

# Pharmacy Program Quarterly Update

## Changes Effective Jan. 1, 2025 – Part 1

Nov. 6, 2024

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**Reminder:** Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. The part 2 article includes updates that do not require member notification. These changes will be published closer to the **Jan. 1, 2025**, effective date.

# Pharmacy Benefit Reminders

A new year often welcomes new members to Blue Cross and Blue Shield of Illinois or updates to a current member's benefits. As you visit with your patients, consider discussing their pharmacy benefits. Mentioning the following items can help them with this transition.

- Your patient's pharmacy benefits may be new to them or apply to an updated drug list. The [preview drug lists](#) are available on our member website to help both you and your patients when prescribing medication. The final drug lists will be available closer to the Jan. 1, 2025, effective date.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have a new utilization management program requirement. If your patients need a coverage exception or prior authorization request, visit the [Prior Authorization and Step Therapy Programs](#) section of our provider website where you can find forms and more information.
- If you have patients with an individual HMO benefit plan offered on/off the Health Insurance Marketplace for BCBSIL, they may be impacted by annual drug list changes. You can view these changes on the [member website](#).
- Some members' plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Members that are impacted by these changes will receive letters from BCBSIL to alert them they will pay more if continue to use a pharmacy no longer in network. In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.

If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits. 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 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 BCBSIL’s drug lists, effective on or after Jan. 1, 2025. The part 2 article with recent coverage additions will be published closer to the Jan. 1 effective date.

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

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

**Please 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, 2025.

BCBSIL MyBlue Plus<sup>SM</sup> POS, HMO Illinois<sup>®</sup> or Blue Advantage HMO<sup>SM</sup> members will not have any of these drug list revisions/exclusions applied to their pharmacy benefits until on or after Jan. 1, 2025.

## Drug List Exclusions and Revisions – Effective Jan. 1, 2025

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
ALTRENO (tretinoin lotion 0.05%)	tretinoin cream 0.05%	Acne
ANDRODERM (testosterone td patch 24 hr 2 mg/24 hr, 4 mg/24 hr)	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotropic hypogonadism
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure
CYLTEZO (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO (adalimumab-adbm prefilled syringe kit 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders

Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO STARTER PACKAGE FOR PSORIASIS (adalimumab-adbm auto-injector kit 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS (adalimumab-adbm auto-injector kit 40 mg/0.4 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
EMFLAZA (deflazacort susp 22.75 mg/mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Duchenne Muscular Dystrophy
ENDARI (glutamine (sickle cell) powd pack 5 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
FLUOROURACIL (fluorouracil cream 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
JATENZO (testosterone undecanoate cap 158 mg, 198 mg, 237 mg)	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
KYZATREX (testosterone undecanoate cap 100 mg, 150 mg, 200 mg)	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
NATESTO (testosterone nasal gel 5.5 mg/act)	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
phenylephrine hcl ophth soln 2.5%, 10%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction
RESET (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder

### Balanced Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition
RESET NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
TESTOSTERONE (testosterone td gel 50 mg/5 gm (1%))	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
TESTOSTERONE PUMP (testosterone td gel 12.5 mg/act (1%))	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
tetracaine hcl ophth soln 0.5%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ophthalmic Anesthesia
TLANDO (testosterone undecanoate cap 112.5 mg)	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
VOGELXO (testosterone td gel 50 mg/5 gm (1%))	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
VOGELXO PUMP (testosterone td gel 12.5 mg/act (1%))	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotrophic hypogonadism
WESTAB MAX (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multivitamin

### Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders

Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure
ENDARI (glutamine (sickle cell) powd pack 5 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
phenylephrine hcl ophth soln 2.5%, 10%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction
RESET (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder

Performance Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
tetracaine hcl ophth soln 0.5%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ophthalmic Anesthesia
WESTAB MAX (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multivitamin

Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure
CYLTEZO (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO (adalimumab-adbm prefilled syringe kit 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL))	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO STARTER PACKAGE FOR PSORIASIS (adalimumab-adbm auto-injector kit 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CYLTEZO STARTER PACKAGE FOR PSORIASIS/VEITIS (adalimumab-adbm auto-injector kit 40 mg/0.4 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders



Performance Select Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
ENDARI (glutamine (sickle cell) powd pack 5 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
phenylephrine hcl ophth soln 2.5%, 10%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction
RESET (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O FOR IOS OR ANDROID APP (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O NON-MONETARY CM (digital therapy application - Substance Use Disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
tetracaine hcl ophth soln 0.5%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ophthalmic Anesthesia
WESTAB MAX (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multivitamin

Performance Annual Drug List Exclusions

Drug <sup>1</sup>	Condition	Drug Class/Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	Tyenne	Autoimmune Disorders
ALREX (loteprednol etabonate ophth susp 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ocular Inflammation/Pain
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL)	adalimumab-aaty, adalimumab-adaz, Hadlima, Humira, Simlandi	Autoimmune Disorders
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure
CROTAN (crotamiton lotion 10%)	permethrin	Scabies
DEPO-TESTOSTERONE (testosterone cypionate im inj in oil 100 mg/mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypogonadism
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
ENDARI (glutamine (sickle cell) powd pack 5 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
ESTROGEL (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Menopause symptoms

Performance Annual Drug List Exclusions

Drug <sup>1</sup>	Condition	Drug Class/Condition
EXKIVITY (mobocertinib succinate cap 40 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
FLURAZEPAM HCL (flurazepam hcl cap 15 mg, 30 mg)	estazolam, temazepam	Insomnia
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
INSULIN ASPART (insulin aspart inj soln 100 unit/mL)	Novolog	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/mL)	Novolog	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/mL)	Novolog	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/mL (70-30))	Novolog 70/30	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30))	Novolog 70/30	Diabetes
KORLYM (mifepristone tab 300 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cushing's Syndrome
metronidazole cap 375 mg	metronidazole 250 mg	Bacterial Infections
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 mL, 100 mg/5 mL (20 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
NORDITROPIN FLEXPEN (somatropin solution pen-injector 5 mg/1.5 mL, 10 mg/1.5 mL, 15 mg/1.5 mL, 30 mg/3 mL)	Genotropin, Ominitrope	Growth Hormone Deficiency, Short Stature, Growth Failure

Performance Annual Drug List Exclusions

Drug <sup>1</sup>	Condition	Drug Class/Condition
OXANDROLONE (oxandrolone tab 2.5 mg, 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
oxandrolone tab 2.5 mg, 10 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Promotes Weight Gain
phenylephrine hcl ophth soln 2.5%, 10%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Thromboembolism/Stroke Prevention, DVT/PE Prevention and Treatment
RECTIV (nitroglycerin oint 0.4%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anal fissure
RESET (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET FOR IOS OR ANDROID APP (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET NON-MONETARY CM (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
RESET-O FOR IOS OR ANDROID APP (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder

### Performance Annual Drug List Exclusions

Drug <sup>1</sup>	Condition	Drug Class/Condition
RESET-O NON-MONETARY CM (digital therapy application - substance use disorder)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Substance Use Disorder
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 mL (1:2000), 0.3 mg/0.3 mL (1:1000))	epinephrine solution auto-injector	Anaphylaxis, Severe Hypersensitivity Reactions
tetracaine hcl ophth soln 0.5%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ophthalmic Anesthesia
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
WESTAB MAX (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Multivitamin

### Health Insurance Marketplace Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure

### Health Insurance Marketplace Drug List Exclusions

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition
ENDARI (glutamine (sickle cell) powd pack 5 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Sickle Cell Disease
MORPHINE SUL (morphine sulfate oral soln 10 mg/5 mL, 100 mg/5 mL (20 mg/mL))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
phenylephrine hcl ophth soln 2.5%, 10%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction
tetracaine hcl ophth soln 0.5%	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Ophthalmic Anesthesia

### Basic and Enhanced Drug Lists Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
CEPHALEXIN (cephalexin for susp 125 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial infections
CYCLOPENTOLATE HYDROCHLOR (cyclopentolate hcl ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction, Cycloplegic Refraction
DEPO-TESTOSTERONE (testosterone cypionate im inj in oil 100 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypogonadism
FLURBIPROFEN (flurbiprofen tab 100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoarthritis, Rheumatoid Arthritis

### Basic and Enhanced Drug Lists Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Condition
HYDROCORTISONE (hydrocortisone lotion 2.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	Heart Failure	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 Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
CEPHALEXIN (cephalexin for susp 125 mg/5 mL)	Bacterial infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CYCLOPENTOLATE HYDROCHLOR (cyclopentolate hcl ophth soln 0.5%)	Mydriasis Induction, Cycloplegic Refraction	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DEPO-TESTOSTERONE (testosterone cypionate im inj in oil 100 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypogonadism
FLURBIPROFEN (flurbiprofen tab 100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoarthritis, Rheumatoid Arthritis
HYDROCORTISONE (hydrocortisone lotion 2.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses

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

Drug <sup>1</sup>	Preferred Alternatives <sup>1, 2</sup>	Condition
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
METHADONE HCL (methadone hcl tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain, opioid abuse, drug detoxification
METHADONE HYDROCHLORIDE (methadone hcl tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain, opioid abuse, drug detoxification
OLANZAPINE (olanzapine tab 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar disorder, major depressive disorder, schizophrenia
PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Electrolyte supplement
TESTOSTERONE CYPIONATE (testosterone cypionate im inj in oil 100 mg/mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Primary hypogonadism, hypogonadotrophic hypogonadism
TRIMETHOPRIM (trimethoprim tab 100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections

### Basic Annual and Enhanced Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1, 2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure



Basic Annual and Enhanced Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1, 2</sup>	Condition
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
INSULIN ASPART (insulin aspart inj soln 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/mL (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30))	NOVOLOG 70/30	Diabetes
NORDITROPIN FLEXPEN (somatotropin solution pen-injector 5 mg/1.5 mL, 10 mg/1.5 mL, 15 mg/1.5 mL, 30 mg/3 mL)	Genotropin, Ominitrope	Growth Hormone Deficiency, Short Stature, Growth Failure
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 mL (1:2000), 0.3 mg/0.3 mL (1:1000))	epinephrine solution auto-injector	Anaphylaxis, Severe Hypersensitivity Reactions
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other	ADHD, Binge Eating Disorder

Basic Annual and Enhanced Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Condition
	medication(s) available for your condition.	
VYVANSE lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

Basic Multi-Tier Annual and Enhanced Multi-Tier Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1,2</sup>	Condition
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 mL)	TYENNE	Autoimmune Disorders
CEPHALEXIN (cephalexin for susp 125 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial infections
CORLANOR (ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Heart Failure
CYCLOPENTOLATE HYDROCHLOR (cyclopentolate hcl ophth soln 0.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Mydriasis Induction, Cycloplegic Refraction
DEPO-TESTOSTERONE (testosterone cypionate im inj in oil 100 mg/ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypogonadism
DIASTAT ACUDIAL (diazepam rectal gel delivery system 10 mg, 20 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Acute Repetitive Seizures
FLURBIPROFEN (flurbiprofen tab 100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoarthritis, Rheumatoid Arthritis

Basic Multi-Tier Annual and Enhanced Multi-Tier Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1, 2</sup>	Condition
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4 mL)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Osteoporosis
HYDROCORTISONE (hydrocortisone lotion 2.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses
INSULIN ASPART (insulin aspart inj soln 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/mL)	NOVOLOG	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/mL (70-30))	NOVOLOG 70/30	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/mL (70-30))	NOVOLOG 70/30	Diabetes
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Angina
METHADONE HCL (methadone hcl tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain, opioid abuse, drug detoxification
METHADONE HYDROCHLORIDE (methadone hcl tab 10 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain, opioid abuse, drug detoxification
NORDITROPIN FLEXPEN (somatotropin solution pen-injector 5 mg/1.5 mL, 10 mg/1.5 mL, 15 mg/1.5 mL, 30 mg/3 mL)	Genotropin, Ominitrope	Growth Hormone Deficiency, Short Stature, Growth Failure
OLANZAPINE (olanzapine tab 20 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bipolar disorder, major depressive disorder, schizophrenia

## Basic Multi-Tier Annual and Enhanced Multi-Tier Annual Drug List Revisions

Drug <sup>1</sup>	Preferred Alternatives <sup>1, 2</sup>	Condition
PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Electrolyte supplement
SYMJEPI (epinephrine soln prefilled syringe 0.15 mg/0.3 mL (1:2000), 0.3 mg/0.3 mL (1:1000))	epinephrine solution auto-injector	Anaphylaxis, Severe Hypersensitivity Reactions
TESTOSTERONE CYPIONATE (testosterone cypionate im inj in oil 100 mg/mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Primary hypogonadism, hypogonadotrophic hypogonadism
TRIMETHOPRIM (trimethoprim tab 100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Bacterial Infections
VOTRIENT (pazopanib hcl tab 200 mg (base equiv))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder
VYVANSE lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD, Binge Eating Disorder

## Drug Tier Changes – As of Jan. 1, 2025

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after Jan. 1, 2025.

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition	New Tier
ALA-SCALP (hydrocortisone lotion 2%)	hydrocortisone cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
CALCIPOTRIENE (calcipotriene soln 0.005% (50 mcg/mL))	calcipotriene cream 0.005%	Scalp Psoriasis	Non-Preferred Brand

### Balanced Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition	New Tier
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE (clotrimazole w/ betamethasone lotion 1-0.05%)	clotrimazole/betamethasone cream 1-0.05%	Fungal Infections	Non-Preferred Brand
FLUOCINONIDE (fluocinonide gel 0.05%)	fluocinonide cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis	Non-Preferred Brand
HYDROCORTISONE (hydrocortisone lotion 2%, 2.5%)	hydrocortisone cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
MAFENIDE ACETATE (mafenide acetate packet for topical soln 5% (50 gm))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Burn Wound Infections	Non-Preferred Brand
MEGESTROL ACETATE (megestrol acetate susp 625 mg/5 mL)	megestrol acetate suspension 40 mg/mL	Anorexia, Cachexia	Non-Preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-25 mg)	hydrochlorothiazide tablet 25 mg, quinapril tablet 20 mg	Hypertension	Non-Preferred Brand
SODIUM FLUORIDE (sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Dental Caries Prophylaxis	Preferred Brand
TESTOSTERONE (testosterone td gel 10 mg/act (2%))	testosterone gel (generic Androgel)	Primary hypogonadism, hypogonadotropic hypogonadism	Non-Preferred Brand

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition	New Tier
CALCIPOTRIENE (calcipotriene soln 0.005% (50 mcg/mL))	calcipotriene cream 0.005%	Scalp Psoriasis	Non-Preferred Brand
FLUOCINONIDE (fluocinonide gel 0.05%)	fluocinonide cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis	Non-Preferred Brand
HYDROCORTISONE (hydrocortisone lotion 2.5%)	hydrocortisone cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-25 mg)	hydrochlorothiazide tablet 25 mg, quinapril tablet 20 mg	Hypertension	Non-Preferred Brand
SODIUM FLUORIDE (sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf))	Please talk to your doctor or pharmacist about other	Dental Caries Prophylaxis	Preferred Brand

### Performance Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition	New Tier
	medication(s) available for your condition.		

### Performance Select Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition	New Tier
CALCIPOTRIENE (calcipotriene soln 0.005% (50 mcg/mL))	calcipotriene cream 0.005%	Scalp Psoriasis	Non-Preferred Brand
FLUOCINONIDE (fluocinonide gel 0.05%)	fluocinonide cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis	Non-Preferred Brand
HYDROCORTISONE (hydrocortisone lotion 2.5%)	hydrocortisone cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-25 mg)	hydrochlorothiazide tablet 25 mg, quinapril tablet 20 mg	Hypertension	Non-Preferred Brand
SODIUM FLUORIDE (sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Dental Caries Prophylaxis	Preferred Brand

### Performance Annual Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition	New Tier
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 mL)	acetaminophen/codeine tablet 300-15 mg	Pain	Non-Preferred Brand
CALCIPOTRIENE (calcipotriene soln 0.005% (50 mcg/mL))	calcipotriene cream 0.005%	Scalp Psoriasis	Non-Preferred Brand
FLUOCINOLONE ACETONIDE (flucinolone acetonide cream 0.01%)	desonide cream 0.05%, triamcinolone acetonide cream 0.025%	Inflammation- Topical	Non-Preferred Brand
FLUOCINONIDE (fluocinonide gel 0.05%)	fluocinonide cream 0.05%	Dermatoses, Atopic Dermatitis, Plaque Psoriasis	Non-Preferred Brand
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon (rdna) for inj kit 1 mg)	Baqsimi, Gvoke, Glucagon injection	Hypoglycemia	Non-Preferred Brand
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg, 3 mg, 6 mg)	glyburide tablet 1.25 mg, glyburide tablet 2.5 mg, glyburide tablet 5 mg	Diabetes	Non-Preferred Brand

Performance Annual Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition	New Tier
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX (hydrocod polst- chlorphen polst er susp 10-8 mg/5 mL)	benzonatate, hydrocodone bitartrate/homatropine methylbromide, promethazine hydrochloride/dextromethorphan hydrobromide, promethazine/codeine, promethazine/dextromethorphan	Upper Respiratory Symptoms	Non-Preferred Brand
HYDROCORTISONE (hydrocortisone lotion 2.5%)	hydrocortisone cream 2.5%	Pruritus, Dermatoses	Non-Preferred Brand
HYDROCORTISONE ACETATE/PRAMOXINE (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
MELPHALAN (melphalan tab 2 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer	Non-Preferred Brand
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24 hr 27 mg, 36 mg, 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-Preferred Brand
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	acarbose	Diabetes	Non-Preferred Brand
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg)	benazepril, captopril, enalapril, lisinopril, perindopril erbumine tablet 4 mg	Hypertension, Heart Failure	Non-Preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-25 mg)	hydrochlorothiazide tablet 25 mg, quinapril tablet 20 mg	Hypertension	Non-Preferred Brand
SODIUM FLUORIDE (sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Dental Caries Prophylaxis	Preferred Brand

Health Insurance Marketplace Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1,2</sup>	Condition	New Tier
CALCIPOTRIENE (calcipotriene soln 0.005% (50 mcg/mL))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Scalp Psoriasis	Non-Preferred Brand

### Health Insurance Marketplace Drug List Tier Changes

Drug <sup>1</sup>	Alternatives <sup>1, 2</sup>	Condition	New Tier
HYDROCORT (hydrocortisone lotion 2.5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-Preferred Brand
QNAPRIL/HCTZ (quinapril-hydrochlorothiazide tab 20-25 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Hypertension	Non-Preferred Brand
SOD FLUORIDE (sodium fluoride soln 0.5 mg/mL f (from 1.1 mg/mL naf))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Dental Caries Prophylaxis	Preferred Brand

### Tier 1 to Tier 2 Changes – Effective Jan. 1, 2025

The following drugs are moving from a preferred generic (tier 1) to a non--preferred generic (tier 2), effective Jan. 1, 2025. These changes only apply to members with a pharmacy benefit plan that includes different payment tiers for preferred generics and non-preferred generic (e.g. 5-tier or higher plan design with preferred generic and non--preferred generic lower tiers). Members may pay more for these drugs.

#### Performance and Performance Annual Drug List - Tier 1 to Tier 2 Changes

Drug <sup>1</sup>	Drug Class/Condition
cephalexin for susp 125 mg/5 mL	Bacterial Infections
cyclopentolate hcl ophth soln 0.5%	Mydriasis Induction, Cycloplegic Refraction
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis
hydrocortisone lotion 2.5%	Pruritus, Dermatoses
isosorbide mononitrate tab 10 mg	Angina
methadone hcl tab 10 mg	Pain, opioid abuse, drug detoxification
olanzapine tab 20 mg	Bipolar disorder, major depressive disorder, schizophrenia
potassium phosphate monobasic tab 500 mg	To acidify the urine to lower urinary calcium; reduce odor and rash caused by ammonia in urine; to increase antibacterial activity of methenamine
testosterone cypionate im inj in oil 100 mg/mL	Primary hypogonadism, hypogonadotropic hypogonadism
trimethoprim tab 100 mg	Bacterial Infections



# 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 Prior Authorization Program Changes – Effective Jan. 1, 2025

Changes to drug categories and/or medications will be made to the Prior Authorization 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.

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

### Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier, Enhanced Multi-Tier Annual Drug Lists

Program Name	Target Agents	Program Type
Alternative Dosage Form PAQL	Entresto sprinkles	Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL	Actemra	Specialty Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	carbinoxamine maleate 6 mg tab	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	ketoprofen 50 mg cap	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	Sovuna 200 mg and 300 mg tabs	Prior Authorization and Dispensing Limits

### Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists

Program Name	Target Agents	Program Type
Rapid to Intermediate Acting Insulin PAQL	Insulin Aspart and Insulin Aspart Mix	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	Flurazepam 15 mg and 30 mg caps	Prior Authorization and Dispensing Limits

### Balanced Drug List

Program Name	Target Agents	Program Type
Alternative Dosage Form PAQL	Entresto sprinkles	Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL	Actemra	Specialty Prior Authorization and Dispensing Limits

### Balanced Drug List

Program Name	Target Agents	Program Type
Biologic Immunomodulators PAQL	Cyltezo	Specialty Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	carbinoxamine maleate 6 mg tab	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	ketoprofen 50 mg cap	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	Sovuna 200 mg and 300 mg tabs	Prior Authorization and Dispensing Limits

### Performance and Performance Annual Drug List

Program Name	Target Agents	Program Type
Alternative Dosage Form PAQL	Entresto sprinkles	Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL*	Actemra	Specialty Prior Authorization and Dispensing Limits

### Performance Select Drug List

Program Name	Target Agents	Program Type
Alternative Dosage Form PAQL	Entresto sprinkles	Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL	Actemra	Specialty Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL	Cyltezo	Specialty Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	carbinoxamine maleate 6 mg tab	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	ketoprofen 50 mg cap	Prior Authorization and Dispensing Limits
Therapeutic Alternatives PAQL	Sovuna 200 mg, 300 mg tabs	Prior Authorization and Dispensing Limits

### Health Insurance Marketplace Drug List

Drug Category	Medication(s) <sup>1</sup>	Program Type
Alternative Dosage Form PAQL	Entresto sprinkles	Prior Authorization and Dispensing Limits
Biologic Immunomodulators PAQL	Actemra	Prior Authorization and Dispensing Limits
Rezurock PAQL	Rezurock	Prior Authorization and Dispensing Limits

## Health Insurance Marketplace Drug List

Drug Category	Medication(s) <sup>1</sup>	Program Type
Therapeutic Alternatives PAQL	Flurazepam 15 mg and 30 mg caps	Prior Authorization and Dispensing Limits

## New Standard Utilization Management Programs

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

Program Name	Program Type	Changes Made	Drug Lists	Effective Date
Dry Eye Disease PAQL	Prior Authorization and Dispensing Limits	New program that includes targets Eysuvis, Miebo, and Tyrvaya.	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2025
Duvyzat PAQL	Specialty Prior Authorization and Dispensing Limits	Program name updated. Duvyzat (givinostat) 8.86 mg/mL included as target.	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Annual Multi-Tier, Enhanced Annual, Enhanced Annual Multi-Tier, Performance Annual, Balanced, Performance, Performance Select, HIM	1/1/2025
Primary Biliary Cholangitis PAQL	Prior Authorization and Dispensing Limits	Program updated to include Iqirvo tab as target.	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier and Basic Annual, Basic Annual Multi-Tier, Enhanced Annual, Enhanced Annual Multi-Tier, Balanced, Performance, Performance Annual, Performance Select, HIM	1/1/2025
Spevigo PAQL	Specialty Prior Authorization and Dispensing Limits	New program with Spevigo 150 mg/mL included as target.	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Annual Multi-Tier, Enhanced Annual, Enhanced Annual Multi-Tier, HIM, Balanced, Performance, Performance Annual, and Performance Select	12/1/2024

Program Name	Program Type	Changes Made	Drug Lists	Effective Date
Verkazia PAQL	Prior Authorization and Dispensing Limits	New program with Verkazia (cyclosporine) ophth emulsion 0.1% included as target.	Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Basic Annual, Multi-Tier Basic Annual Enhanced Annual, Multi-Tier Enhanced Annual	1/1/2025
Voydeya PAQL	Specialty Prior Authorization and Dispensing Limits	New program with Voydeya (danicipan) tabs included as target.	Balanced, Performance, Performance Select, Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier and Basic Annual, Basic Annual Multi-Tier, Enhanced Annual, Enhanced Annual Multi-Tier, Performance Annual], and HIM	1/1/2025
Xolremdi PAQL	Specialty Prior Authorization and Dispensing Limits	New program with Xolremdi (Mavoxifafor) cap included as target.	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, HIM, Performance, Performance Annual, Performance Select	1/1/2025

## Dispensing Limit Changes

The prescription-drug benefit program at BCBSIL 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.

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.

For the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#). If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also log in to [Blue Access for Members<sup>SM</sup>](#) or [MyPrime.com](#) for more online resources.

**Please note:** The dispensing limits listed below do not apply to members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2025. They also may not apply to HMO members on the 2023, 2024 or 2025 Health Insurance Marketplace Drug Lists until on or after Jan. 1, 2025.

Dispensing Limit changes are listed below with their effective date. View the most up-to-date [drug lists](#) and [dispensing limits](#) on [bcbsil.com](#).

**Members were not lettered on all of these changes due to limited utilization.**

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

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 15-16 mg, sprinkle cap 6-6 mg	240 caps per 30 days	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluoroheptyloctane) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givinostat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab, 8 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 200 mg tab	90 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 100 mg tabs	180 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 50 & 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 6-6 mg, sprinkle cap 15-16 mg	240 caps per 30 days	1/1/2025
Continuous Glucose Monitor PAQL	Dexcom G6	3 sensors per 30 days (The manufacturer says each sensor can be used up to 10 days. This the reason for the change.)	1/1/2025

Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual Drug Lists

Program	Target Agent	Dispensing Limit	Effective Date
Continuous Glucose Monitor PAQL	Dexcom G7	3 sensors per 30 days (The manufacturer says each sensor can be used up to 10 days. This the reason for the change.)	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluorohexyloctane) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givinostat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025
GLP-1 (glucagon-like peptide-1) agonist PAQL	Mounjaro (tirzepatide) soln pen injector 2.5 mg/ 0.5 mL	4 pens per 180 days	1/1/2025
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 200 mg tab	90 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicipan) 100 mg tabs	180 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicipan) 50 mg, 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

Balanced Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 6-6 mg, 15-16 mg	240 caps per 30 days	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluorohexyloctane) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givinostat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025

### Balanced Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 200 mg tab	90 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicipan) 100 mg tabs	180 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicipan) 50 mg, 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

### Performance Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 15-16 mg, sprinkle cap 6-6 mg	240 caps per 30 days	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluoroheptyloctane) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givinostat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024

Performance Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 200 mg tab	90 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 100 mg tabs	180 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 50 mg, 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

Performance Annual Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 6-6 mg, 15-16 mg	240 caps per 30 days	1/1/2025
Continuous Glucose Monitor PAQL	Dexcom G6	3 sensors per 30 days (The manufacturer says each sensor can be used up to 10 days. This the reason for the change.)	1/1/2025
Continuous Glucose Monitor PAQL	Dexcom G7	3 sensors per 30 days (The manufacturer says each sensor can be used up to 10 days. This the reason for the change.)	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluorohexyloctan e) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givosstat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025
GLP-1 (glucagon-like peptide-1) agonist PAQL	Mounjaro (tirzepatide) soln pen injector 2.5 mg/ 0.5 mL	4 pens per 180 days	1/1/2025
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025



Performance Annual Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 100 mg tabs	180 caps per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 50 & 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

Performance Select Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Alternative Dosage Form PAQL	Entresto (sacubitril-valsartan) sprinkle cap 15-16 mg, sprinkle cap 6-6 mg	240 caps per 30 days	1/1/2025
Dry Eye Disease PAQL	Miebo (perfluorohexyloctane) ophth solution 1.338 gm/mL	3 mLs per 30 days	1/1/2025
Duvyzat PAQL	Duvyzat (givinostat) 8.86 mg/mL	3 bottles per 30 days	1/1/2025
Primary Biliary Cholangitis PAQL	Iqirvo (elafibranor) 80 mg tab	30 tabs per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 40 mg cap	90 caps per 30 days	1/1/2025
SA Oncology PAQL	Retevmo (selpercatinib) 80 mg cap	60 caps per 30 days	1/1/2025
SA Oncology PAQL	Scemblix (asciminib hcl) 40 mg tab	240 tabs per 30 days	1/1/2025
Spevigo PAQL	Spevigo (spesolimab-sbzo) SQ soln pref syringe 150 mg/ mL	2 syringes per 28 days	12/1/2024
Therapeutic Alternatives PAQL	Carbinoxamine maleate 6 mg tab	150 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Ketoprofen 50 mg cap	180 caps per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 200 mg tab	90 tabs per 30 days	1/1/2025
Therapeutic Alternatives PAQL	Sovuna (Hydroxychloroquine sulfate) 300 mg tab	60 tabs per 30 days	1/1/2025
Voydeya PAQL	Voydeya (danicopan) 100 mg tabs	180 tabs per 30 days	1/1/2025

## Performance Select Drug List

Program	Target Agent	Dispensing Limit	Effective Date
Voydeya PAQL	Voydeya (danicopan) 50 & 100 mg tabs therapy pack	1 box per 30 days	1/1/2025
Xolremdi PAQL	Xolremdi (Mavorixafor) 100 mg cap	120 caps per 30 days	1/1/2025

## Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts members who have prescription-drug benefits administered by Prime Therapeutics<sup>†</sup>. 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 <sup>1</sup>	Covered Alternative(s) <sup>1,2</sup>	Condition
DAPAGLIFLOZIN* (dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent))	FARXIGA	Diabetes, Heart Failure-associated Risk Reduction, Kidney Disease Progression and Cardiovascular Risk Reduction
DOLOBID TAB 250 mg (INA)	DIFLUNISAL 500 mg	Pain and Anti-Inflammation
GLIMEPIRIDE TAB 3 mg (LIFSA Drugs)	GLIMEPIRIDE 1 mg, 2 mg, or 4 mg	Diabetes
SITAGLIPTIN (sitagliptin tab 25 mg, 50 mg, 100 mg)	JANUVIA	Diabetes
SITAGLIPTIN/METFORMIN HYDROCHLORIDE (sitagliptin free base-metformin hcl tab 50-500 mg, 50-1000 mg)	JANUMET	Diabetes
ZITUVIO (sitagliptin tab 25 mg, 50 mg, 100 mg)	JANUVIA	Diabetes

*\*Members were not lettered on this drug change because there was no utilization.*

# Pharmacy Benefits Updates

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

## Coverage Update for Humira Biosimilars

Effective Jan. 1, 2025, BCBSIL is updating coverage of Humira biosimilars, excluding Cyltezo from the Balanced and Performance Select drug lists, and adding three adalimumab biosimilar products to all commercial formularies.

- Humira (adalimumab) and Hadlima will continue to be preferred products on all drug lists.
- Simlandi, adalimumab-adaz and adalimumab-aaty are being added as preferred products on all drug lists.

All adalimumab products are specialty drugs and are managed by prior authorization and quantity limits criteria. The Biologic Immunomodulators PAQL includes current and projected Humira biosimilars as target drugs.

### Preferred Adalimumab Products

Humira and the biosimilars listed below are the preferred products on drug lists. Other Humira biosimilars introduced into the market will be considered non-preferred on open drug lists and non-covered on managed (or closed) drug lists.

Preferred Adalimumab Products effective 1/1/2025	Drug Lists
Hadlima, Humira, Simlandi, adalimumab-adaz and adalimumab-aaty	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Performance, Performance Select, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance Annual, HIM

## HDHP-HSA Preventive Drug Program Updates

The HDHP-HSA Preventive Drug Program offers certain preventive medications at reduced out-of-pocket costs to members in select high deductible health plans, along with those using a health savings account.

When members have reduced cost-share, it can improve adherence and clinical outcomes, as well as provide a positive member experience.

See below for the applicable categories and the 2025 updates for each market segment.

Some preventive medications have been removed from the 2025 HDHP preventive lists and will affect members' out-of-pocket expenses. Member costs (copay or coinsurance) may vary based on plan benefits and/or group selection.

**Note:** Affected members will receive letters alerting them of the preventive-drug changes. Impacted categories for 2025 include the High Blood Pressure and Diabetes Medications categories.

**Respiratory added as Standard:** The HDHP-HSA Standard Preventive Drug List offering will be aligned to include the same non-ACA categories. This means the respiratory category will be added to coverage in 2025 for small group, Blue Balance Funded and Mid-Market fully insured HSA plans that currently do not have it. The change will apply starting Jan. 1, 2025, for only those plans that have the preventive benefit and didn't have the respiratory category.

**New Custom Categories:** There are eight new custom categories for 2025, including specialty categories. Also, there are now distinct categories for weight loss agents (traditional, non-GLP-1) and weight management agents (GLP-1 + combos). These categories are available for ASO group clients only.

ASO/Custom Fully Insured (CFI) Groups

Effective Date	2025 Changes	Categories
1/1/2025	Standard and Extended categories from 2024 are unchanged with minor product differences.	<p><b>Standard</b>                      Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines.</p> <p><b>Extended</b>                      Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral &amp; Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors (CGMs) and Associated Supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins - Prenatal</p>

ASO-Only Groups

Effective Date	2025 Changes	Custom Categories
1/1/2025	<p>There are eight new custom categories for 2025, including specialty categories.</p> <p>Also, there are now custom categories for Weight Loss Agents (Traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos).</p> <p>Custom categories remain ASO only with the exception of Diabetic Supplies – Insulin Pumps and Associated Supplies, which is available for Custom Fully Insured groups.</p>	<p>Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, <b>Asthma – Specialty, Autoimmune, Autoimmune – Specialty</b>, Breast Cancer Secondary Prevention, Diabetic Supplies - Insulin Pumps and Associated Supplies***, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, <b>Hereditary Angioedema (HAE) – Specialty, Hemophilia – Specialty</b>, HIV/AIDS, <b>HIV PrEP</b>, Influenza Agents, Lipid Lowering – Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, <b>Multiple Sclerosis – Specialty</b>, Substance Use Disorder, <b>Substance Use Disorder – Naloxone</b>, Thyroid Agents, <b>Weight Loss Agents (Traditional, non-GLP1) and Weight Management Agents (GLP1 + combos)</b>.</p> <p>***Optional coverage is also available to Custom Fully Insured groups</p>

Blue Balance Funded and Mid-Market Plans

Effective Date	2025 Changes	Categories
1/1/2025	The respiratory category has been added as a standard category for BBF plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants / Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, (asthma/COPD), <b>Respiratory</b> , Tobacco Cessation, Vaccines
7/1/2025	The respiratory category has been added as a standard category for Mid-Market plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, (asthma/COPD), <b>Respiratory</b> , Tobacco Cessation, Vaccines

Small Group (SG) Plans

Available QHP/Metallic Plans	Effective Date	2025 Changes	Categories
Blue PPO Gold 113 Blue PPO Gold 115 Blue PPO Silver 133 Blue PPO Silver 200 Blue PPO Bronze 106 Blue PPO Bronze 132 Blue PPO Bronze 401 Blue Choice Preferred Gold PPO 113 Blue Choice Preferred Gold PPO 115 Blue Choice Preferred Silver PPO 133 Blue Choice Preferred Silver PPO 200 Blue Choice Preferred Bronze PPO 106 Blue Choice Preferred Bronze PPO 132 Blue Choice Preferred Bronze PPO 401 Blue Options Gold PPO 200 Blue Options Silver PPO 107 Blue Options Silver PPO 404	1/1/2025	The respiratory category has been added to QHP plans that didn't offer it in 2024. There are minor product differences.	Anti-Coagulants / Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, <b>Respiratory</b>

## Specialty Multiplier

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

By applying member cost-share according to the actual day-supply amount filled, this change ensures members are paying for what they are filling, based on their benefits. For example, members receiving a 90-day supply of specialty medication will pay an applicable copay for a 90-day supply instead of the current 30-day supply cost share amount.

The change will begin applying Jan. 1, 2025. Members that are impacted by this change will be sent an awareness notification letter at least 60 days prior to the effective date.

## Reminder: Coverage Change for Generic Abiraterone Acetate Prescriptions

**What's new:** Since Oct. 1, 2025, most Individual & Family Market plans and commercial group members with pharmacy benefits administered by Prime Therapeutics® have coverage for only the CivicaScript-produced low-cost, generic version of **abiraterone acetate 250 mg**. This drug is also only available through SortPak Pharmacy. *Zytiga and all other generic versions of abiraterone acetate 250 mg will no longer be covered on the drug lists for these members.*

Some MyBlue Plus<sup>SM</sup> POS, HMO Illinois® or Blue Advantage HMO<sup>SM</sup> members will have the change apply on or after Jan. 1, 2025.

**Member notices:** Eligible members identified as having claims for the brand Zytiga or other generic versions will have to switch to the CivicaScript-produced generic version. Letters will be sent to these members at least 60 days before the effective date. For example, MyBlue Plus<sup>SM</sup> POS, HMO Illinois® or Blue Advantage HMO<sup>SM</sup> members with a January, February or March renewal were mailed letters in October 2025.

**Why this matters:** Our partnership with [CivicaScript](#) furthers our initiatives to make prescription drugs more affordable for our members. By manufacturing lower cost generic drugs, it can help lower members' out-of-pocket costs and improve medication adherence. A 30-day supply of CivicaScript's abiraterone acetate is \$171 compared to an average of \$1,848 for the other generics or \$13,064 for brand Zytiga.

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

## Reminder: Zero-Dollar Emergency-Use Medications

Beginning Jan. 1, 2025, upon renewal, the select acute medications below will be available at \$0 member cost share. This list is subject to change.

- Vasopressors for severe allergic reactions, such as AUVI-Q, epinephrine auto-injector (Epi-Pen 2-pak)
- Antidiabetics for Hypoglycemia, such as Baqsimi, Glucagon emergency kit, Gvoke, Zegalogue
- Antidotes for Opioid overdoses, such as naloxone products, Kloxxado
- Antianginal Agents for Nitrates, such as nitroglycerin sublingual

These acute, or non-preventive, medications are typically used for emergency use or life-saving situations. By removing cost barriers to these medications, it will improve clinical outcomes, increase member satisfaction and overall benefit experience.

The \$0 cost share will apply at any in-network pharmacy, including both preferred and non-preferred pharmacies for those plans on the Preferred Network.

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

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

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

<sup>4</sup>This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of 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.

<sup>1</sup>Prime Therapeutics LLC is a separate company contracted by BCBSIL to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. [MyPrime.com](https://www.myprime.com) is a pharmacy benefit website owned and operated by Prime Therapeutics LLC.

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