BlueCross BlueShield of Oklahoma

Pharmacy Program Quarterly Update
Changes Effective April 1, 2026 – Part 1

Feb. 3, 2026

Contents

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 April 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 April 1, 2026.

The April Quarterly Pharmacy Changes Part 2 article with recent coverage additions will be published closer to the April 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 y**ou can view the April 2026 drug lists on the BCBSOK member website.

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
GRALISE (gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic neuralgia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PENTASA (mesalamine cap er 500 mg)	Ulcerative Colitis	mesalamine capsule DR 400 mg, mesalamine capsule ER 0.375 gm, mesalamine tablet DR 800 mg
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	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
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
GRALISE (gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic neuralgia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PENTASA (mesalamine cap er 500 mg)	Ulcerative colitis	mesalamine capsule DR 400 mg, mesalamine capsule ER 0.375 gm, mesalamine tablet DR 800 mg
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	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
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle cell anemia, Cancer	hydroxyurea
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg	Seizure, Migraine	topiramate sprinkle capsule
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle cell anemia, Cancer	hydroxyurea

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg	Seizure, Migraine	topiramate sprinkle capsule
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle cell anemia, Cancer	hydroxyurea
GRALISE (gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic neuralgia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	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
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg	Seizure, Migraine	topiramate sprinkle capsule
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle cell anemia, Cancer	hydroxyurea
GRALISE (gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic neuralgia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	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
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg	Seizure, Migraine	topiramate sprinkle capsule
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	Sickle cell anemia, Cancer	hydroxyurea
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	Disorder of the urea cycle metabolism	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
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
topiramate cap er 24 hr 25 mg, 50 mg, 100 mg, 200 mg	Seizure, Migraine	topiramate sprinkle capsule
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	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		
DRUG[1]	CONDITION	ALTERNATIVES
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	Chronic weight management	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

HEALTH INSURANCE MARKETPLACE DRUG LIST		
TARGET AGENTS	CONDITION	ALTERNATIVES
KLOR-CON 8 (potassium chloride tab er) 8 meq (600 mg)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
KLOR-CON 10 (potassium chloride tab er 10 meq)	Hypokalemia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq))	Hyperkalemia	Lokelma

Drug Tier Changes

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

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

PERFORMANCE FULL LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-Preferred Brand
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition	Bacterial Infections	Non-Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-Preferred Brand

HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ERYTHROMYCIN (erythromycin gel 2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acne	Non-Preferred Brand
MEMANTINE TITRATION PAK (memantine hcl tab 28-x-5 mg & 21-x-10 mg titration pack)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Alzheimer's disease	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

Changes to drug categories and/or medications will be made to the Prior Authorization (PA) programs or Dispensing Limits (QL) 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.

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

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

BALANCED BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

PERFORMANCE DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

PERFORMANCE BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

PERFORMANCE SELECT DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

PERFORMANCE SELECT BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

HEALTH INSURANCE MARKETPLACE DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization, Dispensing Limits

New Standard Utilization Management Programs

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

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Alternative Dosage Form PAQL	Prior Authorization, Dispensing Limits	Added targets Lopressor oral soln 10 mg/mL and Tezruly (terazosin) oral soln 1 mg/mL	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026
Anzupgo PAQL	Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	3/1/2026

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Brensocatib PAQL	Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026
Interstitial Lung Disease PAQL	Prior Authorization, Dispensing Limits	Added target Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026
Leqembi PAQL	Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026
Rhapsido PAQL	Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Somatostatins PAQL	Prior Authorization, Dispensing Limits	Added targets Bynfezia (octreotide acetate) soln pen injector 2500 mg/mL (2.85 mL) and Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM,	4/1/2026
Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	Prior Authorization, Dispensing Limits	Added target Wayrilz (rilzabrutnib) 400 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026
Vyjuvek PAQL	Prior Authorization, Dispensing Limits	New program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance, Performance Annual, Performance Biosimilar, Performance Full, Performance Select Biosimilar, HIM	4/1/2026

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
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026

BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists, Tavalisse, Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 19 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide) acetate soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztilido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg/1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	4/1/2026
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	4/1/2026
Brinsupri (brensocatib) 10 mg tab, 25 mg tab	Brensocatib PAQL	30 tabs per 30 days	4/1/2026
Bynfezia (octreotide acetate) soln pen injector 2500 mcg/mL (2.8 mL)	Somatostatins PAQL	2 pens per 30 days	4/1/2026
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	4/1/2026
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	4/1/2026
Jascayd (nerandomilast) 9 mg tab, 18 mg tab	Interstitial Lung Disease PAQL	60 tabs per 30 days	4/1/2026
Leqembi iqlik (lecanemab-irmb) soln auto-inj 360 mg,1.8 mL	Leqembi PAQL	4 pens per 28 days	4/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	4/1/2026
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	4/1/2026
Leucovorin Calcium 15 mg tab, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	4/1/2026
Lidocaine Oint 5%	Topical Lidocaine PAQL	100 gms per 30 days	4/1/2026
Lidocaine-Prilocaine 2.5-2.5% cream	Topical Lidocaine PAQL	60 gms per 30 days	4/1/2026
Lidoderm (Lidocaine) Patch 5%	Topical Lidocaine PAQL	90 patches per 30 days	4/1/2026
Lopressor oral soln 10 mg/mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	4/1/2026
Palsonify (naltusotine hcl) 20 mg tab, 30 mg tab	Somatostatins PAQL	60 tabs per 30 days	4/1/2026
Rhapsido 25 mg tab	Rhapsido PAQL	60 tabs per 30 days	4/1/2026
Tezruly (terazosin) oral soln 1 mg/mL	Alternative Dosage Form PAQL	600 mLs per 30 days	4/1/2026
Vizz (aceclidine hcl) ophth soln 1.44%	Presbyopia Agents QL	30 vials per 30 days	4/1/2026
Vyjuvek (beremagene geperpavec) gel	Vyjuvek PAQL	4 vials per 28 days	4/1/2026
Wayrilz (rilzabrutnib) 400 mg tab	Thrombopoietin Receptor Agonists Tavalisse Wayrilz PAQL	60 tabs per 30 days	4/1/2026
Ztlido (lidocaine) patch 1.8%	Topical Lidocaine PAQL	90 systems per 30 days	4/1/2026

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
GESTYRA TAB 13-1 mg (Oncora Pharma)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Pre-Natal Care
OXAPROZIN CAP 300 mg (SOLA Pharmaceuticals)	diclofenac pot 50 mg, meloxicam, ibuprofen, naproxen	Pain and inflammation
ORUDIS CAP 75 mg (ALLEGIS PHARMACEUTICALS)	meloxicam, ibuprofen, naproxen	Pain and inflammation

Pharmacy Benefits Updates

Visit our provider pharmacy page for resource material and additional Pharmacy Program updates.

Wegovy Tablets Added to Coverage Feb. 1

Members whose pharmacy benefits include coverage of GLP-1 weight management drugs now have an alternative to injectable, weight management drugs with the Wegovy oral tablet. BCBSOK added the Wegovy tablet to coverage, effective Feb. 1, 2026, following the FDA's recent approval of the first GLP-1 weight management oral tablet.

Coverage of weight loss and weight management drugs is not a standard pharmacy benefit for most members with Prime Therapeutics as their PBM. This formulary update does not change that standard benefit. Members whose plans already include weight management benefits now have coverage for the Wegovy tablets.

As with the injectable version of Wegovy, the Wegovy tablet has been added to the Weight Management Prior Authorization program. The FDA has not approved Wegovy as a treatment option for NASH/MASH.

The following Wegovy oral tablet dosages will be on the same coverage tier the other covered, GLP-1 weight management drugs.

DRUG	GENERIC NAME	NDC
WEGOVY 1.5 mg	semaglutide (weight management) tab 1.5 mg	00169441531
WEGOVY 4 mg	semaglutide (weight management) tab 4 mg	00169440431
WEGOVY 9 mg	semaglutide (weight management) tab 9 mg	00169440931
WEGOVY 25 mg	semaglutide (weight management) tab 25 mg	00169442531

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 April, May, or June 2026 renewal date will receive an awareness letter.

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

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

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

[+]*This 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.*

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.