BlueCross BlueShield of Illinois

Pharmacy Program Quarterly Update
Changes Effective Jan. 1 – Part 2

Jan. 8, 2026

Contents

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. This part 2 article contains coverage additions, utilization management updates and any other pharmacy program updates. These updates do not require member notification.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Illinois drug lists.

Additions effective Jan. 1, 2026, and prior updates are outlined below.

Please note: Fully insured non-HMO group members moved to the Performance Full Drug List, effective July 1, 2025. The Performance Drug List remains in place for ASO non-HMO groups. The Performance Annual Drug List remains in place for IL HMO groups.

Drug List Additions

BALANCED DRUG LIST ADDITIONS	
DRUG[1]	CONDITION
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ARBLI (losartan potassium oral susp 10 mg/mL)	Hypertension
AVMAPKI FAKZYNJA CO-PACK (avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack)	Cancer
CLEMASZ (clemastine fumarate tab 2.68 mg)	Allergic Symptoms
COMBOGESIC (ibuprofen-acetaminophen tab 97.5-325 mg)	Pain
DORYX MPC (doxycycline hyclate tab delayed release 60 mg, 120 mg)	Acne, Infections
ENSACOVE (ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent))	Cancer
HEMICLOR (chlorthalidone tab 12.5 mg)	Hypertension
IBTROZI (taletrectinib adipate cap 200 mg)	Cancer
INZIRQO (hydrochlorothiazide for susp 10 mg/mL)	Hypertension, edema
KHINDIVI (hydrocortisone oral soln 1 mg/mL)	Adrenocortical Insufficiency
LOPRESSOR (metoprolol tartrate oral soln 10 mg/mL)	Hypertension, Congestive heart failure, angina
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 mL)	Neutropenia
TEZRULY (terazosin hcl oral soln 1 mg/mL (base equivalent))	Hypertension, Benign Prostatic Hyperplasia
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge)	Pulmonary arterial hypertension
TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16 mcg & 84 x 32 mcg, 112 x 16 mcg & 112 x 32 mcg & 28 x 48 mcg)	Pulmonary arterial hypertension
VYVGART HYTRULO (efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5 mL)	Myasthenia gravis

BALANCED DRUG LIST ADDITIONS	
DRUG[1]	CONDITION
YUTREPIA (treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg)	Pulmonary arterial hypertension
ZELSUVMI (berdazimer sodium gel 10.3%)	Molluscum contagiosum infection

BALANCED BIOSIMILAR DRUG LIST ADDITIONS	
DRUG[1]	CONDITION
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ARBLI (losartan potassium oral susp 10 mg/mL)	Hypertension
AVMAPKI FAKZYNJA CO-PACK (avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack)	Cancer
CLEMASZ (clemastine fumarate tab 2.68 mg)	Allergic Symptoms
COMBOGESIC (ibuprofen-acetaminophen tab 97.5-325 mg)	Pain
DORYX MPC (doxycycline hyclate tab delayed release 60 mg, 120 mg)	Acne, Infections
ENSACOVE (ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent))	Cancer
HEMICLOR (chlorthalidone tab 12.5 mg)	Hypertension
IBTROZI (taletrectinib adipate cap 200 mg)	Cancer
INZIRQO (hydrochlorothiazide for susp 10 mg/mL)	Hypertension, edema
KHINDIVI (hydrocortisone oral soln 1 mg/mL)	Adrenocortical Insufficiency
LOPRESSOR (metoprolol tartrate oral soln 10 mg/mL)	Hypertension, Congestive heart failure, angina
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 mL)	Neutropenia
TEZRULY (terazosin hcl oral soln 1 mg/mL (base equivalent))	Hypertension, Benign Prostatic Hyperplasia
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge)	Pulmonary arterial hypertension
TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16 mcg & 84 x 32 mcg, 112 x 16 mcg & 112 x 32 mcg & 28 x 48 mcg)	Pulmonary arterial hypertension
VYVGART HYTRULO (efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5 mL)	Myasthenia gravis
YUTREPIA (treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg)	Pulmonary arterial hypertension
ZELSUVMI (berdazimer sodium gel 10.3%)	Molluscum contagiosum infection

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS	
DRUG[1]	CONDITION
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
AVMAPKI FAKZYNJA CO-PACK (avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack)	Cancer
clobetasol propionate foam 0.05%	Dermatoses
ENSACOVE (ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent))	Cancer
IBTROZI (taletrectinib adipate cap 200 mg)	Cancer
lubiprostone cap 8 mcg, 24 mcg	Constipation
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 mL)	Neutropenia
TYVASO DPI MAINTENANCE KI T (treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge)	Pulmonary arterial hypertension
TYVASO DPI TITRATION KIT (treprostinil inh powd 112 x 16 mcg & 84 x 32 mcg, 112 x 16 mcg & 112 x 32 mcg & 28 x 48 mcg)	Pulmonary arterial hypertension
VYVGART HYTRULO (efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5 mL)	Myasthenia gravis
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ZELSUVMI (berdazimer sodium gel 10.3%)	Molluscum contagiosum infection

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS	
DRUG[1]	CONDITION
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PERFORMANCE SELECT DRUG LIST ADDITIONS	
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PERFORMANCE FULL DRUG LIST ADDITIONS	
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ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
AVMAPKI FAKZYNJA CO-PACK (avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack)	Cancer
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ENSACOVE (ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent))	Cancer
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VYVGART HYTRULO (efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5 mL)	Myasthenia gravis

PERFORMANCE FULL DRUG LIST ADDITIONS	
DRUG[1]	**CONDITION**
YUTREPIA (treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg)	Pulmonary arterial hypertension
ZELSUVMI (berdazimer sodium gel 10.3%)	Molluscum contagiosum infection

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS ADDITIONS	
DRUG[1]	**CONDITION**
ADALIMUMAB-ADBM (adalimumab-adbm prefilled syringe kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
ADALIMUMAB-ADBM (adalimumab-adbm auto-injector kit 40 mg/0.4 mL, 40 mg/0.8 mL)	Autoimmune Disorders
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6 mL)	Neutropenia
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg,150 mg)	Desmoid Tumors
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS ADDITIONS	
DRUG[1]	**CONDITION**
adapalene gel 0.1%	Acne
amoxapine tab 25 mg	Depression
aripiprazole tab 20 mg	Schizophrenia, Bipolar disorder, Major depressive disorder
atenolol & chlorthalidone tab 100-25 mg	Hypertension
ciclopirox olamine cream 0.77% (base equiv)	Fungal infections (topical)
desipramine hcl tab 10 mg	Depression
doxepin hcl cap 50 mg	Depression
fluvoxamine maleate tab 50 mg	Obsessive-compulsive disorder
hydroxychloroquine sulfate tab 300 mg	Malaria, Lupus, Rheumatoid Arthritis
isoniazid tab 100 mg	Tuberculosis
isosorbide mononitrate tab 10 mg	Angina
lactic acid (ammonium lactate) lotion 12%	Dry skin dermatitis
lansoprazole cap delayed release 15 mg	Gastroesophageal reflux disease, Heartburn
loperamide hcl cap 2 mg	Diarrhea

BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED MULTI-TIER AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS ADDITIONS	
DRUG[1]	**CONDITION**
mefloquine hcl tab 250 mg	Malaria
metolazone tab 2.5 mg	Edema, Hypertension, Congestive heart failure
mirtazapine orally disintegrating tab 15 mg	Depression
naloxone hcl inj 0.4 mg/mL	Overdose of opiate
nitrofurantoin macrocrystalline cap 50 mg	Cystitis
nitroglycerin sl tab 0.6 mg	Angina
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Acne, Contraception, Menopause
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Candidiasis of skin
oxycodone hcl cap 5 mg	Pain
quetiapine fumarate tab er 24 hr 200 mg	Bipolar disorder, depression, schizophrenia
repaglinide tab 0.5 mg, 1 mg	Diabetes
telmisartan tab 80 mg	Hypertension, cardiovascular risk reduction
valsartan-hydrochlorothiazide tab 160-25 mg	Hypertension
vardenafil hcl tab 2.5 mg	Erectile dysfunction

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

BALANCED DRUG LIST ADDITIONS		
DRUG[1]	**CONDITION**	**EFFECTIVE DATE**
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
BINAXNOW COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Covid-19 Test	10/26/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic Neuralgia	10/12/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25

BALANCED DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
ONENATAL RX (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin	10/19/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg (base eq))	Inflammatory Conditions	10/12/25
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
THEOPHYLLINE ER (theophylline tab er 12hr 100 mg, 200 mg)	Asthma, COPD	11/9/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

BALANCED BIOSIMILAR DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
BINAXNOW COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Covid-19 Test	10/26/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
gabapentin (once-daily) tab 450 mg, 750 mg, 900 mg	Post-herpetic Neuralgia	10/12/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
ONENATAL RX (*prenatal multivitamins & minerals w/ iron & fa tab 1 mg***)	Prenatal Vitamin	10/19/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25

BALANCED BIOSIMILAR DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25
PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg (base eq))	Inflammatory Conditions	10/12/25
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
THEOPHYLLINE ER (theophylline tab er 12hr 100 mg, 200 mg)	Asthma, COPD	11/9/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

PERFORMANCE DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25

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DRUG[1]	CONDITION	EFFECTIVE DATE
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune Disorders	10/26/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

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estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
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progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
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SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
BINAXNOW COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Covid-19 Test	10/26/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
BINAXNOW COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Covid-19 Test	10/26/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

PERFORMANCE FULL DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
AURANOFIN (auranofin cap 3 mg)	Rheumatoid arthritis	11/2/25
estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Menopause symptoms	10/26/25
EVEXITHROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 45 mg (3/4 grain), 60 mg (1 grain), 75 mg (1 1/4 grain), 90 mg (1 ½ grain), 120 mg (2 grain), 180 mg (3 grain))	Hypothyroidism	11/2/25
glycerol phenylbutyrate liquid 1.1 gm/mL	Disorder of the urea cycle metabolism	10/19/25
KOSELUGO (selumetinib sulfate cap sprinkle 5 mg, 7.5 mg)	Neurofibromatosis type 1	10/12/25
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
PHEXX (lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)	Contraception	11/9/25
progesterone vaginal insert 100 mg	Endometrial hyperplasia, amenorrhea	10/19/25
RASUVO (methotrexate soln pf auto-injector 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL, 7.5 mg/0.15 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders	10/26/25
VYKAT XR (diazoxide choline tab er 24 hr 25 mg, 75 mg, 150 mg)	Excessive eating	12/1/25

BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL AND ENHANCED MULTI-TIER ANNUAL DRUG LIST ADDITIONS		
DRUG[1]	CONDITION	EFFECTIVE DATE
PAZOPANIB HYDROCHLORIDE (pazopanib hcl tab 400 mg (base equiv))	Cancer	11/9/25
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 mL, 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg/0.6 mL)	Cancer, Rheumatoid Arthritis, Psoriasis, Polyarticular Juvenile Arthritis	10/15/25
SELARSDI (ustekinumab-aekn subcutaneous soln 45 mg/0.5 mL)	Autoimmune Disorders	10/26/25

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]	CONDITION	NEW TIER
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3

BALANCED BIOSIMILAR DRUG TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
aripiprazole tab 20 mg	Bipolar disorder, Schizophrenia, Major depressive disorder	Tier 1
atenolol & chlorthalidone tab 100-25 mg	Hypertension	Tier 1
ciclopirox olamine cream 0.77% (base equiv)	fungal infections (topical)	Tier 1
desipramine hcl tab 10 mg	Depression	Tier 1
doxepin hcl cap 50 mg	Depression	Tier 1
fluvoxamine maleate tab 50 mg	Obsessive-Compulsive Disorder	Tier 1

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
hydroxychloroquine sulfate tab 300 mg	Malaria, Lupus, Rheumatoid Arthritis	Tier 1
isoniazid tab 100 mg	Tuberculosis	Tier 1
isosorbide mononitrate tab 10 mg	Angina	Tier 1
mefloquine hcl tab 250 mg	Malaria	Tier 1
metolazone tab 2.5 mg	Hypertension, Edema	Tier 1
mirtazapine orally disintegrating tab 15 mg	Depression	Tier 1
naloxone hcl inj 0.4 mg/mL	Opioid Overdose	Tier 1
nitrofurantoin macrocrystalline cap 50 mg	Urinary Tract Infection	Tier 1
nitroglycerin sl tab 0.6 mg	Angina	Tier 1
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Contraception	Tier 1
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
quetiapine fumarate tab er 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
quetiapine fumarate tab sr 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
repaglinide tab 0.5 mg, 1 mg	Diabetes	Tier 1
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3
telmisartan tab 80 mg	Hypertension, cardiovascular risk reduction	Tier 1
valsartan-hydrochlorothiazide tab 160-25 mg	Hypertension	Tier 1
vardenafil hcl tab 2.5 mg	Erectile dysfunction	Tier 1

PERFORMANCE BIOSIMILAR DRUG TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
aripiprazole tab 20 mg	Bipolar disorder, Schizophrenia, Major depressive disorder	Tier 1
atenolol & chlorthalidone tab 100-25 mg	Hypertension	Tier 1
ciclopirox olamine cream 0.77% (base equiv)	fungal infections (topical)	Tier 1
desipramine hcl tab 10 mg	Depression	Tier 1
doxepin hcl cap 50 mg	Depression	Tier 1
fluvoxamine maleate tab 50 mg	Obsessive-Compulsive Disorder	Tier 1
hydroxychloroquine sulfate tab 300 mg	Malaria, Lupus, Rheumatoid Arthritis	Tier 1
isoniazid tab 100 mg	Tuberculosis	Tier 1
isosorbide mononitrate tab 10 mg	Angina	Tier 1

PERFORMANCE BIOSIMILAR DRUG TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
mefloquine hcl tab 250 mg	Malaria	Tier 1
metolazone tab 2.5 mg	Hypertension, Edema	Tier 1
mirtazapine orally disintegrating tab 15 mg	Depression	Tier 1
naloxone hcl inj 0.4 mg/mL	Opioid Overdose	Tier 1
nitrofurantoin macrocrystalline cap 50 mg	Urinary Tract Infection	Tier 1
nitroglycerin sl tab 0.6 mg	Angina	Tier 1
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Contraception	Tier 1
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
quetiapine fumarate tab er 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
quetiapine fumarate tab sr 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
repaglinide tab 0.5 mg	Diabetes	Tier 1
repaglinide tab 1 mg	Diabetes	Tier 1
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3
telmisartan tab 80 mg	Hypertension, cardiovascular risk reduction	Tier 1
valsartan-hydrochlorothiazide tab 160-25 mg	Hypertension	Tier 1
vardenafil hcl tab 2.5 mg	Erectile dysfunction	Tier 1

PERFORMANCE SELECT DRUG LIST TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3

PERFORMANCE SELECT BIOSIMILAR DRUG TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3

PERFORMANCE FULL DRUG LIST TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
aripiprazole tab 20 mg	Bipolar disorder, Schizophrenia, Major depressive disorder	Tier 1

PERFORMANCE FULL DRUG LIST TIER CHANGES		
DRUG[1]	CONDITION	NEW TIER
atenolol & chlorthalidone tab 100-25 mg	Hypertension	Tier 1
ciclopirox olamine cream 0.77% (base equiv)	fungal infections (topical)	Tier 1
desipramine hcl tab 10 mg	Depression	Tier 1
doxepin hcl cap 50 mg	Depression	Tier 1
fluvoxamine maleate tab 50 mg	Obsessive-Compulsive Disorder	Tier 1
hydroxychloroquine sulfate tab 300 mg	Malaria, Lupus, Rheumatoid Arthritis	Tier 1
isoniazid tab 100 mg	Tuberculosis	Tier 1
isosorbide mononitrate tab 10 mg	Angina	Tier 1
mefloquine hcl tab 250 mg	Malaria	Tier 1
metolazone tab 2.5 mg	Hypertension, Edema	Tier 1
mirtazapine orally disintegrating tab 15 mg	Depression	Tier 1
naloxone hcl inj 0.4 mg/mL	Opioid Overdose	Tier 1
nitrofurantoin macrocrystalline cap 50 mg	Urinary Tract Infection	Tier 1
nitroglycerin sl tab 0.6 mg	Angina	Tier 1
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	Contraception	Tier 1
OGSIVEO (nirogacestat hydrobromide tab 50 mg, 100 mg, 150 mg)	Desmoid Tumors	Tier 3
quetiapine fumarate tab er 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
quetiapine fumarate tab sr 24 hr 200 mg	Bipolar disorder, depression, schizophrenia	Tier 1
repaglinide tab 0.5 mg, 1 mg	Diabetes	Tier 1
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer	Tier 3
telmisartan tab 80 mg	Hypertension, cardiovascular risk reduction	Tier 1
valsartan-hydrochlorothiazide tab 160-25 mg	Hypertension	Tier 1
vardenafil hcl tab 2.5 mg	Erectile dysfunction	Tier 1

Other Tier Changes

Most tier changes become effective quarterly, however, some drugs are moved to a new tier as part of formulary maintenance or re-evaluated during the quarter. Those drugs are listed below with their effective date.

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

PERFORMANCE FULL DRUG LIST TIER CHANGES			
DRUG[1]	CONDITION	NEW TIER	EFFECTIVE DATE
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	Parkinson's disease	Tier 2	10/12/25

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 Utilization Management Program Updates

Prior Authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. The prescription drugs tab on bcbsil.com lists the current drug lists and dispensing limits. Members may also log in to Blue Access for Members℠ or MyPrime.com for more online resources.

Please Note: The PA and ST programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA and ST programs may apply, based on the member's current drug list and plan benefits. A list of PA and ST programs per drug list is posted on the member pharmacy programs section of bcbsil.com.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

Program Updates

The following standard utilization management programs were updated on the dates indicated below.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Colony Stimulating Factors ST	Step Therapy	Removed the target Neulasta	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual	1/1/2026
Continuous Glucose Monitor PAQL	Prior Authorization and Dispensing Limits	Removed Prior Authorization	IL-HMO HIM, HIM Annual, Performance Full, Performance Annual	1/1/2026
Oral Tetracycline Derivatives PA	Prior Authorization	Removed targets doxycyline mono 50 mg and 100 mg, doxycycline hyclate 100 mg tab, minocycline HCL 50 mg tab	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HMO HIM, Non-HMO HIM, Performance, Performance Annual, Performance Biosimilar, and Performance Full	1/1/2026

Dispensing Limit Changes

The prescription-drug benefit program for BCBSIL includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling. Dispensing Limit changes are listed below with their effective date.

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, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE SELECT PERFORMANCE FULL, DRUG LISTS			
MEDICATION(S)[1]	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Airduo respiclick 113/14 mcg/AC, 232/14 mcg/AC, 55/14 mcg/AC	Therapeutic Alternatives PAQL	Dispensing Limit Retired	1/1/2026
Auryxia (ferric citrate) 1 GM tab (210 mg ferric iron)	Phosphate Binder STQL	360 tabs per 30 days	1/1/2026
Carac; Fluorouracil (Fluorouracil cream) 0.5%	Actinic Keratosis PAQL	30 gm per 28 days	1/1/2026
Diclofenac Sodium (Actinic Keratoses) gel 3%	Actinic Keratosis PAQL	300 gm per 90 days	1/1/2026
Efudex (fluorouracil) 5% cream	Actinic Keratosis PAQL	240 gm per 84 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	120 tab per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	120 packs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	270 tabs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	180 packs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	180 tabs per 30 days	1/1/2026
Imiquimod cream 0.5%	Actinic Keratosis PAQL	48 packets per 112 days	1/1/2026
Klisyri (tirbanibulin) 1% ointment	Actinic Keratosis PAQL	5 packets per 90 days	1/1/2026
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	60 packets per 30 days	12/15/2025
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	480 tabs per 30 days	1/1/2026
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	480 tabs per 30 days	1/1/2026

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE SELECT PERFORMANCE FULL, DRUG LISTS			
MEDICATION(S)[1]	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	510 packs per 30 days	1/1/2026
Renvela (sevelamer carbonate) 2.4 gm packet	Phosphate Binder STQL	150 packs per 30 days	1/1/2026
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	960 tabs per 30 days	1/1/2026
Tolak (fluorouracil) 4% cream	Actinic Keratosis PAQL	40 gm per 28 days	1/1/2026
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	180 tabs per 30 days	1/1/2026
wainua (eplontersen sodium) subcutaneous soln auto-inj 45 mg/0.8 mL	ATTR Amyloidosis PAQL	1 pen per 28 days	12/15/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	60 tabs per 30 days	1/1/2026
Zyclara (imiquimod) 2.5% cream pump, 3.75% cream pump	Actinic Keratosis PAQL	2 bottles per 42 days	1/1/2026
Zyclara (imiquimod) 3.75% cream	Actinic Keratosis PAQL	56 packets per 42 days	1/1/2026
Zyflo (Zileuton) tab 600 mg	Therapeutic Alternatives PAQL	Dispensing Limit Retired	1/1/2026

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR			
MEDICATION(S)[1]	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Airduo respiclick 113/14 mcg/AC, 232/14 mcg/AC, 55/14 mcg/AC	Therapeutic Alternatives PAQL	Dispensing Limit Retired	1/1/2026
Auryxia (ferric citrate) 1 GM tab (210 mg ferric iron)	Phosphate Binder STQL	360 tabs per 30 days	1/1/2026
Carac; Fluorouracil (Fluorouracil cream) 0.5%	Actinic Keratosis PAQL	30 gm per 28 days	1/1/2026
Diclofenac Sodium (Actinic Keratoses) gel 3%	Actinic Keratosis PAQL	300 gm per 90 days	1/1/2026
Efudex (fluorouracil) 5% cream	Actinic Keratosis PAQL	240 gm per 84 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg chew tab (Elemental)	Phosphate Binder STQL	120 tab per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 1000 mg oral powder pack (Elemental)	Phosphate Binder STQL	120 packs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 500 mg chew tab (Elemental)	Phosphate Binder STQL	270 tabs per 30 days	1/1/2026
Fosrenol (lanthanum carbonate) 750 mg oral powder pack (Elemental)	Phosphate Binder STQL	180 packs per 30 days	1/1/2026

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR			
MEDICATION(S)[1]	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Fosrenol (lanthanum carbonate) 750 mg chew tab (Elemental)	Phosphate Binder STQL	180 tabs per 30 days	1/1/2026
Imiquimod cream 0.5%	Actinic Keratosis PAQL	48 packets per 112 days	1/1/2026
Klisyri (tirbanibulin) 1% ointment	Actinic Keratosis PAQL	5 packets per 90 days	1/1/2026
Prilosec (Omeprazole magnesium) DR susp packet 2.5 mg	Proton Pump Inhibitors STQL	60 packets per 30 days	12/15/2025
Renagel (sevelamer HCl) 800 mg tab	Phosphate Binder STQL	480 tabs per 30 days	1/1/2026
Renvela (sevelamer carbonate) 800 mg tab	Phosphate Binder STQL	480 tabs per 30 days	1/1/2026
Renvela (sevelamer carbonate) 0.8 gm packet	Phosphate Binder STQL	510 packs per 30 days	1/1/2026
Renvela (sevelamer carbonate) 2.4 gm packet	Phosphate Binder STQL	150 packs per 30 days	1/1/2026
Sevelamer HCL tab 400 mg	Phosphate Binder STQL	960 tabs per 30 days	1/1/2026
Tolak (fluorouracil) 4% cream	Actinic Keratosis PAQL	40 gm per 28 days	1/1/2026
Velphoro (sucroferric oxyhydroxide) 500 mg chew tab	Phosphate Binder STQL	180 tabs per 30 days	1/1/2026
wainua (eplontersen sodium) subcutaneous soln auto-inj 45 mg/0.8 mL	ATTR Amyloidosis PAQL	1 pen per 28 days	12/15/2025
Xphozah (tenapanor hcl) 20 mg tab, 30 mg tab	Xphozah PAQL	60 tabs per 30 days	1/1/2026
Zyclara (imiquimod) 2.5% cream pump, 3.75% cream pump	Actinic Keratosis PAQL	2 bottles per 42 days	1/1/2026
Zyclara (imiquimod) 3.75% cream	Actinic Keratosis PAQL	56 packets per 42 days	1/1/2026
Zyflo (Zileuton) tab 600 mg	Therapeutic Alternatives PAQL	Dispensing Limit Retired	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 BCBSIL 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.

Please note: Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor.

The following drugs are excluded on select drug lists.

PRODUCT(S) NO LONGER COVERED[1]	COVERED ALTERNATIVE(S)[1, 2]	CONDITION
Coxanto cap 300 mg	diclofenac potassium 50 mg, meloxicam, ibuprofen, naproxen	Inflammation
desloratadine sol 0.5 mg/mL	Over-the-counter oral antihistamines	Allergic Rhinitis

methocarbamol tab 1000 mg	methocarbamol 500 mg or 750 mg, baclofen, cyclobenzaprine, tizanidine	Muscle Spams

Pharmacy Benefits Updates

Visit the BCBSIL provider website for resource materials. Stay tuned to BCBSIL's news and updates or the *Blue Review* for additional Pharmacy Program updates.

Wegovy Coverage to Treat MASH (Liver Disease)

On Nov. 15, 2025, BCBSIL added coverage of Wegovy (semaglutide) to treat MASH, a specific type of liver disease. Members diagnosed with MASH with moderate to advanced liver scarring (fibrosis) now have a pathway for coverage when they meet certain clinical criteria.

Wegovy, an injectable GLP-1 receptor agonist, was initially FDA-approved for weight management. Wegovy's new FDA-approved label indication is unrelated to treating obesity or obesity-related conditions.

Weight loss and weight management drugs are not covered as a standard pharmacy benefit for members with Prime Therapeutics as the PBM.

Reminder: 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 BCBSIL 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) 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. (**Remember:** Stelara was excluded July 1, 2025, on the Performance Full and quarterly IL Non-HIM drug lists. This exclusion is becoming effective for Performance Annual and IL HMO 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.

Formularies	HUMIRA	ADALIMUMAB-AATY	ADALIMUMAB-ADBM	STELARA	STEQEYMA	YESINTEK
Balanced, Performance (ASO), Performance Select	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred

Formularies	HUMIRA	ADALIMUMAB-AATY	ADALIMUMAB-ADBM	STELARA	STEQEYMA	YESINTEK
Balanced Biosimilar, Performance Biosimilar, Performance Select Biosimilar	Excluded	Preferred	Preferred	Excluded	Preferred	Preferred
Performance Full	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
Metallic Quarterly (IL-Non-HMO HIM, 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

New $0 Member Cost-Share Benefit for CivicaScript Starts in January

Our partnership with CivicaScript continues lowering costs for BCBSIL members under the $0 CivicaScript Benefit, which eliminates out-of-pocket costs for covered, CivicaScript-produced drugs. This benefit is available for IFM and fully insured groups beginning Jan. 1, 2026, or upon renewal.

- ASO groups can opt in for the $0 benefit.
- A flyer that details the current list of covered CivicaScript drugs is posted on bcbsil.com

Latest CivicaScript Additions: CivicaScript-produced versions of capecitabine (50 mg and 500 mg) and dalfampridine (10 mg) were added to all Individual & Family Market and group drug lists, effective Jan. 1, 2026, or upon renewal. The brand name drugs Xeloda and Ampyra, and all other non-CivicaScript generics of both drugs, are excluded.

- The CivicaScript versions of capecitabine and dalfampridine are only available from SortPak Pharmacy.
- Members are notified about CivicaScript changes 60-days before their effective date.

Why This Matters: The average cost of a 30-day supply of other generic versions of capecitabine* is $141 for 150 mg and $446 for 500 mg. The brand Xeloda can be as much as $2,500 for 500 mg. The average cost for a 30-day supply of other generic versions of dalfampridine is around $128 for 10 mg and the brand Amprya can be as much as $4,000 for 10 mg.

** Claims data not available for 150 mg of Xeloda. Note: This varies based on strength.*

[1]Third-party brand names are the property of their respective owner.

[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 contracted by BCBSIL to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com 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.