



**BlueCross BlueShield
of Illinois**

Pharmacy Program Quarterly Update: Changes Effective Oct. 1, 2023 – Part 1

Aug. 7, 2023

Drug List Changes

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2023

- Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions
- Balanced Drug List Exclusions
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- Performance Select Drug List Exclusions
- Health Insurance Marketplace (HIM) Drug List Exclusions
- Balanced Drug List Tier Changes

Drug List Updates (Tier Changes) – As of Oct. 1, 2023

- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes
- Health Insurance Marketplace (HIM) Drug List Tier Changes

Utilization Management Program Changes – Effective Oct. 1, 2023

- Additions to Standard Prior Authorization Programs
- Balanced, Basic, Enhanced, Multi-Tier Basic, Multi-Tier Enhanced, Performance, Performance Annual and Performance Select Drug Lists
- Balanced and Performance Select Drug Lists

Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates

Dispensing Limit Changes

Humira Biosimilars Added to Select Drug Lists

Reminder: The Quarterly Pharmacy Changes awareness article is published in two parts. This part 1 article includes changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates. Our intention is to alert you of these changes as our members are receiving letters on changes to their drug list and/or pharmacy benefit. The part 2 article will be published closer to the October 1 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 BCBSIL drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. **Changes effective Oct. 1, 2023 are outlined below.**

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

Note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2024.

If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2024.

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2023

Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions

Non-Preferred Brand ¹	Preferred Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
LATUDA (lurasidone hcl tab 20 mg, 40 mg, 60 mg, 80 mg, 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar major depression, schizophrenia
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Oropharyngeal candidiasis, prophylaxis of invasive Aspergillus and Candida infections
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep

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.

Balanced Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis

Balanced Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NAFTIN (naftifine hcl gel 2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections (Topical)
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
PRUDOXIN (doxepin hcl cream 5%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Atopic Dermatitis-associated or Lichen Simplex Chronicus-associated Pruritus

Balanced Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy
ZONALON (doxepin hcl cream 5%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Atopic Dermatitis-associated or Lichen Simplex Chronicus-associated Pruritus

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Performance Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism

Performance Drug List Exclusions

Drug¹	Alternatives^{1,2}	Drug Class/Condition
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
dutasteride-tamsulosin hcl cap 0.5- 0.4 mg	dutasteride, tamsulosin	Benign Prostatic Hyperplasia (BPH)
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5- 3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease

Performance Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy

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

Performance Select Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7 mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter
CELONTIN (methsuximide cap 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Refractory Absence Seizures
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	dutasteride, tamsulosin	Benign Prostatic Hyperplasia (BPH)
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
LAMICTAL ODT (lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit, 42 x 50 mg & 14 x 100 mg titration kit)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar Disorder, Seizures
NOVAREL (chorionic gonadotropin for im inj 5,000 unit, 10,000 unit)	OVIDREL, PREGNYL	Ovulation induction, Cryptorchidism, Hypogonadism

Performance Select Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
NOXAFIL (posaconazole susp 40 mg/ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Fungal Infections
ORFADIN (nitisinone cap 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Type 1 Hereditary Tyrosinemia
PRENATABS RX (prenatal vit w/ iron carbonyl-fa tab 29-1 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Prenatal Vitamin
SUPREP BOWEL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
TAZORAC (tazarotene gel 0.05%, 0.1%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis, Acne Vulgaris
TROKENDI XR (topiramate cap er 24hr 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Epilepsy, Migraine
UCERIS (budesonide rectal foam 2 mg/act)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory Bowel Disease
XYREM (sodium oxybate oral solution 500 mg/ml)	sodium oxybate oral solution 500mg/ml, Xywav (calcium, mag, potassium, & sod oxybates oral soln) 500 mg/ml	Cataplexy

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Health Insurance Marketplace (HIM) Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
AUBAGIO (teriflunomide tab 7mg, 14 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
CARDIZEM LA (diltiazem hcl coated beads tab er 24hr 120 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina, Hypertension, Atrial Fibrillation/Flutter

Health Insurance Marketplace (HIM) Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
CHORIONIC GONADOTROPIN (chorionic gonadotropin 10,000 unit)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ovulation induction, Cryptorchidism, Hypogonadism
DIVIGEL (estradiol td gel 0.25 mg/0.25 gm, 0.5 mg/0.5 gm 0.75 mg/0.75 gm, 1 mg/gm, 1.25 mg/1.25 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Vasomotor symptoms due to menopause
FARYDAK (panobinostat lactate cap 10 mg, 15 mg, 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
IRESSA (gefitinib tab 250 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
NOVAREL(chorionic gonadotropin 5,000 unit, 10,000 unit)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ovulation induction, Cryptorchidism, Hypogonadism
SUPREP BOWEL SOL PREP KIT (sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bowel Prep
XYREM (sodium oxybate soln 500 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cataplexy

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Balanced Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120- 12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIA ZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Smoking cessation
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension

Balanced Drug List Tier Changes

Drug¹	Alternative(s)^{1,2}	Drug Class/Condition
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CHLORPROMAZINE HYDROCHLORIDE (chlorpromazine hcl conc 30 mg/ml, 100 mg/ml)	Chlorpromazine Hcl Tab	Behavioral Disorders, Nausea/Vomiting
CIMETIDINE HCL (cimetidine hcl soln 300 mg/5 ml)	Cimetidine Tab	Gastroesophageal Reflux Disease (GERD)
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVOFLOXACIN (levofloxacin oral soln 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml, 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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Drug List Updates (Tier Changes) – As of Oct. 1, 2023

The drug changes listed below apply to members on a managed drug list. Members may pay more for these drugs after October 1, 2023.

Performance Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIAZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LEVOFLOXACIN (levofloxacin oral soln 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions

Performance Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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Performance Select Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
ALBUTEROL SULFATE (albuterol sulfate soln nebu 0.5% (5 mg/ml))	albuterol sulfate soln nebu 0.083% (2.5 mg/3 ml), albuterol sulfate soln nebu 0.63 mg/3 ml	Asthma
AMILORIDE/HYDROCHLOROTHIAZIDE (amiloride & hydrochlorothiazide tab 5-50 mg)	amiloride hcl tab 5 mg, hydrochlorothiazide tab 50 mg	Hypertension
APO-VARENICLINE (varenicline tartrate tab 0.5 mg, 1 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Smoking cessation
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	brimonidine tartrate ophth soln 0.2%	Glaucoma, Post-surgical ocular hypertension
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	timolol maleate ophth soln 0.25%, timolol maleate ophth soln 0.5%	Glaucoma
CROMOLYN SODIUM (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (efavirenz cap 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV
HYDROCORTISONE/ACETIC ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5%, 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections

Performance Select Drug List Tier Changes

Drug ¹	Alternative(s) ^{1,2}	Drug Class/Condition
LOTEPREDNOL ETABONATE (loteprednol etabonate ophth gel 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
PERINDOPRIL ERBUMINE (perindopril erbumine tab 8 mg, 15 mg/5m)	perindopril erbumine tab 4 mg	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	prednisolone sod phosph oral soln 6.7 mg/5 ml (5 mg/5 ml base)	Inflammatory conditions
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 ml, 6.25-5-10 mg/5 m)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
RIBAVIRIN (ribavirin cap 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hepatitis C

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.

Health Insurance Marketplace (HIM) Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
ALBUTEROL (albuterol sulfate soln nebu 0.5% (5 mg/ml))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Asthma
AMILOR/HCTZ (amiloride/hydrochlorothiazide tab 5-50 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
APAP/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
APRACLONIDIN (apraclonidine hcl ophth soln 0.5% (base equivalent))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Glaucoma, Post-Surgical Ocular Hypertension
BETAXOLOL (betaxolol hcl ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Glaucoma
CIMETIDINE (cimetidine hcl soln 300 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gastroesophageal Reflux Disease (GERD)
CROMOLYN SOD (cromolyn sodium ophth soln 4%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Keratitis, Conjunctivitis
EFAVIRENZ (EFAVIRENZ CAP 50 mg, 200 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV

Health Insurance Marketplace (HIM) Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
HC/ACET ACID (hydrocortisone w/ acetic acid otic soln 1-2%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ear Infections
LEVOFLOXACIN (levofloxacin ophth soln 0.5, 25 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
PERINDOPRIL (perindopril erbumine tab 8 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension
PREDNISOLONE (prednisolone soln 15 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Inflammatory conditions

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

Utilization Management Program Changes – Effective Oct. 1, 2023

Additions to Standard Prior Authorization Programs

Several drug categories and/or targeted medications will be added to the Prior Authorization (PA) 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.

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 bcbsil.com. Members were notified about the PA standard program changes listed in the table below.

Balanced, Basic, Enhanced, Multi-Tier Basic, Multi-Tier Enhanced, Performance, Performance Annual, and Performance Select Drug Lists

Drug Category	Targeted Medication(s) ¹
Alternative Dosage Form	Gimoti 15 mg/act spray
Multiple Sclerosis	Aubagio 7 mg, 14 mg tab
Therapeutic Alternatives	Fenofibrate 120 mg tab Zembrace 3 mg/0.5 ml

Balanced and Performance Select Drug Lists

PCSK9 Inhibitors	Repatha 140 mg/ml pre-filled syringe, 140 mg/ml pre-filled auto-injector, 420 mg/3.5 ml single-use Pushtronex system, Praluent 75 mg/ml, 150 mg/ml pre-filled pen
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Pharmacy Prior Authorization (PA) or Step Therapy (ST) Standard Program Updates

Effective Date	Program Name	Description of Change	Drug Lists	Program Type
10/1/2023	Daybue PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, HIM Annual, Jade, Performance, Performance Annual, Performance Select, Topaz	Prior Authorization
10/1/2023	Filspari PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, , HIM Annual, Jade, Performance, Performance Annual, Performance Select, Topaz	Prior Authorization
10/1/2023	Infertility STQL	Added Chorionic Gonadotropin and Novarel as drug targets and removed from HIM plans.	Basic/Enhanced, Basic/Enhanced Annual	Step Therapy
10/1/2023	PCSK9 Inhibitors	Added Repatha 140 mg/mL pre-filled syringe, 140 mg/mL pre-filled auto-injector, 420 mg/3.5 mL single-use Pushtronex system, Praluent 75 mg/mL, 150 mg/mL pre-filled pen	Balanced, Performance Select	Prior Authorization
10/1/2023	Skyclarys PAQL	New Program	Balanced, Basic, Basic Annual, Enhanced, Enhanced Annual, , HIM Annual, Jade, Performance, Performance Annual, Performance Select, Topaz	Prior Authorization

Dispensing Limit Changes

BCBSIL's prescription-drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling.

BCBSIL 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.

Changes by drug list are listed on the chart below. All changes are effective October 1, 2023. View the most up-to-date drug list and list of drug dispensing limits on www.bcbsil.com/rx-drugs/drug-lists/drug-lists.

Program Name	Target Agent	Dispensing Limit
Daybue PAQL*	Daybue (trofinetide)oral soln 200 mg/mL	8 bottles per 30 days
Filspari PAQL*	Filspari (Sparsentan) 200 mg tab, 400 mg tab	30 tabs per 30 days
Skyclarys PAQL*	Skyclarys (omaveloxolone) 50 mg caps	90 caps per 30 days

*This is a new program and coverage will begin October 1, 2023. Members were not lettered.

Humira Biosimilars Added to Select Drug Lists

BCBSIL has added Humira biosimilars as preferred drugs to select drug lists. Humira (adalimumab) remains a preferred drug on those drug lists. Until further notice, any additional Humira biosimilar introduced into the market will be considered non-preferred on open drug lists and non-covered on managed (or closed) drug lists.

All adalimumab products are specialty drugs and remain subject to prior authorization and quantity limits criteria. Current and projected Humira biosimilars have been added as target drugs in the Biologic Immunomodulators prior authorization/quantity limits (PAQL) program. AMJEVITA and CYLTEZO have been added effective July 1, 2023, and HADLIMA will be added upon its market launch.

Only certain National Drug Codes (NDCs) of AMJEVITA are being added to each of the drug lists. See below for more information.

Preferred Adalimumab Products

This list includes any existing preferred adalimumab products or biosimilar adalimumab additions to BCBSIL drug lists.

TRADE NAME (generic)	Manufacturer	Brand or Generic	Effective Date	Description of Coverage	Drug Lists
AMJEVITA (adalimumab-atto)	Amgen	Brand	7/1/23	Preferred	All*
CYLTEZO (adalimumab-adbm)	Boehringer Ingelheim	Brand	7/1/23	Preferred	Balanced, Performance Select
HADLIMA (adalimumab-bwwd)	Samsung/Organon	Brand	Upon Launch	Preferred	Basic, Enhanced, HIM, Performance
HUMIRA (adalimumab)	AbbVie	Brand	Current	Preferred	All

*Preferred NDCs start with 55513. Non-preferred NDCs start with 72511.

†Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. [MyPrime.com](https://www.myprime.com) is an online resource offered by Prime Therapeutics.

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.