

Pharmacy Program Quarterly Update Changes Effective Jan. 1, 2026 – Part 1

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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. The part 2 article includes updates that do not require member notification. These changes will be published closer to the **Jan. 1, 2026**, effective date.

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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the [Blue Cross and Blue Shield of Oklahoma](#) drug lists, effective on or after Jan. 1, 2026.

The January Quarterly Pharmacy Changes Part 2 article with recent coverage additions will be published closer to the January 1 effective date.

Drug-list changes are listed on the charts below, or you can view the January 2026 drug lists on our [member website](#).

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridineta b 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
OZOBAX DS (baclofen oral soln 10 mg/5 mL)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, baclofen tablet 20mg
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)	Depression, Mood Disorders	sertraline tablet 100 mg
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
OZOBAX DS (baclofen oral soln 10 mg/5 mL)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, baclofen tablet 20 mg

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)	Depression, Mood Disorders	sertraline tablet 100 mg
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBAM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBAM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBAM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBDM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBDM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBDM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab, 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
HADLIMA PUSH TOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg

PERFORMANCE SELECT DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBIM

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADB M
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADB M
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE FULL DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADB M
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADB M
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

PERFORMANCE FULL DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridine tab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile diarrhea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIMETHYL FUMARATE - dimethyl fumarate cap 120 mg dr, 240 mg dr	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIMETHYL FUMARATE STARTERPACK- dimethyl fumarate starter pack	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg, 50 mg (elemental zinc))	Wilson's disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE FULL DRUG LIST EXCLUSIONS

DRUG ¹	CONDITION	ALTERNATIVES
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pediatric Crohn's Disease starter pack (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen (adalimumab auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-cd/uc/hs starter (adalimumab auto-injector kit 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-pediatric uc starter pack (adalimumab auto-injector kit 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-ps/uv starter (adalimumab auto-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base equiv), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE FULL DRUG LIST EXCLUSIONS

DRUG¹	CONDITION	ALTERNATIVES
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC AND ENHANCED DRUG LISTS REMOVALS

DRUG¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BASIC AND ENHANCED DRUG LISTS REMOVALS

DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DALFAMPRIDINE (dalfampridine tab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwvd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSH TOUCH (adalimumab-bwvd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL)	Neutropenia	FULPHILA, NUELASTA

BASIC AND ENHANCED DRUG LISTS REMOVALS

DRUG¹	CONDITION	ALTERNATIVES
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBMM
SIMLANDI 1-PEN KIT (adalimumab- ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBMM
SIMLANDI 2-PEN KIT (adalimumab- ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBMM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

DRUG¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab- adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBMM

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

DRUG ¹	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBIM
alprazolam tab er 24hr 2 mg	Anxiety	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
cefprozil tab 250 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cefuroxime axetil tab 500 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cimetidine tab 200 mg	Heartburn	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

DRUG ¹	CONDITION	ALTERNATIVES
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ethambutol hcl tab 100 mg	Tuberculosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
glycopyrrolate tab 1 mg	Peptic Ulcer Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwvd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwvd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

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

DRUG¹	CONDITION	ALTERNATIVES
liothyronine sodium tab 25 mcg	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
mafenide acetate packet for topical soln 5% (50 gm)	Burns	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
megestrol acetate tab 40 mg	Anorexia, Cachexia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
naloxone hcl inj 4 mg/10 mL	Opioid Overdose	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL)	Neutropenia	FULPHILA, NUELASTA
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
prednisolone soln 15 mg/5 mL	Inflammatory Conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

DRUG¹	CONDITION	ALTERNATIVES
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
sodium chloride soln nebu 3%,10%	Loosen mucus in lungs	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
tizanidine hcl cap 2 mg (base equivalent)	Spasticity	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

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

DRUG ¹	CONDITION	ALTERNATIVES
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, nausea associated with gastroenteritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
zolpidem tartrate tab er 12.5 mg	Insomnia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Tier changes effective Jan. 1, 2026, are listed below.

BALANCED DRUG LIST TIER CHANGES

DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
DESOXIMETASONE (desoximetasone gel 0.05%)	desoximetasone cream 0.25%, desoximetasone ointment 0.25%	HIV	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand
FENOPROFEN CALCIUM (fenopropfen calcium cap 400 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Pain/Inflammation	Non-preferred Brand

BALANCED DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
FLURBIPROFEN (flurbiprofen tab 100 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Osteoarthritis, Rheumatoid Arthritis	Non-preferred Brand
PAROXETINE HYDROCHLORIDE (paroxetine hcl oral susp 10 mg/5 mL (base equiv))	paroxetine tablet 10 mg	Depression, Mood Disorders	Non-preferred Brand
TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))	testosterone gel 1.62% pump	Primary hypogonadism, hypogonadotrophic hypogonadism	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
DESOXIMETASONE (desoximetasone gel 0.05%)	desoximetasone cream 0.25%, desoximetasone ointment 0.25%	HIV	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
FENOPROFEN CALCIUM (fenoprofen calcium cap 400 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Pain/Inflammation	Non-preferred Brand
FLURBIPROFEN (flurbiprofen tab 100 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Osteoarthritis, Rheumatoid Arthritis	Non-preferred Brand
PAROXETINE HYDROCHLORIDE (paroxetine hcl oral susp 10 mg/5 mL (base equiv))	paroxetine tablet 10 mg	Depression, Mood Disorders	Non-preferred Brand
TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))	testosterone gel 1.62% pump	Primary hypogonadism, hypogonadotropic hypogonadism	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non- preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non- preferred Brand
EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non- preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE FULL LIST TIER CHANGES			
DRUG ¹	ALTERNATIVES ^{1, 2}	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non- preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non- preferred Brand
EFAVIRENZ/LAMIVUDINE/TENO FOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non- preferred Brand

Tier 1 to Tier 2 Changes

The following drugs are moving from a preferred generic (tier 1) to a non-preferred generic (tier 2), effective Jan. 1, 2026. These changes only apply to members with a pharmacy benefit plan that includes different payment tiers for preferred generics and non-preferred generic (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). Members may pay more for these drugs.

PERFORMANCE AND PERFORMANCE FULL DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG ¹	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Hypothyroidism
megestrol acetate tab 40 mg	Cancer

PERFORMANCE AND PERFORMANCE FULL DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG ¹	CONDITION
naloxone hcl inj 4 mg/10 mL	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5 mL	Inflammatory conditions
sodium chloride soln nebu 3%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, Nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

PERFORMANCE BIOSIMILAR DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG ¹	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24 hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Hypothyroidism
megestrol acetate tab 40 mg	Cancer
naloxone hcl inj 4 mg/10 mL	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception

PERFORMANCE BIOSIMILAR DRUG LIST TIER 1 TO TIER 2 CHANGES

DRUG ¹	CONDITION
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5 mL	Inflammatory conditions
sodium chloride soln nebu 3%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, Nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER,
ENHANCED MULTI-TIER ANNUAL DRUG LISTS
TIER 1 TO TIER 2 CHANGES

DRUG ¹	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
cimetidine tab 200 mg	Gastroesophageal Reflux Disease (GERD)
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Asthma, Chronic Obstructive Pulmonary Disease
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Peptic Ulcer Disease
mafenide acetate packet for topical soln 5% (50 gm)	Burns
megestrol acetate tab 40 mg	Anorexia, Cachexia
naloxone hcl inj 4 mg/10ml	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception
ondansetron hcl oral soln 4 mg/5ml	Nausea and Vomiting

**BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER,
ENHANCED MULTI-TIER ANNUAL DRUG LISTS
TIER 1 TO TIER 2 CHANGES**

DRUG ¹	CONDITION
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5ml	Inflammatory conditions
sodium chloride soln nebu 3%, 10%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Infections
tizanidine hcl cap 2 mg (base equivalent)	Spasticity
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

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 Prior Authorization Program Changes

Changes to drug categories and/or medications will be made to the Prior Authorization (PA) programs for standard pharmacy benefit plans. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates.

For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

Remember: 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 bcbsok.com.

Members received letters regarding the program changes listed below. All changes are effective Jan. 1, 2026.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

BALANCED BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

New Standard Utilization Management Programs

The following are new programs or new drug that do not have drug utilization. Members were not lettered on the programs listed.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Ctexli PAQL	Prior Authorization	New program that includes the drug Ctexli.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2026
Harliku PAQL	Prior Authorization	New program that includes the drug Harliku (nitisinone (aku) 2 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM Quarterly, Performance (ASO), Performance Biosimilar Performance Full, Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar	1/1/2026
Sohonos PAQL	Prior Authorization	New program that includes the drug Sohonos.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2026
Xdemvy PAQL	Prior Authorization	New program that includes the drug Xdemvy ophthalmology solution.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2026

Dispensing Limit Changes

The BCBSOK prescription drug benefit program 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.

BCBSOK does not notify members of dispensing limit changes as most identified impacted members are not at risk of exceeding the limits.

Dispensing Limit changes are listed below with their effective date.

BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl)10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

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 BCBSOK's 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. Members were lettered on these changes unless otherwise noted.

PRODUCT(S) NO LONGER COVERED ¹	COVERED ALTERNATIVE(S) ^{1, 2}	CONDITION
ZANAFLEX CAP 8 mg (Trifluent Pharma)	TIZANIDINE TABS	Muscle spasticity and stiffness

Pharmacy Benefits Updates

Read [news and updates](#) for additional Pharmacy Program resources.

HDHP-HSA Preventive Drug Program Updates

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.

See below for the applicable categories and the 2026 updates for each market segment.

New Custom Categories: Emergency-Use Medications is the only new custom category for 2026. This category is only for ASO group clients.

ASO GROUPS		
Effective Date	2026 Changes	Categories
1/1/2026	Standard and Extended categories from 2025 are unchanged with minor product differences.	<p>Standard</p> <p>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</p> <p>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>

CUSTOM FULLY INSURED (CFI) GROUPS		
Effective Date	2026 Changes	Categories
1/1/2026	Standard and Extended categories from 2025 are unchanged with minor product differences. One Custom category is available and remains unchanged from 2025 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> <p>Custom Diabetic Supplies - insulin pumps and associated supplies</p>

ASO-ONLY GROUPS		
Effective Date	2026 Changes	Custom Categories
1/1/2026	<p>Custom categories remain for ASO groups only from 2025 with minor product differences. A few categories have had a minor name change.</p> <p>Emergency-Use Medications is the only new category for 2026.</p>	<p>Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Asthma - Advanced, Autoimmune, Autoimmune - Advanced, Breast Cancer Secondary Prevention, Diabetic Supplies - insulin pumps and associated supplies*, Emergency-Use Medications, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, Hereditary Angioedema (HAE) , Hemophilia, HIV/AIDS, HIV PrEP, Influenza Agents, Lipid Lowering - Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Multiple Sclerosis, Substance Use Disorder, Substance Use Disorder - Naloxone, Thyroid Agents, Weight-Loss Agents (traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos).</p> <hr/> <p><i>*Optional coverage is also available to Custom Fully Insured groups</i></p>

BLUE BALANCE FUNDED PLANS		
Effective Date	2026 Changes	Categories
1/1/2026	<p>The Blue Balance Funded categories from 2025 remain unchanged with minor product differences.</p>	<p>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, (asthma/COPD), Respiratory, Tobacco Cessation, Vaccines</p>

MID-MARKET PLANS		
Effective Date	2026 Changes	Categories
7/1/2026	The Mid-Market categories from 2025 remain unchanged with minor product differences.	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, (asthma/COPD), Respiratory, Tobacco Cessation, Vaccines

SMALL GROUP (SG) PLANS			
AVAILABLE QHP/METALLIC PLANS	EFFECTIVE DATE	2026 CHANGES	CATEGORIES
Blue Preferred Gold PPO 418 Blue Advantage Gold PPO 119 Blue Advantage Silver PPO 121 Blue Preferred Silver PPO 419	1/1/2026	The Quality Health Plan (QHP) categories from 2025 are unchanged.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory

Humira and Stelara Coverage Changes Start Jan. 1, 2026

Coverage of Humira (adalimumab), Stelara (ustekinumab) and select biosimilars of those drugs will change on most BCBSXX commercial drug lists, starting on Jan. 1, 2026.

What's new: For groups on the ASO-only Balanced Biosimilar, Performance Select Biosimilar and Performance Biosimilar drug lists, Humira and Stelara will remain excluded while select biosimilars of those drugs will be preferred. Humira and Stelara will also be excluded on the Performance Full and Performance Annual drug lists. For IL HMO groups (fully insured and ASO) and Texas fully insured groups on Performance Annual, the exclusions will be effective upon renewal, on or after Jan. 1, 2026.

- Humira biosimilar adalimumab-adbm is being added as a preferred drug on all drug lists.
 - Humira biosimilars Simlandi (adalimumab-ryvk), Hadlima (adalimumab-bwwd) and adalimumab-adaz (unbranded Hyrimoz) will no longer be covered across all drug lists.
 - Stelara biosimilar Selarsdi (ustekinumab-aekn) will no longer be covered across all drug lists.
- (Reminder:** Stelara was excluded July 1, 2025, on the Performance Full and quarterly HIM drug lists (NM, OK, MT, IL non-HMO). This exclusion is becoming effective for Performance Annual and HIM annual drug lists Jan. 1, 2026, upon renewal.

Humira and Stelara will remain covered, subject to prior authorization, for groups on Open drug lists and on the ASO-only Balanced, Performance Select and Performance drug lists.

Members can check drug coverage by logging into their member account.

Reminder: A biosimilar is a biological product that is highly similar to and has no clinically meaningful differences from an existing [FDA-approved reference product](#)¹.

Drug list publication note: Due to late formulary decisions, the addition of ADALIMUMAB-ADB and exclusions of Hadlima, Simlandi and adalimumab-adaz did not make it into the January “preview” drug list PDF files that were posted to the BCBSOK public websites in October. These updates will be made, along with any other final formulary decisions, on the final publication files that are posted by Jan. 1, 2026.

New Low-Cost Cancer and Multiple Sclerosis Drugs from CivicaScript

What’s new: Starting Jan. 1, 2026, or upon renewal, the CivicaScript-produced versions of capecitabine (50 mg and 500 mg) and dalfampridine (10 mg) will be the only generic versions covered for members on all Individual & Family Market and commercial-group drug lists. The brand name drugs Xeloda and Ampyra, and all other non-CivicaScript generics of both drugs, will be excluded.

- The CivicaScript versions of capecitabine and dalfampridine are only available from SortPak Pharmacy
- Members will be notified regarding this change.
- BCBSOK members are not impacted due to state legislation.

\$0 Member Cost Share: Capecitabine and dalfampridine are also covered under the \$0 CivicaScript Benefit, which eliminates out-of-pocket costs for covered, CivicaScript drugs. This benefit will be available to IFM and fully insured groups Jan. 1, 2026, or upon renewal.

Why this matters: Our partnership with CivicaScript continues lowering costs for even more BCBSOK members.

- The average cost of a 30-day supply of other generic versions of capecitabine* is \$141 for 150 mg and \$446 for 500 mg. The brand Xeloda can be as much as \$2,500 for 500 mg.
** Claims data not available for 150 mg of Xeloda. Note: This varies based on strength.*
- The average cost for a 30-day supply of other generic versions of dalfampridine is around \$128 for 10 mg and the brand Ampyra can be as much as \$4,000 for 10 mg.

As previously mentioned, only SortPak Pharmacy will supply CivicaScript’s dimethyl fumarate. Members on an annual drug list with a Q1 renewal and with claims for dimethyl fumarate (or claims for the brand Tecfidera) will receive notification, as well as detailed instructions, on how to get their prescription from SortPak Pharmacy.

Reminder: Updated Specialty-Drug Packaging and Cost Share

Background: Select specialty medications have FDA approval to be dispensed in a supply greater than 30 days and/or the drug manufacturer packaging cannot be broken into only a 30-day supply.

What’s changed: A member’s cost-share will apply to the total days supplied. Members pay for what they are filling, based on their benefits. For example, members receiving a 90-day supply of specialty medication will pay an applicable copay for a 90-day supply rather than the current 30-day supply cost-share amount.

Member notifications: This change began Jan. 1, 2025. Mid-Market fully insured group members with a January, February, or March 2026 renewal date will receive an [awareness letter](#).

Market segment effective dates

- IFM – 1/1/2025
- Small Group, Blue Balance FundedSM, Custom Fully Insured – 1/1/2025, upon renewal
- Mid-Market Fully Insured – 7/1/2025, upon renewal
- Student Health will be effective during the 2025/2026 school year; effective date varies by school
- Custom ASO optional; can be added to the benefit as of 1/1/2025

Excludes Grandfathered, Transitional and Closed plan

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.

¹Prime Therapeutics, LLC is a separate company BCBSOK contracts with Prime Therapeutics to provide pharmacy solutions. BCBSOK, 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.