



BlueCross BlueShield
of Illinois

Pharmacy Program Quarterly Update Changes Effective April 1, 2026 – Part 2

April 2, 2026

Contents

Drug List Changes

Drug List Additions

- Balanced Drug List Additions
- Performance and Performance Annual Drug List Additions
- Performance Full Drug List Additions
- Performance Select Drug List Additions
- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual, Enhanced Multi-Tier and Enhanced Multi-Tier Annual Drug Lists Additions

Other Drug List Additions

- Balanced Drug List Additions
- Performance Drug List Additions
- Performance Full Drug List Additions
- Performance Select Drug List Additions
- Basic, Basic Annual, Basic Multi-Tier, Basic Multi-Tier Annual, Enhanced, Enhanced Annual and Enhanced Multi-Tier Annual Drug List Additions

Tier Changes

- Balanced Drug list Tier Changes
- Performance Drug List Tier Changes
- Performance Select Drug List Tier Changes
- Performance Full Drug List Tier Changes

Utilization Management Program Changes

Standard Utilization Management Program Updates

New Dispensing Limits

- 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 Full and Performance Select Drug lists

Retired Dispensing Limits

Change in Benefit Coverage for Select High-Cost Products

Reminder: Quarterly Pharmacy Changes are published in two parts. This part 2 article contains coverage additions, utilization management updates and other pharmacy program updates. These updates do not require member notification. 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.

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 April 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
BLUJEPa (gepotidacin mesylate) 750 mg tab	Urinary tract infection
BREKIYA (dihydroergotamine mesylate) 1 mg/mL auto-inj soln	Migraine
BRINSUPRI (brensocaticib) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
DROXIA (hydroxyurea) 200 mg cap, 300 mg cap, 400 mg cap	Sickle cell anemia, cancer
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
ORLYNVAH (sulopenem etzadroxil-probenecid) 500-500 mg tab	Urinary tract infection
VIZZ (aceclidine HCl) 1.44% ophth soln	Presbyopia
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

BALANCED BIOSIMILAR DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
BLUJEPa (gepotidacin mesylate) 750 mg tab	Urinary tract infection
BREKIYA (dihydroergotamine mesylate) 1 mg/mL auto-inj soln	Migraine
BRINSUPRI (brensocaticib) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
DROXIA (hydroxyurea) 200 mg cap, 300 mg cap, 400 mg cap	Sickle cell anemia, cancer
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
ORLYNVAH (sulopenem etzadroxil-probenecid) 500-500 mg tab	Urinary tract infection
VIZZ (aceclidine HCl) 1.44% ophth soln	Presbyopia
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
oxcarbazepine ER 24 hr 150 mg tab, 300 mg tab, 600 mg tab	Seizures
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS

DRUG ¹	CONDITION
BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
oxcarbazepine tab ER 24 hr 150 mg tab, 300 mg tab, 600 mg tab	Seizures
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

PERFORMANCE FULL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
oxcarbazepine ER 24 hr 150 mg tab, 300 mg tab, 600 mg tab	Seizures
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION
BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
VIZZ (aceclidine HCl) 1.44% ophth soln	Presbyopia
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS

DRUG ¹	CONDITION
BRINSUPRI (brensocatic) 10 mg tab, 25 mg tab	Non-cystic fibrosis bronchiectasis
HERNEXEOS (zongertinib) 60 mg tab	Cancer
LEQSELVI (deuruxolitinib phosphate) 8 mg tab (base equiv)	Alopecia areata
MODEYSO (dordaviprone HCl) 125 mg cap	Cancer
VIZZ (aceclidine HCl) 1.44% ophth soln	Presbyopia
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

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
ZURNAI (nalmefene HCl) 1.5 mg/0.5 mL auto-inj soln (base equiv)	Opioid overdose

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
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
ANZUPGO (delgocitinib) 20 mg/gm (2%) cream	Hand eczema	3/1/2026
BESIFLOXACIN HYDROCHLORIDE (besifloxacin HCl) 0.6% ophth susp (base equiv)	Bacterial conjunctivitis	1/11/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune Conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune Conditions	2/15/2026
CEFIXIME (cefixime) 400 mg tab	Infections	1/4/2026
CORPHENA (dexchlorpheniramine maleate) 2 mg/5 mL oral soln	Allergic Symptoms	1/11/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026

BALANCED DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
LOPRESSOR (metoprolol tartrate) 12.5 mg tab	Hypertension	1/15/2026
Ioteprednol etabonate-tobramycin 0.5-0.3% ophth susp	Ocular Inflammation/Pain	1/11/2026
METOPROLOL TARTRATE (metoprolol tartrate) 12.5 mg tab	Hypertension	1/11/2026
ORUDIS (ketoprofen) 75 mg cap	Pain	1/18/2026
POKONZA (potassium chloride) 5% (10 mEq/15 mL) oral soln	Hypokalemia	2/8/2026
RENTHYROID (thyroid tab) 45 mg (3/4 grain), 75 mg (1 1/4 grain)	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr	Zoster vaccine	1/18/2026
TRYPTYR (acoltremon) 0.003% ophth soln	Dry eye syndrome	2/1/2026
WEGOVI (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
ZYBIC (meloxicam) 7.5 mg/5 mL oral susp	Osteoarthritis, rheumatoid arthritis	1/25/2026

BALANCED BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
ANZUPGO (delgocitinib) 20 mg/gm (2%) cream	Hand eczema	3/1/2026
BESIFLOXACIN HYDROCHLORIDE (besifloxacin HCl) 0.6% ophth susp (base equiv)	Bacterial conjunctivitis	1/11/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune Conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune Conditions	2/15/2026
CEFIXIME (cefixime) 400 mg tab	Infections	1/4/2026
CORPHENA (dexchlorpheniramine maleate) 2 mg/5 mL oral soln	Allergic Symptoms	1/11/2026

BALANCED BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
LOPRESSOR (metoprolol tartrate) 12.5 mg tab	Hypertension	1/15/2026
loteprednol etabonate-tobramycin 0.5-0.3% ophth susp	Ocular Inflammation/Pain	1/11/2026
METOPROLOL TARTRATE (metoprolol tartrate) 12.5 mg tab	Hypertension	1/11/2026
ORUDIS (ketoprofen) 75 mg cap	Ankylosing spondylitis, Arthritis, pain	1/18/2026
POKONZA (potassium chloride) 5% oral soln (10 mEq/15 mL) oral soln	Hypokalemia	2/8/2026
RENTHYROID (thyroid tab) 45 mg (3/4 grain), 75 mg (1 1/4 grain)	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin powder packet) 250 mg, 1000 mg	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr	Zoster vaccine	1/18/2026
TRYPTYR (acoltremon) 0.003% ophth soln	Dry eye syndrome	2/1/2026
WEGOVY (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
ZYBIC (meloxicam) 7.5 mg/5 mL susp	Osteoarthritis, rheumatoid arthritis	1/25/2026

PERFORMANCE DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune Conditions	2/15/2026

PERFORMANCE DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune Conditions	2/15/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
HYPERSAL (sodium chloride soln nebu) 7% soln	Loosen mucus in lungs	1/4/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1 1/4 grain)	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5 mL IM susp pref syr	Zoster vaccine	1/18/2026
WEGOVY (semaglutide (weight management) tab 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune Conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune Conditions	2/15/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
HYPERSAL (sodium chloride soln nebu) 7% soln	Loosen mucus in lungs	1/4/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
RENTHYROID (thyroid) 45 mg (3/4 grain) tab, 75 mg (1 1/4 grain) tab	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted) 50 mcg/0.5mL IM susp pref syr	Zoster vaccine	1/18/2026
WEGOVY (semaglutide (weight management)) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

PERFORMANCE FULL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune Conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune Conditions	2/15/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
HYPERSAL (sodium chloride soln nebu) 7% soln	Loosen mucus in lungs	1/4/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026

PERFORMANCE FULL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
RENTHYROID (thyroid tab) 45 mg (3/4 grain) tab, 75 mg (1 1/4 grain) tab	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted IM susp) 50 mcg/0.5 mL pref syr	Zoster vaccine	1/18/2026
WEGOVY (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
ANZUPGO (delgocitinib) 20 mg/gm (2%) cream	Hand eczema	3/1/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune conditions	2/15/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
HYPERSAL (sodium chloride soln nebu) 7% soln	Loosen mucus in lungs	1/4/2026
KERENDIA (finerenone) tab 40 mg	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1/4 grain)	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted IM susp pref syr) 50 mcg/0.5mL	Zoster vaccine	1/18/2026
TRYPYR (acoltremon ophth soln) 0.003% soln	Dry eye syndrome	2/1/2026
WEGOVY (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
ANZUPGO (delgocitinib) 20 mg/gm (2% cream)	Hand eczema	3/1/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL auto-inj sub-Q soln, 320 mg/2 mL auto-inj sub-Q soln	Autoimmune conditions	2/15/2026
BIMZELX (bimekizumab-bkzx) 160 mg/mL prefilled syr sub-Q soln, 320 mg/2 mL prefilled syr sub-Q soln	Autoimmune conditions	2/15/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
DAYBUE STIX (trofinetide) 5000 mg oral powder packet, 6000 mg oral powder packet, 8000 mg oral powder packet	Rett syndrome	1/11/2026
HYPERSAL (sodium chloride soln nebu) 7% soln	Loosen mucus in lungs	1/4/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
K-PHOS (potassium phosphate monobasic) 500 mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
K-PHOS NEUTRAL (pot phos monobasic w/sod phos di & monobas) 155-852-130mg tab	Hypophosphatemia, increase urinary phosphate	1/4/2026
RENTHYROID (thyroid tab) 45 mg (3/4 grain) 75 mg (1 1/4 grain)	Hypothyroidism	2/1/2026
SEPHIENCE (sepiapterin) 250 mg powder packet, 1000 mg powder packet	Hyperphenylalaninemia	3/1/2026
SHINGRIX (zoster vac recomb adjuvanted IM susp pref syr) 50 mcg/0.5mL	Zoster vaccine	1/18/2026
TRYPTYR (acoltremon ophth soln 0.003%)	Dry eye syndrome	2/1/2026
WEGOVY (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

**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
ANDEMBRY (garadacimab-gxii) 200 mg/1.2 mL auto-inj soln	Hereditary angioedema	2/1/2026
DAWNZERA (donidalorsen sodium) 80 mg/0.8 mL auto-inj sub-Q soln	Hereditary angioedema	2/1/2026
ILET INSULIN INFUSION KIT - FLEX 23" 6 mm (insulin infusion pump supplies)	Diabetes	2/15/2026
KERENDIA (finerenone) 40 mg tab	Chronic kidney disease, Diabetes	3/1/2026
WEGOVI (semaglutide (weight management) 1.5 mg tab, 4 mg tab, 9 mg tab, 25 mg tab	Chronic weight management	2/1/2026
YEZTUGO (lenacapavir sodium) 300 mg tab	HIV pre-exposure prophylaxis (PrEP)	2/1/2026
YEZTUGO (lenacapavir sodium) 463.5 mg/1.5 mL sub-Q soln	HIV pre-exposure prophylaxis (PrEP)	2/1/2026

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
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute Repetitive Seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, narcolepsy	Non-preferred generic	1/25/2026

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute repetitive seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, narcolepsy	Non-preferred generic	1/25/2026

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute Repetitive Seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, Narcolepsy	Non-preferred generic	1/25/2026

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute Repetitive Seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, Narcolepsy	Non-preferred generic	1/25/2026

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute Repetitive Seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, Narcolepsy	Non-preferred generic	1/25/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026
diazepam rectal delivery system 2.5 mg gel	Acute Repetitive Seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, Narcolepsy	Non-preferred generic	1/25/2026

PERFORMANCE FULL DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
amoxicillin & k clavulanate 1000-62.5 mg tab ER 12 hr	Infections	Non-preferred generic	1/18/2026

PERFORMANCE FULL DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
diazepam rectal delivery system 2.5 mg gel	Acute repetitive seizures	Non-preferred generic	2/8/2026
sodium oxybate 500 mg/mL oral solution	Cataplexy, narcolepsy	Non-preferred generic	1/25/2026

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 MembersSM](#) 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.

New Dispensing Limits

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 FULL AND PERFORMANCE SELECT DRUG LISTS			
MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
ADDERALL (amphetamine-dextroamphetamine) 5 mg tab, 10 mg tab	ADHD Agents QL	180 tabs per 30 days	2/15/2026
ADDERALL (amphetamine-dextroamphetamine) 12.5 mg tab, 15 mg tab	ADHD Agents QL	120 tabs per 30 days	2/15/2026
ADDERALL (amphetamine-dextroamphetamine) 7.5 mg tab	ADHD Agents QL	90 tabs per 30 days	2/15/2026
ADDERALL XR (amphetamine-dextroamphetamine) 5 mg 24 hr cap, 10 mg 24 hr cap, 15 mg 24 hr cap, 20 mg 24 hr cap	ADHD Agents QL	60 caps per 30 days	2/15/2026
CIMZIA (certolizumab pegol) 200 mg/mL prefilled syringe kit	Biologic Immunomodulators PAQL	4 syringes per 28 days	2/1/2026

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 FULL AND PERFORMANCE SELECT DRUG LISTS

MEDICATION(S)¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
CONCERTA; RELEXXII (methylphenidate HCl osmotic release) 18 mg ER tab, 27 mg ER tab	ADHD Agents QL	60 tabs per 30 days	2/15/2026
dextroamphetamine sulfate 5 mg tab	ADHD Agents QL	360 tabs per 30 days	2/15/2026
FOCALIN (dexamethylphenidate HCl) 2.5 mg	ADHD Agents QL	240 tabs per 30 days	2/15/2026
FOCALIN (dexamethylphenidate HCl) 5 mg	ADHD Agents QL	120 tabs per 30 days	2/15/2026
FOCALIN XR (dexamethylphenidate HCl) 5 mg ER 24 hr cap, 10 mg ER 24 hr cap, 15 mg ER 24 hr cap, 20 mg ER 24 hr cap	ADHD Agents QL	60 caps per 30 days	2/15/2026
INTUNIV (guanfacine HCl) 2 mg ER 24 hr tab	ADHD Agents QL	90 tabs per 30 days	2/15/2026
INTUNIV (guanfacine HCl) 3 mg ER 24 hr tab	ADHD Agents QL	60 tabs per 30 days	2/15/2026
lidocaine HCl 4% soln	Topical Lidocaine PAQL	150 mLs per 30 days	4/1/2026
lidocaine HCl urethral/mucosal 2% gel	Topical Lidocaine PAQL	150 mLs per 30 days	4/1/2026
lidocaine HCl urethral/mucosal 2% gel prefilled syringe	Topical Lidocaine PAQL	150 mLs per 30 days	4/1/2026
METADATE CD (methylphenidate HCl) 10 mg ER cap CD, 30 mg ER cap CD, 120 mg ER cap CD	ADHD Agents QL	60 caps per 30 days	2/15/2026
methylphenidate HCl 2.5 mg chew tab, 5 mg chew tab	ADHD Agents QL	180 tabs per 30 days	2/15/2026
PLIAGLIS (lidocaine-tetracaine) 7-7% cream	Topical Lidocaine PAQL	120 gms per 30 days	4/1/2026
PRUDOXIN; ZONALON (doxepin HCl) cream 5%	Topical Doxepin PAQL	45 gms per 30 days	2/1/2026
RITALIN (methylphenidate HCl) 5 mg tab	ADHD Agents QL	360 tabs per 30 days	2/15/2026

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 FULL AND PERFORMANCE SELECT DRUG LISTS

MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
RITALIN (methylphenidate HCl) 10 mg tab	ADHD Agents QL	180 tabs per 30 days	2/15/2026
RITALIN LA (Methylphenidate HCl ER 24 hr) 20 mg ER 24 hr cap	ADHD Agents QL	90 caps per 30 days	2/15/2026
STRATTERA (atomoxetine HCl) 18 mg cap, 25 mg cap	ADHD Agents QL	120 caps per 30 days	2/15/2026
Vyvgart Hytrulo 1000-10000 mg- unit/5 mL	Efgartigimod PAQL	4 syringes per 28 days	2/15/2026

Retired Dispensing Limits

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, HIM, BALANCED, PERFORMANCE AND PERFORMANCE ANNUAL, PERFORMANCE FULL AND PERFORMANCE SELECT DRUG LISTS

MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
lidocaine aerosol 0.5%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine cream 3%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine gel 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl aerosol soln 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl cream 3%, 3.25%, 3.88%, 4%, 4.12%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl gel 1%, 2%, 2.8%, 3%, 3.88%, 4%, 5%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl liquid 2%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl lotion 1%, 3%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl oint 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl pad 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl patch 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl soln 2%, 5%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine lotion 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine oint 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine patch 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR DRUG LISTS			
MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
lidocaine aerosol 0.5%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine cream 3%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine gel 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl aerosol soln 0.5%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl cream 3%, 3.25%, 3.88%, 4%, 4.12%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl gel 1%, 2%, 2.8%, 3%, 3.88%, 4%, 5%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl liquid 2%, 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl lotion 1%, 3%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl oint 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl pad 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl patch 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine HCl soln 2%, 5%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine lotion 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine oint 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026
lidocaine patch 4%	Topical Lidocaine PAQL	Dispensing Limit Retired	4/1/2026

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
RELEVIA 27-1 mg tab (Oncora Pharma)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Pre-natal Care
TIZANIDINE 8 mg cap (Trifluent)	Tizanidine Tabs	Muscle Spams

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

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

³Coverage 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.