

Starting January 1, 2025, 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, 2025.
- 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, 2025

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2024 Drug Tier *	2025 Drug Tier *	Special Requirements **
ABIRATERONE TAB 250MG	Antiandrogens		X		05	N/A	PA, QL ***
ACETAZOLAMID TAB 125 MG	Cardiovascular Agents, Other			X	02	01	QL
AFTERA TAB 1.5 MG	Progestins			X	02	01	QL
AFTERPILL TAB 1.5 MG	Progestins			X	02	01	QL
AMINO ACTION TAB	Nutritional Supplement			X	02	01	
AMITRIPTYLIN TAB 100 MG	Tricyclics			X	02	01	
AMJEVITA INJ 10/0.2 ML	Immunosuppressants		X		05	N/A	PA, QL
AMJEVITA INJ 20/0.4 ML	Immunosuppressants		X		05	N/A	PA, QL
AMJEVITA INJ 40/0.8 ML	Immunosuppressants		X		05	N/A	PA, QL
AMPICILLIN CAP 500 MG	Beta-lactam, Penicillins			X	02	01	

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

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	2024 Drug Tier *	2025 Drug Tier *	Special Requirements **
APAP/CODEINE SOL 120-12/5	Opioid Analgesics, Short-acting			X	01	04	
AUROVELA TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
AUROVELA 24 TAB FE 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
BAC TAB	Analgesics			X	02	01	
BALZIVA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
BIJUVA CAP 0.5-100	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	X			N/A	04	
BIJUVA CAP 1-100 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	X			N/A	04	
BLISOVI 24 TAB FE 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
BRIELLYN TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
BUMETANIDE TAB 1 MG	Diuretics, Loop			X	02	01	
BUSPIRONE TAB 30 MG	Anxiolytics			X	02	01	
BUT/APAP/CAF TAB	Analgesics			X	02	01	
CAMRESE LO TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
CARTIA XT CAP 300/24 HR	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
CEFPROZIL TAB 250 MG	Beta-lactam, Cephalosporins			X	02	01	
CEFUROXIME TAB 500 MG	Beta-lactam, Cephalosporins			X	02	01	
CELONTIN CAP 300 MG	Calcium Channel Modifying Agents		X		04	N/A	
CEPHALEXIN SUS 125/5 ML	Beta-lactam, Cephalosporins			X	01	02	
CIPRO/FLUOC DRO PF	Otic Agents	X			N/A	04	PA
CORDRAN CRE 0.025%	Dermatitis and Pruitus Agents	X			N/A	04	
CORLANOR TAB 5 MG	Cardiovascular Agents, Other		X		03	N/A	PA, QL
CORLANOR TAB 7.5 MG	Cardiovascular Agents, Other		X		03	N/A	PA, QL
CURAE TAB 1.5 MG	Progestins			X	02	01	QL

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DAILY AMINO TAB ACID	Nutritional Supplement			X	02	01	
DEPO-TESTOST INJ 100 MG/ML	Androgens			X	01	02	PA, QL
DEXAMETHASON TAB 0.5 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
DEXAMETHASON TAB 0.75 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
DEXAMETHASON TAB 1 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
DEXAMETHASON TAB 2 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			X	02	01	
DILTIAZEM CAP 300 MG ER	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DILTIAZEM TAB 120 MG	Calcium Channel Blocking Agents, Nondihydropyridines			X	02	01	
DIMETHYL FUM CAP 120 MG DR	Multiple Sclerosis Agents			X	05	02	QL
DIMETHYL FUM CAP 240 MG DR	Multiple Sclerosis Agents			X	05	02	QL
DIMETHYL FUM CAP STARTER	Multiple Sclerosis Agents			X	05	02	QL
DIPHEN/ATROP TAB 2.5 MG	Anti-Diarrheal Agents			X	02	01	
DOXYCYCL HYC CAP 50 MG	Tetracyclines			X	02	01	
DROSPIR/ETHI TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
DROSPIRENONE TAB ETHY EST	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
ECONTRA OS TAB 1.5 MG	Progestins			X	02	01	QL
ENDARI POW 5 GM	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		X		06	N/A	PA, QL
ERGOT/CAFFEN TAB 1-100 MG	Antimigraine Agents	X			N/A	04	PA, QL
ESTROGEL GEL	Estrogens		X		03	N/A	
ETHAMBUTOL TAB 100 MG	Antituberculars			X	02	01	
EXKIVITY CAP 40 MG	Molecular Target Inhibitors		X		06	N/A	
FENOFIBRATE CAP 200 MG	Dyslipidemics, Fibric Acid Derivatives			X	02	01	
FERROUS SULF LIQ 44 MG/5 ML	Vitamins		X		01	N/A	
FLECAINIDE TAB 50 MG	Antiarrhythmics			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2024 Drug Tier *	2025 Drug Tier *	Special Requirements **
FLURBIPROFEN TAB 100 MG	Nonsteroidal Anti-inflammatory Drugs			X	01	02	
FLUTAMIDE CAP 125 MG	Antiandrogens		X		04	N/A	
FLUVOXAMINE TAB 25 MG	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)			X	02	01	
FORTEO INJ 600/2.4	Metabolic Bone Disease Agents		X		05	N/A	PA, QL
GLUCAGON KIT 1 MG	Glycemic Agents			X	02	04	
GLYBURID MCR TAB 1.5 MG	Antidiabetic Agents			X	01	04	
GLYBURID MCR TAB 3 MG	Antidiabetic Agents			X	01	04	
GLYBURID MCR TAB 6 MG	Antidiabetic Agents			X	01	04	
HAILEY TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
HAILEY 24 TAB FE	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
HER STYLE TAB 1.5 MG	Progestins			X	02	01	QL
HYD POL/CPM SUS 10-8/5 ML	Respiratory Tract/ Pulmonary Agents			X	02	04	
HYDROCORT LOT 2.5%	Dermatitis and Pruritus Agents			X	01	02	
HYDROXYCHLOR TAB 100 MG	Antiprotozoals			X	02	01	
ICLEVIA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
INDOMETHACIN CAP 75 MG ER	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
INS ASP PROT INJ FLEXPEN	Insulins		X		02	N/A	QL
INSULIN ASPA INJ 100/ML	Insulins		X		02	N/A	QL
INSULIN ASPA INJ 70/30	Insulins		X		02	N/A	QL
INSULIN ASPA INJ FLEXPEN	Insulins		X		02	N/A	QL
INSULIN ASPA INJ PENFILL	Insulins		X		02	N/A	QL
INTROVALE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
IRESSA TAB 250 MG	Molecular Target Inhibitors		X		05	N/A	PA, QL
JASMIEL TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL

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JOLESSA TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
JUNEL 1.5/30 TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
JUNEL FE 24 TAB 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LARIN TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LARIN 24 TAB FE 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LASTACFT SOL 0.25%	Ophthalmic Anti-allergy Agents		X		04	N/A	
LEDIP-SOFOSB TAB 90-400 MG	Anti-hepatitis C (HCV) Agents			X	05	04	PA, QL
LEVONOR/ETHI TAB ESTRADIO	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LEVONORGESTR TAB 1.5 MG	Progestins			X	02	01	QL
LIDO/PRILOCN CRE 2.5-2.5%	Local Anesthetics			X	02	01	QL
LINDANE SHA 1%	Pediculicides/Scabicides		X		04	N/A	
LIOETHYRONINE TAB 5 MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	01	
LIOETHYRONINE TAB 25 MCG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			X	02	01	
LOESTRIN 21 TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LOJAIMIESS TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LORYNA TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
LO-ZUMANDIMI TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
MELPHALAN TAB 2 MG	Alkylating Agents			X	05	06	

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MESALAMINE TAB 800 MG DR	Aminosalicylates			X	02	04	
METHADONE TAB 10 MG	Opioid Analgesics, Long-acting			X	01	02	
METHYLPHENID TAB 27 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	04	QL
METHYLPHENID TAB 36 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	04	QL
METHYLPHENID TAB 54 MG ER	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			X	02	04	QL
METOPROL SUC TAB 200 MG ER	Beta-adrenergic Blocking Agents			X	02	01	
MICRGSTIN 24 TAB FE 1/20	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
MICROGESTIN TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
MORPHINE SUL SOL 10 MG/5 ML	Opioid Analgesics, Short-acting			X	01	04	
MORPHINE SUL TAB 15 MG	Opioid Analgesics, Short-acting			X	02	01	
MY CHOICE TAB 1.5 MG	Progestins			X	02	01	QL
MY WAY TAB 1.5 MG	Progestins			X	02	01	QL
NABUMETONE TAB 750 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
NALOXONE INJ 0.4 MG/ML	Opioid Reversal Agents			X	02	01	
NALOXONE INJ 4 MG/10 ML	Opioid Reversal Agents			X	02	01	
NATPARA INJ 25 MCG	Metabolic Bone Disease Agents		X		06	N/A	
NATPARA INJ 50 MCG	Metabolic Bone Disease Agents		X		06	N/A	
NATPARA INJ 75 MCG	Metabolic Bone Disease Agents		X		06	N/A	
NATPARA INJ 100 MCG	Metabolic Bone Disease Agents		X		06	N/A	
NEBIVOLOL TAB 2.5 MG	Beta-adrenergic Blocking Agents	X			N/A	01	
NEBIVOLOL TAB 5 MG	Beta-adrenergic Blocking Agents	X			N/A	01	
NEBIVOLOL TAB 10 MG	Beta-adrenergic Blocking Agents	X			N/A	01	
NEBIVOLOL TAB 20 MG	Beta-adrenergic Blocking Agents	X			N/A	01	
NEW DAY TAB 1.5 MG	Progestins			X	02	01	QL
NIFEDIPINE TAB 60 MG ER	Calcium Channel Blocking Agents, Dihydropyridines			X	02	01	
NIFEDIPINE TAB 90 MG ER	Calcium Channel Blocking Agents, Dihydropyridines			X	02	01	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2024 Drug Tier *	2025 Drug Tier *	Special Requirements **
NIKKI TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
NITROFUR MAC CAP 100 MG	Antibacterials, Other			X	02	01	
NITROGLYCERN SUB 0.3 MG	Vasodilators, Direct-acting Arterial/Venous			X	02	01	
NORDITROPIN INJ 5/1.5 ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	PA, QL
NORDITROPIN INJ 10/1.5 ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	PA, QL
NORDITROPIN INJ 15/1.5 ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	PA, QL
NORDITROPIN INJ 30/3ML	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		X		05	N/A	PA, QL
NORETH/ETHIN TAB 1.5/30	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
OLANZAPINE TAB 20 MG	2nd Generation/Atypical			X	01	02	QL
OPCICON TAB 1.5 MG	Progestins			X	02	01	QL
OPTION 2 TAB 1.5 MG	Progestins			X	02	01	QL
OXANDROLONE TAB 2.5 MG	Anabolic Steroids		X		02	N/A	
OXANDROLONE TAB 10 MG	Anabolic Steroids		X		02	N/A	
PERINDOPRIL TAB 2 MG	Angiotensin-converting Enzyme (ACE) Inhibitors			X	02	04	
PHENOBARB TAB 16.2 MG	Gamma-aminobutyric Acid (GABA) Augmenting Agents			X	02	01	
PHILITH TAB 0.4-35	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
PHLEXY-10 TAB	Nutritional Supplement			X	02	01	
PHOSPHO-TRIN TAB K500	Electrolyte/Mineral Replacement			X	01	02	
PIROXICAM CAP 10 MG	Nonsteroidal Anti-inflammatory Drugs			X	02	01	
PODOFILOX SOL 0.5%	Dermatological Agents, Other			X	02	04	
PRADAXA CAP 110 MG	Anticoagulants		X		04	N/A	QL
PRAZOSIN HCL CAP 2 MG	Alpha-adrenergic Blocking Agents			X	02	01	

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PRE PROTEIN TAB	Nutritional Supplement			X	02	01	
PREZISTA TAB 600 MG	Anti-HIV Agents, Protease Inhibitors		X		03	N/A	QL
PREZISTA TAB 800 MG	Anti-HIV Agents, Protease Inhibitors		X		03	N/A	QL
PROCHLORPER TAB 10 MG	Antiemetics, Other			X	02	01	
PROGESTERONE CAP 100 MG	Progestins			X	02	01	
PROPRANOLOL CAP 60 MG ER	Beta-adrenergic Blocking Agents			X	02	01	
PROPRANOLOL CAP 80 MG ER	Beta-adrenergic Blocking Agents			X	02	01	
PROPRANOLOL TAB 80 MG	Beta-adrenergic Blocking Agents			X	02	01	
PROTEINEX TAB	Nutritional Supplement			X	02	01	
QUETIAPINE TAB 50 MG ER	2nd Generation/Atypical			X	02	01	QL
REACT TAB 1.5 MG	Progestins			X	02	01	QL
RECTIV OIN 0.4%	Vasodilators, Direct-acting Arterial/Venous		X		04	N/A	
REXULTI TAB 0.25 MG	2nd Generation/Atypical			X	04	03	ST, QL
REXULTI TAB 0.5 MG	2nd Generation/Atypical			X	04	03	ST, QL
REXULTI TAB 1 MG	2nd Generation/Atypical			X	04	03	ST, QL
REXULTI TAB 2 MG	2nd Generation/Atypical			X	04	03	ST, QL
REXULTI TAB 3 MG	2nd Generation/Atypical			X	04	03	ST, QL
REXULTI TAB 4 MG	2nd Generation/Atypical			X	04	03	ST, QL
SETLAKIN TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
SMZ-TMP SUS 200-40/5	Sulfonamides			X	02	01	
SOTALOL AF TAB 120 MG	Antiarrhythmics			X	02	01	
SULFASALAZIN TAB 500 MG	Aminosalicylates			X	02	01	
SULFATRIM PD SUS 200-40/5	Sulfonamides			X	02	01	
SYMJEPI INJ 0.15 MG	Bronchodilators, Sympathomimetic		X		03	N/A	
SYMJEPI INJ 0.3 MG	Bronchodilators, Sympathomimetic		X		03	N/A	
TAKE ACTION TAB 1.5 MG	Progestins			X	02	01	QL
TARINA 24 FE TAB	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
TERIFLUNOMID TAB 7MG	Multiple Sclerosis Agents			X	05	02	QL
TERIFLUNOMID TAB 14 MG	Multiple Sclerosis Agents			X	05	02	QL
TESTOST CYP INJ 100 MG/ML	Androgens			X	01	02	PA, QL

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TRIMETHOBENZ CAP 300 MG	Antiemetics, Other			X	02	01	
TRIMETHOPRIM TAB 100 MG	Antibacterials, Other			X	01	02	
VALSART/HCTZ TAB 80-12.5	Cardiovascular Agents, Other			X	02	01	
VALSART/HCTZ TAB 160-12.5	Cardiovascular Agents, Other			X	02	01	
VESTURA TAB 3-0.02 MG	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
VOTRIENT TAB 200 MG	Molecular Target Inhibitors		X		05	N/A	PA, QL
VYFEMLA TAB 0.4-35	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			X	02	01	QL
VYVANSE CAP 10 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 20 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 30 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 40 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 50 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 60 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CAP 70 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 10 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 20 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 30 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 40 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 50 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
VYVANSE CHW 60 MG	Attention Deficit Hyperactivity Disorder Agents, Amphetamines		X		04	N/A	QL
WEE CARE SUS 15/1.25	Vitamins			X	02	01	
ZOLPIDEM ER TAB 6.25 MG	Sleep Promoting Agents			X	02	01	QL
ZOLPIDEM ER TAB 12.5 MG	Sleep Promoting Agents			X	02	01	QL
ZYLET SUS 0.5-0.3%	Ophthalmic Agents, Other	X			N/A	04	

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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 contracts with Prime Therapeutics LLC to provide pharmacy solutions. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

* 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