BlueCross BlueShield of Illinois

Pharmacy Program Quarterly Update
Changes Effective Jan. 1, 2026 – Part 1

Nov. 6, 2025

Content

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, 2026**, 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, 2026, 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 our 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 our drug lists, effective on or after Jan. 1, 2026.

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

Drug-list changes are listed on the charts below, or you can view the January 2026 drug lists on our member website.

Please note: The drug list changes below do not apply to 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, 2026.

Members with HMO Illinois® or Blue Advantage HMO℠ will not have any of these drug list revisions/exclusions apply to their pharmacy benefits until on or after Jan. 1, 2026.

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
		medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
OZOBAX DS (baclofen oral soln 10 mg/5 mL)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, baclofen tablet 2 0mg
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SAFYRA`L (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)	Depression, Mood Disorders	sertraline tablet 100 mg
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
OZOBAX DS (baclofen oral soln 10 mg/5 mL)	Spasticity associated with Multiple Sclerosis and Spinal Cord Lesions	baclofen tablet 10 mg, baclofen tablet 20 mg
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STEQEYMA, YESINTEK
SERTRALINE HYDROCHLORIDE (sertraline hcl cap 150 mg)	Depression, Mood Disorders	sertraline tablet 100 mg
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab, 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg (elemental zinc), 50 mg (elemental zinc))	Wilson's Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
injector 40 mg/0.4 mL, 40 mg/0.8 mL)		
LINZESS (linaclotide cap 72 mcg, 145 mcg, 290 mcg)	Constipation	Trulance tablet 3 mg
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VUITY (pilocarpine hcl ophth soln 1.25%)	Presbyopia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ACTHAR GEL (corticotropin subcutaneous gel auto-injector 40 unit/0.5 mL, 80 unit/mL)	Inflammatory Conditions, Multiple Sclerosis	Acthar injection 80 unit/mL
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70 mg

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
BRILINTA (ticagrelor tab 60 mg, 90 mg)	Cardiovascular risk reduction	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile diarrhea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIMETHYL FUMARATE (dimethyl fumarate cap 120 mg dr, 240 mg dr)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIMETHYL FUMARATE STARTERPACK - dimethyl fumarate starter pack	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg, 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg, 50 mg (elemental zinc))	Wilson's disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pediatric Crohn's Disease starter pack (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen (adalimumab auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-cd/uc/hs starter (adalimumab auto-injector kit 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-pediatric uc starter pack (adalimumab auto-injector kit 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-ps/uv starter (adalimumab auto-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent)	Opioid withdrawal	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
METHOTREXATE SODIUM (methotrexate sodium inj pf 1000 mg/40 mL (25 mg/mL))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
MORPHINE SULFATE (morphine sulfate oral soln 20 mg/5 mL)	Pain	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NITROLINGUAL (nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray))	Angina	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
OCALIVA (obeticholic acid tab 5 mg, 10 mg)	Biliary cholangitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ONETOUCH ULTRA (glucose blood test strip)	Diabetes	Contour, Freestyle, Precision
ONETOUCH ULTRA BLUE TEST STRIP (glucose blood test strip)	Diabetes	Contour, Freestyle, Precision
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes	Contour, Freestyle, Precision
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION (blood glucose calibration - liquid)	Diabetes	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION (blood glucose calibration - liquid - high)	Diabetes	Contour blood glucose calibration liquid, Freestyle blood glucose calibration liquid, MediSense blood glucose calibration liquid, Precision blood glucose calibration liquid
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes	Contour, Freestyle, Precision
OXBRYTA (voxelotor tab 300 mg, 500 mg)	sickle cell disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
OXBRYTA (voxelotor tab for oral susp 300 mg)	sickle cell disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Tooth decay prevention	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base equiv), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
promethazine & phenylephrine syrup 6.25-5 mg/5 mL	Upper Respiratory Symptoms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25--5--10 mg/5 mL)	Cough, Upper Respiratory Symptoms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL	Cough, Upper Respiratory Symptoms	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
QSYMIA (phentermine hcl-topiramate cap er 24hr 3.75-23 mg, 7.5-46 mg, 11.25-69 mg, 15-92 mg)	Obesity	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SAJAZIR (icatibant acetate subcutaneous soln pref syr 30 mg/3 mL	Hereditary angioedema	icatibant acetate subcutaneous soln pref syr 30 mg/3ml
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SOOLANTRA (ivermectin cream 1%)	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
SPRYCEL (dasatinib tab 20 mg ,50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
STELARA (ustekinumab inj 45 mg/0.5 mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
STELARA (ustekinumab soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
STENDRA (avanafil tab 50 mg, 100 mg, 200 mg)	Erectile dysfunction	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TAZORAC (tazarotene cream 0.05%)	Plaque Psoriasis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Hyperphosphatemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia, acute hematopoietic radiation injury syndrome	FULPHILA, NEULASTA

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alendronate sodium oral soln 70 mg/75 mL	Osteoporosis	alendronate tablet 70mg

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile diarrhea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIMETHYL FUMARATE (dimethyl fumarate cap 120 mg dr, 240 mg dr)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIMETHYL FUMARATE STARTERPACK- dimethyl fumarate starter pack	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluocinolone acetonide cream 0.025%	Dermatoses, Atopic dermatitis, Scalp Psoriasis	desonide ointment 0.05%
FLURBIPROFEN (flurbiprofen tab 50 mg, 100 mg)	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg
flurbiprofen tab 100 mg	Osteoarthritis, Rheumatoid Arthritis	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
FYCOMPA (perampanel tab 2 mg, 4 mg, 6 mg, 8 mg 10 mg, 12 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
GALZIN (zinc acetate cap 25 mg, 50 mg (elemental zinc))	Wilson's disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pediatric Crohn's Disease starter pack (adalimumab prefilled syringe kit 80 mg/0.8 mL & 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen (adalimumab auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-cd/uc/hs starter (adalimumab auto-injector kit 40 mg/0.8 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-pediatric uc starter pack (adalimumab auto-injector kit 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HUMIRA pen-ps/uv starter (adalimumab auto-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
MIGLITOL (miglitol tab 25 mg, 50 mg, 100 mg)	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg
miglitol tab 25 mg, 50 mg, 100 mg	Diabetes	acarbose tablet 25 mg, 50 mg, 100 mg

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base equiv), 25 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PROMACTA (eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg (base equiv))	Aplastic anemia, Thrombocytopenia	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
risedronate sodium tab 5 mg	Osteoporosis	alendronate tablet 10 mg
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Contraception	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	CONDITION	ALTERNATIVES
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL)	Neutropenia	FULPHILA, NUELASTA
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	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 REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alprazolam tab er 24hr 2 mg	Anxiety	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
cefprozil tab 250 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cefuroxime axetil tab 500 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cimetidine tab 200 mg	Heartburn	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ethambutol hcl tab 100 mg	Tuberculosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
glycopyrrolate tab 1 mg	Peptic Ulcer Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
liothyronine sodium tab 25 mcg	Hypothyroidism	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
mafenide acetate packet for topical soln 5% (50 gm)	Burns	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
megestrol acetate tab 40 mg	Anorexia, Cachexia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
naloxone hcl inj 4 mg/10 mL	Opioid Overdose	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6mL)	Neutropenia	FULPHILA, NUELASTA
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
prednisolone soln 15 mg/5 mL	Inflammatory Conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
REVLIMID (lenalidomide caps 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
sodium chloride soln nebu 3%,10%	Loosen mucus in lungs	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
tizanidine hcl cap 2 mg (base equivalent)	Spasticity	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER AND ENHANCED MULTI-TIER DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, nausea associated with gastroenteritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
zolpidem tartrate tab er 12.5 mg	Insomnia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
BRILINTA (ticagrelor tab 60 mg, 90 mg)	Acute coronary syndrome	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIMETHYL FUMARATE (dimethyl fumarate cap 120 mg dr, 240 mg dr)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIMETHYL FUMARATE STARTERPACK (dimethyl fumarate starter pack)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
ONETOUCH ULTRA (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH ULTRA BLUE TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SOOLANTRA (ivermectin cream 1%)	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
SPRYCEL (dasatinib tab 20 mg ,50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TAZORAC (tazarotene cream 0.05%)	Plaque Psoriasis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Hyperphosphatemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia, acute hematopoietic radiation injury syndrome	FULPHILA, NEULASTA

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
ADALIMUMAB-ADAZ (adalimumab-adaz soln auto-injector 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
ADALIMUMAB-ADAZ (adalimumab-adaz soln prefilled syringe 10 mg/0.1 mL, 20 mg/0.2 mL, 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
alprazolam tab er 24hr 2 mg	Anxiety	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
APTIOM (eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg)	Seizures	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
BRILINTA (ticagrelor tab 60 mg, 90 mg)	Acute coronary syndrome	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
CAPECITABINE (capcitabine tab 150 mg, 500 mg)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
cefprozil tab 250 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cefuroxime axetil tab 500 mg	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
cimetidine tab 200 mg	Gastroesophageal Reflux Disease (GERD)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DALFAMPRIDINE (dalfampridinetab 10 mg ER)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIFICID (fidaxomicin tab 200 mg)	Clostridium difficile infection	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
DIMETHYL FUMARATE (dimethyl fumarate cap 120 mg dr, 240 mg dr)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
DIMETHYL FUMARATE STARTERPACK (dimethyl fumarate starter pack)	Multiple Sclerosis	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ENTRESTO (sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg)	Heart Failure	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ethambutol hcl tab 100 mg	Tuberculosis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
fluticasone propionate cream 0.05%	Asthma, Chronic Obstructive Pulmonary Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
glycopyrrolate tab 1 mg	Peptic Ulcer Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
HADLIMA (adalimumab-bwwd soln prefilled syringe 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
HADLIMA PUSHTOUCH (adalimumab-bwwd soln auto-injector 40 mg/0.4 mL, 40 mg/0.8 mL	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
liothyronine sodium tab 25 mcg	Peptic Ulcer Disease	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
mafenide acetate packet for topical soln 5% (50 gm)	Burns	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
megestrol acetate tab 40 mg	Anorexia, Cachexia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
MESNEX (mesna tab 400 mg)	Hemorrhagic Cystitis Prophylaxis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
naloxone hcl inj 4 mg/10 mL	Opioid Overdose	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NEXIUM (esomeprazole magnesium for delayed release susp packet 2.5 mg, 5 mg)	Gastroesophageal Reflux Disease (GERD)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
nitrofurantoin macrocrystalline cap 100 mg	Cystitis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, NEULASTA
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ONETOUCH ULTRA (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH ULTRA BLUE TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH ULTRA TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
ONETOUCH VERIO TEST STRIPS (glucose blood test strip)	Diabetes	Ascensia (CONTOUR), Abbot (FREESTYLE)
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
prednisolone soln 15 mg/5 mL	Inflammatory conditions	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
PURIXAN (mercaptopurine susp 2000 mg/100 mL (20 mg/mL))	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
REVLIMID (lenalidomide cap 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25 mg	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune Disorders	STELARA, STEQEYMA, YESINTEK
SIMLANDI (adalimumab-ryvk prefilled syringe kit 20 mg/0.2 mL, 40 mg/0.4 mL, 80 mg/0.8 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL, 80 mg/0.8 mL))	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4 mL)	Autoimmune Disorders	HUMIRA, ADALIMUMAB-AATY, ADALIMUMAB-ADBM
sodium chloride soln nebu 3%, 10%	Loosen mucus in lungs	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SOOLANTRA (ivermectin cream 1%)	Rosacea	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
SPIRIVA HANDIHALER (tiotropium bromide monohydrate inhal cap 18 mcg (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
SPRYCEL (dasatinib tab 20 mg ,50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TASIGNA (nilotinib hcl cap 50 mg, 150 mg, 200 mg (base equivalent)	Cancer	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TAZORAC (tazarotene cream 0.05%)	Plaque Psoriasis	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
tizanidine hcl cap 2 mg (base equivalent)	Spasticity	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
TRACLEER (bosentan tab for oral susp 32 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, nausea associated with gastroenteritis	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
VELPHORO (sucroferric oxyhydroxide chew tab 500 mg)	Hyperphosphatemia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	Neutropenia, acute hematopoietic radiation injury syndrome	FULPHILA, NEULASTA

BASIC MULTI-TIER ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	CONDITION	ALTERNATIVES
zolpidem tartrate tab er 12.5 mg	Insomnia	Please talk to your doctor or pharmacist about other medication(s) available for your condition.

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Tier changes effective Jan. 1, 2026, are listed below.

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
DESOXIMETASONE (desoximetasone gel 0.05%)	desoximetasone cream 0.25%, desoximetasone ointment 0.25%	HIV	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand
FENOPROFEN CALCIUM (fenoprofen calcium cap 400 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Pain/Inflammation	Non-preferred Brand
FLURBIPROFEN (flurbiprofen tab 100 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Osteoarthritis, Rheumatoid Arthritis	Non-preferred Brand

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
PAROXETINE HYDROCHLORIDE (paroxetine hcl oral susp 10 mg/5 mL (base equiv))	paroxetine tablet 10 mg	Depression, Mood Disorders	Non-preferred Brand
TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))	testosterone gel 1.62% pump	Primary hypogonadism, hypogonadotrophic hypogonadism	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
DESOXIMETASONE (desoximetasone gel 0.05%)	desoximetasone cream 0.25%, desoximetasone ointment 0.25%	HIV	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	Please talk to your doctor or pharmacist about other	HIV	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
(efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	medication(s) available for your condition.		
FENOPROFEN CALCIUM (fenoprofen calcium cap 400 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Pain/Inflammation	Non-preferred Brand
FLURBIPROFEN (flurbiprofen tab 100 mg)	diclofenac tablet, ibuprofen tablet, indomethacin capsule, meloxicam tablet, naproxen tablet, oxaprozin 600 mg	Osteoarthritis, Rheumatoid Arthritis	Non-preferred Brand
PAROXETINE HYDROCHLORIDE (paroxetine hcl oral susp 10 mg/5 mL (base equiv))	paroxetine tablet 10 mg	Depression, Mood Disorders	Non-preferred Brand
TESTOSTERONE (testosterone td gel 20.25 mg/1.25 gm (1.62%))	testosterone gel 1.62% pump	Primary hypogonadism, hypogonadotrophic hypogonadism	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.04%)	tretinoin cream 0.05%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand
TRETINOIN MICROSPHERE PUMP (tretinoin microsphere gel 0.1%)	tretinoin cream 0.1%	Acne	Non-preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE FULL LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 mL)	acetaminophen w/ codeine tablet	Pain	Non-preferred Brand
ALCLOMETASONE DIPROPIONATE (alclometasone dipropionate oint 0.05%)	alclometasone dipropionate cream 0.05%	Disorder of skin	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	triamcinolone acetonide lotion 0.025%	Dermatoses	Non-preferred Brand
CEFPODOXIME PROXETIL (cefpodoxime proxetil for susp 50 mg/5 mL, 100 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred Brand
CHENODAL (chenodiol tab 250 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Gallstones	Preferred Brand
CHLOROQUINE PHOSPHATE (chloroquine phosphate tab 250 mg)	chloroquine phosphate tab 500 mg	Malaria	Non-preferred Brand
CYCLOSERINE (cycloserine cap 250 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tuberculosis	Non-preferred Brand
DESMOPRESSIN ACETATE (desmopressin acetate nasal spray soln 0.01%)	desmopressin acetate nasal spray soln 0.01% (refrigerated)	Central diabetes insipidus	Non-preferred Brand
E.E.S. 400 (erythromycin ethylsuccinate tab 400 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Infections	Non-preferred Brand
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	HIV	Non-preferred Brand
FENTANYL CITRATE ORAL TRANSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROCORTISONE (hydrocortisone perianal cream 1%)	budesonide rectal foam 2mg/act, hydrocortisone perianal cream 2.5%	Pruritus, Dermatoses	Non-preferred Brand
ISOSORBIDE MONONITRATE (isosorbide mononitrate tab 10 mg, 20 mg)	isosorbide mononitrate tablet ER, isosorbide dinitrate tablet 5 mg, isosorbide dinitrate tablet 10 mg, isosorbide dinitrate tab 20 mg, isosorbide dinitrate tablet 30 mg	Angina	Non-preferred Brand
METHOTREXATE SODIUM (methotrexate sodium inj 50 mg/2 mL (25 mg/mL))	methotrexate sodium inj PF 50 mg/2 mL (25 mg/mL)	Cancer	Non-preferred Brand
PROCTOCORT (hydrocortisone perianal cream 1%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pruritus, Dermatoses	Non-preferred Brand
PROPRANOLOL HYDROCHLORIDE (propranolol hcl oral soln 20 mg/5 mL)	propranolol hydrochloride capsules, propranolol hydrochloride tablets	Hypertension	Non-preferred Brand
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE 5000 PPM SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120 mL)	SPS (sodium polystyrene sulfonate susp 15 gm/60 mL)	Hyperkalemia	Non-preferred Brand

Tier 1 to Tier 2 Changes

The following drugs are moving from a preferred generic (tier 1) to a non--preferred generic (tier 2), effective Jan. 1, 2026. 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 FULL DRUG LIST PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE FULL DRUG LISTS TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Hypothyroidism
megestrol acetate tab 40 mg	Cancer
naloxone hcl inj 4 mg/10 mL	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting

PERFORMANCE AND PERFORMANCE FULL DRUG LIST PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE FULL DRUG LISTS TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5 mL	Inflammatory conditions
sodium chloride soln nebu 3%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, Nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

PERFORMANCE BIOSIMILAR DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5 mL	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24 hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Hypothyroidism
megestrol acetate tab 40 mg	Cancer
naloxone hcl inj 4 mg/10 mL	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension

PERFORMANCE BIOSIMILAR DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception
ondansetron hcl oral soln 4 mg/5 mL	Nausea and Vomiting
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5 mL	Inflammatory conditions
sodium chloride soln nebu 3%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5 mL	Infections
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, Nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
alprazolam tab er 24hr 2 mg	Anxiety
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Infections
cefprozil tab 250 mg	Infections
cefuroxime axetil tab 500 mg	Infections
cimetidine tab 200 mg	Gastroesophageal Reflux Disease (GERD)
clotrimazole w/ betamethasone cream 1-0.05%	Fungal Infections
diltiazem hcl coated beads cap er 24hr 300 mg	Angina, Hypertension, Atrial Fibrillation/Flutter
ethambutol hcl tab 100 mg	Tuberculosis
fluticasone propionate cream 0.05%	Asthma, Chronic Obstructive Pulmonary Disease
glycopyrrolate tab 1 mg	Peptic Ulcer Disease
liothyronine sodium tab 25 mcg	Peptic Ulcer Disease
mafenide acetate packet for topical soln 5% (50 gm)	Burns

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
megestrol acetate tab 40 mg	Anorexia, Cachexia
naloxone hcl inj 4 mg/10ml	Opioid Overdose
nifedipine tab er 24hr osmotic release 90 mg	Angina, Hypertension
nitrofurantoin macrocrystalline cap 100 mg	Cystitis
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	Contraception
ondansetron hcl oral soln 4 mg/5ml	Nausea and Vomiting
piroxicam cap 10 mg	Osteoarthritis, Rheumatoid Arthritis
prednisolone soln 15 mg/5ml	Inflammatory conditions
sodium chloride soln nebu 3%, 10%	Loosen mucus in lungs
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Infections
tizanidine hcl cap 2 mg (base equivalent	Spasticity
trimethobenzamide hcl cap 300 mg	Postoperative nausea and vomiting, nausea associated with gastroenteritis
zolpidem tartrate tab er 12.5 mg	Insomnia

Members with BCBSIL MyBlue Plus℠ POS, HMO Illinois® or Blue Advantage HMO℠ will not have any of these generic drug revisions applied to their pharmacy benefits until their 2026 plan renewal date.

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

Changes to drug categories and/or medications will be made to the Prior Authorization (PA) programs for standard pharmacy benefit plans upon renewal for non-ASO groups. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates.

For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

Note: Step Therapy programs do not apply to Fully Insured Plans effective Jan. 1, 2026, but do remain available for some ASO plans.

Members received letters regarding the program changes listed below. All changes are effective Jan. 1, 2026.

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS		
TARGET AGENTS	**PROGRAM NAME**	**PROGRAM TYPE**
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL DRUG LISTS		
TARGET AGENTS	**PROGRAM NAME**	**PROGRAM TYPE**
All Non-Preferred Test Strips (Lifescan (OneTouch), Nipro (TRUtest, TRUEtrack), Roche (Accu-Chek))	Glucose Test Strip STQL	Step Therapy
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Cabtreo gel	Therapeutic Alternatives PAQL	Prior Authorization
Crotan Lotion	Therapeutic Alternatives PAQL	Prior Authorization

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Ctexli tab	Ctexli PAQL	Prior Authorization
Doxycycline Hyclate 50 mg tab	Oral Tetracycline Derivatives Prior Authorization	Prior Authorization
Ergomar SL tab	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Nalocet (oxycodone w/ Acetaminophen) tab 2.5-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization
Prolate (oxycodone w/ Acetaminophen) tab 5-300 mg, 7.5-300 mg, 10-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Sohonos cap	Sohonos PAQL	Prior Authorization
Xdemvy ophth soln	Xdemvy PAQL	Prior Authorization

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

BALANCED BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Bucapsol caps	Therapeutic Alternatives PAQL	Prior Authorization
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	Prior Authorization
Onexton 1/5% gel	Therapeutic Alternatives PAQL	Prior Authorization

HEALTH INSURANCE MARKETPLACE DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Sohonos cap	Sohonos PAQL	Prior Authorization

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
Ctexli PAQL	Prior Authorization	New program that includes the drug Ctexli.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annuall	1/1/2026
Harliku PAQL	Prior Authorization	New program that includes the drug Harliku (nitisinone (aku) 2 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM Annual , Performance (ASO), Performance Biosimilar Performance (ASO), Performance Full, Performance Annual, Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar	1/1/2026
Sohonos PAQL	Prior Authorization	New program that includes the drug Sohonos.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM Annual	1/1/2026
Xdemvy PAQL	Prior Authorization	New program that includes the drug Xdemvy ophthalmology solution.	Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2026

Dispensing Limit Changes

Our prescription drug benefit program 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.

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, 2026. They also may not apply to HMO members on the 2025 or 2026 Health Insurance Marketplace Drug Lists until on or after Jan. 1, 2026.

Dispensing Limit changes are listed below with their effective date.

To view 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℠ or MyPrime.com for more online resources.

BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron)	Phosphate Binder STQL	1080 tabs per 365 days	1/1/2026
Austedo XR (deutetrabenazine) 24 mg tab	VMAT2 Inhibitors PAQL	30 tabs per 30 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl)10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Crotan Lotion	Therapeutic Alternatives PAQL	454 grams per 30 days	1/1/2026
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	1/1/2026
Dexilant (dexlansoprazole) DR cap 60 mg	Proton Pump Inhibitors STQL	30 caps per 30 days	1/1/2026
Ergomar 2 mg SL tab	Therapeutics Alternatives PAQL	20 tabs per 28 days	1/1/2026

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Esbriet (pirfenidone) cap 267 mg	Interstitial Lung Disease PAQL	180 caps per 30 days	1/1/2026
Esbriet (pirfenidone) tab 267 mg	Interstitial Lung Disease PAQL	180 tabs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	360 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	360 packs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	810 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	540 packs per 365 days	1/1/2026
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	1/1/2026
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	1/1/2026

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	1440 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	1530 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	1530 packets per 365 days	1/1/2026
Renvela (sevelamer carbonate) 2.4 gm packet	Phosphate Binder STQL	450 packets per 365 days	1/1/2026
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	1/1/2026
Sohonos (palovarotene) 1 mg cap, 1.5 mg cap	Sohonos PAQL	120 caps per 30 days	1/1/2026
Sohonos (palovarotene) 10 mg cap	Sohonos PAQL	60 caps per 30 days	1/1/2026
Sohonos (palovarotene) 2.5 mg cap	Sohonos PAQL	150 caps per 30 days	1/1/2026
Sohonos (palovarotene) 5 mg cap	Sohonos PAQL	90 caps per 30 days	1/1/2026
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	1/1/2026

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl)10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bucapsol (buspirone hcl) 15 mg caps	Therapeutic Alternatives PAQL	120 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl) 7.5 mg caps	Therapeutic Alternatives PAQL	60 caps per 30 days	1/1/2026
Bucapsol (buspirone hcl)10 mg caps	Therapeutic Alternatives PAQL	90 caps per 30 days	1/1/2026

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Metaxalone 640 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron)	Phosphate Binder STQL	1080 tabs per 365 days	1/1/2026
Austedo XR (deutetrabenazine) 24 mg tab	VMAT2 Inhibitors PAQL	30 tabs per 30 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector, 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Ctexli (chenodiol) 250 mg tab	Ctexli PAQL	90 tabs per 30 days	1/1/2026
Dexilant (dexlansoprazole) DR cap 60 mg	Proton Pump Inhibitors STQL	30 caps per 30 days	1/1/2026
Ergomar 2 mg SL tab	Therapeutics Alternatives PAQL	20 tabs per 28 days	1/1/2026
Esbriet (pirfenidone) cap 267 mg	Interstitial Lung Disease PAQL	180 caps per 30 days	1/1/2026
Esbriet (pirfenidone) tab 267 mg	Interstitial Lung Disease PAQL	180 tabs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	810 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	360 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	540 packs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	360 packs per 365 days	1/1/2026
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	1/1/2026
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	1/1/2026
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	1440 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	1530 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	1530 packets per 365 days	1/1/2026
Renvela (sevelamer carbonate) 2.4 gm packet	Phosphate Binder STQL	450 packets per 365 days	1/1/2026
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	1/1/2026
Sohonos (palovarotene) 1 mg cap, 1.5 mg cap	Sohonos PAQL	120 caps per 30 days	1/1/2026
Sohonos (palovarotene) 10 mg cap	Sohonos PAQL	60 caps per 30 days	1/1/2026
Sohonos (palovarotene) 2.5 mg cap	Sohonos PAQL	150 caps per 30 days	1/1/2026
Sohonos (palovarotene) 5 mg cap	Sohonos PAQL	90 caps per 30 days	1/1/2026

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	1/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Auryxia (ferric citrate) 1 gm tab (210 mg ferric iron)	Phosphate Binder STQL	1080 tabs per 365 days	1/1/2026
Austedo XR (deutetrabenazine) 24 mg tab	VMAT2 Inhibitors PAQL	30 tabs per 30 days	1/1/2026
Bimzelx (bimekizumab-bkzx) 320 mg auto-injector	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Bimzelx (bimekizumab-bkzx) 320 mg prefilled syringe	Biologic Immunomodulators PAQL	1 per 56 days	1/1/2026
Bydureon Bcise, Byetta, liraglutide, Mounjaro, Ozempic, Trulicity, Victoza	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one injectable GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Dexilant (dexlansoprazole) DR cap 60 mg	Proton Pump Inhibitors STQL	30 caps per 30 days	1/1/2026
Esbriet (pirfenidone) cap 267 mg	Interstitial Lung Disease PAQL	180 caps per 30 days	1/1/2026
Esbriet (pirfenidone) tab 267 mg	Interstitial Lung Disease PAQL	180 tabs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	360 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	360 packs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	810 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	540 packs per 365 days	1/1/2026
FreeStyle Libre 2 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026
FreeStyle Libre 3 Plus	Continuous Glucose Monitor PAQL	2 sensors per 30 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Lyrica (pregabalin) 225 mg cap, 300 mg cap	Fibromyalgia QL	60 caps per 30 days	1/1/2026
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	30 packets per 30 days	1/1/2026
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	1440 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	1530 tabs per 365 days	1/1/2026
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	1530 packets per 365 days	1/1/2026
Renvela (sevelamer carbonate) 2.4 gm packet	Phosphate Binder STQL	450 packets per 365 days	1/1/2026
Rybelsus tabs	GLP-1 (glucagon-like peptide-1) agonist PAQL	Fill limit of one oral GLP-1 drug product at one dose strength, up to the full day-supply quantity, per 28 days.	1/1/2026
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	2880 tabs per 365 days	1/1/2026
Sohonos (palovarotene) 1 mg cap, 1.5 mg cap	Sohonos PAQL	120 caps per 30 days	1/1/2026
Sohonos (palovarotene) 10 mg cap	Sohonos PAQL	60 caps per 30 days	1/1/2026
Sohonos (palovarotene) 2.5 mg cap	Sohonos PAQL	150 caps per 30 days	1/1/2026
Sohonos (palovarotene) 5 mg cap	Sohonos PAQL	90 caps per 30 days	1/1/2026
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	540 tabs per 365 days	1/1/2026
Xifaxan (rifaximin) 550 mg tab	IBS-D PAQL	126 tabs per 365 days	1/1/2026

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	180 tabs per 365 days	1/1/2026

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 our members who have prescription-drug benefits administered by Prime Therapeutics†. 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[1]	COVERED ALTERNATIVE(S)[1, 2]	CONDITION
ZANAFLEX CAP 8 mg (Trifluent Pharma)	TIZANIDINE TABS	Muscle spasticity and stiffness

Pharmacy Benefits Updates

Visit the our provider pharmacy page for resource materials and more pharmacy program updates.

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 2026 updates for each market segment.

New Custom Categories: Emergency-Use Medications is the only new custom category for 2026. This category is only for ASO group clients.

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

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

[+]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.*

[†]Prime Therapeutics, LLC is a separate company BCBSIL contracts with Prime Therapeutics 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 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.

ASO GROUPS		
Effective Date	**2026 Changes**	**Categories**
1/1/2026	Standard and Extended categories from 2025 are unchanged with minor product differences.	**Standard** 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. **Extended** Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & 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

CUSTOM FULLY INSURED (CFI) GROUPS		
Effective Date	**2026 Changes**	**Categories**
1/1/2026	Standard and Extended categories from 2025 are unchanged with minor product differences. One Custom category is available and remains unchanged from 2025 with minor product differences.	**Standard** 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. **Extended** Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & 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 **Custom** Diabetic Supplies - insulin pumps and associated supplies

ASO-ONLY GROUPS		
Effective Date	**2026 Changes**	**Custom Categories**
1/1/2026	Custom categories remain for ASO groups only from 2025 with minor product differences. A few categories have had a minor name change. Emergency-Use Medications is the only new category for 2026.	Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Asthma - Advanced, Autoimmune, Autoimmune - Advanced, Breast Cancer Secondary Prevention, Diabetic Supplies - insulin pumps and associated supplies*, Emergency-Use Medications, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, Hereditary Angioedema (HAE) , Hemophilia, HIV/AIDS, HIV PrEP, Influenza Agents, Lipid Lowering - Other, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Multiple Sclerosis, Substance Use Disorder, Substance Use Disorder - Naloxone, Thyroid Agents, Weight-Loss Agents (traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos). **Optional coverage is also available to Custom Fully Insured groups*

BLUE BALANCE FUNDED PLANS		
Effective Date	**2026 Changes**	**Categories**
1/1/2026	The Blue Balance Funded categories from 2025 remain unchanged with 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), Respiratory, Tobacco Cessation, Vaccines

MID-MARKET PLANS		
Effective Date	**2026 Changes**	**Categories**
7/1/2026	The Mid-Market categories from 2025 remain unchanged with 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), Respiratory, Tobacco Cessation, Vaccines

SMALL GROUP (SG) PLANS			
Available QHP/Metallic Plans	**Effective Date**	**2026 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 Sliver 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	1/1/2026	The Quality Health Plan (QHP) categories from 2025 are unchanged.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory

Humira and Stelara Coverage Changes Start Jan. 1, 2026

Coverage of Humira (adalimumab), Stelara (ustekinumab) and select biosimilars of those drugs will change on most BCBSXX commercial drug lists, starting on Jan. 1, 2026.

What's new: For groups on the ASO-only Balanced Biosimilar, Performance Select Biosimilar and Performance Biosimilar drug lists, Humira and Stelara will remain excluded while select biosimilars of those drugs will be preferred. Humira and Stelara will also be excluded on the Performance Full and Performance Annual drug lists. For IL HMO groups (fully insured and ASO) and Texas fully insured groups on Performance Annual, the exclusions will be effective upon renewal, on or after Jan. 1, 2026.

- Humira biosimilar adalimumab-adbm is being added as a preferred drug on all drug lists.
- Humira biosimilars Simlandi (adalimumab-ryvk), Hadlima (adalimumab-bwwd) and adalimumab-adaz (unbranded Hyrimoz) will no longer be covered across all drug lists.
- Stelara biosimilar Selarsdi (ustekinumab-aekn) will no longer be covered across all drug lists. (**Reminder:** Stelara was excluded July 1, 2025, on the Performance Full and quarterly HIM drug lists (NM, OK, MT, IL non-HMO). This exclusion is becoming effective for Performance Annual and HIM annual drug lists Jan. 1, 2026, upon renewal.

Humira and Stelara will remain covered, subject to prior authorization, for groups on Open drug lists and on the ASO-only Balanced, Performance Select and Performance drug lists.

Members can check drug coverage by logging into their member account.

Reminder: A biosimilar is a biological product that is highly similar to and has no clinically meaningful differences from an existing FDA-approved reference product[1].

Formularies	HUMIRA	ADALIMUMAB-AATY	ADALIMUMAB-ADBM	STELARA	STEQEYMA	YESINTEK
Balanced, Performance (ASO), Performance Select	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Balanced Biosimilar, Performance Biosimilar, Performance Select Biosimilar	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Performance Full (IL non-HMO)	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Performance Annual, upon renewal (IL HMO (ASO & FI))	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Basic, Enhanced	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Jade, Topaz	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Metallic Quarterly (HIM quarterly), IL-PPO, Individual & Small Group	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Metallic Annual, upon renewal IL-HMO HIM (Individual & Small Group)	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred

Reminder: Updated Specialty-Drug Packaging and Cost Share

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

What's changed: A member's cost-share will apply to the total days supplied. Members pay 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 rather than the current 30-day supply cost-share amount.

Member notifications: This change began Jan. 1, 2025. Mid-Market fully insured group members with a January, February, or March 2026 renewal date will receive an awareness letter.

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

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

[+]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.*

[†]Prime Therapeutics, LLC is a separate company BCBSIL contracts with Prime Therapeutics 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 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.