



# Pharmacy Program Update: Quarterly Pharmacy Changes Effective Jan. 1, 2023 – Part 2

March 1, 2023

## **IMPORTANT PHARMACY BENEFIT REMINDERS**

Jan. 1, 2023, is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Illinois (BCBSIL) members. As you see your patients, please consider the following reminders.

- Members' benefits may be based on a new drug list when their plans renew in 2023.
- Discuss your patient's benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at [bcbsil.com/provider](http://bcbsil.com/provider) for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

## **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 additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the BCBSIL drug lists.

Please note: Revisions (drugs still covered but moved to a higher, out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [January Quarterly Pharmacy Changes Part 1 article](#). Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

**Changes effective on or after Jan. 1, 2023, are outlined below.**

### **Drug List Coverage Additions – As of Jan. 1, 2023**

<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
CLOMID (clomiphene citrate tab 50 mg)	Ovulation Induction
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Ovulation Induction
SKYRIZI (risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4 ml)	Crohn's disease
TRIUMEQ PD (abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg)	HIV
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Hepatitis B
<b>Multi-Tier Basic, Multi-Tier Basic Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
aspirin chew tab 81 mg	Circulation
aspirin tab delayed release 81 mg	Circulation

bisoprolol fumarate tab 5 mg	Hypertension
chlorthalidone tab 50 mg	Hypertension, Edema
cyclopentolate hcl ophth soln 0.5%	Mydriasis Induction, Cycloplegic Refraction
dexmethylphenidate hcl tab 5 mg	Attention-Deficit Hyperactivity Disorder (ADHD)
doxycycline monohydrate tab 100 mg	Acne, Infections
esomeprazole magnesium cap delayed release 40 mg (base equivalent)	GERD, H. Pylori, Hypersecretory conditions, NSAID-associated Gastric Ulcer Prophylaxis
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Contraception
ezetimibe tab 10 mg	Hypercholesterolemia
fenofibrate micronized cap 134 mg	Hypertriglyceridemia
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Iron Deficiency
fluoxetine hcl tab 10 mg	Depression, Mood Disorders
glycopyrrolate tab 1 mg	Chronic Severe Drooling, Peptic Ulcer Disease
haloperidol lactate oral conc 2 mg/ml	Schizophrenia
medroxyprogesterone acetate im susp 150 mg/ml	Contraception
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Contraception
olopatadine hcl ophth soln 0.1% (base equivalent)	Allergic Conjunctivitis
potassium chloride cap er 8 meq, 10 meq	Hypokalemia
prazosin hcl cap 1 mg	Hypertension
sodium fluoride rinse 0.2%	Dental Caries Prophylaxis
solifenacin succinate tab 5 mg	Overactive Bladder
sotalol hcl (afib/af) tab 160 mg	Atrial Fibrillation, Atrial Flutter
tadalafil tab 10 mg, 20 mg	Erectile Dysfunction
tadalafil tab 2.5 mg, 5 mg	Erectile Dysfunction, Benign Prostatic Hyperplasia
valsartan tab 160 mg	Hypertension
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
CAMZYOS (mavacamten cap 2.5 mg, 5 mg, 10 mg, 15 mg)	Obstructive Hypertrophic Cardiomyopathy (NYHA Class II-III)
CONDOMS (various male condoms)	Contraception
estradiol vaginal tab 10 mcg (generic for VAGIFEM)	Vulvovaginal Atrophy
IMBRUVICA (ibrutinib oral susp 70 mg/ml)	Cancer
OLUMIANT (baricitinib tab 1 mg, 2 mg)	Rheumatoid arthritis/Covid-19 Treatment/Alopecia Areata
OLUMIANT (baricitinib tab 4 mg)	Covid-19 Treatment/Alopecia Areata
ORKAMBI (lumacaftor-ivacaftor granules packet 75-94 mg)	Cystic Fibrosis
RADICAVA ORS (edaravone oral susp 105 mg/5 ml)	ALS
RADICAVA ORS STARTER KIT (edaravone oral susp 105 mg/5ml)	ALS
ZTALMY (ganaxolone susp 50 mg/ml)	CDKL5 deficiency disorder-associated seizures

<b>Performance, Performance Annual and Performance Select Drug Lists</b>	
gentamicin sulfate oint 0.1%	Bacterial Infections- Topical
<b>Balanced Drug List</b>	
ADLARITY (donepezil hydrochloride td patch weekly 5 mg/day, 10 mg/day)	Alzheimer Disease
ASPRUZYO SPRINKLE (ranolazine er granules packet 500 mg, 1000 mg)	Angina
bexarotene gel 1%	Cancer
CORDRAN (flurandrenolide oint 0.05%)	Inflammatory Conditions-Topical
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasms
DICLOFENAC (diclofenac cap 35 mg)	Pain/Inflammation
DICLOFENAC EPOLAMINE (diclofenac epolamine patch 1.3%)	Pain/Inflammation
doxycycline hyclate tab 50 mg	Acne, Infections
FLECTOR (diclofenac epolamine patch 1.3%)	Pain/Inflammation
FLUOROPLEX (fluorouracil cream 1%)	Actinic Keratosis, Cancer
FLUOROURACIL (fluorouracil cream 0.5%)	Actinic Keratosis, Cancer
GLOPERBA (colchicine oral soln 0.6 mg/5 ml)	Gout
INDOMETHACIN (indomethacin cap 20 mg)	Pain/Inflammation
LICART (diclofenac epolamine patch 24hr 1.3%)	Pain/Inflammation
LYVISPAH (baclofen granules packet 5 mg, 10 mg, 20 mg)	Muscle Spasms
meloxicam cap 5 mg, 10 mg	Pain/Inflammation
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg	Pain/Inflammation
NARDIL (phenelzine sulfate tab 15 mg)	Depression
NORLIQVA (amlodipine besylate oral soln 1 mg/ml (base equivalent))	Hypertension, CAD
PANRETIN (alitretinoin gel 0.1%)	Cancer
RELAFEN DS (nabumetone tab 1000 mg)	Pain/Inflammation
ROXYBOND (oxycodone hcl tab abuse deter 5 mg, 15 mg, 30 mg)	Pain
TIVORBEX (indomethacin cap 20 mg)	Pain/Inflammation
TLANDO (testosterone undecanoate cap 112.5 mg)	Hypogonadism
VERKAZIA (cyclosporine (ophth) emulsion 0.1%)	Vernal Keratoconjunctivitis
ZORVOLEX (diclofenac cap 18 mg, 35 mg)	Pain/Inflammation

<sup>1</sup>Third-party brand names are the property of their respective owner.

## Drug List Coverage – Administrative Action Additions

Drug <sup>1</sup>	Drug Class/Condition Used For	Effective Date
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
ON/GO ONE COVID-19 ANTIGEN HOME TEST (covid-19 at home antigen test kit)	Covid-19 Test	May 29, 2022
SPIKEVAX COVID-19 VACCINE (covid-19 (sars-cov-2) mrna vacc-moderna im susp 100 mcg/0.5 ml)	Covid-19 Vaccine	May 29, 2022
sorafenib tosylate tab 200 mg (base equivalent)	Cancer	June 5, 2022
vilazodone hcl tab 10 mg, 20 mg, 40 mg	Depression	June 5, 2022
MODERNA COVID-19 VACCINE 6-11Y (covid-19 mrna vaccine 6-11y-moderna im susp 50 mcg/0.5 ml)	Covid-19 Vaccine	June 17, 2022
MODERNA COVID-19 VACCINE 6 MO-5Y (covid-19 mrna vaccine 6mo-5y-moderna im susp 25 mcg/0.25 ml)	Covid-19 Vaccine	June 17, 2022
PFIZER-BIONTECH COVID-19 VACCINE/6 MO-4Y (covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.2 ml)	Covid-19 Vaccine	June 17, 2022
PREHEVBRIO (hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)	Hepatitis B Vaccine	June 30, 2022
dabigatran etexilate mesylate cap 75 mg (etexilate base equivalent)	Thromboembolism/stroke prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	July 3, 2022
FLUARIX QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 10, 2022
NOVAVAX COVID-19 VACCINE (covid-19 subunit prot recom adjuv vac-novavax im 5 mcg/0.5 ml)	Covid-19 Vaccine	July 14, 2022
AFLURIA QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
AFLURIA QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine	July 17, 2022
FLUAD QUADRIVALENT 2022–2023 (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUBLOK QUADRIVALENT 2022–2023 (influenza vac recomb ha quad pf soln pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUCELVAX QUADRIVALENT 2022–2023 (influenza vac tiss-cult subunt quad susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022

FLUCELVAX QUADRIVALENT 2022–2023 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza Vaccine	July 17, 2022
FLUZONE HIGH-DOSE PF 2022–2023 (influenza vac split high-dose quad pf susp pref syr 0.7 ml)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vac split quadrivalent susp pref syr 0.5 ml)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent im inj)	Influenza Vaccine	July 17, 2022
FLUZONE QUADRIVALENT 2022–2023 (influenza virus vaccine split quadrivalent inj 0.5 ml)	Influenza Vaccine	July 17, 2022
PURE COMFORT INHALER SPACER CHAMBER ADULT (spacer/aerosol-holding chambers - device)	Asthma/Chronic Obstructive Pulmonary Disease	August 14, 2022
PILOT COVID-19 AT-HOME TEST (covid-19 at home antigen test kit)	Covid-19 Test	August 21, 2022
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK (covid-19 at home antigen test kit)	Covid-19 Test	August 28, 2022
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-moderna im susp 50 mcg/0.5 ml)	Covid-19 Vaccine	August 31, 2022
PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/BA.4/BA.5 (covid-19 mrna bivalent vaccine-pfizer im susp 30 mcg/0.3 ml)	Covid-19 Vaccine	August 31, 2022
TRIUMEQ PD (abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg)	HIV	September 1, 2022
dabigatran etexilate mesylate cap 150 mg (etexilate base equivalent) (generic for PRADAXA)	Thromboembolism/Stroke Prophylaxis, DVT/PE Treatment, DVT/PE Prophylaxis	September 4, 2022
lenalidomide caps 2.5 mg, 20 mg (generic for REVLIMID)	Cancer	September 11, 2022
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177 ml (generic for SUPREP)	Bowel Prep	September 11, 2022
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST (covid-19 at home antigen test kit)	Covid-19 Test	October 2, 2022
estradiol td gel 0.25 mg/0.25 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 0.5 mg/0.5 gm (0.1%), 0.75 mg/0.75 gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25 gm (0.1%) (generic for DIVIGEL)	Menopausal Vasomotor Symptoms	October 9, 2022
tazarotene gel 0.05%, 0.1% (generic for TAZORAC)	Plaque Psoriasis, Acne Vulgaris	October 9, 2022

PFIZER-BIONTECH COVID-19 VACCINE/BIVALENT/5-11Y (covid-19 mrna bivalent vac 5-11y-pfizer im susp 10 mcg/0.2 ml)	Covid-19 Vaccine	October 12, 2022
roflumilast tab 500 mcg (generic for DALIRESP)	Chronic Obstructive Pulmonary Disease	October 23, 2022
FRAGMIN (dalteparin sodium inj 2500 unit/ml)	DVT Prevention, DVT/PE Extended Treatment (Cancer), Unstable Angina	November 6, 2022
PRIORIX (measles-mumps-rubella virus vaccines for subcutaneous susp)	Measles-Mumps-Rubella Vaccine	November 18, 2022
MENVEO (meningococcal (a, c, y and w-135) oligo conj vac im soln)	Meningococcal Vaccine	November 20, 2022
CALQUENCE (acalabrutinib maleate tab 100 mg)	Cancer	December 1, 2022
fingolimod hcl cap 0.5 mg (base equivalent) (generic for GILENYA)	Multiple Sclerosis	December 1, 2022
PIRFENIDONE (pirfenidone tab 534 mg)	Idiopathic Pulmonary Fibrosis	December 1, 2022
VIJOICE (alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs))	PIK3CA-related overgrowth spectrum	December 1, 2022
VIJOICE (alpelisib (pros) tab therapy pack 50 mg, 125 mg daily dose)	PIK3CA-related overgrowth spectrum	December 1, 2022
<b>Balanced and Performance Select Drug Lists</b>		
methylphenidate hcl cap er 24hr 10 mg (la)	Attention Deficit Hyperactivity Disorder (ADHD)	December 1, 2022
<b>Balanced Drug List</b>		
timolol maleate preservative free ophth soln 0.25% (generic for TIMOPTIC OCUDOSE)	Elevated Intra-ocular Pressure	September 18, 2022
CLONIDINE ER (clonidine hcl tab er 24hr 0.17 mg (base equivalent) (generic for NEXICLON XR)	Hypertension	September 25, 2022
LEVOFLOXACIN (levofloxacin ophth soln 1.5%)	Bacterial Conjunctivitis	October 9, 2022
METHOCARBAMOL (methocarbamol tab 1000 mg)	Muscle Spasms	October 9, 2022
ALLOPURINOL (allopurinol tab 200 mg)	Gout	October 23, 2022
butalbital-acetaminophen cap 50-300 mg	Tension Headache	November 6, 2022
naproxen sodium tab er 24hr 750 mg (base equivalent) (generic for NAPRELAN)	Pain/Inflammation	November 6, 2022
penciclovir cream 1% (generic for DENAVIR)	Cold Sores	November 20, 2022

Performance Select Drug List		
diclofenac sodium soln 2% (generic for Pennsaid)	Osteoarthritis Pain, knee	November 20, 2022

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## Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2023

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
bisoprolol fumarate tab 5 mg	Preferred Generic	Hypertension
chlorthalidone tab 50 mg	Preferred Generic	Hypertension, Edema
cyclopentolate hcl ophth soln 0.5%	Preferred Generic	Mydriasis Induction, Cycloplegic Refraction
dexmethylphenidate hcl tab 5 mg	Preferred Generic	Attention-Deficit Hyperactivity Disorder (ADHD)
doxycycline monohydrate tab 100 mg	Preferred Generic	Acne, Infections
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Preferred Generic	Contraception
ezetimibe tab 10 mg	Preferred Generic	Hypercholesterolemia
fenofibrate micronized cap 134 mg	Preferred Generic	Hypertriglyceridemia
glycopyrrolate tab 1 mg	Preferred Generic	Chronic Severe Drooling, Peptic Ulcer Disease
haloperidol lactate oral conc 2 mg/ml	Preferred Generic	Psychosis, Tourette Syndrome, Behavioral Disorders
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5 ml	Preferred Generic	Cough
medroxyprogesterone acetate im susp 150 mg/ml	Preferred Generic	Contraception
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Preferred Generic	Contraception
potassium chloride cap cr 8 meq, 10 meq	Preferred Generic	Hypokalemia
potassium chloride cap er 8 meq , 10 meq	Preferred Generic	Hypokalemia
prazosin hcl cap 1 mg	Preferred Generic	Hypertension
sodium fluoride rinse 0.2%	Preferred Generic	Dental Caries Prophylaxis
solifenacin succinate tab 5 mg	Preferred Generic	Overactive Bladder
sotalol hcl (afib/af) tab 160 mg	Preferred Generic	Atrial Fibrillation/Atrial Flutter
tadalafil tab 2.5 mg, 5 mg	Preferred Generic	Erectile Dysfunction, Benign Prostatic Hyperplasia
tadalafil tab 10 mg*	Preferred Generic	Erectile Dysfunction
tadalafil tab 20 mg*	Preferred Generic	Erectile Dysfunction, Pulmonary Arterial Hypertension
valsartan tab 160 mg	Preferred Generic	Hypertension
VEMLIDY (tenofovir alafenamide fumarate tab 25 mg)	Preferred Brand	Hepatitis B

<b>Balanced Drug List</b>		
<b>Drug<sup>1</sup></b>	<b>New Lower Tier</b>	<b>Drug Class/Condition Used For</b>
fenoprofen calcium cap 400 mg	Non-Preferred Generics	Pain/Inflammation
flunisolide nasal soln 25 mcg/act (0.025%)	Non-Preferred Generics	Allergic Rhinitis
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	Non-Preferred Generics	Pain
tramadol hcl tab 100 mg	Non-Preferred Generics	Pain

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\*Optional sexual dysfunction component coverage for select health plans.

### Drug List Updates (Coverage Tier Changes) – Administrative Action Changes

<b>Drug<sup>1</sup></b>	<b>New Lower Tier</b>	<b>Drug Class/Condition Used For</b>	<b>Effective Date</b>
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>			
metoprolol & hydrochlorothiazide tab 100-50 mg	Non-Preferred Generic	Hypertension	July 24, 2022
theophylline tab er 12hr 450 mg	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	July 3, 2022
theophylline tab er 12hr 300 mg	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	July 17, 2022
theophylline elixir 80 mg/15 ml	Non-Preferred Generic	Asthma/Chronic Obstructive Pulmonary Disease	October 2, 2022
benazepril & hydrochlorothiazide tab 5-6.25 mg	Non-Preferred Generic	Hypertension	October 23, 2022
<b>Balanced and Performance Select Drug Lists</b>			
dexamethasone tab 2 mg	Non-Preferred Generic	Inflammatory Conditions	September 18, 2022
VASCEPA (icosapent ethyl cap 0.5 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia	September 30, 2022
chloroquine phosphate tab 500 mg	Non-Preferred Generic	Malaria	November 20, 2022
<b>Performance Drug List</b>			
chloroquine phosphate tab 500 mg	Non-Preferred Generic	Malaria	October 23, 2022
dexamethasone tab 2 mg	Non-Preferred Generic	Inflammatory Conditions	October 23, 2022

ELIGARD (leuprolide acetate for subcutaneous inj kit 7.5 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (3 month) for subcutaneous inj kit 22.5 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)	Preferred Brand	Cancer	October 23, 2022
ELIGARD (leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)	Preferred Brand	Cancer	October 23, 2022
methylphenidate hcl cap er 24hr 10 mg (la)	Non-Preferred Generic	Attention Deficit Hyperactivity Disorder (ADHD)	October 23, 2022
VASCEPA (icosapent ethyl cap 0.5 gm)	Non-Preferred Generic	Severe Hypertriglyceridemia	October 23, 2022

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## Standard Utilization Management Program Package Changes

### Retired Prior Authorization (PA) Program

Effective Dec. 1, 2022, the Reganex PA and the Nocturia PAQL programs were retired.

### Prior Authorization (PA) Program Changes

Effective April 1, 2023, drug target nizatidine is being removed from the Alternative Dosage Form PAQL program. Additionally, Riomet IR oral solution is being moved from the Alternative Dosage Form PAQL program to the Metformin PAQL program.

For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

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 visit [bcbsil.com](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

### New Dosages of Statin Drug to be Covered Without Cost Sharing

The United States Preventive Services Task Force (USPSTF) updated its guidance around statin coverage for the prevention of cardiovascular disease. Previously the guidance recommended low-to-moderate doses of statin for preventive use, but the new guidance doesn't specify dosage strength.

To align with the updated recommendation, two new dosage strengths of atorvastatin will be added to the list of statins covered at the preventive level on the Affordable Care Act (ACA) \$0 Preventive Drug List, without member cost sharing.

1. 40 mg atorvastatin
2. 80 mg atorvastatin

This change will go into effect April 1, 2023, for all non-grandfathered ACA-compliant plans, regardless of renewal date.

### Pharmacies Added to Specialty Pharmacy Networks

As of Jan. 1, 2023, we have added several new specialty pharmacies into our networks, including those for oral oncology and hemophilia. Members also now have access to the IntegratedRx™ (IRX) oral oncology network.

Christus Specialty Pharmacy, University Medical Center and Red Chip were added to select specialty pharmacy networks/plans effective Jan. 1, 2023. An updated list of BCBSIL's in-network specialty pharmacy vendors is posted on the BCBSIL provider website. Members can also view the specialty vendor list on Blue Access for Members<sup>SM</sup>.

### **Reminder of Split Fill Program Category Expansion**

As of Jan. 1, 2023, the Split Fill Program has been expanded to include additional categories beyond oral oncology medications, such as multiple sclerosis and iron toxicity. A Split Fill program [drug list](#) is posted on the member pharmacy programs section of [bcbsil.com](http://bcbsil.com).

BCBSIL offers its members and groups a Split Fill Program to reduce waste and help avoid costs of select medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or "split," prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our provider website.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

### **Reminder of Self-Injectable Drug Member Cost Share Change for HMO Plans**

**Upcoming change:** As a reminder, member cost share for certain specialty and non-specialty self-injectable drugs will be based on applicable drug status, plan benefits and drug tier.

Background: Previously, member cost share for certain specialty and non-specialty self-injectable drugs was a flat \$50.

**Member notices:** Impacted members will receive a letter at least 60 days prior to the effective date, based on the member's plan renewal date.

**Reminder:** Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

BCBSIL contracts with Prime Therapeutics 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 Therapeutics. [MyPrime.com](http://MyPrime.com) is an online resource offered by Prime Therapeutics.

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](http://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 particular 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.