MEDICAL MANAGEMENT

2026 Pharmacy Benefit Changes

Louisiana Blue will implement several drug coverage changes in 2026. Louisiana Blue clinical staff worked with our Pharmacy and Therapeutics Committee, a group of Louisiana doctors and pharmacists to develop the following formulary updates. These drug coverage changes will be effective Jan. 1, 2026, or upon renewal depending on members' plans.

NOTE: The changes included in this message apply to our fully insured members. The following coverage information and changes may not apply to all self-funded employer group plans as their benefits may vary.

Updated limits on how much members can fill at one time.

We will update quantity per dispensing limits for the following drugs.

Drug Name	Limit at a Retail Pharmacy	Limit by Mail Order/ Home Delivery
UBRELVY®	16 tablets every 30 days	48 tablets every 90 days
ZAVZPRET™	6 devices every 30 days	18 devices every 90 days

Members may only fill one of these drugs and one strength at a time.

Drug Name	Limit at a Retail Pharmacy	Limit by Mail Order/ Home Delivery
MOUNJARO®	4 pens every 28 days	12 pens every 90 days
exenatide	1 pen every 28 days	3 pens every 84 days
liraglutide	2-pen pack or 3-pen pack every 28 days	6-pen pack or 9-pen pack every 84 days
OZEMPIC®	3 mL or 1 pen every 28 days	9 mL or 3 pens every 84 days
RYBELSUS®	30 tablets every 30 days	90 tablets every 90 days
TRULICITY®	4 pens every 28 days	12 pens every 84 days
VICTOZA®	2 pen pack or 3-pen pack every 28 days	6-pen pack or 9-pen pack every 84 days

BRAND medications are listed in UPPERCASE and generics in lowercase.

To see the full list of Quantity per Dispensing Level Limits/Allowances, go to www.lablue.com/CoveredDrugs under Specific Drug Coverage Requirements.

Excluding High Cost, Low Value Drugs in 2026.

To ensure our members continue to get medicine they need while managing high-cost trends, we will exclude more "high cost/low value" drugs from coverage. These are select drugs that cost more, but don't do more than drugs that have lower-cost alternatives. Excluded drugs are not covered and are not eligible for prior authorizations or clinical exceptions.

We have excluded drugs in these areas on our fully insured population and most self-funded employer groups for several years. We add drugs to this exclusion as needed each year.

- **Excluding Multi-Source Brand Drugs.** We will exclude select drugs that are available from a brand manufacturer and several generic manufacturers.
- **Excluding Humira® & Stelara®/Preferring Select Biosimilars.** We will exclude Humira and Stelara from coverage and cover select biosimilars. Excluding Humira and Stelara will add major claims savings that will help manage rates for all our customers.

To find full lists of drugs that are excluded from coverage, go to www.lablue.com/CoveredDrugs under Specific Drug Coverage Requirements. Excluded drugs may be different for self-funded groups.

Drugs no longer covered and tier changes for closed formularies.

Some drugs will no longer be covered on the closed formulary, and some drugs may move to a different cost-share tier. Members should check the 2026 Covered Drug List, or formulary, for their plan for drugs they take. These lists include covered drugs and any rules or limitations that apply. To find Covered Drug Lists, go to www.lablue.com/CoveredDrugs.

New or updated prior authorization requirements.

We will add drugs or make updates to some drugs that must have prior authorization. To see the full list of Drugs Requiring Prior Authorization, go to lablue.com/CoveredDrugs under Specific Drug Coverage Requirements.

We value your partnership in caring for our members — your patients. Thank you for guiding your patients to a drug therapy regimen they can maintain and helping them achieve better health.