



BlueCross BlueShield
of Texas

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

April 3, 2025

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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 April 1, 2025, and prior updates are outlined below.**

Drug List Additions

BALANCED DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2 mL)	Autoimmune Disorders
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2 mL)	Atopic dermatitis
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2 mL)	Atopic dermatitis
ERYTHROMYCIN DR (erythromycin w/ delayed release particles cap 250 mg)	Infections
FEMLYV (norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg)	Contraception
fluoxetine hcl tab 20 mg	Depression, Mood Disorders
ILET INSULIN INFUSION KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN INFUSION KIT - INSET 23" 6mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN PUMP (insulin infusion pump - device)	Diabetes
ILET STARTER KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET STARTER KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes
LAZCLUZE (lazertinib mesylate tab 80 mg, 240 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 19 mg/mL)	Cholestatic pruritus
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Atopic Dermatitis, Prurigo Nodularis
NYVEPRIA (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia

BALANCED DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
OXYCODONE HYDROCHLORIDE (oxycodone hcl tab abuse deter 10 mg)	Pain
ROXYBOND (oxycodone hcl tab abuse deter 10 mg)	Pain
SOFDRA (sofipronium bromide gel 12.45%)	Primary axillary hyperhidrosis
TWIIST REFILL KIT (insulin infusion pump supplies)	Diabetes
TWIIST REFILL KIT/INFUSION SET (insulin infusion pump supplies)	Diabetes
TWIIST STARTER KIT (insulin infusion pump - kit)	Diabetes
VIGAFYDE (vigabatrin oral soln 100 mg/mL)	Seizures, infantile spasms
VORANIGO (vorasidenib tab 10 mg, 40 mg)	Cancer

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2 mL)	Autoimmune Disorders
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2 mL)	Atopic dermatitis
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2 mL)	Atopic dermatitis
ERYTHROMYCIN DR (erythromycin w/ delayed release particles cap 250 mg)	Infections
FEMLYV (norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg)	Contraception
fluoxetine hcl tab 10 mg, 20 mg	Depression, Mood Disorders
ILET INSULIN INFUSION KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN INFUSION KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN PUMP (insulin infusion pump - device)	Diabetes
ILET STARTER KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET STARTER KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
LAZCLUZE (lazertinib mesylate tab 80 mg, 240 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 19 mg/mL)	Cholestatic pruritus
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Atopic Dermatitis, Prurigo Nodularis
NYVEPRIA (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
TWIIST REFILL KIT (insulin infusion pump supplies)	Diabetes
TWIIST REFILL KIT/INFUSION SET (insulin infusion pump supplies)	Diabetes
TWIIST STARTER KIT (insulin infusion pump - kit)	Diabetes
VORANIGO (vorasidenib tab 10 mg, 40 mg)	Cancer

PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2 mL)	Autoimmune Disorders
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2 mL)	Atopic dermatitis
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2 mL)	Atopic dermatitis
ERYTHROMYCIN DR (erythromycin w/ delayed release particles cap 250 mg)	Infections
FEMLYV (norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg)	Contraception
fluoxetine hcl tab 10 mg, 20 mg	Depression, Mood Disorders
ILET INSULIN INFUSION KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN INFUSION KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes
ILET INSULIN PUMP (insulin infusion pump - device)	Diabetes
ILET STARTER KIT - CONTACT DETACH 23" 6 mm (insulin infusion pump supplies)	Diabetes
ILET STARTER KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin infusion pump supplies)	Diabetes
LAZCLUZE (lazertinib mesylate tab 80 mg, 240 mg)	Cancer
LIVMARLI (maralixibat chloride oral soln 19 mg/mL)	Cholestatic pruritus
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Atopic Dermatitis, Prurigo Nodularis
NYVEPRIA (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia

PERFORMANCE SELECT DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
TWIIST REFILL KIT (insulin infusion pump supplies)	Diabetes
TWIIST REFILL KIT/INFUSION SET (insulin infusion pump supplies)	Diabetes
TWIIST STARTER KIT (insulin infusion pump - kit)	Diabetes
VORANIGO (vorasidenib tab 10 mg, 40 mg)	Cancer

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 auto-injector 80 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2 mL)	Autoimmune Disorders
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2 mL)	Atopic dermatitis
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2 mL)	Atopic dermatitis
ILET INSULIN INFUSION KIT - CONTACT DETACH 23" 6 mm (insulin-infusion pump supplies)	Diabetes
ILET INSULIN INFUSION KIT - INSET 23" 6 mm, INSET 32" 6 mm (insulin-infusion pump supplies)	Diabetes
ILET INSULIN PUMP (insulin-infusion pump - device)	Diabetes
ILET STARTER KIT - CONTACT DETACH 23" 6 mm (insulin-infusion pump supplies)	Diabetes
ILET STARTER KIT - INSET23" 6 mm, INSET32" 6 mm (insulin-infusion pump supplies)	Diabetes
NEMLUVIO (nemolizumab-ilto for subcutaneous auto-injector 30 mg)	Atopic Dermatitis, Prurigo Nodularis
NITAZOXANIDE (nitazoxanide tab 500 mg)	Giardiasis, Cryptosporidiosis
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
TWIIST REFILL KIT (insulin-infusion pump supplies)	Diabetes
TWIIST REFILL KIT/INFUSION SET (insulin-infusion pump supplies)	Diabetes
TWIIST STARTER KIT (insulin-infusion pump - kit)	Diabetes
VORANIGO (vorasidenib tab 10 mg, 40 mg)	Cancer

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		
DRUG ¹	CONDITION	EFFECTIVE DATE
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Asthma	2/1/2025
APRETUDE (cabotegravir im extended release susp 600 mg/3 mL)	HIV pre-exposure prophylaxis (PrEP)	2/1/2025
DUVYZAT (givinostat hcl oral susp 8.86 mg/mL)	Duchenne muscular dystrophy	2/1/2025
esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg	Gastroesophageal Reflux Disease (GERD)	1/12/2025
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Hemophilia A	2/2/2025
FENOPRON (fenoprofen calcium cap 300 mg)	Pain/Inflammation	1/19/2025
FULVICIN P/G 165 (griseofulvin ultramicrosize tab 165 mg)	Fungal Infections-Topical	2/2/2025
GABARONE (gabapentin tab 100 mg, 400 mg)	Epilepsy, Postherpetic neuralgia	1/12/2025
GRISEOFULVIN ULTRAMICROSI ZE (griseofulvin ultramicrosize tab 165 mg)	Fungal Infections-Topical	2/9/2025
IQIRVO (elafibranor tab 80 mg)	Primary biliary cholangitis	2/1/2025
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucI) for inj 4000 unit)	Hemophilia A	1/12/2025
MATERNACEL (prenat vit w/fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin	1/19/2025
memantine hcl-donepezil hcl cap er 24 hr 14-10 mg, 28-10 mg	Alzheimer's Disease	1/12/2025
mesna tab 400 mg	Hemorrhagic Cystitis Prophylaxis	1/19/2025
METFORMIN HYDROCHLORIDE (metformin hcl tab 750 mg)	Diabetes	1/12/2025
NIMODIPINE (nimodipine oral soln 60 mg/20 mL (3 mg/mL))	Subarachnoid hemorrhage	1/5/2025
PREVYMIS (letermovir pellet pack 20 mg, 120 mg)	Cytomegalovirus infection	1/19/2025

BALANCED DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	2/2/2025
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 80 mg/0.8 mL)	Autoimmune disorders	2/2/2025
TOPIRAMATE (topiramate sprinkle cap 50 mg)	Epilepsy, Migraine	1/19/2025
VITALARA (prenat vit w/fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin	1/19/2025
VORTEX VALVED CHAMBER/PED IATRIC/MED MASK/NON-ELECTROSTATIC (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	2/2/2025

PERFORMANCE DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
APRETUDE (cabotegravir im extended release susp 600 mg/3 mL)	HIV pre-exposure prophylaxis (PrEP)	2/1/2025
DUVYZAT (givinostat hcl oral susp 8.86 mg/mL)	Duchenne muscular dystrophy	2/1/2025
esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg	Gastroesophageal Reflux Disease (GERD)	1/12/2025
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Hemophilia A	2/2/2025
IQRVO (elafibranor tab 80 mg)	Primary biliary cholangitis	2/1/2025
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucl) for inj 4000 unit)	Hemophilia A	1/12/2025
mesna tab 400 mg	Hemorrhagic Cystitis Prophylaxis	1/19/2025
NIMODIPINE (nimodipine oral soln 60 mg/20 mL (3 mg/mL))	Subarachnoid hemorrhage	1/5/2025
PREVMIS (letermovir pellet pack 20 mg, 120 mg)	Cytomegalovirus infection	1/19/2025
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	2/2/2025
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 80 mg/0.8 mL)	Autoimmune disorders	2/2/2025
TOPIRAMATE (topiramate sprinkle cap 50 mg)	Epilepsy, Migraine	1/19/2025
VORTEX VALVED CHAMBER/PED IATRIC/MED MASK/NON-ELECTROSTATIC (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	2/2/2025

PERFORMANCE FULL DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
APRETUDE (cabotegravir im extended release susp 600 mg/3 mL)	HIV pre-exposure prophylaxis (PrEP)	2/1/2025
DUVYZAT (givinostat hcl oral susp 8.86 mg/mL)	Duchenne muscular dystrophy	2/1/2025
esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg	Gastroesophageal Reflux Disease (GERD)	1/12/2025
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Hemophilia A	2/2/2025
IQIRVO (elafibranor tab 80 mg)	Primary biliary cholangitis	2/1/2025
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucI) for inj 4000 unit)	Hemophilia A	1/12/2025
mesna tab 400 mg	Hemorrhagic Cystitis Prophylaxis	1/19/2025
NIMODIPINE (nimodipine oral soln 60 mg/20 mL (3 mg/mL))	Subarachnoid hemorrhage	1/5/2025
PREVYMIS (letermovir pellet pack 20 mg, 120 mg)	Cytomegalovirus infection	1/19/2025
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	2/2/2025
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 80 mg/0.8 mL)	Autoimmune disorders	2/2/2025
TOPIRAMATE (topiramate sprinkle cap 50 mg)	Epilepsy, Migraine	1/19/2025
VORTEX VALVED CHAMBER/PEDIATRIC/MED MASK/NON-ELECTROSTATIC (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	2/2/2025

PERFORMANCE SELECT DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Asthma	2/1/2025
APRETUDE (cabotegravir im extended release susp 600 mg/3 mL)	HIV pre-exposure prophylaxis (PrEP)	2/1/2025

PERFORMANCE SELECT DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
DUVYZAT (givinostat hcl oral susp 8.86 mg/mL)	Duchenne muscular dystrophy	2/1/2025
esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg	Gastroesophageal Reflux Disease (GERD)	1/12/2025
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Hemophilia A	2/2/2025
IQIRVO (elafibranor tab 80 mg)	Primary biliary cholangitis	2/1/2025
JIVI (antihemophil fact rcmb (bdd-rfviii peg-aucI) for inj 4000 unit)	Hemophilia A	1/12/2025
mesna tab 400 mg	Hemorrhagic Cystitis Prophylaxis	1/19/2025
NIMODIPINE (nimodipine oral soln 60 mg/20 mL (3 mg/mL))	Subarachnoid hemorrhage	1/5/2025
PREVYMIS (letermovir pellet pack 20 mg, 120 mg)	Cytomegalovirus infection	1/19/2025
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	2/2/2025
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 80 mg/0.8 mL)	Autoimmune disorders	2/2/2025
TOPIRAMATE (topiramate sprinkle cap 50 mg)	Epilepsy, Migraine	1/19/2025
VORTEX VALVED CHAMBER/PEDIATRIC/MED MASK/NON-ELECTROSTATIC (spacer/aerosol-holding chambers - device)	Asthma, Chronic Obstructive Pulmonary Disease	2/2/2025

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Asthma	2/1/2025
APRETUDE (cabotegravir im extended release susp 600 mg/3 mL)	HIV pre-exposure prophylaxis (PrEP)	2/1/2025
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	Hemophilia A	02/02/2025

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

DRUG ¹	CONDITION	EFFECTIVE DATE
JIVI (antihemophilic factor recombinant (b2-domain deleted) factor VIII) for injection 4000 unit	Hemophilia A	01/12/2025
RYBELSUS (semaglutide tablet 1.5 mg, 4 mg, 9 mg)	Diabetes	02/23/2025
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 80 mg/0.8 mL)	Autoimmune Disorders	02/02/2025

Drug Tier Changes

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

BALANCED DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW LOWER TIER
fluoxetine hcl tab 10 mg	Depression, Mood Disorders	Preferred Generic

Other 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 TIER CHANGES

DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
cimetidine hcl soln 300 mg/5 mL	Gastroesophageal Reflux Disease (GERD)	Non-Preferred Generic	1/12/2025
morphine sulfate oral soln 20 mg/5 mL	Pain	Non-Preferred Generic	1/19/2025

PERFORMANCE TIER CHANGES

DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
morphine sulfate oral soln 20 mg/5 mL	Pain	Non-Preferred Generic	1/19/2025

PERFORMANCE FULL TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
morphine sulfate oral soln 20 mg/5 mL	Pain	Non-Preferred Generic	1/19/2025

PERFORMANCE SELECT TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
cimetidine hcl soln 300 mg/5 mL	Gastroesophageal Reflux Disease (GERD)	Non-Preferred Generic	1/12/2025
morphine sulfate oral soln 20 mg/5 mL	Pain	Non-Preferred Generic	1/19/2025

Utilization Management Program Changes

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

Standard 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 bcbstx.com lists the current [drug lists](#) and [dispensing limits](#). Members may also log in to [Blue Access for MembersSM](#) or MyPrime.com for a variety of online resources.

Please Note: The PA 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.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

Program Updates

The following standard utilization management programs were updated on the dates indicated below.

Alternative Dosage Form PAQL removed target Dartisla, Vtol soln, Valsartan oral soln effective Jan. 15, 2025. This update applies to the Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Colony Stimulating Factors ST removed the target Nyvepria effective April 1, 2025. This update applies to the Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists.

Program Retirements

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

Please Note: The Prior Authorization, Step Therapy or Quantity Limits programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard programs may apply, based on the member's current drug list. A list of programs per drug list is posted on the member pharmacy programs section of bcbstx.com.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbstx.com and log in to [Blue Access for MembersSM](#) or MyPrime.com for a variety of online resources.

Homozygous Familial Hypercholesterolemia PAQL was retired Feb 1, 2025. This program included the drug target Juxtapid.

Oxbryta PAQL was retired Feb 15, 2025. This program included the target drugs Oxbryta tab and Oxbryta tab for oral suspension.

Transmucosal Immediate Release Fentanyl PAQL was retired Jan. 15, 2025. This program included the target drugs Actiq lozenge, Fentora buccal tab and Subsys sublingual spray.

Dispensing Limit Changes

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

Dispensing Limit changes are listed below with their effective date. View the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also log in to [Blue Access for MembersSM](#) or [MyPrime.com](#) for more online resources.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL AND PERFORMANCE SELECT DRUG LISTS			
MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Dartisla (glycopyrrolate) 1.7 mg tab	Alternative Dosage Form PAQL	Retired	1/15/2025
Fasenra 30 mg/mL	IL-5 Inhibitors PAQL	1 pen per 28 days	3/1/2025
Nayzilam nasal spray 5 mg/ 0.1 mL	Nasal Antiepileptics QL	Retired	3/1/2025
Pradaxa (dabigatran etexilate mesylate) cap 110 mg	Oral Anticoagulant QL	120 caps per 30 days	3/15/2025
Pulmicort (budesonide) inhalation susp 1 mg/2 mL	Oral Solution for Nebulization QL	240 mLs per 30 days	1/15/2025
reSET	reSET and reSET-O QL	Retired	3/1/2025
reSET- O	reSET and reSET-O QL	Retired	3/1/2025
Multiple Medications	Nasal Inhaler QL	Retired	3/1/2025
Valsartan oral soln 4 mg/mL	Alternative Dosage Form PAQL	Retired	1/15/2025
Valtoco nasal spray 5 mg, 10 mg, 15 mg, 20 mg	Nasal Antiepileptics QL	Retired	3/1/2025
Vtol (butalbital - Acetaminophen - caffeine) soln 50-325-40 mg/ 15 mL	Alternative Dosage Form PAQL	Retired	1/15/2025

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 BCBSTX 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 because either 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	COVERED ALTERNATIVE(S) ^{1, 2}	CONDITION
METRONIDAZOLE tab 125 mg	METRONIDAZOLE 250 mg TABLETS	Bacterial Infection
FENOPROFEN cap 300 mg	MELOXICAM, IBUPROFEN, NAPROXEN	Pain, Inflammation
TOLMETIN SODIUM tab 600 mg	MELOXICAM, IBUPROFEN, NAPROXEN	Pain, Inflammation
METHOCARBAMOL tab 1000 mg	METHOCARBAMOL 500 mg OR 750 mg, BACLOFEN, CYCLOBENZAPRINE, TIZANIDINE	Muscle Spasms/Pain

Pharmacy Benefits Updates

Visit our [Pharmacy page](#) for resource materials. Stay tuned to BCBSTX's news and updates or the [Blue Review](#) for additional Pharmacy Program updates.

Reminder: \$0 Dollar Emergency-Use Medications

Since 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. Removing cost barriers to these medications gives members immediate access to these treatments during urgent, medical events.

For more information about this 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 Network.

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 BCBSTX contracts with Prime Therapeutics to provide pharmacy solutions. BCBSTX, as well as several independent [Blue Cross and Blue Shield Plans](#), has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy-benefit website owned and operated by Prime Therapeutics LLC.

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.

Retired Medications in the Nasal Inhaler QL

Allergy nasal spray 24-hour allergy relief; Astepro; Astepro children's; Azelastine HCl Nasal Spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray); Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 mcg/ACT; beclomethasone dipropionate monohyd nasal susp; Beclomethasone Dipropionate Nasal Aerosol 40 mcg/ACT, 80 mcg/ACT; beconase aqueous nasal spray; Ciclesonide Nasal Aerosol Soln 37 mcg/ACT (50 mcg/valve); Ciclesonide Nasal Susp 50 mcg/ACT; Clarispray; CVS fluticasone propionate/propionate; CVS nasal allergy spray; Dymista; EqI fluticasone propionate; Equate allergy relief; Equate nasal allergy spray; Flonase allergy relief; Flonase allergy relief children's; Flunisolide Nasal Soln 25 mcg/ACT (0.025%); Fluticasone Propionate Nasal Susp 50 mcg/ACT; FT allergy relief 24 hr; GNP 24-hour nasal allergy; GNP fluticasone propionate; Goodsense 24-hour allergy; Goodsense nasal allergy spray; Hm 24-hour nasal allergy; Hm allergy relief nasal spray; Ipratropium Bromide Nasal Soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray); Kls aller-cort; Kls aller-flo; Mometasone Furoate Nasal Susp 50 mcg/ACT; Nasacort allergy 24 hr; Nasacort allergy 24 hr children's; Nasal allergy 24 hour; Nasal allergy 24-hour multi-symptom; Nasonex 24 hr; Olopatadine HCl Nasal Soln 0.6%; Olopatadine HCl-Mometasone Furoate Nasal Susp; Omnaris; Patanase; QC allergy relief; Qnasl; Qnasl children's; RA nasal allergy spray; Ryaltris; Sm allergy relief nasal spray; Triamcinolone Acetonide Nasal Aerosol Suspension 55 mcg/ACT; Zetonna