	Proton Pump Inhibitors		X		04	N/A	ST, QL
DEXILANT CAP 60 MG DR	Proton Pump Inhibitors		X		04	N/A	ST, QL
DIAZEPAM SOL 5 MG/5 ML	Anxiolytics			X	02	01	
DILTIAZEM CAP 60 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 90 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 120 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines		X		02	N/A	
DILTIAZEM CAP 120 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
DILTIAZEM CAP 240 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DILTIAZEM TAB 240 MG ER	Cardiovascular Agents		X		02	N/A	
DILTIAZEM ER TAB 180 MG	Cardiovascular Agents		X		02	N/A	
DILTIAZEM ER TAB 240 MG	Cardiovascular Agents		X		02	N/A	
DILT-XR CAP 120 MG	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DIVIGEL GEL 0.25 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 0.5 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 0.75 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 1.25 MG	Estrogens		X		03	N/A	
DIVIGEL GEL 1 MG/GM	Estrogens		X		03	N/A	
DOXEPIN HCL CAP 25 MG	Tricyclics			X	02	01	
DOXEPIN HCL CAP 150 MG	Tricyclics	X			N/A	02	
DOXERCALCIF CAP 0.5 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXERCALCIF CAP 1 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXERCALCIF CAP 2.5 MCG	Metabolic Bone Disease Agents		X		02	N/A	
DOXYCYC MONO TAB 50 MG	Tetracyclines			X	02	01	
DOXYCYCLINE TAB 20 MG	Tetracyclines			X	02	01	
DROSPIR/ETHI TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
DUTAST/TAMSU CAP 0.5-0.4	Benign Prostatic Hypertrophy Agents		X		02	N/A	
EFAVIRENZ CAP 200 MG	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			X	02	04	
EFAVIRENZ CAP 50 MG	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			X	02	04	
ELINEST TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
ENULOSE SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
ESBRIET CAP 267 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
ESBRIET TAB 267 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
ESBRIET TAB 801 MG	Pulmonary Fibrosis Agents		X		06	N/A	PA, QL
FIRVANQ SOL 25 MG/ML	Antibacterials, Other		X		04	N/A	

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FIRVANQ SOL 50 MG/ML	Antibacterials, Other		X		04	N/A	
FLOVENT DISK AER 50 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT DISK AER 100 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT DISK AER 250 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 44 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 110 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLOVENT HFA AER 220 MCG <i>(manufacturer to discontinue product in early 2024)</i>	Anti-inflammatories, Inhaled Corticosteroids		X		03	N/A	
FLUCYTOSINE CAP 250 MG	Antifungals		X		02	N/A	
FLUCYTOSINE CAP 500 MG	Antifungals		X		02	N/A	
FLUOCINONIDE SOL 0.05%	Dermatitis and Pruitus Agents		X		02	N/A	
FLURBIPROFEN TAB 100 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
FLUTICASONE CRE 0.05%	Dermatitis and Pruitus Agents			X	02	01	
GENERLAC SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
GILENYA CAP 0.5 MG	Multiple Sclerosis Agents		X		05	N/A	PA, QL
GUANFACINE TAB 1 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 2 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 3 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
GUANFACINE TAB 4 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	

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HALOPERIDOL CON 2 MG/ML	1st Generation/Typical			X	01	02	
HC/ACET ACID SOL OTIC	Otic Agents			X	02	04	
HETLIOZ CAP 20 MG	Sleep Promoting Agents		X		04	N/A	PA, QL
HETLIOZ LQ SUS 4 MG/ML	Sleep Promoting Agents			X	04	06	PA, QL
HYDROCO/APAP TAB 10-325 MG	Opioid Analgesics, Short-acting			X	02	01	
HYDROCORT LOT 2.5%	Dermatitis and Pruitus Agents			X	02	01	
INSULIN LISP INJ 100/ML	Insulins	X			N/A	N/A	
ISOSORB MONO TAB 10 MG	Vasodilators, Direct-acting Arterial/Venous			X	01	04	
ISOSORB MONO TAB 20 MG	Vasodilators, Direct-acting Arterial/Venous			X	01	04	
ISRADIPINE CAP 2.5 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
ISRADIPINE CAP 5 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
JAVYGTOR PAK 100 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
JAVYGTOR POW 500 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
JAVYGTOR TAB 100 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	PA
KARIVA TAB 28 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
KETOROLAC TAB 10 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
LACTULOSE SOL 10 GM/15	Anti-Constipation Agents			X	02	01	
LATUDA TAB 20 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 40 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 60 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 80 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LATUDA TAB 120 MG	2nd Generation/Atypical		X		03	N/A	ST, QL
LEUCOVOR CA TAB 10 MG	Antineoplastics, Other		X		02	N/A	
LEVOFLOXACIN SOL 0.5%	Ophthalmic Anti-Infectives			X	02	04	
LEVOFLOXACIN SOL 25 MG/ML	Quinolones			X	02	04	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
LOW-OGESTREL TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
MATZIM LA TAB 180 MG/24	Cardiovascular Agents		X		02	N/A	
MATZIM LA TAB 240 MG/24	Cardiovascular Agents		X		02	N/A	
MEDROXYPR AC INJ 150 MG/ML	Progestins			X	01	01	
METHOTREXATE TAB 2.5 MG	Immunosuppressants			X	02	01	
METHYLPHENID TAB 10 MG	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	01	
MIRVASO GEL 0.33%	Acne and Rosacea Agents		X		04	N/A	PA, QL
MOUNJARO SOLN PEN-INJECTOR 2.5 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
MOUNJARO SOLN PEN-INJECTOR 5 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
MOUNJARO SOLN PEN-INJECTOR 7.5 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
MOUNJARO SOLN PEN-INJECTOR 10 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
MOUNJARO SOLN PEN-INJECTOR 12.5 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
MOUNJARO SOLN PEN-INJECTOR 15 MG/0.5 ML	Antidiabetic Agents	X			N/A	03	PA
NEOSTIG METH INJ 3 MG/3 ML	Antimyasthenic Agents	X			N/A	N/A	
NEXAVAR TAB 200 MG	Molecular Target Inhibitors		X		05	N/A	PA, QL
NICARDIPINE CAP 20 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
NICARDIPINE CAP 30 MG	Calcium Channel Blocking Agents, Dihydropyridines		X		02	N/A	
NITROFURANTN CAP 100 MG	Antibacterials, Other			X	02	01	
NP THYROID TAB 15 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	01	04	
NP THYROID TAB 30 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NP THYROID TAB 60 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	

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NP THYROID TAB 90 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NP THYROID TAB 120 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	04	
NYSTAT/TRIAM CRE	Dermatological Agents, Other		X		02	N/A	
NYSTATIN SUS 100000	Antifungals			X	02	01	
OCELLA TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
OLM MED/HCTZ TAB 40-12.5	Cardiovascular Agents, Other			X	02	01	
OLM MED/HCTZ TAB 40-25MG	Cardiovascular Agents, Other			X	02	01	
ONDANSETRON SOL 4 MG/5 ML	Emetogenic Therapy Adjuncts			X	02	01	
ONETOUCH TES ULTRA BLUE	Miscellaneous Products	X			N/A	01	QL
ONETOUCH TES ULTRA	Miscellaneous Products	X			N/A	01	QL
ONETOUCH TES VERIO	Miscellaneous Products	X			N/A	01	QL
ORFADIN CAP 20 MG	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		05	N/A	
OXCARBAZEPIN TAB 150 MG	Sodium Channel Agents			X	02	01	
OZEMPIC SOLN PEN-INJECTOR 0.25 OR 0.5 MG/DOSE (2 MG/3 ML)	Antidiabetic Agents				03	03	PA
OZEMPIC SOLN PEN-INJECTOR 1 MG/DOSE (4 MG/3 ML)	Antidiabetic Agents				03	03	PA
OZEMPIC SOLN PEN-INJECTOR 2 MG/DOSE (8 MG/3 ML)	Antidiabetic Agents				03	03	PA
PARICALCITOL CAP 2 MCG	Metabolic Bone Disease Agents		X		02	N/A	
PARICALCITOL CAP 4 MCG	Metabolic Bone Disease Agents		X		02	N/A	
PERINDOPRIL TAB 8 MG	Angiotensin-converting Enzyme (ACE) Inhibitors			X	02	04	
PHENELZINE TAB 15 MG	Monoamine Oxidase Inhibitors			X	02	04	
PHOSPHO-TRIN TAB K500	Misc GU Products, Acidifiers & Alkalinizers			X	02	01	
PIMTREA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
PRADAXA CAP 75 MG	Anticoagulants		X		04	N/A	PA, QL
PRADAXA CAP 150 MG	Anticoagulants		X		04	N/A	PA, QL

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PREDNISONE PAK 10 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
PREVALITE POW 4 GM PK	Dyslipidemics, Other		X		02	N/A	
PROPARACAINE SOL 0.5% OP	Ophthalmic Agents, Other		X		02	N/A	
PROPRANOLOL SOL 20 MG/5 ML	Beta-adrenergic Blocking Agents			X	02	01	
QNAPRIL/HCTZ TAB 20-12.5	Cardiovascular Agents, Other			X	02	04	
QNAPRIL/HCTZ TAB 20-25 MG	Cardiovascular Agents, Other			X	02	04	
QUETIAPINE TAB 150 MG ER	2nd Generation/Atypical			X	02	01	
RABEPRAZOLE TAB 20 MG	Proton Pump Inhibitors			X	02	01	
REVCIVI INJ 1.6 MG/ML	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			X	03	05	
RIZATRIPTAN TAB 10 MG ODT	Serotonin (5-HT) Receptor Agonist			X	02	01	
RIZATRIPTAN TAB 5 MG ODT	Serotonin (5-HT) Receptor Agonist			X	02	01	
RYBELSUS TAB 3 MG	Antidiabetic Agents				03	03	PA
RYBELSUS TAB 7 MG	Antidiabetic Agents				03	03	PA
RYBELSUS TAB 14 MG	Antidiabetic Agents				03	03	PA
SIMLIYA TAB 28 DAY	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
SOLIFENACIN TAB 10 MG	Antispasmodics, Urinary			X	02	01	
SOTALOL AF TAB 120 MG	Antiarrhythmics			X	01	02	
SOTALOL AF TAB 160 MG	Antiarrhythmics			X	01	02	
SUMATRIPTAN INJ 4 MG/0.5	Serotonin (5-HT) Receptor Agonist		X		04	N/A	
SUMATRIPTAN INJ 6 MG/0.5	Serotonin (5-HT) Receptor Agonist		X		04	N/A	
SUPREP BOWEL SOL PREP KIT	Gastrointestinal Agents, Other		X		03	N/A	
SYEDA TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
SYNRIBO INJ 3.5 MG	Antineoplastics, Other			X	03	05	
TAMOXIFEN TAB 20 MG	Antiestrogens/Modifiers			X	02	01	
TASIMELTEON CAP 20 MG	Sleep Promoting Agents			X	02	04	PA, QL

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TELMISARTAN TAB 20 MG	Angiotensin II Receptor Antagonists			X	02	01	
TESTOST CYP INJ 100 MG/ML	Androgens			X	02	01	PA, QL
TEZSPIRE INJ 210 MG	Monoclonal Antibodies	X			N/A	05	PA, QL
TRIMETHOPRIM TAB 100 MG	Antibacterials, Other		X		04	N/A	
TRULICITY SOLN PEN-INJECTOR 0.75 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 1.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 3 MG/0.5 ML	Antidiabetic Agents				03	03	PA
TRULICITY SOLN PEN-INJECTOR 4.5 MG/0.5 ML	Antidiabetic Agents				03	03	PA
VALSARTAN TAB 320 MG	Angiotensin II Receptor Antagonists			X	02	01	
VANDAZOLE GEL 0.75%	Antibacterials, Other		X		04	N/A	
VASCEPA CAP 0.5 GM	Dyslipidemics, Other		X		03	N/A	PA, QL
VASCEPA CAP 1 GM	Dyslipidemics, Other		X		03	N/A	PA, QL
VELIVET PAK	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	04	
VERAPAMIL CAP 360 MG SR	Calcium Channel Blocking Agents, Nondihydropyridines		X		04	N/A	
VICTOZA INJ 18 MG/3 ML	Antidiabetic Agents		X		03	N/A	PA, QL
VIIBRYD TAB 10 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIIBRYD TAB 20 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIIBRYD TAB 40 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		X		04	N/A	ST, QL
VIMPAT SOL 10 MG/ML	Sodium Channel Agents		X		04	N/A	
VIORELE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	

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** Special Requirements Key: PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2023 Drug Tier *	2024 Drug Tier *	Special Requirements **
VOLNEA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	
VYVANSE CAP 10 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 20 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 30 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 40 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 50 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 60 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CAP 70 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 10 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 20 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 30 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 40 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 50 MG	Central Nervous System Agents			X	03	04	PA, QL
VYVANSE CHW 60 MG	Central Nervous System Agents			X	03	04	PA, QL
XYREM SOL 500 MG/ML	Wakefulness Promoting Agents		X		06	N/A	PA, QL
YONSA TAB 125 MG	Antineoplastics		X		05	N/A	PA, QL
ZOLMITRIPTAN TAB 2.5 MG	Serotonin (5-HT) Receptor Agonist		X		02	N/A	
ZOLMITRIPTAN TAB 5 MG ODT	Serotonin (5-HT) Receptor Agonist		X		02	N/A	
ZORTRESS TAB 1 MG	Immunosuppressants		X		04	N/A	
ZUMANDIMINE TAB 3-0.03 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	

This list is not all inclusive and may be subject to change. Product names are the property of their respective owners.

Treatment decisions are always between you and your doctor. Coverage is subject to the terms and limits noted in your benefit materials. See your plan materials for details.

Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics LLC to provide pharmacy benefit management and other related services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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