



Starting January 1, 2023, some prescription drugs for **Illinois HMO** may:

- Move to a higher or lower drug tier
- Be added or removed from the drug list
- Have a new special requirement

Below is a list of drugs in alpha order that will have one of these changes made. *If you have a keyboard, you can search for a drug name by using the Control and F keys, or go to Edit in the drop-down menu and select Find/Search. Type in the word or phrase you are looking for and click on Search.*

What you need to know:

- Talk with your doctor if any of these changes affect drugs you're currently using.
- Coverage for new drugs added to your plan will begin when your plan renews or starts on or after January 1, 2023.
- If your drug has been removed from coverage, ask your doctor about your options. Often, a covered generic or brand alternative may be available.
- If your drug has moved to a higher drug tier (e.g. tier 03 to tier 04), ask your doctor if a lower-cost alternative might be right for you.
- Your out-of-pocket costs may be less for drugs that move to a lower drug tier (e.g. tier 02 to tier 01).
- If your drug has a new special requirement, your doctor may need to submit a request to us before you may receive coverage.
- Call the Customer Service number listed on your Member ID card if you have any questions.

Pharmacy Benefit Drug List Changes – Effective on or after January 1, 2023

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2022 Drug Tier*	2023 Drug Tier*	Special Requirements**
AFINITOR TAB 10 MG	ANTINEOPLASTICS		X		05	N/A	PA, QL
AFINITOR DIS TAB 2 MG	ANTINEOPLASTICS		X		05	N/A	PA, QL
AFINITOR DIS TAB 3 MG	ANTINEOPLASTICS		X		05	N/A	PA, QL
AFINITOR DIS TAB 5 MG	ANTINEOPLASTICS		X		05	N/A	PA, QL
ALOSETRON TAB 0.5 MG	GASTROINTESTINAL AGENTS	X			N/A	02	
ALOSETRON TAB 1 MG	GASTROINTESTINAL AGENTS	X			N/A	02	
ALREX SUS 0.2%	OPHTHALMIC AGENTS		X		04	N/A	
ALYACEN TAB 7/7/7	HORMONAL AGENTS, STIMULANT REPLACEMENT/MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
AMANTADINE SOL 50 MG/5 ML	ANTIPARKINSON AGENTS			X	01	02	
AMLODIPINE BESYLATE-VALSARTAN TAB	CARDIOVASCULAR AGENTS		X		02	N/A	

* Drug Tier Key: 01=Preferred Generic, 02=Non-Preferred Generic, 03=Preferred Brand, 04=Non-Preferred Brand, 05=Preferred Specialty, 06=Non-Preferred Specialty, N/A=Does/did not apply

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2022 Drug Tier *	2023 Drug Tier *	Special Requirements **
AMOX/K CLAV CHW 200 MG	ANTIBACTERIALS		X		04	N/A	
AMOX/K CLAV CHW 400 MG	ANTIBACTERIALS		X		04	N/A	
ANGELIQ TAB 0.25-0.5 MG	HORMONAL AGENTS, STIMULANT REPLACEMENT/MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ANGELIQ TAB 0.5-1 MG	HORMONAL AGENTS, STIMULANT REPLACEMENT/MODIFYING (SEX HORMONES/ MODIFIERS)		X		04	N/A	
ATROPINE SUL SOL 1% OP	OPHTHALMIC AGENTS		X		04	N/A	
AVIDOXY TAB 100 MG	ANTIBACTERIALS			X	02	01	
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
BEPOTASTINE DRO 1.5%	OPHTHALMIC AGENTS	X			N/A	02	
BEPOTASTINE DRO 1.5% OP	OPHTHALMIC AGENTS	X			N/A	02	
BETAINE ANHY POW	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT			X	02	05	
BISOPRL/HCTZ TAB 10/6.25	CARDIOVASCULAR AGENTS			X	01	02	
BISOPRL/HCTZ TAB 2.5/6.25	CARDIOVASCULAR AGENTS			X	01	02	
BISOPROL FUM TAB 5 MG	CARDIOVASCULAR AGENTS			X	02	01	
BUPRENORPHIN DIS 5 MCG/HR	ANALGESICS		X		02	N/A	AUO
BUPRENORPHIN DIS 7.5 MCG/HR	ANALGESICS		X		02	N/A	AUO
BUPRENORPHIN DIS 10 MCG/HR	ANALGESICS		X		02	N/A	AUO
BUPRENORPHIN DIS 15 MCG/HR	ANALGESICS		X		02	N/A	AUO
BUPRENORPHIN DIS 20 MCG/HR	ANALGESICS		X		02	N/A	AUO
CANDESA/HCTZ TAB 16-12.5	CARDIOVASCULAR AGENTS		X		02	N/A	
CANDESA/HCTZ TAB 32-12.5	CARDIOVASCULAR AGENTS		X		02	N/A	
CANDESA/HCTZ TAB 32-25 MG	CARDIOVASCULAR AGENTS		X		02	N/A	

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CARB/LEVO TAB 25-100 MG	ANTIPARKINSON AGENTS			X	01	02	
CARBAGLU TAB 200 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS		X		05	N/A	
CARTIA XT CAP 240/24 HR	CARDIOVASCULAR AGENTS			X	01	02	
CEFADROXIL TAB 1 GM	ANTIBACTERIALS		X		04	N/A	
CEFIXIME SUS 100/5 ML	ANTIBACTERIALS		X		02	N/A	
CEFIXIME SUS 200/5 ML	ANTIBACTERIALS		X		02	N/A	
CHLORTHALID TAB 50 MG	CARDIOVASCULAR AGENTS			X	02	01	
CORTISPORIN SUS -TC OTIC	OTIC AGENTS	X			N/A	04	
CUVPOSA SOL 1 MG/5 ML	GASTROINTESTINAL AGENTS		X		04	N/A	PA, QL
CYCLAFEM TAB 7/7/7	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)			X	02	01	
CYCLOPENTOLA SOL 0.5%	TOPICAL PRODUCTS			X	02	01	
CYSTADANE POW	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		03	N/A	
DASETTA TAB 7/7/7	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)			X	02	01	
DEFERASIROX TAB 125 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	05	PA, QL
DEFERASIROX TAB 250 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	05	PA, QL
DEFERASIROX TAB 500 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS	X			N/A	05	PA, QL
DEFERIPRONE TAB 500 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS		X		05	N/A	PA, QL
DEFERIPRONE TAB 1000 MG	ELECTROLYTES/MINERALS/METALS/ VITAMINS		X		05	N/A	PA, QL
DELESTROGEN INJ 10 MG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		X		04	N/A	
DEXMETHYLPH TAB 5 MG	CENTRAL NERVOUS SYSTEM AGENTS			X	02	01	
DILTIAZEM CAP 240 MG ER	CARDIOVASCULAR AGENTS			X	01	02	
DOXEPIN HCL CAP 150 MG	ANTIDEPRESSANTS		X		02	N/A	

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Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2022 Drug Tier*	2023 Drug Tier*	Special Requirements**
DOXYCYC MONO TAB 100 MG	ANTIBACTERIALS			X	02	01	
DUREZOL EMU 0.05%	OPHTHALMIC AGENTS		X		04	N/A	
ETHY ETH EST TAB 1-35	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)			X	02	01	
EZETIMIBE TAB 10 MG	CARDIOVASCULAR AGENTS			X	02	01	
FENOFIBRATE CAP 134 MG	CARDIOVASCULAR AGENTS			X	02	01	
FENOPROFEN TAB 600 MG	ANALGESICS	X				02	PA, QL
FERRIPROX TAB 1000 MG	ELECTROLYTES/MINERALS/METALS/VIT AMINS		X		06	N/A	PA, QL
FIBRYGA INJ 1 GM	HEMATOLOGICAL AGENTS			X	03	05	PA, QL
FINTEPLA SOL 2.2 MG/ML	ANTICONVULSANTS		X		04	N/A	PA, QL
FLUORID SENS PST 1.1-5%	TOPICAL PRODUCTS			X	01	04	
FLUOXETINE CAP 90 MG DR	ANTIDEPRESSANTS		X		04	N/A	ST, QL
FLUVASTATIN CAP 20 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
FLUVASTATIN CAP 40 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
GALANTAMINE SOL 4 MG/ML	ANTIDEMENTIA AGENTS		X		04	N/A	
GAVILYTE-N SOL FLAV PK	GASTROINTESTINAL AGENTS			X	01	02	
GLYCOPYRROL TAB 1 MG	GASTROINTESTINAL AGENTS			X	02	01	
GLYDO GEL 2%	TOPICAL PRODUCTS		X		02	N/A	
HALOPERIDOL CON 2 MG/ML	ANTIPSYCHOTICS			X	02	01	
HALOPERIDOL TAB 2 MG	ANTIPSYCHOTICS			X	01	02	
HYD POL/CPM SUS 10-8/5 ML	RESPIRATORY TRACT/PULMONARY AGENTS	X			N/A	02	AUO
HYDROCO/APAP TAB 10-325 MG	ANALGESICS			X	01	02	AUO
HYDROCODONE CAP 10 MG ER	ANALGESICS		X		04	N/A	AUO
HYDROCODONE CAP 15 MG ER	ANALGESICS		X		04	N/A	AUO
HYDROCODONE CAP 20 MG ER	ANALGESICS		X		04	N/A	AUO
HYDROCODONE CAP 30 MG ER	ANALGESICS		X		04	N/A	AUO

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HYDROCODONE CAP 40 MG ER	ANALGESICS		X		04	N/A	AUO
HYDROCODONE CAP 50 MG ER	ANALGESICS		X		04	N/A	AUO
HYDROCOD/IBU TAB 10-200 MG	ANALGESICS		X		02	N/A	AUO
HYDROXYZ HCL SYP 10 MG/5 ML	ANXIOLYTICS			X	01	02	
HYDROXYZ PAM CAP 100 MG	ANXIOLYTICS		X		04	N/A	
ICOSAPENT CAP 1 GM	CARDIOVASCULAR AGENTS		X		02	N/A	PA, QL
IMURAN TAB 50 MG	IMMUNOLOGICAL AGENTS	X			N/A	04	
INSULIN LISP INJ PROTAMIN	BLOOD GLUCOSE REGULATORS		X		04	N/A	
KELNOR TAB 1/35	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
K-PHOS TAB	GENITOURINARY AGENTS		X		03	N/A	
K-TAB TAB 8 MEQ CR	ELECTROLYTES/MINERALS/METALS/ VITAMINS		X		04	N/A	
LANTUS INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
LANTUS SOLOS INJ 100/ML	BLOOD GLUCOSE REGULATORS		X		04	N/A	
LIDOCAINE GEL 2%	TOPICAL PRODUCTS		X		02	N/A	
LIDOCAINE GEL 2% JELLY	ANESTHETICS		X		04	N/A	
LIDOCAINE GEL 2% JELLY	TOPICAL PRODUCTS		X		02	N/A	
LITHIUM CARB CAP 300 MG	BIPOLAR AGENTS			X	01	04	
LOTEMAX SM GEL 0.38%	OPHTHALMIC AGENTS		X		03	N/A	
MEDROXYPR AC INJ 150 MG/ML	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
MEMANTINE SOL 10 MG/5 ML	ANTIDEMENTIA AGENTS		X		02	N/A	
MEMANTINE SOL 2 MG/ML	ANTIDEMENTIA AGENTS		X		02	N/A	
MEMANTINE HC SOL 2 MG/ML	ANTIDEMENTIA AGENTS		X		02	N/A	
METHOTREXATE INJ 25 MG/ML	IMMUNOLOGICAL AGENTS		X		04	N/A	
MIRTAZAPINE TAB 7.5 MG	ANTIDEPRESSANTS		X		02	N/A	

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MOLINDONE TAB HCL 25 MG	ANTIPSYCHOTICS		X		04	N/A	
MORPHINE SUL SOL 20 MG/5 ML	ANALGESICS			X	02	04	AUO
MYTESI TAB 125 MG	GASTROINTESTINAL AGENTS		X		04	N/A	
NARCAN SPR	ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		X		03	N/A	
NEVIRAPINE SUS 50 MG/5 ML	ANTIVIRALS			X	01	04	
NISOLDIPINE TAB 17 MG ER	CARDIOVASCULAR AGENTS		X		02	N/A	
NISOLDIPINE TAB 25.5 MG	CARDIOVASCULAR AGENTS		X		04	N/A	
NISOLDIPINE TAB 34 MG ER	CARDIOVASCULAR AGENTS		X		02	N/A	
NITROFUR MAC CAP 25 MG	ANTIBACTERIALS		X		02	N/A	
NORPACE CAP 100 MG CR	CARDIOVASCULAR AGENTS		X		04	N/A	
NORPACE CAP 150 MG CR	CARDIOVASCULAR AGENTS				04	N/A	
NORTREL TAB 7/7/7	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
NP THYROID TAB 30 MG	ENDOCRINE AND METABOLIC AGENTS			X	01	02	
NYLIA TAB 7/7/7	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
OLM MED/HCTZ TAB 40-12.5 MG	CARDIOVASCULAR AGENTS			X	01	02	
OLM MED/HCTZ TAB 40-25 MG	CARDIOVASCULAR AGENTS			X	01	02	
OLOPATADINE DRO 0.1%	OPHTHALMIC AGENTS			X	02	01	
OXCARBAZEPIN TAB 150 MG	ANTICONVULSANTS			X	01	02	
PALFORZIA CAP ESCALAT	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 1	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 2	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 3	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 4	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 5	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 6	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL

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PALFORZIA CAP LEVEL 7	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 8	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 9	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA CAP LEVEL 10	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PALFORZIA POW LEVEL 11	ALLERGY IMMUNOTHERAPY		X		06	N/A	PA, QL
PARICALCITOL CAP 1 MCG	METABOLIC BONE DISEASE AGENTS		X		02	N/A	
PEG-3350/KCL SOL /SODIUM	GASTROINTESTINAL AGENTS			X	01	02	
PHENOXYBENZA CAP 10 MG	CARDIOVASCULAR AGENTS		X		01	N/A	
PIRMELLA TAB 7/7/7	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
POT CHLORIDE CAP 8 MEQ ER	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	02	01	
POT CHLORIDE CAP 10 MEQ ER	ELECTROLYTES/MINERALS/ METALS/VITAMINS			X	02	01	
POT CHLORIDE TAB 8 MEQ ER	ELECTROLYTES/MINERALS/ METALS/VITAMINS		X		04	N/A	
PRazosin HCL CAP 1 MG	CARDIOVASCULAR AGENTS			X	02	01	
PRED-G S.O.P OIN OP	OPHTHALMIC AGENTS		X		04	N/A	
PREDNISOLONE SOL 15 MG/5 ML	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		X		04	N/A	
PREDNISOLONE SOL 15 MG/5 ML	NUTRITIONAL PRODUCTS		X		03	N/A	
PRENATAL 19 TAB	NUTRITIONAL PRODUCTS		X		03	N/A	
QUDEXY XR CAP 25/24 HR	ANTICONVULSANTS		X		02	N/A	PA, QL
QUDEXY XR CAP 50/24 HR	ANTICONVULSANTS		X		02	N/A	PA, QL
QUDEXY XR CAP 100/24 HR	ANTICONVULSANTS		X		02	N/A	PA, QL
QUDEXY XR CAP 150/24 HR	ANTICONVULSANTS		X		02	N/A	PA, QL
QUDEXY XR CAP 200/24 HR	ANTICONVULSANTS		X		02	N/A	PA, QL
QUINIDINE SU TAB 200 MG	CARDIOVASCULAR AGENTS			X	02	04	
QUINIDINE SU TAB 300 MG	CARDIOVASCULAR AGENTS			X	02	04	
RAPAMUNE SOL 1 MG/ML	IMMUNOLOGICAL AGENTS	X			N/A	04	
RAPAMUNE TAB 0.5 MG	IMMUNOLOGICAL AGENTS	X			N/A	04	
RAPAMUNE TAB 1 MG	IMMUNOLOGICAL AGENTS	X			N/A	04	
RAPAMUNE TAB 2 MG	IMMUNOLOGICAL AGENTS	X			N/A	04	

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RAVICTI LIQ 1.1 GM/ML	GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		X		06	N/A	PA
RIASTAP SOL 1 GM	HEMATOLOGICAL AGENTS			X	03	05	PA, QL
RISPERIDONE TAB 0.25 MG ODT	ANTIPSYCHOTICS		X		04	N/A	ST, QL
RISPERIDONE TAB 0.5 MG ODT	ANTIPSYCHOTICS		X		02	N/A	ST, QL
RISPERIDONE TAB 1 MG ODT	ANTIPSYCHOTICS		X		02	N/A	ST, QL
RISPERIDONE TAB 2 MG ODT	ANTIPSYCHOTICS		X		02	N/A	ST, QL
RISPERIDONE TAB 3 MG ODT	ANTIPSYCHOTICS		X		02	N/A	ST, QL
RISPERIDONE TAB 4 MG ODT	ANTIPSYCHOTICS		X		02	N/A	ST, QL
RIZATRIPTAN TAB 5 MG ODT	ANTIMIGRAINE AGENTS			X	01	02	
RIZATRIPTAN TAB 10 MG ODT	ANTIMIGRAINE AGENTS			X	01	02	
SAMSCA TAB 15 MG	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		06	N/A	
SELEGILINE TAB 5 MG	ANTIPARKINSON AGENTS		X		02	N/A	
SELZENTRY TAB 150 MG	ANTIVIRALS		X		04	N/A	
SELZENTRY TAB 300 MG	ANTIVIRALS		X		04	N/A	
SEVELAMER POW 0.8 GM	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		02	N/A	ST
SEVELAMER POW 2.4 GM	ELECTROLYTES/MINERALS/ METALS/ VITAMINS		X		02	N/A	ST
SILDENAFIL SUS 10 MG/ML	RESPIRATORY TRACT/PULMONARY AGENTS	X			N/A	05	PA, QL
SOLIFENACIN TAB 5 MG	GENITOURINARY AGENTS			X	02	01	
SOOLANTRA CRE 1%	DERMATOLOGICAL AGENTS	X			N/A	04	
SOTALOL AF TAB 160 MG	CARDIOVASCULAR AGENTS			X	02	01	
SULFADIAZINE TAB 500 MG	ANTIBACTERIALS			X	02	04	
SUMATRIPTAN INJ 4 MG/0.5	ANTIMIGRAINE AGENTS			X	02	04	
SUMATRIPTAN INJ 6 MG/0.5	ANTIMIGRAINE AGENTS			X	02	04	
SUTENT CAP 12.5 MG	ANTIEOPLASTICS		X		05	N/A	PA, QL

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SUTENT CAP 25 MG	ANTIEOPLASTICS		X		05	N/A	PA, QL
SUTENT CAP 37.5 MG	ANTIEOPLASTICS		X		05	N/A	PA, QL
SUTENT CAP 50 MG	ANTIEOPLASTICS		X		05	N/A	PA, QL
TADALAFIL TAB 2.5 MG	GENITOURINARY AGENTS			X	02	01	PA, QL
TADALAFIL TAB 5 MG	GENITOURINARY AGENTS			X	02	01	PA, QL
TADALAFIL TAB 10 MG	CARDIOVASCULAR AGENTS			X	02	01	PA, QL
TADALAFIL TAB 20 MG	CARDIOVASCULAR AGENTS			X	02	01	PA, QL
TAVALISSE TAB 100 MG	BLOOD PRODUCTS AND MODIFIERS		X		04	N/A	PA, QL
TAVALISSE TAB 150 MG	BLOOD PRODUCTS AND MODIFIERS		X		04	N/A	PA, QL
TESTOSTERONE GEL 1.62%	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		X		02	N/A	PA, QL
THIOLA EC TAB 100 MG	GENITOURINARY AGENTS		X		04	N/A	
THIOLA EC TAB 300 MG	GENITOURINARY AGENTS		X		04	N/A	
TIMOLOL MAL TAB 5 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TIMOLOL MALEATE TAB 10 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TIMOLOL MAL TAB 20 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TOPIRAMATE CAP ER 25 MG	ANTICONVULSANTS		X		02	N/A	PA, QL
TOPIRAMATE CAP ER 50 MG	ANTICONVULSANTS		X		02	N/A	PA, QL
TOPIRAMATE CAP ER 100 MG	ANTICONVULSANTS		X		02	N/A	PA, QL
TOPIRAMATE CAP ER 150 MG	ANTICONVULSANTS		X		02	N/A	PA, QL
TOPIRAMATE CAP ER 200 MG	ANTICONVULSANTS		X		02	N/A	PA, QL
TRANDO/VERAP TAB 1-240 ER	CARDIOVASCULAR AGENTS		X		04	N/A	
TRANDO/VERAP TAB 2-180 ER	CARDIOVASCULAR AGENTS		X		02	N/A	
TRANDO/VERAP TAB 2-240 ER	CARDIOVASCULAR AGENTS		X		02	N/A	
TRANDO/VERAP TAB 4-240 ER	CARDIOVASCULAR AGENTS		X		02	N/A	
TRIAMTERENE CAP 50 MG	CARDIOVASCULAR AGENTS		X		02	N/A	
TRIAMTERENE CAP 100 MG	CARDIOVASCULAR AGENTS		X		02	N/A	

* Drug Tier Key: 01=Preferred Generic, 02=Non-Preferred Generic, 03=Preferred Brand, 04=Non-Preferred Brand, 05=Preferred Specialty, 06=Non-Preferred Specialty, N/A=Does/did not apply

** Special Requirements Key: AUO = subject to Appropriate Use of Opioids program, PA=added to Prior Authorization program, ST=added to Step Therapy program, QL=new Dispensing/Quantity Limit applied

Drug Name	Drug Therapy Category	Added to Coverage	Removed from Coverage	Tier Change	2022 Drug Tier *	2023 Drug Tier *	Special Requirements **
TRIHEXYPHEN SOL 0.4 MG/ML	ANTIPARKINSON AGENTS			X	02	04	
TRIMETHOPRIM TAB 100 MG	ANTIBACTERIALS			X	01	04	
TROSPIMUM CHL CAP 60 MG ER	GENITOURINARY AGENTS		X		02	N/A	
UDENYCA INJ 6 MG/6 ML	BLOOD PRODUCTS AND MODIFIERS		X		05	N/A	ST
VALSART/HCTZ TAB 80-12.5	CARDIOVASCULAR AGENTS			X	01	02	
VALSARTAN TAB 160 MG	CARDIOVASCULAR AGENTS			X	02	01	
VANDAZOLE GEL 0.75%	ANTIBACTERIALS			X	02	04	
VIMPAT SOL 10 MG/ML	ANTICONVULSANTS			X	03	04	
VIMPAT TAB 50 MG	ANTICONVULSANTS		X		03	04	
VIMPAT TAB 100 MG	ANTICONVULSANTS		X		03	04	
VIMPAT TAB 150 MG	ANTICONVULSANTS		X		03	04	
VIMPAT TAB 200 MG	ANTICONVULSANTS		X		03	04	
ZOVIA 1/35 TAB	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	
ZOVIA 1/35E TAB	HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)			X	02	01	

This list is not all inclusive and may be subject to change. Product names are the property of their respective owners.

Treatment decisions are always between you and your doctor. Coverage is subject to the terms and limits noted in your benefit materials. See your plan materials for details.

Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics LLC to provide pharmacy benefit management and other related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

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