



BlueCross BlueShield
of Texas

Pharmacy Program Quarterly Update Changes Effective July 1, 2025 – Part 1

May 6, 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. The part 2 article includes updates that do not require member notification. Those changes will be published closer to the July 1, 2025, 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 Texas](#) drug lists, effective on or after July 1, 2025.

The **Quarterly Pharmacy Changes for July 2025 - Part 2**, which details coverage additions, will be published closer to the July 1 effective date.

Your patient(s) may ask you about therapeutic or lower-cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the charts below, or you can view the July 2025 drug lists on the [member website](#).

Please note: The drug list changes listed below apply only to TX ASO members who have moved to quarterly updates. Members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists will not have the revisions and/or exclusions applied until on or after Jan. 1, 2026.

Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
BETIMOL (timolol ophth soln 0.5%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Elevated Intra-ocular Pressure
CETRAXAL (ciprofloxacin hcl otic soln 0.2% (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
MESNEX (mesna tab 400 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hemorrhagic Cystitis Prophylaxis
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40 mL (25 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Conditions, Cancer
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
NAMZARIC (memantine hcl-donepezil hcl cap er 24 hr 14-10 mg, 28-10 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Alzheimer's Disease
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
OICALIVA (obeticholic acid tab 5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Primary Biliary Cholangitis
OXBRYTA (voxelotor tab 300 mg, 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
OXBRYTA (voxelotor tab for oral susp 300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
VELPHORO (sucroferic oxyhydroxide chew tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hyperphosphatemia

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
MESNEX (mesna tab 400 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hemorrhagic Cystitis Prophylaxis
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40 mL (25 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Conditions, Cancer
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
OCALIVA (obeticholic acid tab 5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Primary Biliary Cholangitis
OXBRYTA (voxelotor tab 300 mg, 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
OXBRYTA (voxelotor tab for oral susp 300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hyperphosphatemia

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
MESNEX (mesna tab 400 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hemorrhagic Cystitis Prophylaxis
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40 mL (25 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Conditions, Cancer
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
OCALIVA (obeticholic acid tab 5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Primary Biliary Cholangitis
OXBRYTA (voxelotor tab 300 mg, 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
OXBRYTA (voxelotor tab for oral susp 300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hyperphosphatemia

BASIC, BASIC MULTI-TIER, ENHANCED, AND ENHANCED MULTI-TIER DRUG LIST REMOVALS		
DRUG ¹	ALTERNATIVE	CONDITION
MESNEX (mesna tab 400 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hemorrhagic Cystitis Prophylaxis

BASIC, BASIC MULTI-TIER, ENHANCED, AND ENHANCED MULTI-TIER DRUG LIST REMOVALS

DRUG ¹	ALTERNATIVE	CONDITION
NEXIUM (esomeprazole magnesium for delayed release susp pack 2.5 mg, 5 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hyperphosphatemia

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after [July 1, 2025](#).

BALANCED DRUG LIST TIER CHANGES

DRUG ¹	ALTERNATIVE ^{1, 2}	CONDITION	NEW TIER
ALCLOMETASONE DIPROPIONATE (alclometasone dipropionate oint 0.05%)	alclometasone dipropionate cream 0.05%	Inflammatory Conditions - Topical	Non-Preferred Brand
BENZONATATE (benzonatate cap 150 mg)	benzonatate capsule 100 mg, benzonatate capsule 200 mg	Cough	Non-Preferred Brand
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	isosorbide mononitrate tablet ER, isosorbide dinitrate tablet 5 mg, isosorbide dinitrate tablet 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tablet 30 mg	Angina	Non-Preferred Brand
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2 mL (25 mg/mL))	methotrexate sodium inj PF 50 mg/2 mL (25 mg/mL)	Inflammatory Conditions, Cancer	Non-Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
ALCLOMETASONE DIPROPIONATE (alclometasone dipropionate oint 0.05%)	alclometasone dipropionate cream 0.05%	Inflammatory Conditions - Topical	Non-Preferred Brand
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	isosorbide mononitrate tablet ER, isosorbide dinitrate tablet 5 mg, isosorbide dinitrate tablet 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tablet 30 mg	Angina	Non-Preferred Brand
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2 mL (25 mg/mL))	methotrexate sodium inj PF 50 mg/2 mL (25 mg/mL)	Inflammatory Conditions, Cancer	Non-Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
ALCLOMETASONE DIPROPIONATE (alclometasone dipropionate oint 0.05%)	alclometasone dipropionate cream 0.05%	Inflammatory Conditions - Topical	Non-Preferred Brand
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	isosorbide mononitrate tablet ER, isosorbide dinitrate tablet 5 mg, isosorbide dinitrate tablet 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tablet 30 mg	Angina	Non-Preferred Brand
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2 mL (25 mg/mL))	methotrexate sodium inj PF 50 mg/2 mL (25 mg/mL)	Inflammatory Conditions, Cancer	Non-Preferred Brand

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 Program Changes – Effective July 1, 2025

Changes to drug categories and/or medications will be made to the Prior Authorization or Step Therapy programs for standard pharmacy benefit plans upon renewal for non-ASO groups. 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.

Note: For non-ASO groups or ASO groups without auto updates, these changes will not apply until the group's 2026 renewal date, unless otherwise noted.

Members received letters regarding the program changes listed below. All changes are effective July 1, 2025.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Velphoro	Phosphate Binder STQL	Step Therapy and Dispensing Limits

New Standard Utilization Management Programs

The following are new programs. Members were not lettered on the programs listed below because the drugs are new to market and have no utilization to date.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Alhemo PAQL	Specialty Prior Authorization and Dispensing Limits	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM, Balanced, Performance, Performance, Performance Select	7/1/2025

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Crenessity PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM, Balanced, Performance, Performance Select	7/1/2025

Dispensing Limit Changes

The prescription-drug benefit program for [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.

[BCBSTX](#) may send letters to all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit. Members who were lettered are indicated on drugs indicated below.

Please note: The dispensing limits listed below only apply to select members whose plan has a quarterly updated prescription drug list. [BCBSTX](#) members on an annually updated prescription drug list will have these dispensing limits applied on or after Jan. 1, 2026. For [BCBSTX](#) members on the 2024 or 2025 Health Insurance Marketplace Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2026.

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.

Dispensing Limit changes are listed below with their effective date.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER ANNUAL, PERFORMANCE ANNUAL, BALANCED, PERFORMANCE, PERFORMANCE AND PERFORMANCE SELECT DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Alhemo (concizumab-mtci) soln pen-injector 150 mg/1.5 mL	Alhemo PAQL	6 pens per 28 days	7/1/2025
Alhemo (concizumab-mtci) soln pen-injector 300 mg/3 mL	Alhemo PAQL	3 pens per 30 days	7/1/2025
Alhemo (concizumab-mtci) soln pen-injector 60 mg/ 1.5 mL	Alhemo PAQL	14 pens per 28 days	7/1/2025

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER ANNUAL, PERFORMANCE ANNUAL, BALANCED, PERFORMANCE, PERFORMANCE AND PERFORMANCE SELECT DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Crenesity (crinecerfont) 50 mg, 100 mg cap	Crenesity PAQL	60 caps per 30 days	7/1/2025
Crenesity (crinecerfont) oral soln 50 mg/mL	Crenesity PAQL	120 mLs per 30 days	7/1/2025

Members were lettered on the following dispensing-limit changes.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BALANCED, PERFORMANCE, PERFORMANCE AND PERFORMANCE SELECT DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron)	Phosphate Binder STQL	1080 tabs per 365 days	7/1/2025
Esbriet (pirfenidone) cap 267 mg	Interstitial Lung Disease PAQL	180 caps per 30 days	7/1/2025
Esbriet (pirfenidone) tab 267 mg	Interstitial Lung Disease PAQL	180 tabs per 30 days	7/1/2025
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	360 tabs per 365 days	7/1/2025
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	360 packs per 365 days	7/1/2025
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	810 tabs per 365 days	7/1/2025
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	540 tabs per 365 days	7/1/2025
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	540 packs per 365 days	7/1/2025
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	1440 tabs per 365 days	7/1/2025
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	1530 tabs per 365 days	7/1/2025
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	1530 packets per 365 days	7/1/2025
Renvela (sevelamer carbonate) 2.4 GM packet	Phosphate Binder STQL	450 packets per 365 days	7/1/2025
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	540 tabs per 365 days	7/1/2025

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts 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
ACTHAR GEL AUTO-INJECTOR (CORTICOTROPIN SUBTANEOUS GEL PEN-INJECTOR 40 UNIT/0.5 mL & 80 unit/mL)	ACTHAR vial	Inflammation or autoimmune conditions
COMBOGESIC (ibuprofen-acetaminophen tab 97.5-325 mg)	ibuprofen-acetaminophen tab 125-250 mg	Pain, Inflammation
CORTROPHIN INJ (CORTICOTROPIN subcutaneous gel prefilled syringe 40 unit/0.5 mL & 80 unit/mL)	ACTHAR vial	Inflammation or autoimmune conditions

Pharmacy Benefits Updates

Visit our [pharmacy page](#) for resource materials. Stay tuned to [Blue Review](#) for additional Pharmacy Program updates.

Low-Cost, Generic Droxidopa Available July 1

Beginning July 1, 2025, the CivicaScript-produced, low-cost generic version of Droxidopa (100 mg, 200 mg, 300 mg) will be available to BCBSTX members on all Individual & Family Market plans and commercial-group drug lists. Members with claims for other versions of Droxidopa received letters informing them of the July 1 change along with instructions on how to order the generic Droxidopa from SortPak.

Brand-name Northera and other non-Civica generic versions of Droxidopa will be excluded.

The Civica-produced Droxidopa costs, on average, \$2,000 less for a 30-day supply than other generic versions. Note: this varies based on strength. Civica's Droxidopa will only be available from SortPak Pharmacy.

- BCBSTX sent letters in late April 2025 to members with claims for other versions of Droxidopa informing members of the change and providing instructions on how to move their prescription to SortPak Pharmacy.
 - Most BCBSTX drug lists did not previously include non-CivicaScript versions of Droxidopa. These members received a letter explaining that CivicaScript Droxidopa has been added to their drug list.
 - BCBSTX Members on an open drug list or the Balanced drug list did have coverage of non-CivicaScript versions of Droxidopa. Those members received a letter explaining that CivicaScript has been added and all other non-CivicaScript versions have been excluded.
- If your patient asks for a new prescription, please e-prescribe to SortPak Pharmacy or fax 877-475-2382.

Reminder: Coverage Change for Generic Abiraterone

Most Individual & Family Market plans and commercial-group members with pharmacy benefits administered by Prime Therapeutics® have coverage for CivicaScript's low-cost, generic version of **abiraterone acetate 250 mg**. This drug is only available through SortPak Pharmacy.

Zytiga and all other generic versions of abiraterone acetate 250 mg are not covered.

This change applied on or after Jan. 1, 2025, for some BCBSTX members.

Impacted-Member Notices: Letters were sent at least 60 days before the effective date. For example, members of BCBSTX members with a July, August or September renewal were mailed letters in late April. The letter will alert members of the change and share how to get the medication from SortPak.

If your patient asks for a new prescription, please e-prescribe to SortPak Pharmacy or fax 877-475-2382.

Stelara® Biosimilars Coverage Update

Effective July 1, 2025, BCBSTX is updating coverage of Stelara® (ustekinumab) and select biosimilars, with the addition of three new ustekinumab biosimilar products as co-preferred drugs on most commercial drug lists.

Reminder: A biosimilar is a biological product that is highly similar to but has no clinically meaningful differences from an existing FDA-approved reference product. Stelara is the reference product in this case.

What's new: Select biosimilars to Stelara will be covered as co-preferred drugs on open (Basic, Enhanced) drug lists and some managed drug lists, including the Balanced, Performance Select and Performance drug lists used by Administrative Services Only group plans.

- The biosimilars being added as co-preferred are Selarsdi (ustekinumab-aekn), Steqeyma (ustekinumab-stba) and Yesintek (ustekinumab-kfce).
- Stelara will remain covered as a co-preferred drug on open drug lists and some managed drug lists.

Members can check coverage of these products by logging into their member account. Final July 2025 drug list PDF files posted online will also reference these changes.

The chart below provides for coverage details on each drug list:

Formularies*	STELARA (ustekinumab)	SELARSDI (ustekinumab-aekn)	STEQEYMA (ustekinumab-stba)	YESINTEK (ustekinumab-kfce)
Balanced, Performance (ASO), Performance Select, Jade, Topaz	Co-preferred	Co-preferred	Co-preferred	Co-preferred
Basic, Enhanced	Co-preferred	Co-preferred	Co-preferred	Co-preferred

**This update will only apply to quarterly updated drug lists.*

Reminder: Cost-Share Change for Specialty Drugs Packaged for More Than 30 Days

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

By applying member cost-share according to the actual day-supply amount filled, this change ensures members are paying 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 instead of the current 30-day supply cost share amount.

The change began Jan. 1, 2025. Members that are impacted by this change will be sent an [awareness notification letter](#) at least 60 days prior to their effective date. Small Group, Mid-Market, Blue Balanced FundedSM and Custom Fully Insured group members with a July, August or September renewal were sent a letter in late April 2025 to alert them about this change.

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 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 contracted by BCBSTX to provide pharmacy solutions. BCBSTX, as well as several independent [Blue Cross and Blue Shield Plans](#), has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy benefits website offered by Prime Therapeutics LLC.

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