



Pharmacy Program Quarterly Update Changes Effective Jan. 1, 2025 – Part 2

Contents

Drug List Changes

Drug List Additions – Effective Jan. 1, 2025

- Balanced Drug List Additions
- Performance and Performance Annual Drug List Additions
- Performance Select Drug List Additions
- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier and Enhanced Multi-Tier Annual Drug Lists Additions
- Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced Multi-Tier And Enhanced Multi-Tier Annual Drug Lists Additions

Other Drug List Additions

- Balanced Drug List Additions
- Performance and Performance Annual Drug List Additions
- Performance Select Drug List Additions
- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier And Enhanced Multi-Tier Annual Drug Lists Additions
- Basic Multi-Tier annual and Enhanced Multi-Tier Annual Drug Lists Additions

Drug Tier Changes – As of Jan. 1, 2025

- Balanced Drug List Tier Changes
- Performance and Performance Annual Drug Lists Tier Changes
- Performance Select Drug List Tier Changes

Other Drug Tier Changes

- Balanced Drug List Tier Changes
- Performance and Performance Annual Drug Lists Tier Changes
- Performance Select Drug List Tier Changes

Utilization Management Program Changes

Dispensing Limit Changes

- Balanced, Performance, Performance Select, Basic, Basic Multi -Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual Changes

Standard Utilization Management Program Updates

Change in Benefit Coverage for Select High-Cost Products

Contents Cont'd

Pharmacy Benefits Updates

Reminder: Zero Dollar Emergency-Use Medications

Reminder: HDHP-HSA Preventive Drug Program Updates for 2025

ASO/Custom Fully Insured (CFI) Groups

ASO-Only Groups

Blue Balance Funded and Mid-Market Plans

Small Group (SG) Plans

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. This part 2 article contains coverage additions, utilization management updates and any other pharmacy program updates. These updates do not require member notification.



Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the [Blue Cross and Blue Shield of Texas](#) drug lists. **Additions effective Jan. 1, 2025, and prior updates are outlined below.**

Drug List Additions – Effective Jan. 1, 2025

BALANCED DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4 mL)	Autoimmune Disorders
ATORVALIQ (atorvastatin calcium susp 20 mg/5 mL (4 mg/mL) (base equiv))	Hyperlipidemia, Hypercholesterolemia
CAPLYTA (lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg)	Schizophrenia, Bipolar Disorder
CARBINOXAMINE MALEATE ER (carbinoxamine maleate extended release susp 4 mg/5 mL)	Allergic Symptoms, Allergic Reactions
EZALLOR SPRINKLE (rosuvastatin calcium sprinkle cap 5 mg, 10 mg, 20 mg, 40 mg (base equivalent))	Hyperlipidemia, Hypercholesterolemia
FABHALTA (iptacopan hcl cap 200 mg)	Paroxysmal Nocturnal Hemoglobinuria
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
LITFULO (ritlecitinib tosylate cap 50 mg (base equiv))	Alopecia areata
LYBALVI (olanzapine-samidorpham l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg)	Schizophrenia, Bipolar Disorder
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/mL)	Organ Rejection Prophylaxis



BALANCED DRUG LIST ADDITIONS

DRUG ¹	CONDITION
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9 mL)	Autoimmune Disorders
XOLREMDI (mavoxifafor cap 100 mg)	Whim Syndrome
ZYMFENTRA 1-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-SYRINGE (infliximab-dyyb soln prefilled syringe kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYPITAMAG (pitavastatin magnesium tab 2 mg, 4 mg (base equiv))	Hyperlipidemia, Hypercholesterolemia

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
acyclovir oint 5%	Mucocutaneous HSV, Recurrent Herpes Labialis (Cold Sores)
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL, 80 mg/0.8mL)	Autoimmune disorders
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4 mL)	Autoimmune Disorders
ALTRENO (tretinoin lotion 0.05%)	Acne
ciclopirox olamine susp 0.77% (base equiv)	Fungal Infections-Topical
FABHALTA (iptacopan hcl cap 200 mg)	Paroxysmal Nocturnal Hemoglobinuria
fluocinonide emulsified base cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis
hydrocortisone valerate cream 0.2%	Pruritus, Dermatoses



PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
IMCIVREE (setmelanotide acetate subcutaneous soln 10 mg/mL)	Weight Loss
lidocaine oint 5%	Local Anesthetic
LITFULO (ritlecitinib tosylate cap 50 mg (base equiv))	Alopecia areata
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/mL)	Organ Rejection Prophylaxis
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9 mL)	Autoimmune Disorders
XOLREMDI (mavorixafor cap 100 mg)	Whim Syndrome
ZYMFENTRA 1-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-SYRINGE (infliximab-dyyb soln prefilled syringe kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis

PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION
acyclovir oint 5%	Mucocutaneous HSV, Recurrent Herpes Labialis (Cold Sores)
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4 mL)	Autoimmune Disorders
CAPLYTA (lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg)	Schizophrenia, Bipolar Disorder
ciclopirox olamine susp 0.77% (base equiv)	Fungal Infections-Topical
FABHALTA (iptacopan hcl cap 200 mg)	Paroxysmal Nocturnal Hemoglobinuria
fluocinonide emulsified base cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis



PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
hydrocortisone valerate cream 0.2%	Pruritus, Dermatoses
lidocaine oint 5%	Local Anesthetic
LITFULO (ritlecitinib tosylate cap 50 mg (base equiv))	Alopecia areata
LYBALVI (olanzapine-samidorpham l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg)	Schizophrenia, Bipolar Disorder
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/mL)	Organ Rejection Prophylaxis
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9 mL)	Autoimmune Disorders
XOLREMDI (mavorixafor cap 100 mg)	Whim Syndrome
ZYMFENTRA 1-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-PEN (infliximab-dyyb soln auto-injector kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis
ZYMFENTRA 2-SYRINGE (infliximab-dyyb soln prefilled syringe kit 120 mg/mL)	Crohn's Disease, Ulcerative Colitis

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

DRUG ¹	CONDITION
ADALIMUMAB-AATY 1-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-PEN KIT (adalimumab-aaty auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-AATY 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL)	Autoimmune Disorders



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

DRUG ¹	CONDITION
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 40 mg/0.4 mL)	Autoimmune Disorders
ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2 mL)	Atopic Dermatitis
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Diabetes
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	Heart Failure
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 mL)	Crohn's Disease, Ulcerative Colitis
FABHALTA (iptacopan hcl cap 200 mg)	Paroxysmal Nocturnal Hemoglobinuria
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19 treatment
MYHIBBIN (mycophenolate mofetil oral susp 200 mg/mL)	Organ Rejection Prophylaxis
OMNIPOD 5 G6 INTRO KIT (GEN 5) (insulin infusion disposable pump kit)	Diabetes
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis
OTEZLA (apremilast tab 20 mg)	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers
OTEZLA (apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)	Psoriatic Arthritis, Plaque Psoriasis, Behcet DZ-associated Oral Ulcers
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	Cancer
RETEVMO (selpercatinib tab 40 mg, 80 mg, 120 mg, 160 mg)	Cancer
REXTOVY (naloxone hcl nasal spray 4 mg/0.25 mL)	Opioid Overdose
SAXENDA (liraglutide (weight mgmt) soln pen-inj 18 mg/3ml (6 mg/mL))	Chronic Weight Management
SODIUM FLUORIDE (sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf))	Dental Caries Prophylaxis
SODIUM FLUORIDE (sodium fluoride tab 0.5 mg f (from 1.1 mg naf)), 1 mg f (from 2.2 mg naf))	Dental Caries Prophylaxis
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis
TYENNE (tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9 mL)	Autoimmune Disorders
TYENNE (tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9 mL)	Autoimmune Disorders
VRAYLAR (cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg (base equivalent))	Bipolar Disorder, Depression, Schizophrenia



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

DRUG ¹	CONDITION
VRAYLAR (cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6))	Bipolar Disorder, Depression, Schizophrenia
WEGOVY (semaglutide (weight mgmt) soln auto-injector 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL) [†]	Chronic Weight Management
ZEPBOUND (tirzepatide (weight mgmt) soln auto-injector 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL) [†]	Chronic weight management

[†]Coverage of this drug is group-specific and not standard. Members should check their benefit materials for coverage details or call the number on their Member ID card.

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

DRUG ¹	CONDITION
ACETAZOLAMIDE (acetazolamide tab 125 mg)	Altitude sickness, Seizures, Glaucoma
AMITRIPTYLINE HCL (amitriptyline hcl tab 100 mg)	Depression
AMPICILLIN (ampicillin cap 500 mg)	Bacterial Infection
AUROVELA 1.5/30 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
AUROVELA 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
AZELASTINE HCL (azelastine hcl nasal spray 0.15% (205.5 mcg/spray))	Allergic conjunctivitis, allergic rhinitis
BALZIVA (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg)	Contraception
BLISOVI 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
BRIELLYN (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg)	Contraception
BUMETANIDE (bumetanide tab 1 mg)	Edema, Volume Overload
BUSPIRONE HYDROCHLORIDE (buspirone hcl tab 7.5 mg, 30 mg)	Anxiety
BUTALBITAL/ACETAMINOPHEN/CAFFEINE (butalbital-acetaminophen-caffeine tab 50-325-40 mg)	Tension Headache
CAMRESE LO (levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7))	Contraception
CARTIA XT (diltiazem hcl coated beads cap er 24 hr 300 mg)	Angina, Hypertension, Atrial Fibrillation/Flutter
CEFPROZIL (cefprozil tab 250 mg)	Bacterial Infection



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

DRUG ¹	CONDITION
CEFUROXIME AXETIL (cefuroxime axetil tab 500 mg)	Infections
DEXAMETHASONE (dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg)	Inflammatory Conditions
DICLOFENAC SODIUM (diclofenac sodium gel 1% (1.16% diethylamine equiv))	Osteoarthritis pain in joints
DILTIAZEM HYDROCHLORIDE (diltiazem hcl tab 120 mg)	Angina
DILTIAZEM HYDROCHLORIDE E (diltiazem hcl coated beads cap er 24 hr 300 mg)	Angina, Hypertension, Atrial Fibrillation/Flutter
DIPHENOXYLATE HYDROCHLORIDE (diphenoxylate w/ atropine tab 2.5-0.025 mg)	Diarrhea
DOXYCYCLINE HYCLATE (doxycycline hyclate cap 50 mg)	Acne, Infections
DROSPIRENONE/ETHINYL ESTR (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
ETHAMBUTOL HYDROCHLORIDE (ethambutol hcl tab 100 mg)	Tuberculosis
FENOFIBRATE MICRONIZED (fenofibrate micronized cap 200 mg)	Hypercholesterolemia, Hypertriglyceridemia
FLECAINIDE ACETATE (flecainide acetate tab 50 mg)	Atrial fibrillation/flutter, Arrhythmia, Tachycardia
FLUVOXAMINE MALEATE (fluvoxamine maleate tab 25 mg)	Obsessive-compulsive disorder
HAILEY 1.5/30 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
HAILEY 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg)	Malaria, Lupus, Rheumatoid Arthritis
ICLEVIA (levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	Contraception
INDOMETHACIN ER (indomethacin cap er 75 mg)	Ankylosing spondylitis, Arthritis, shoulder pain
INTROVALE (levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	Contraception
JASMIEL (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
JOLESSA (levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	Contraception
JUNEL 1.5/30 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
JUNEL FE 24 (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
LARIN 1.5/30 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception



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

DRUG ¹	CONDITION
LARIN 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
LEVONORGESTREL AND ETHINY (levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7))	Contraception
LEVONORGESTREL/ETHINYL ES (levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	Contraception
LIDOCAINE/PRILOCAINE (lidocaine-prilocaine cream 2.5-2.5%)	Local anesthetic
LIOTHYRONINE SODIUM (liothyronine sodium tab 5 mcg, 25 mcg)	Hypothyroidism, Thyroid cancer
LOESTRIN 1.5/30-21 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
LOJAIMIESS (levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7))	Contraception
LORYNA (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
LO-ZUMANDIMINE (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
METOPROLOL SUCCINATE ER (metoprolol succinate tab er 24 hr 200 mg (tartrate equiv))	Hypertension, Congestive heart failure, angina
MICROGESTIN 1.5/30 (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
MICROGESTIN 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
MORPHINE SULFATE (morphine sulfate tab 15 mg)	Pain
NABUMETONE (nabumetone tab 750 mg)	Osteoarthritis, Rheumatoid Arthritis
NALOXONE HCL (naloxone hcl inj 4 mg/10 mL)	Opioid Overdose
NEBIVOLOL HCL (nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent))	Hypertension
NIFEDIPINE ER (nifedipine tab er 24 hr 60 mg, 90 mg)	Hypertension, Angina
NIFEDIPINE ER (nifedipine tab er 24 hr osmotic release 60 mg, 90 mg)	Hypertension, Angina
NIKKI (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
NITROFURANTOIN MACROCRYST (nitrofurantoin macrocrystalline cap 100 mg)	Urinary tract infection
NITROGLYCERIN (nitroglycerin sl tab 0.3 mg)	Angina Pectoris



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

DRUG ¹	CONDITION
NORETHINDRONE ACETATE/ETH (norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg)	Contraception
OLOPATADINE HYDROCHLORIDE (olopatadine hcl ophth soln 0.2% (base equivalent))	Allergic conjunctivitis
PHENOBARBITAL (phenobarbital tab 16.2 mg)	seizures
PHILITH (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg)	Contraception
PIROXICAM (piroxicam cap 10 mg)	Osteoarthritis, Rheumatoid Arthritis
PRAZOSIN HYDROCHLORIDE (prazosin hcl cap 2 mg)	Hypertension, Benign prostatic hyperplasia
PREDNISOLONE (prednisolone soln 15 mg/5 mL)	Inflammatory conditions
PROCHLORPERAZINE MALEATE (prochlorperazine maleate tab 10 mg (base equivalent))	Anxiety, Nausea/Vomiting, Schizophrenia
PROGESTERONE (progesterone cap 100 mg)	Endometrial hyperplasia, amenorrhea
PROPRANOLOL HYDROCHLORIDE (propranolol hcl cap er 24 hr 60 mg, 80 mg)	Angina, Hypertension, migraine
PROPRANOLOL HYDROCHLORIDE (propranolol hcl tab 80 mg)	Myocardial infarction, Angina, cardiac dysrhythmia, essential tremor, hypertension, hypertrophic subaortic stenosis, migraine prevention
QUETIAPINE FUMARATE ER (quetiapine fumarate tab er 24 hr 50 mg)	Bipolar disorder, depression, schizophrenia
SETLAKIN (levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg)	Contraception
SODIUM CHLORIDE (sodium chloride soln nebu 10%)	Loosen mucus in lungs
SOTALOL HCL (AF) (sotalol hcl (afib/afl) tab 120 mg)	Arrhythmia
SULFAMETHOXAZOLE/TRIMETHO (sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL)	Bacterial Infection
SULFASALAZINE (sulfasalazine tab 500 mg)	Arthritis, Ulcerative colitis
SULFATRIM PEDIATRIC (sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL)	Bacterial Infection
TARINA 24 FE (norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24))	Contraception
TRIAZOLAM (triazolam tab 0.25 mg)	Insomnia



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

DRUG ¹	CONDITION
TRIMETHOBENZAMIDE HYDROCH (trimethobenzamide hcl cap 300 mg)	Postoperative nausea and vomiting, gastroenteritis
VALSARTAN/HYDROCHLOROTHIA (valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg)	Hypertension
VESTURA (drospirenone-ethinyl estradiol tab 3-0.02 mg)	Contraception
VYFEMLA (norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg)	Contraception
ZOLPIDEM TARTRATE ER (zolpidem tartrate tab er 6.25 mg, 12.5 mg)	Insomnia

Other Drug List Additions

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

BALANCED DRUG LIST ADDITIONS

DRUG ¹	CONDITION	EFFECTIVE DATE
AUGTYRO (reprotrectinib cap 160 mg)	Cancer	11/10/24
avanafil tab 50 mg, 100 mg, 200 mg	Erectile dysfunction	10/25/24
BACLOFEN (baclofen oral soln 10 mg/5 mL)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	10/13/24
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	Bipolar disorder, seizures, neuropathic pain	10/27/24
CONDOMS – MALE (various)	Contraception	10/17/24
LUMAKRAS (sotorasib tab 240 mg)	Cancer	11/10/24
LUMRYZ STARTER PACK (sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak)	Narcolepsy	10/6/24
mirabegron tab er 24 hr 25 mg, 50 mg	Overactive Bladder	12/15/24
NEO-VITAL RX (prenatal multivitamins & minerals w/iron & fa tab 1 mg)	Prenatal Vitamin	11/10/24
OJEMDA (tovorafenib for oral susp 25 mg/mL)	Cancer	12/1/24



BALANCED DRUG LIST ADDITIONS

DRUG ¹	CONDITION	EFFECTIVE DATE
OJEMDA (tovorafenib tab 100 mg)	Cancer	12/1/24
OMNIPOD 5 DEX G7G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	11/10/24
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 5 mg, 30 mg)	Pain	10/6/24
SPEVIGO (spesolimab-sbzo subcutaneous soln pref syr 150 mg/mL)	Generalized Pustular Psoriasis Maintenance Treatment	12/1/24
TREMFYA (guselkumab soln auto-injector 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TREMFYA (guselkumab soln prefilled syringe 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TRUQAP (capivasertib tab therapy pack 160 mg, 200 mg)	Cancer	10/6/24
UNDECATREX (testosterone undecanoate cap 200 mg)	Primary hypogonadism, hypogonadotrophic hypogonadism	10/6/24
WINREVAIR (sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg)	Pulmonary Arterial Hypertension	12/1/24

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

DRUG ¹	CONDITION	DATE ADDED
AUGTYRO (reprotrectinib cap 160 mg)	Cancer	11/10/24
avanafil tab 50 mg, 100 mg, 200 mg	Erectile dysfunction	10/25/24
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	Bipolar disorder, seizures, neuropathic pain	10/27/24
CONDOMS – MALE (various)	Contraception	10/17/24
LUMAKRAS (sotorasib tab 240 mg)	Cancer	11/10/24
LUMRYZ STARTER PACK (sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak)	Narcolepsy	10/6/24
mirabegron tab er 24 hr 25 mg, 50 mg	Overactive Bladder	12/15/24
OJEMDA (tovorafenib for oral susp 25 mg/mL)	Cancer	12/1/24



PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	DATE ADDED
OJEMDA (tovorafenib tab 100 mg)	Cancer	12/1/24
OMNIPOD 5 DEXG7G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	11/10/24
SPEVIGO (spesolimab-sbzo subcutaneous soln pref syr 150 mg/mL)	Generalized Pustular Psoriasis Maintenance Treatment	12/1/24
TREMFYA (guselkumab soln auto-injector 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TREMFYA (guselkumab soln prefilled syringe 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TRUQAP (capivasertib tab therapy pack 160 mg, 200 mg)	Contraception	10/6/24
WINREVAIR (sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg)	Pulmonary Arterial Hypertension	12/1/24

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	DATE ADDED
AUGTYRO (repotrectinib cap 160 mg)	Cancer	11/10/24
avanafil tab 50 mg, 100 mg, 200 mg	Erectile dysfunction	10/25/24
CARBAMAZEPINE (carbamazepine chew tab 200 mg)	Bipolar disorder, seizures, neuropathic pain	10/27/24
CONDOMS – MALE (various)	Contraception	10/17/24
LUMAKRAS (sotorasib tab 240 mg)	Cancer	11/10/24
LUMRYZ STARTER PACK (sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak)	Narcolepsy	10/6/24
mirabegron tab er 24 hr 25 mg, 50 mg	Overactive Bladder	12/15/24
OJEMDA (tovorafenib for oral susp 25 mg/mL)	Cancer	12/1/24
OJEMDA (tovorafenib tab 100 mg)	Cancer	12/1/24
OMNIPOD 5 DEXG7G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	11/10/24



PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION	DATE ADDED
SPEVIGO (spesolimab-sbzo subcutaneous soln pref syr 150 mg/mL)	Generalized Pustular Psoriasis Maintenance Treatment	12/1/24
TREMFYA (guselkumab soln auto-injector 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TREMFYA (guselkumab soln prefilled syringe 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TRUQAP (capivasertib tab therapy pack 160 mg, 200 mg)	Cancer	10/6/24
WINREVAIR (sotatercept-csrk for subcutaneous soln kit 2 x 45 mg,2 x 60 mg)	Pulmonary Arterial Hypertension	12/1/24

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

DRUG ¹	CONDITION	DATE ADDED
HYDROCODONE BITARTRATE/ACETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Pain	11/17/24
OMNIPOD 5 DEX G7G6 PODS (GEN 5) (insulin infusion disposable pump reservoir)	Diabetes	11/10/24
TREMFYA (guselkumab soln auto-injector 200 mg/2 mL)	Ulcerative Colitis	12/10/24
TREMFYA (guselkumab soln prefilled syringe 200 mg/2 mL)	Ulcerative Colitis	12/10/24

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

DRUG ¹	CONDITION	DATE ADDED
ferrous sulfate soln 220 mg/5 mL (44 mg/5 mL elemental fe)	Iron deficiency	11/24/24

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

DRUG ¹	CONDITION	DATE ADDED
ferrous sulfate soln 220 mg/5 mL (44 mg/5 mL elemental fe)	Iron deficiency	11/24/24

Drug Tier Changes – As of Jan. 1, 2025



The tier changes listed below apply to members on a managed drug list. Tier changes effective Jan. 1, 2025, are listed below.

BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
acetazolamide tab 125 mg	Glaucoma, Altitude Sickness, Edema	Preferred Generic
amitriptyline hcl tab 100 mg	Depression	Preferred Generic
ampicillin cap 500 mg	Infections	Preferred Generic
bumetanide tab 1 mg	Edema, Volume Overload	Preferred Generic
bupirone hcl tab 30 mg	Anxiety	Preferred Generic
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tension Headache	Preferred Generic
carbonyl iron susp 15 mg/1.25 mL (elemental iron)	Iron Deficiency	Preferred Generic
cefprozil tab 250 mg	Infections	Preferred Generic
cefuroxime axetil tab 500 mg	Infections	Preferred Generic
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg	Inflammatory Conditions	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 300 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 300 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl tab 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diphenoxylate w/ atropine tab 2.5-0.025 mg	Diarrhea	Preferred Generic
doxycycline hyclate cap 50 mg	Acne, Infections	Preferred Generic



BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
drospirenone-ethinyl estradiol tab 3-0.02 mg	Contraception	Preferred Generic
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 mL)	Crohn's disease, Ulcerative colitis	Preferred Brand
ethambutol hcl tab 100 mg	Tuberculosis	Preferred Generic
fenofibrate micronized cap 200 mg	Hypertriglyceridemia	Preferred Generic
flecainide acetate tab 50 mg	Atrial fibrillation/flutter, Arrhythmia, Tachycardia	Preferred Generic
fluvoxamine maleate tab 25 mg	Obsessive-Compulsive Disorder	Preferred Generic
hydroxychloroquine sulfate tab 100 mg	Malaria, Lupus, Rheumatoid Arthritis	Preferred Generic
indomethacin cap cr 75 mg	Inflammatory Conditions	Preferred Generic
indomethacin cap er 75 mg	Inflammatory Conditions	Preferred Generic
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19 treatment	Preferred Brand
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Contraception	Preferred Generic
levonorgestrel tab 1.5 mg	Emergency Contraception	Preferred Generic
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7)	Contraception	Preferred Generic
lidocaine-prilocaine cream 2.5-2.5%	Local Anesthetic, Infiltration Anesthesia Adjunct	Preferred Generic
liothyronine sodium tab 5 mcg, 25 mcg	Hypothyroidism	Preferred Generic
metoprolol succinate tab er 24 hr 200 mg (tartrate equiv)	Hypertension, Congestive heart failure, angina	Preferred Generic
morphine sulfate tab 15 mg	Pain	Preferred Generic



BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
nabumetone tab 750 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
naloxone hcl inj 4 mg/10 mL	Opioid Overdose	Preferred Generic
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension	Preferred Generic
nifedipine tab er 24 hr osmotic release 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab er 24 hr 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab sr 24 hr 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab sr 24 hr osmotic release 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Preferred Generic
nitroglycerin sl tab 0.3 mg	Angina	Preferred Generic
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Preferred Generic
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Contraception	Preferred Generic
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Contraception	Preferred Generic
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis	Preferred Brand
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis	Preferred Brand
phenobarbital tab 16.2 mg	Status Epilepticus, Seizure Disorder, Sedation	Preferred Generic
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic



BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
prazosin hcl cap 2 mg	Hypertension	Preferred Generic
prednisolone soln 15 mg/5 mL	Inflammatory Conditions	Preferred Generic
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/Vomiting, Anxiety, Schizophrenia	Preferred Generic
progesterone cap 100 mg	Endometrial hyperplasia, amenorrhea	Preferred Generic
propranolol hcl cap er 24 hr 60 mg, 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
propranolol hcl tab 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
quetiapine fumarate tab er 24 hr 50 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL)) ^y	Chronic weight management	Preferred Brand
sotalol hcl (afib/afl) tab 120 mg	Atrial Fibrillation, Atrial Flutter	Preferred Generic
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis	Preferred Brand
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Preferred Generic
sulfasalazine tab 500 mg	Ulcerative Colitis, Rheumatoid Arthritis	Non-Preferred Generic
trimethobenzamide hcl cap 300 mg	Nausea and Vomiting	Preferred Generic
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg	Hypertension	Preferred Generic
VRAYLAR (cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg (base equivalent))	Bipolar Disorder, Depression, Schizophrenia	Preferred Brand
VRAYLAR (cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6))	Bipolar Disorder, Depression, Schizophrenia	Preferred Brand



BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL) ^v	Chronic weight management	Preferred Brand
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL) ^v	Chronic weight management	Preferred Brand
zolpidem tartrate tab cr 6.25 mg, 12.5 mg	Insomnia	Preferred Generic
zolpidem tartrate tab er 6.25 mg, 12.5 mg	Insomnia	Preferred Generic

^v Coverage of this drug is group-specific and not standard. Members should check their benefit materials for coverage details or call the number on their Member ID card.

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
acetazolamide tab 125 mg	Glaucoma, Altitude Sickness, Edema	Preferred Generic
amitriptyline hcl tab 100 mg	Depression	Preferred Generic
ampicillin cap 500 mg	Infections	Preferred Generic
bumetanide tab 1 mg	Edema, Volume Overload	Preferred Generic
bupirone hcl tab 30 mg	Anxiety	Preferred Generic
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tension Headache	Preferred Generic
carbonyl iron susp 15 mg/1.25 mL (elemental iron)	Iron Deficiency	Preferred Generic
cefprozil tab 250 mg	Infections	Preferred Generic
cefuroxime axetil tab 500 mg	Infections	Preferred Generic
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg	Inflammatory Conditions	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 300 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 300 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic



PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
diltiazem hcl tab 120 mg	Hypertension, Chronic Stable Angina, Vasospastic Angina	Preferred Generic
diphenoxylate w/ atropine tab 2.5-0.025 mg	Diarrhea	Preferred Generic
doxycycline hyclate cap 50 mg	Acne, Infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.02 mg	Contraception	Preferred Generic
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 mL)	Crohn's disease, Ulcerative colitis	Preferred Brand
ethambutol hcl tab 100 mg	Tuberculosis	Preferred Generic
fenofibrate micronized cap 200 mg	Hypertriglyceridemia	Preferred Generic
flecainide acetate tab 50 mg	Atrial fibrillation/flutter, Arrhythmia, Tachycardia	Preferred Generic
fluvoxamine maleate tab 25 mg	Obsessive-Compulsive Disorder	Preferred Generic
hydroxychloroquine sulfate tab 100 mg	Malaria, Lupus, Rheumatoid Arthritis	Preferred Generic
indomethacin cap cr 75 mg	Inflammatory Conditions	Preferred Generic
indomethacin cap er 75 mg	Inflammatory Conditions	Preferred Generic
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19 treatment	Preferred Brand
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Contraception	Preferred Generic
levonorgestrel tab 1.5 mg	Emergency Contraception	Preferred Generic
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7)	Contraception	Preferred Generic
lidocaine-prilocaine cream 2.5-2.5%	Local Anesthetic, Infiltration Anesthesia Adjunct	Preferred Generic
liothyronine sodium tab 5 mcg, 25 mcg	Hypothyroidism	Preferred Generic
metoprolol succinate tab er 24 hr 200 mg (tartrate equiv)	Hypertension, Congestive heart failure, angina	Preferred Generic
morphine sulfate tab 15 mg	Pain	Preferred Generic
nabumetone tab 750 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
naloxone hcl inj 4 mg/10 mL	Opioid Overdose	Preferred Generic



PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension	Preferred Generic
nifedipine tab er 24 hr osmotic release 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab er 24 hr 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab sr 24 hr 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nifedipine tab sr 24 hr osmotic release 60 mg, 90 mg	Angina, Hypertension	Preferred Generic
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Preferred Generic
nitroglycerin sl tab 0.3 mg	Angina	Preferred Generic
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Preferred Generic
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Contraception	Preferred Generic
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Contraception	Preferred Generic
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative Colitis	Preferred Brand
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative Colitis	Preferred Brand
phenobarbital tab 16.2 mg	Status Epilepticus, Seizure Disorder, Sedation	Preferred Generic
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis	Preferred Generic
prazosin hcl cap 2 mg	Hypertension	Preferred Generic
prednisolone soln 15 mg/5 mL	Inflammatory Conditions	Preferred Generic
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/Vomiting, Anxiety, Schizophrenia	Preferred Generic
progesterone cap 100 mg	Endometrial hyperplasia, amenorrhea	Preferred Generic
propranolol hcl cap er 24 hr 60 mg, 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
propranolol hcl tab 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
quetiapine fumarate tab er 24 hr 50 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic



PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL)) [†]	Chronic weight management	Preferred Brand
sotalol hcl (afib/afl) tab 120 mg	Atrial Fibrillation, Atrial Flutter	Preferred Generic
SOTYKTU (deucravacitinib tab 6 mg)	Plaque Psoriasis	Preferred Brand
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Preferred Generic
sulfasalazine tab 500 mg	Ulcerative Colitis, Rheumatoid Arthritis	Preferred Generic
trimethobenzamide hcl cap 300 mg	Nausea and Vomiting	Preferred Generic
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg	Hypertension	Preferred Generic
VRAYLAR (cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg (base equivalent))	Bipolar Disorder, Depression, Schizophrenia	Preferred Brand
VRAYLAR (cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6))	Bipolar Disorder, Depression, Schizophrenia	Preferred Brand
WEGOVY (semaglutide (weight mngmt) soln auto-injector 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL) [†]	Chronic weight management	Preferred Brand
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL) [†]	Chronic weight management	Preferred Brand
zolpidem tartrate tab cr 6.25 mg, 12.5 mg	Insomnia	Preferred Generic
zolpidem tartrate tab er 6.25 mg, 12.5 mg	Insomnia	Preferred Generic

[†] Coverage of this drug is group-specific and not standard. Members should check their benefit materials for coverage details or call the number on their Member ID card.

PERFORMANCE SELECT DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
acetazolamide tab 125 mg	Glaucoma, altitude sickness, edema	Preferred Generic
amitriptyline hcl tab 100 mg	Depression	Preferred Generic
ampicillin cap 500 mg	Infections	Preferred Generic
bumetanide tab 1 mg	Edema, volume overload	Preferred Generic



PERFORMANCE SELECT DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
bupirone hcl tab 30 mg	Anxiety	Preferred Generic
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tension headache	Preferred Generic
carbonyl iron susp 15 mg/1.25 mL (elemental iron)	Iron deficiency	Preferred Generic
cefprozil tab 250 mg	Infections	Preferred Generic
cefuroxime axetil tab 500 mg	Infections	Preferred Generic
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg	Inflammatory conditions	Preferred Generic
diltiazem hcl coated beads cap er 24 hr 300 mg	Hypertension, chronic stable angina, vasospastic angina	Preferred Generic
diltiazem hcl coated beads cap sr 24 hr 300 mg	Hypertension, chronic stable angina, vasospastic angina	Preferred Generic
diltiazem hcl tab 120 mg	Hypertension, chronic stable angina, vasospastic angina	Preferred Generic
diphenoxylate w/ atropine tab 2.5-0.025 mg	Diarrhea	Preferred Generic
doxycycline hyclate cap 50 mg	Acne, infections	Preferred Generic
drospirenone-ethinyl estradiol tab 3-0.02 mg	Contraception	Preferred Generic
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68 mL)	Crohn's disease, ulcerative colitis	Preferred Brand
ethambutol hcl tab 100 mg	Tuberculosis	Preferred Generic
fenofibrate micronized cap 200 mg	Hypertriglyceridemia	Preferred Generic
flecainide acetate tab 50 mg	Atrial fibrillation/flutter, arrhythmia, tachycardia	Preferred Generic
fluvoxamine maleate tab 25 mg	Obsessive-compulsive disorder	Preferred Generic
hydroxychloroquine sulfate tab 100 mg	Malaria, lupus, rheumatoid arthritis	Preferred Generic
indomethacin cap cr 75 mg	Inflammatory conditions	Preferred Generic
indomethacin cap er 75 mg	Inflammatory conditions	Preferred Generic
LAGEVRIO (molnupiravir cap 200 mg)	COVID-19 treatment	Preferred Brand
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Contraception	Preferred Generic
levonorgestrel tab 1.5 mg	Emergency contraception	Preferred Generic



PERFORMANCE SELECT DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
levonorg-eth est tab 0.1-0.02 mg (84) & eth est tab 0.01 mg (7)	Contraception	Preferred Generic
lidocaine-prilocaine cream 2.5-2.5%	Local anesthetic, infiltration anesthesia adjunct	Preferred Generic
liothyronine sodium tab 5 mcg, 25 mcg	Hypothyroidism	Preferred Generic
metoprolol succinate tab er 24 hr 200 mg (tartrate equiv)	Hypertension, congestive heart failure, angina	Preferred Generic
morphine sulfate tab 15 mg	Pain	Preferred Generic
nabumetone tab 750 mg	Osteoarthritis, rheumatoid arthritis	Preferred Generic
naloxone hcl inj 4 mg/10 mL	Opioid overdose	Preferred Generic
nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent)	Hypertension	Preferred Generic
nifedipine tab er 24 hr 60 mg, 90 mg	Angina, hypertension	Preferred Generic
nifedipine tab sr 24 hr 60 mg, 90 mg	Angina, hypertension	Preferred Generic
nifedipine tab er 24 hr osmotic release 60 mg, 90 mg	Angina, hypertension	Preferred Generic
nifedipine tab sr 24 hr osmotic release 60 mg, 90 mg	Angina, hypertension	Preferred Generic
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Preferred Generic
nitroglycerin sl tab 0.3 mg	Angina	Preferred Generic
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Preferred Generic
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Contraception	Preferred Generic
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Contraception	Preferred Generic
OMVOH (mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/mL)	Ulcerative colitis	Preferred Brand
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/mL)	Ulcerative colitis	Preferred Brand
phenobarbital tab 16.2 mg	Status epilepticus, seizure disorder, sedation	Preferred Generic
piroxicam cap 10 mg	Osteoarthritis, rheumatoid arthritis	Preferred Generic



PERFORMANCE SELECT DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW LOWER TIER
prazosin hcl cap 2 mg	Hypertension	Preferred Generic
prednisolone soln 15 mg/5 mL	Inflammatory conditions	Preferred Generic
prochlorperazine maleate tab 10 mg (base equivalent)	Nausea/vomiting, anxiety, schizophrenia	Preferred Generic
progesterone cap 100 mg	Endometrial hyperplasia, amenorrhea	Preferred Generic
propranolol hcl cap er 24 hr 60 mg, 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
propranolol hcl tab 80 mg	Angina, arrhythmias, hypertension	Preferred Generic
quetiapine fumarate tab er 24 hr 50 mg	Bipolar disorder, depression, schizophrenia	Preferred Generic
SAXENDA (liraglutide (weight mgmt) soln pen-inj 18 mg/3 mL (6 mg/mL)) ^v	Chronic weight management	Preferred Brand
sotalol hcl (afib/af) tab 120 mg	Atrial fibrillation, atrial flutter	Preferred Generic
SOTYKTU (deucravacitinib tab 6 mg)	Plaque psoriasis	Preferred Brand
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Preferred Generic
sulfasalazine tab 500 mg	Ulcerative colitis, rheumatoid arthritis	Preferred Generic
trimethobenzamide hcl cap 300 mg	Nausea and vomiting	Preferred Generic
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg	Hypertension	Preferred Generic
VRAYLAR (cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg (base equivalent))	Bipolar disorder, depression, schizophrenia	Preferred Brand
VRAYLAR (cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6))	Bipolar disorder, depression, schizophrenia	Preferred Brand
WEGOVY (semaglutide (weight mgmt) soln auto-injector 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/0.75 mL) ^v	Chronic weight management	Preferred Brand
ZEPBOUND (tirzepatide (weight mgmt) soln auto-injector 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL) ^v	Chronic weight management	Preferred Brand
zolpidem tartrate tab cr 6.25 mg, 12.5 mg	Insomnia	Preferred Generic



PERFORMANCE SELECT DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
zolpidem tartrate tab er 6.25 mg, 12.5 mg	Insomnia	Preferred Generic

¹ Coverage of this drug is group-specific and not standard. Members should check their benefit materials for coverage details or call the number on their Member ID card.

Other Drug Tier Changes

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

BALANCED DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER	EFFECTIVE DATE
cephalexin tab 250 mg, 500 mg	Infections	Non-Preferred Generic	10/6/24
isoniazid tab 100 mg	Tuberculosis	Non-Preferred Generic	11/10/24
prednisolone acetate ophth susp 1%	Corneal injury, ophthalmic inflammatory conditions	Non-Preferred Generic	10/13/24
sulfadiazine tab 500 mg	Infections	Non-Preferred Generic	10/6/24

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER	EFFECTIVE DATE
isoniazid tab 100 mg	Tuberculosis	Non-Preferred Generic	11/10/24
prednisolone acetate ophth susp 1%	Corneal injury, ophthalmic inflammatory conditions	Non-Preferred Generic	10/13/24
sulfadiazine tab 500 mg	Infections	Non-Preferred Generic	10/6/24

PERFORMANCE SELECT DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER	EFFECTIVE DATE
isoniazid tab 100 mg	Tuberculosis	Non-Preferred Generic	11/10/24
prednisolone acetate ophth susp 1%	Corneal injury, ophthalmic inflammatory conditions	Non-Preferred Generic	10/13/24
sulfadiazine tab 500 mg	Infections	Non-Preferred Generic	10/6/24



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.

Dispensing Limit Changes

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

New dispensing limits and effective dates are listed on the chart below.

BALANCED, PERFORMANCE, PERFORMANCE SELECT, BASIC, BASIC MULTI -TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, PERFORMANCE ANNUAL CHANGES			
CLINICAL PROGRAM	MEDICATION(S) ¹	NEW DISPENSING LIMIT	EFFECTIVE DATE
Ampyra PAQL	Ampyra (dalfampridine) ER tab 10 mg	Program Retired	1/1/25
Bisphosphonates QL	Alendronate Sodium Tab 5 mg, 10 mg, 35 mg, Ibandronate Sodium IV Soln 3 mg/3 mL (Base Equivalent), Risedronate Sodium Tab 5 mg, 30 mg, Actonel (risedronate sodium) 35 mg tab, 150 mg tab, Atelvia (risedronate sodium) 35 mg delayed release tab, Binosto (alendronate sodium) effervescent tab 70 mg, Boniva (ibandronate sodium) 150 mg tab, Fosamax (alendronate sodium) 70 mg tab, Fosamax Plus D (alendronate sodium-cholecalciferol) 70-2800 mg/unit, Alendronate Sodium Oral Soln 70 mg/75 mL	Program Retired	11/15/24
Peanut Allergy PAQL	Palforzia	Program Retired	1/1/25
PCSK9 Inhibitors PAQL	Repatha (evolocumab) SQ soln prefilled syringe 140 mg/mL	6 syringes per 28 days	12/15/24
PSCK9 Inhibitors PAQL	Repatha Sureclick (evolocumab) SQ soln auto injector 140 mg/mL	6 syringes per 28 days	12/15/2024
Rayos PAQL	Rayos (prednisone delayed release) 1 mg tab	90 tabs per 30 days	12/15/2024



BALANCED, PERFORMANCE, PERFORMANCE SELECT, BASIC, BASIC MULTI -TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, PERFORMANCE ANNUAL CHANGES

CLINICAL PROGRAM	MEDICATION(S) ¹	NEW DISPENSING LIMIT	EFFECTIVE DATE
Rayos PAQL	Rayos (prednisone delayed release) 2 mg tab	60 tabs per 30 days	12/15/2024
Rayos PAQL	Rayos (prednisone delayed release) 5 mg tab	360 tabs per 30 days	12/15/2024
Signifor QL	Signifor (Pasireotide diaspertate) inj 0.3 mg/mL, 0.6 mg/mL, 0.9 mg/mL (base equiv)	Program Retired	11/15/2024
Therapeutic Alternatives PAQL	Allzital (butalbital/APAP) 25 -325 mg tab; Levorphanol tartrate 2 mg tab, 3 mg tab; Niacor 500 mg tab; Pandel 0.1% cream; Tivorbex (indomethacin) 20 mg cap; Xolegel 2% gel; Zorvolex (diclofenac) 18 mg cap, 35 mg cap	Targets Removed	1/1/2025

Standard Utilization Management Program Updates

Prior authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on [pharmacy programs per drug list](#) the current [dispensing limits](#).

Program Updates

Atypical Antipsychotics ST: removed targets Caplyta, Lybalvi, Rexulti and Vraylar effective Jan. 1, 2025.

Oral Tetracycline Derivatives PA: removed target doxycycline HCL tab 75 mg DR effective Jan. 1, 2025.

Therapeutic Alternatives: removed Allzital, Dutoprol, Levorphanol, Niacor, Pandel, Tivorbex, Xolegel and Zorvolex as targets effective Jan. 1, 2025.

Topical NSAIDs STQL: removed the brand Voltaren Gel as a target effective Dec. 15, 2024.



Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

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

Afrezza PAQL retired the Prior Authorization portion of this program for the HIM drug list but maintains dispensing limits for all drug lists effective Jan. 1, 2025.

Ampyra PAQL was retired effective Jan. 1, 2025. This program included the following medications: Ampyra/dalfampridine.

Eysuvis PAQL was retired and target Eysuvis is becoming a target of the Dry Eye Disease PAQL program for the Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier drug lists effective Jan. 1, 2025.

Insulin Combination ST retired the Step Therapy program but is keeping the dispensing limits effective Dec. 15, 2024. This program includes the following medications: Soliqua and Xultophy.

Methotrexate ST retired the program effective Jan. 1, 2025. This program included the following medications: Otrexup, Rasuvo and RediTrex.

Miebo PAQL was retired as a program and target Miebo is becoming a target of the Dry Eye Disease PAQL program for the Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier drug lists effective Jan. 1, 2025.

Peanut Allergy PAQL was retired program effective Jan. 1, 2025. This program included the following medication: Palforzia.

Tyvaya PAQL was retired as a program and target Tryvaya is becoming a target of the Dry Eye Disease PAQL program for the Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier drug lists effective Jan. 1, 2025.

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications.

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

PRODUCT(S) NO LONGER COVERED ¹	CONDITION	COVERED ALTERNATIVE(S) ^{1, 2}
CLEMASTINE FUMARATE SYRUP 0.67 mg/5 mL [0.5 mg/5 mL base EQ] (Genus Lifesciences)	Allergic Rhinitis	Clemastine tablets; cyproheptadine syrup



PRODUCT(S) NO LONGER COVERED ¹	CONDITION	COVERED ALTERNATIVE(S) ^{1, 2}
Hydrocortisone Soln 2.5% (Trifluent)	Allergic Skin Reactions	Hydrocortisone 2.5% Soln with GPI-14 as an ingredient sold by other manufacturers.



Pharmacy Benefits Updates

Visit the [Provider's Pharmacy page](#) for resource materials. Stay tuned to [Blue Review](#) for additional Pharmacy Program updates.

Reminder: Zero Dollar Emergency-Use Medications

Starting Jan. 1, 2025, or upon renewal, select acute medications may be available at a \$0 cost-share for members needing immediate medical treatment. These medications are typically used for emergency use or life-saving situations. By removing cost barriers to these medications, it gives members immediate access to these treatments during urgent, medical events.

For more information about this new benefit, please read the [member flier](#).

The \$0 cost share will apply for applicable benefit plans at any in-network pharmacy, including both preferred and non-preferred pharmacies for those plans on the Preferred Value Network.

Reminder: HDHP-HSA Preventive Drug Program Updates for 2025

The HDHP-HSA Preventive Drug Program offers certain preventive medications at reduced out-of-pocket costs to members in select High Deductible Health Plans, along with those using a Health Savings Account.

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

Respiratory added as Standard: The HDHP-HSA Standard Preventive Drug List offering will be aligned to include the same non-ACA categories. This means the respiratory category will be added to coverage in 2025 for eligible small group, Blue Balance Funded and Mid-Market fully insured HSA plans that currently do not have it. The change will apply starting Jan. 1, 2025, for only those plans that have the preventive benefit and didn't have the respiratory category.

New Custom Categories: There are eight new custom categories for 2025, including specialty categories. Also, there are now distinct categories for Weight Loss Agents (Traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos). These categories are available for ASO group clients only.

The posted 2025 versions reflect this category change.



ASO/CUSTOM FULLY INSURED (CFI) GROUPS		
EFFECTIVE DATE	2025 CHANGES	CATEGORIES
1/1/2025	Standard and Extended categories from 2024 are unchanged with minor product differences.	<p>Standard Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines.</p> <p>Extended Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors (CGMs) and Associated Supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins - Prenatal</p>

ASO-ONLY GROUPS		
EFFECTIVE DATE	2025 CHANGES	CUSTOM CATEGORIES
1/1/2025	<p>There are eight new custom categories for 2025, including specialty categories. Also, there are now custom categories for Weight Loss Agents (Traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos).</p> <p>Custom categories remain ASO only with the exception of Diabetic Supplies – Insulin Pumps and Associated Supplies, which is available for Custom Fully Insured groups.</p>	<p>Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Asthma – Specialty, Autoimmune, Autoimmune – Specialty, Breast Cancer Secondary Prevention, Diabetic Supplies - Insulin Pumps and Associated Supplies***, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, Hereditary Angioedema (HAE) – Specialty, Hemophilia – Specialty, HIV/AIDS, HIV PrEP, Influenza Agents, Lipid Lowering – Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Multiple Sclerosis – Specialty, Substance Use Disorder, Substance Use Disorder – Naloxone, Thyroid Agents, Weight Loss Agents (Traditional, non-GLP1) and Weight Management Agents (GLP1 + combos).</p> <hr/> <p>***Optional coverage is also available to Custom Fully Insured groups</p>



BLUE BALANCE FUNDED AND MID-MARKET PLANS

EFFECTIVE DATE	2025 CHANGES	CATEGORIES
1/1/2025, upon renewal	The respiratory category has been added as a standard category for eligible BBF plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, Osteoporosis, Respiratory
7/1/2025, upon renewal	The respiratory category has been added as a standard category for eligible Mid-Market plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, Osteoporosis, Respiratory

SMALL GROUP (SG) PLANS

AVAILABLE QHP/METALLIC PLANS	EFFECTIVE DATE	2025 CHANGES	CATEGORIES
Blue PPO Gold 113 Blue PPO Gold 115 Blue PPO Silver 133 Blue PPO Silver 200 Blue PPO Bronze 106 Blue PPO Bronze 132 Blue PPO Bronze 401 Blue Choice Preferred Gold PPO 113 Blue Choice Preferred Gold PPO 115 Blue Choice Preferred Silver PPO 133 Blue Choice Preferred Silver PPO 200 Blue Choice Preferred Bronze PPO 106 Blue Choice Preferred Bronze PPO 132 Blue Choice Preferred Bronze PPO 401 Blue Options Gold PPO 200 Blue Options Silver PPO 107 Blue Options Silver PPO 404	1/1/2025, upon renewal	The respiratory category has been added to eligible QHP small group plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory



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

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

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

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

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

[†]Prime Therapeutics, LLC is a separate company that contracts with [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 offered by Prime Therapeutics LLC.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.