BlueCross BlueShield of Texas

# 2026 Pharmacy Benefit Drug List Changes

Starting January 1, 2026, 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, 2026.
- 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, 2026**

| Drug Name | Drug Therapy Category | Added to Coverage | Removed from Coverage | Tier Change | 2025 Drug Tier * | 2026 Drug Tier * | Special Requirements ** |
|---|---|---|---|---|---|---|---|
| ACTEMRA INJ 162/0.9 | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ACTEMRA INJ ACTPEN | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ACTHAR INJ GEL 40 UNIT/0.5 ML | Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | X | | 06 | N/A | |
| ACTHAR INJ GEL 80 UNIT/ML | Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | X | | 06 | N/A | |
| ADALIMU-ADAZ INJ 10/0.1 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ADALIMU-ADAZ INJ 20/0.2 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ADALIMU-ADAZ INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ADALIMU-ADAZ INJ 80/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| ADALIMU-ADBM KIT 40/0.4 ML | Immunological Agents, Other | X | | | N/A | 05 | PA, QL |
| ADALIMU-ADBM KIT 40/0.8 ML | Immunological Agents, Other | X | | | N/A | 05 | PA, QL |

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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

*** Must fill NDC 82249001012 at SortPak Pharmacy. Call 877-570-7787

| Drug Name | Drug Therapy Category | Added to Coverage | Removed from Coverage | Tier Change | 2025 Drug Tier * | 2026 Drug Tier * | Special Requirements ** |
|---|---|---|---|---|---|---|---|
| ALCLOMETASON OIN 0.05% | Dermatitis and Pruitus Agents | | | X | 02 | 04 | |
| ALPRAZOLAM TAB 2 MG XR | Anxiolytics | | | X | 01 | 02 | |
| AMMONIUM LAC CRE 12% | Dermatitis and Pruitus Agents | | X | | 02 | N/A | |
| AMMONIUM LAC LOT 12% | Dermatitis and Pruitus Agents | | | X | 02 | 01 | |
| AMOX/K CLAV SUS 400/5 ML | Beta-lactam, Penicillins | | | X | 01 | 02 | |
| APAP/CODEINE SOL 120-12/5 | Opioid Analgesics, Short-acting | | | X | 01 | 04 | QL |
| ARIPIPRAZOLE TAB 20 MG | 2nd Generation/Atypical | | | X | 02 | 01 | ST, QL |
| ATENOL/CHLOR TAB 100-25 MG | Cardiovascular Agents, Other | | | X | 02 | 01 | |
| ATROVENT HFA AER 17 MCG | Bronchodilators, Anticholinergic | | X | | 04 | N/A | QL |
| AUVI-Q INJ 0.15 MG | Bronchodilators, Sympathomimetic | | X | | 03 | N/A | |
| AUVI-Q INJ 0.3 MG | Bronchodilators, Sympathomimetic | | X | | 03 | N/A | |
| BESIVANCE SUS 0.6% | Ophthalmic Anti-Infectives | X | | | N/A | 03 | |
| BRILINTA TAB 60 MG | Platelet Modifying Agents | | X | | 03 | N/A | |
| BRILINTA TAB 90 MG | Platelet Modifying Agents | | X | | 03 | N/A | |
| BRINZOLAMIDE SUS 1% | Ophthalmic Intraocular Pressure Lowering Agents, Other | | X | | 02 | N/A | |
| CALCIPOTRIEN SOL 0.005% | Dermatological Agents, Other | | | X | 02 | 04 | |
| CAPECITABINE TAB 150 MG | Antimetabolites | | X | | 05 | N/A | PA, QL *** |
| CAPECITABINE TAB 500 MG | Antimetabolites | | X | | 05 | N/A | PA, QL *** |
| CEFPODO PROX SUS 50 MG/5 ML | Beta-lactam, Cephalosporins | | | X | 02 | 04 | |
| CEFPODO PROX SUS 100 MG/5 ML | Beta-lactam, Cephalosporins | | | X | 02 | 04 | |
| CEFPROZIL TAB 250 MG | Beta-lactam, Cephalosporins | | | X | 01 | 02 | |
| CEFUROXIME TAB 500 MG | Beta-lactam, Cephalosporins | | | X | 01 | 02 | |
| CICLOPIROX CRE 0.77% | Antifungals | | | X | 02 | 01 | QL |
| CLOTRIM/BETA CRE DIPROP | Dermatological Agents, Other | | | X | 01 | 02 | |
| COMPLERA TAB | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | X | | 03 | N/A | QL |
| CONTOUR BLOOD GLUCOSE TEST STRIP | No Therapeutic Class | | | X | 01 | 02 | QL |
| CONTOUR NEXT BLOOD GLUCOSE TEST STRIP | No Therapeutic Class | | | X | 01 | 02 | QL |
| CONTOUR PLUS BLOOD GLUCOSE TEST STRIP | No Therapeutic Class | | | X | 01 | 02 | QL |
| CORDRAN CRE 0.025% | Dermatitis and Pruitus Agents | | X | | 04 | N/A | |
| DALFAMPRIDIN TAB 10 MG ER | Multiple Sclerosis Agents | | X | | 05 | N/A | PA, QL *** |

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| Drug Name | Drug Therapy Category | Added to Coverage | Removed from Coverage | Tier Change | 2025 Drug Tier * | 2026 Drug Tier * | Special Requirements ** |
|---|---|---|---|---|---|---|---|
| DESIPRAMINE TAB 10 MG | Tricyclics | | | X | 02 | 01 | |
| DIACOMIT CAP 250 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| DIACOMIT CAP 500 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| DIACOMIT PAK 250 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| DIACOMIT PAK 500 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| DILTIAZEM CAP 300 MG ER | Calcium Channel Blocking Agents, Nondihydropyridines | | | X | 01 | 02 | |
| DIMETHYL FUM CAP 120 MG DR | Multiple Sclerosis Agents | | X | | 02 | N/A | PA, QL *** |
| DIMETHYL FUM CAP 240 MG DR | Multiple Sclerosis Agents | | X | | 02 | N/A | PA, QL *** |
| DIMETHYL FUM CAP STARTER | Multiple Sclerosis Agents | | X | | 02 | N/A | PA, QL *** |
| DOXEPIN HCL CAP 50 MG | Tricyclics | | | X | 02 | 01 | |
| ENTRESTO TAB 24-26 MG | Cardiovascular Agents, Other | | X | | 03 | N/A | |
| ENTRESTO TAB 49-51 MG | Cardiovascular Agents, Other | | X | | 03 | N/A | |
| ENTRESTO TAB 97-103 MG | Cardiovascular Agents, Other | | X | | 03 | N/A | |
| ETHAMBUTOL TAB 100 MG | Antituberculars | | | X | 01 | 02 | |
| FENTANYL OT LOZ 200 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FENTANYL OT LOZ 400 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FENTANYL OT LOZ 600 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FENTANYL OT LOZ 800 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FENTANYL OT LOZ 1200 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FENTANYL OT LOZ 1600 MCG | Opioid Analgesics, Short-acting | | | X | 02 | 04 | |
| FLUNISOLIDE SPR 0.025% | Anti-inflammatories, Inhaled Corticosteroids | | X | | 02 | N/A | |
| FLUORID SENS GEL 1.1-5% | No Therapeutic Class | | | X | 01 | 03 | |
| FLUTICASONE CRE 0.05% | Dermatitis and Pruitus Agents | | | X | 01 | 02 | |
| FLUVOXAMINE TAB 50 MG | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito | | | X | 02 | 01 | |
| FREESTYLE TES | No Therapeutic Class | | | X | 01 | 02 | QL |
| FREESTYLE TES INSULINX | No Therapeutic Class | | | X | 01 | 02 | QL |
| FREESTYLE TES LITE | No Therapeutic Class | | | X | 01 | 02 | QL |
| FREESTYLE TES PREC NEO | No Therapeutic Class | | | X | 01 | 02 | QL |
| FYCOMPA SUS 0.5 MG/ML | Anticonvulsants, Other | | X | | 04 | N/A | |
| FYCOMPA TAB 2 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| FYCOMPA TAB 4 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| FYCOMPA TAB 6 MG | Anticonvulsants, Other | | X | | 04 | N/A | |

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|---|---|---|---|---|---|---|---|
| FYCOMPA TAB 8 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| FYCOMPA TAB 10 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| FYCOMPA TAB 12 MG | Anticonvulsants, Other | | X | | 04 | N/A | |
| GLYCOPYRROL TAB 1 MG | Antispasmodics, Gastrointestinal | | | X | 01 | 02 | |
| HADLIMA INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HADLIMA INJ 40/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HADLIMA PUSH INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HADLIMA PUSH INJ 40/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA INJ 10/0.1 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA INJ 20/0.2 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA KIT 40MG/0.8 | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEDIA INJ CROHNS | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN INJ 40 MG/0.8 | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN INJ 80/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN INJ CD/UC/HS | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN KIT CD/UC/HS | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN KIT PED UC | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HUMIRA PEN KIT PS/UV | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| HYDROCORT CRE 1% | Glucocorticoids | | | X | 02 | 04 | |
| HYDROCORT LOT 2.5% | Dermatitis and Pruitus Agents | | X | | 02 | N/A | |
| HYDROXYCHLOR TAB 300 MG | Antiprotozoals | | | X | 02 | 01 | |
| HYDROXYZ PAM CAP 25 MG | Anxiolytics | | X | | 01 | N/A | |
| ICATIBANT INJ 30MG/3 ML | Angioedema Agents | | X | | 05 | N/A | PA, QL |
| INSULIN PEN NEEDLES - VARIOUS | No Therapeutic Class | | | X | 03 | 02 | |
| INSULIN SYRINGES - VARIOUS | No Therapeutic Class | | | X | 03 | 02 | |
| ISONIAZID TAB 100 MG | Antituberculars | | | X | 02 | 01 | |
| ISOSORB MONO TAB 10 MG | Vasodilators, Direct-acting Arterial/Venous | | | X | 02 | 04 | |
| ISOSORB MONO TAB 20 MG | Vasodilators, Direct-acting Arterial/Venous | | | X | 02 | 04 | |
| LANCET DEVICES - VARIOUS | No Therapeutic Class | | | X | 03 | 02 | |
| LANCETS - VARIOUS | No Therapeutic Class | | | X | 03 | 02 | |
| LANSOPRAZOLE CAP 15 MG DR | Proton Pump Inhibitors | | | X | 02 | 01 | QL |
| LANTHANUM CHW 500 MG | Phosphate Binders | | | | N/A | N/A | ST, QL |

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|---|---|---|---|---|---|---|---|
| LANTHANUM CHW 750 MG | Phosphate Binders | | | | N/A | N/A | ST, QL |
| LANTHANUM CHW 1000 MG | Phosphate Binders | | | | N/A | N/A | ST, QL |
| LIOTHYRONINE TAB 25 MCG | Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | | X | 01 | 02 | |
| MEDISENSE LIQ GLUC-KET | No Therapeutic Class | | X | | 03 | N/A | |
| MEFLOQUINE TAB 250 MG | Antiprotozoals | | | X | 02 | 01 | |
| MEGESTROL AC TAB 40 MG | Progestins | | | X | 01 | 02 | |
| MESNEX TAB 400 MG | Treatment Adjuncts | | X | | 03 | N/A | |
| METHOTREXATE INJ 25 MG/ML | Immunosuppressants | | | X | 01 | 04 | |
| METHOTREXATE INJ 25 MG/ML | Immunosuppressants | | X | | 02 | N/A | |
| METOLAZONE TAB 2.5 MG | Diuretics, Thiazide | | | X | 02 | 01 | |
| METRONIDAZOL GEL 0.75% | Topical Anti-infectives | | X | | 02 | N/A | |
| MIRTAZAPINE TAB 15 MG ODT | Antidepressants, Other | | | X | 02 | 01 | |
| MORPHINE SUL SOL 10 MG/5 ML | Opioid Analgesics, Short-acting | | X | | 04 | N/A | |
| MORPHINE SUL SOL 100 MG/ 5 ML | Opioid Analgesics, Short-acting | | X | | 02 | N/A | |
| NALOXONE INJ 0.4 MG/ML | Opioid Reversal Agents | | | X | 02 | 01 | |
| NALOXONE INJ 4 MG/10 ML (0.4 MG/ML) | Opioid Reversal Agents | | | X | 01 | 02 | |
| NEXIUM GRA 2.5 MG DR | Proton Pump Inhibitors | | X | | 04 | N/A | PA, QL |
| NEXIUM GRA 5 MG DR | Proton Pump Inhibitors | | X | | 04 | N/A | PA, QL |
| NIFEDIPINE TAB 90 MG ER | Calcium Channel Blocking Agents, Dihydropyridines | | | X | 01 | 02 | |
| NITROFUR MAC CAP 50 MG | Antibacterials, Other | | | X | 02 | 01 | |
| NITROFUR MAC CAP 100 MG | Antibacterials, Other | | | X | 01 | 02 | |
| NITROGLYCERI SUB 0.6 MG | Vasodilators, Direct-acting Arterial/Venous | | | X | 02 | 01 | |
| NUCYNTA ER TAB 50 MG | Opioid Analgesics, Long-acting | | X | | 04 | N/A | QL |
| NUCYNTA ER TAB 100 MG | Opioid Analgesics, Long-acting | | X | | 04 | N/A | QL |
| NUCYNTA ER TAB 150 MG | Opioid Analgesics, Long-acting | | X | | 04 | N/A | QL |
| NUCYNTA ER TAB 200 MG | Opioid Analgesics, Long-acting | | X | | 04 | N/A | QL |
| NUCYNTA ER TAB 250 MG | Opioid Analgesics, Long-acting | | X | | 04 | N/A | QL |
| NYSTAT/TRIAM OIN | Dermatological Agents, Other | | | X | 02 | 01 | |
| ONDANSETRON SOL 4 MG/5 ML | Emetogenic Therapy Adjuncts | | | X | 01 | 02 | |
| ONETOUCH LIQ VERIO 4 | No Therapeutic Class | | X | | 03 | N/A | |
| ONETOUCH TES ULT BLUE | No Therapeutic Class | | X | | 01 | N/A | QL |
| ONETOUCH TES ULTRA | No Therapeutic Class | | X | | 01 | N/A | QL |

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|---|---|---|---|---|---|---|---|
| ONETOUCH TES VERIO | No Therapeutic Class | | X | | 01 | N/A | QL |
| OPTIUMEZ TES | No Therapeutic Class | | | X | 01 | 02 | QL |
| OXBRYTA TAB 300 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | X | | 06 | N/A | |
| OXBRYTA TAB 500 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | |
| PHENYLEPHRIN SOL 2.5% OP | Ophthalmic Agents, Other | | X | | 02 | N/A | |
| PHENYLEPHRIN SOL 10% OP | Ophthalmic Agents, Other | | X | | 02 | N/A | |
| PHILITH TAB 0.4-35 | Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | | X | 01 | 02 | QL |
| PIROXICAM CAP 10 MG | Nonsteroidal Anti-inflammatory Drugs | | | X | 01 | 02 | |
| PRECISION TES SOF-TACT | No Therapeutic Class | | | X | 01 | 02 | QL |
| PRECISION TES XTRA | No Therapeutic Class | | | X | 01 | 02 | QL |
| PROMACTA POW 12.5 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMACTA POW 25 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMACTA TAB 12.5 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMACTA TAB 25 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMACTA TAB 50 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMACTA TAB 75 MG | Blood Products and Modifiers, Other | | X | | 06 | N/A | PA, QL |
| PROMETHEGAN SUP 50 MG | Antiemetics, Other | | X | | 04 | N/A | |
| PROPRANOLOL SOL 20 MG/5 ML | Beta-adrenergic Blocking Agents | | | X | 01 | 04 | |
| PURIXAN SUS 20 MG/ML | Antimetabolites | | X | | 05 | N/A | |
| QNAPRIL/HCTZ TAB 20-25 MG | Cardiovascular Agents, Other | | | X | 02 | 04 | |
| QUETIAPINE TAB 200 MG ER | 2nd Generation/Atypical | | | X | 02 | 01 | QL |
| REPAGLINIDE TAB 0.5 MG | Antidiabetic Agents | | | X | 02 | 01 | |
| REPAGLINIDE TAB 1 MG | Antidiabetic Agents | | | X | 02 | 01 | |
| RHOPRESSA SOL 0.02% | Ophthalmic Intraocular Pressure Lowering Agents, Other | | X | | 04 | N/A | |
| SELARSDI INJ 45/0.5 ML | Immunological Agents, Other | | X | | 03 | N/A | PA, QL |
| SELARSDI INJ 90 MG/ML | Immunological Agents, Other | | X | | 03 | N/A | PA, QL |

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|---|---|---|---|---|---|---|---|
| SEREVENT DIS AER 50 MCG | Bronchodilators, Sympathomimetic | | X | | 03 | N/A | QL |
| SEVELAM CARB TAB 800 MG | Phosphate Binders | | | X | N/A | N/A | ST, QL |
| SIMLANDI KIT 20/0.2 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SIMLANDI KIT 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SIMLANDI KIT 80/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SIMLANDI 1PN KIT 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SIMLANDI 1PN KIT 80/0.8 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SIMLANDI 2PN INJ 40/0.4 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| SMZ-TMP SUS 200-40/5 | Sulfonamides | | | X | 01 | 02 | |
| SOD CHLORIDE NEB 3% | Respiratory Tract Agents, Other | | | X | 01 | 02 | |
| SOD FLUORIDE DRO 0.5 MG/ML | Electrolyte/Mineral Replacement | | | X | 01 | 03 | |
| SODIUM/POTAS SOL MAGNESIU | Gastrointestinal Agents, Other | | X | | 02 | N/A | |
| SOHONOS CAP 1.5 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | X | N/A | N/A | PA, QL |
| SOHONOS CAP 1 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | X | N/A | N/A | PA, QL |
| SOHONOS CAP 2.5 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | X | N/A | N/A | PA, QL |
| SOHONOS CAP 5 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | X | N/A | N/A | PA, QL |
| SOHONOS CAP 10 MG | Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | X | N/A | N/A | PA, QL |
| SOOLANTRA CRE 1% | Pediculicides/Scabicides | | X | | 02 | N/A | QL |
| SPIRIVA CAP HANDIHLR | Bronchodilators, Anticholinergic | | X | | 02 | N/A | QL |
| SPRYCEL TAB 20 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPRYCEL TAB 50 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPRYCEL TAB 70 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPRYCEL TAB 80 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPRYCEL TAB 100 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPRYCEL TAB 140 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| SPS SUS 30 GM/120 | Potassium Binders | | | X | 02 | 04 | |
| STELARA INJ 45/0.5 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |

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|---|---|---|---|---|---|---|---|
| STELARA INJ 45/0.5 ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| STELARA INJ 90 MG/ML | Immunological Agents, Other | | X | | 05 | N/A | PA, QL |
| STRIVERDI AER 2.5 MCG | Bronchodilators, Sympathomimetic | X | | | N/A | 03 | |
| TASIGNA CAP 50 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| TASIGNA CAP 150 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| TASIGNA CAP 200 MG | Molecular Target Inhibitors | | X | | 05 | N/A | PA, QL |
| TAZORAC CRE 0.05% | Acne and Rosacea Agents | | X | | 03 | N/A | |
| TELMISARTAN TAB 80 MG | Angiotensin II Receptor Antagonists | | | X | 02 | 01 | |
| TEMAZEPAM CAP 7.5 MG | Sleep Promoting Agents | | X | | 02 | N/A | |
| TETRACAINE SOL 0.5% OP | Ophthalmic Agents, Other | | X | | 02 | N/A | |
| TOBI PODHALR CAP 28 MG | Cystic Fibrosis Agents | | X | | 06 | N/A | PA, QL |
| TRACLEER TAB 32 MG | Respiratory Tract/ Pulmonary Agents | | X | | 05 | N/A | PA, QL |
| TRETINOIN GEL 0.01% | Acne and Rosacea Agents | | X | | 02 | N/A | PA |
| TRIMETHOBENZ CAP 300 MG | Antiemetics, Other | | | X | 01 | 02 | |
| VALSART/HCTZ TAB 160-25 MG | Cardiovascular Agents, Other | | | X | 02 | 01 | |
| VELPHORO CHW 500 MG | Phosphate Binders | | X | | 03 | N/A | ST |
| WERA TAB 0.5/35 | Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | | X | 02 | 01 | QL |
| ZIEXTENZO INJ 6/0.6 ML | Blood Products and Modifiers, Other | | X | | 05 | N/A | |
| ZOLPIDEM ER TAB 12.5 MG | Sleep Promoting Agents | | | X | 01 | 02 | QL |



* Drug Tier Key: 01=Preferred Generic, 02=Non-Preferred Generic, 03=Preferred Brand, 04=Non-Preferred Brand, 05=Preferred Specialty, 06=Non-Preferred Specialty, N/A=Does/did not apply

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

*** Must fill NDC 82249001012 at SortPak Pharmacy. Call 877-570-7787