



BlueCross BlueShield
of Illinois

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

July 1, 2026

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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 July 1, 2026, and prior updates are outlined below.**

Drug List Additions

BALANCED DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
EXXUA (gepirone HCl ER 24 hr 18.2 mg tab, 36.3 mg tab, 54.5 mg tab, 72.6 mg tab)	Major depressive disorder
EXXUA TITRATION PACK (gepirone HCl ER 24 hr 18.2 mg tab)	Major depressive disorder
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome
SUBVENITE (lamotrigine 10 mg/mL oral susp)	Bipolar Disorder, Seizures
VYSCOXA (celecoxib 10 mg/mL oral susp)	Anti-inflammatory

BALANCED BIOSIMILAR DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
EXXUA (gepirone HCl ER 24 hr 18.2 mg tab, 36.3 mg tab, 54.5 mg tab, 72.6 mg tab)	Major depressive disorder
EXXUA TITRATION PACK (gepirone HCl ER 24 hr 18.2 mg tab)	Major depressive disorder
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome
SUBVENITE (lamotrigine oral susp 10 mg/mL)	Bipolar Disorder, Seizures
VYSCOXA (celecoxib oral susp 10 mg/mL)	Anti-inflammatory

PERFORMANCE DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer

PERFORMANCE DRUG LIST ADDITIONS

DRUG ¹	CONDITION
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS

DRUG ¹	CONDITION
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome

PERFORMANCE FULL DRUG LIST ADDITIONS

DRUG ¹	CONDITION
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome

PERFORMANCE SELECT DRUG LIST ADDITIONS

DRUG ¹	CONDITION
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONYU (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS

DRUG ¹	CONDITION
ICOTYDE (icotrokinra HCl 200 mg tab)	Plaque psoriasis
KOMZIFTI (ziftomenib 200 mg cap)	Cancer
LASIX ONY (furosemide 80 mg/2.67 mL subcutaneous cartridge kit)	Edema due to chronic heart failure
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome

**BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL,
ENHANCED MULTI-TIER AND ENHANCED MULTI-TIER ANNUAL DRUG LISTS ADDITIONS**

DRUG¹	CONDITION
CLINPRO 5000 (sodium fluoride 1.1% paste)	Tooth-decay prevention
DENTA 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention
DENTAGEL (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
EASYGEL (stannous fluoride 0.4% gel)	Tooth-decay prevention
FLUORIDE (sodium fluoride 0.25 mg f chew tab (from 0.55 mg naf), 0.5 mg f chew tab (from 1.1 mg naf), 1 mg f chew tab (from 2.2 mg naf))	Tooth-decay prevention
FLUORIDEX DAILY DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention
FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)	Tooth-decay prevention
FLUORIDEX ENHANCED WHITENING (sodium fluoride 1.1% paste)	Tooth-decay prevention
FLUORIMAX 5000 (sodium fluoride 1.1% paste)	Tooth-decay prevention
FRAICHE 5000 DENTAL (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
ICOTYDE (icotrokinra 200 mg tab)	Plaque Psoriasis
IQIRVO (elafibranor 80 mg tab)	Primary biliary cholangitis
JUST RIGHT 5000 (sodium fluoride 1.1% paste)	Tooth-decay prevention
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer
LIVDELZI (seladelpar lysine 10 mg cap)	Primary biliary cholangitis
PERIOMED (stannous fluoride conc 0.63%)	Tooth-decay prevention
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention
REDEMPLO (plozasiran sodium 25 mg/0.5 mL (base equiv) subcut soln pref syr)	Familial chylomicronemia syndrome
SF (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
SF 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention
SODIUM FLUORIDE (sodium fluoride 0.25 mg f chew tab (from 0.55 mg naf), 0.5 mg f chew tab (from 1.1 mg naf)), 1 mg f chew tab (from 2.2 mg naf)	Tooth-decay prevention
SODIUM FLUORIDE (sodium fluoride 1.1% cream)	Tooth-decay prevention
SODIUM FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention
SODIUM FLUORIDE (sodium fluoride 0.2% rinse)	Tooth-decay prevention
SODIUM FLUORIDE 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention
SODIUM FLUORIDE 5000 PPM (sodium fluoride 1.1% paste)	Tooth-decay prevention
SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention

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
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer
TRYNGOLZA (olezarsen sod subcut soln auto-inject 80 mg/0.8 mL (base equiv))	Familial Chylomicronemia

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
CLONIDINE HYDROCHLORIDE (clonidine HCl 0.05 mg tab)	Hypertension	4/19/2026
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg, 10-500 mg, 5-1000 mg, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
GRANISOL (granisetron HCl 2 mg/10 mL oral soln (base equiv))	Chemotherapy-induced nausea and vomiting	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
KETOPROFEN (ketoprofen 75 mg cap)	Pain	4/26/2026
MECLIZINE HYDROCHLORIDE (meclizine HCl 25 mg chew tab)	Motion sickness	4/26/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
TOLECTIN DS (tolmetin sodium 400 mg cap)	Rheumatoid arthritis	4/5/2026
TONMYA (cyclobenzaprine HCl 2.8 mg sublingual tab)	Fibromyalgia	6/1/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

BALANCED BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
CLONIDINE HYDROCHLORIDE (clonidine HCl 0.05 mg tab)	Hypertension	4/19/2026
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
GRANISOL (granisetron HCl 2 mg/10 mL oral soln (base equiv))	Chemotherapy-induced nausea and vomiting	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
KETOPROFEN (ketoprofen cap 75 mg)	Pain	4/26/2026
MECLIZINE HYDROCHLORIDE (meclizine HCl 25 mg chew tab)	Motion sickness	4/26/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin oint 2%	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
TOLECTIN DS (tolmetin sodium 400 mg cap)	Rheumatoid arthritis	4/5/2026
TONMYA (cyclobenzaprine HCl sublingual tab 2.8 mg)	Fibromyalgia	6/1/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

PERFORMANCE DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026

PERFORMANCE DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
sitagliptin phosphate tab 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

PERFORMANCE BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

PERFORMANCE FULL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026

PERFORMANCE FULL DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

PERFORMANCE SELECT DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
TONMYA (cyclobenzaprine HCl sublingual tab 2.8 mg)	Fibromyalgia	6/1/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS		
DRUG ¹	CONDITION	EFFECTIVE DATE
dapagliflozin 5 mg tab, 10 mg tab	Type 2 diabetes mellitus	4/12/2026
dapagliflozin free base-metformin HCl ER 24 hr 5-500 mg tab, 5-1000 mg tab, 10-500 mg tab, 10-1000 mg tab	Type 2 diabetes mellitus	5/3/2026

PERFORMANCE SELECT BIOSIMILAR DRUG LIST ADDITIONS

DRUG ¹	CONDITION	EFFECTIVE DATE
INLURIYO (imlunestrant tosylate 200 mg tab)	Cancer	6/1/2026
JASCAYD (nerandomilast 9 mg tab, 18 mg tab)	Idiopathic Pulmonary Fibrosis	6/1/2026
JUXTAPID (lomitapide mesylate 2 mg cap (base equiv))	Homozygous familial hypercholesterolemia	4/12/2026
nintedanib esylate 100 mg cap, 150 mg cap (base equiv)	Interstitial Lung Diseases	4/5/2026
nitroglycerin 2% oint	Angina	4/19/2026
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 diabetes mellitus	4/19/2026
sitagliptin phosphate 25 mg tab, 50 mg tab, 100 mg tab (base equiv)	Type 2 diabetes mellitus	5/31/2026
sitagliptin phosphate-metformin HCl 50-500 mg tab, 50-1000 mg tab	Type 2 diabetes mellitus	5/31/2026
tacrolimus ER 24 hr 0.5 mg cap, 1 mg cap, 5 mg cap	Prophylaxis of organ rejection after kidney transplant	5/10/2026
TONMYA (cyclobenzaprine HCl sublingual tab 2.8 mg)	Fibromyalgia	6/1/2026
WEGOVY HD (semaglutide (weight mngmt) 7.2 mg/0.75 mL auto-injector soln)	Chronic weight management/obesity	4/20/2026

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	EFFECTIVE DATE
OZEMPIC (semaglutide 1.5 mg tab, 4 mg tab, 9 mg tab)	Type 2 Diabetes	4/19/2026

Drug Tier Changes

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

BALANCED DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand

BALANCED DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW TIER
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

BALANCED BIOSIMILAR DRUG TIER CHANGES		
DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

PERFORMANCE BIOSIMILAR DRUG TIER CHANGES

DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

PERFORMANCE FULL DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capiwasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capiwasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv)	Familial Chylomicronemia Syndrome	Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES

DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES		
DRUG ¹	CONDITION	NEW TIER
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG TIER CHANGES		
DRUG ¹	CONDITION	NEW TIER
IQIRVO (elafibranor 80 mg tab)	Primary Biliary Cholangitis	Preferred Brand
LAZCLUZE (lazertinib mesylate 80 mg tab, 240 mg tab)	Cancer	Preferred Brand
LIVDELZI (seladelpar lysine 10 mg cap)	Primary Biliary Cholangitis	Preferred Brand
PREVIDENT 5000 BOOSTER PLUS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 DRY MOUTH (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 KIDS (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 ORTHO DEFENSE (sodium fluoride 1.1% paste)	Tooth-decay prevention	Preferred Brand
PREVIDENT 5000 PLUS (sodium fluoride 1.1% cream)	Tooth-decay prevention	Preferred Brand
PREVIDENT FLUORIDE (sodium fluoride 1.1% (0.5% f) gel)	Tooth-decay prevention	Preferred Brand
PREVIDENT RINSE (sodium fluoride 0.2% rinse)	Tooth-decay prevention	Preferred Brand
TRUQAP (capivasertib 160 mg tab, 200 mg tab)	Cancer	Preferred Brand
TRUQAP (capivasertib 160 mg tab therapy pack, 200 mg tab therapy pack)	Cancer	Preferred Brand
TRYNGOLZA (olezarsen sod subcut 80 mg/0.8 mL auto-inject soln) (base equiv))	Familial Chylomicronemia Syndrome	Preferred Brand

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
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

PERFORMANCE FULL DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG ¹	CONDITION	NEW TIER	EFFECTIVE DATE
nitroglycerin 2% oint	Angina	Non-Preferred Generic	4/19/26
pimozide 1 mg tab, 2 mg tab	Tourette disorder	Non-Preferred Generic	4/26/26

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.

Program Updates

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

PROGRAM NAME	PROGRAM TYPE(S)	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Alternative Dosage Form PAQL	Prior Authorization, Dispensing Limits	Remove drugs Teglutik, Tiglutik	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Balanced, Balanced Biosimilar, Performance Select, Performance Select Biosimilar, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance, Performance Biosimilar, Performance Annual, Performance Full, HIM	7/1/2026

Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

Please Note: The prior authorization, step therapy or quantity limits programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard programs may apply, based on the member's current drug list. A list of 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. Members may also visit bcbsil.com and log in to [Blue Access for MembersSM](#) or MyPrime.com for a variety of online resources.

PROGRAM NAME	PROGRAM TYPE(S)	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Joenja PAQL	Prior Authorization, Dispensing Limits	Retired program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Balanced Biosimilar, Performance (ASO), Performance Annual, Performance Biosimilar, Performance Full, Performance Select, Performance Select Biosimilar, HIM	4/15/2026
Northera PAQL	Prior Authorization, Dispensing Limits	Retired program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Balanced Biosimilar, Performance ASO, Performance Annual, Performance Biosimilar, Performance Full, Performance Select, Performance Select Biosimilar, HIM	4/15/2026

Dispensing Limit Changes

The prescription-drug benefit program 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. All drugs with dispensing limits have been consolidated into one document that is available on bcbsil.com.

If a member is uncertain about a particular drug, they can log into their online account at MyPrime.com or bcbsil.com. Members can also download the BCBSIL Mobile App to manage prescription drug benefits. In addition to these online resources, members can call the number on their member ID card and speak to a customer advocate.

Dispensing Limits that were listed on the provider page are now available on the [member drug list page](#). All drugs with dispensing limits have been consolidated into one document that is available on bcbsil.com.

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 MembersSM](#) 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
Samsca (tolvaptan) 15 mg tab	Samsca QL	30 tabs per 180 days	7/1/2026
Samsca (tolvaptan) 30 mg tab	Samsca QL	60 tabs per 180 days	7/1/2026
Teglutik/Tiglutik (riluzole) 50 mg/mL susp	Alternative Dosage Form PAQL	Dispensing Limit Retired	7/1/2026

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, AND PERFORMANCE SELECT BIOSIMILAR DRUG LISTS

MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Samsca (tolvaptan) 15 mg tab	Samsca QL	30 tabs per 180 days	7/1/2026
Samsca (tolvaptan) 30 mg tab	Samsca QL	60 tabs per 180 days	7/1/2026
Teglutik/Tiglutik (riluzole) 50 mg/mL susp	Alternative Dosage Form PAQL	Dispensing Limit Retired	7/1/2026

Other Dispensing Limit Updates

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
Joenja (leniolisib phosphate) 70 mg tab	Joenja PAQL	Dispensing Limit Retired	4/15/2026
Northera (droxidopa) 100 mg tab, 200 mg tab, 300 mg tab	Northera PAQL	Dispensing Limit Retired	4/15/2026
Xifaxan (refaximin) 550 mg tab	IBS-D PAQL	60 tabs per 30 days	5/15/2026

BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, AND PERFORMANCE SELECT BIOSIMILAR DRUG LISTS

MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Joenja (leniolisib phosphate) 70 mg tab	Joenja PAQL	Dispensing Limit Retired	4/15/2026
Northera (droxidopa) 100 mg tab, 200 mg tab, 300 mg tab	Northera PAQL	Dispensing Limit Retired	4/15/2026
Xifaxan (refaximin) 550 mg tab	IBS-D PAQL	60 tabs per 30 days	5/15/2026

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
AZENTRA 13-1 mg tab	Amneal Prenatal+, Prenatal19, Prenatal-U, Se-Natal, Trinate	Pregnancy
benzonatate 150 mg cap	benzonatate 100 mg, 200 mg	Cough
DEXLYT 0.25 mg tab	other dexamethasone tab strengths	Inflammation, allergic reaction
diclofenac potassium 25 mg tab	diclofenac pot 50 mg, meloxicam, ibuprofen, naproxen	Pain, inflammation
fenoprofen 200 mg cap	Amneal Prenatal+, Prenatal19, Prenatal-U, Se-Natal, Trinate	Arthritis
ketoprofen 75 mg cap	meloxicam, ibuprofen, naproxen	Pain, inflammation
Novyra tab	Amneal Prenatal+, Prenatal19, Prenatal-U, Se-Natal, Trinate	Pregnancy
Prenova tab	Amneal Prenatal+, Prenatal19, Prenatal-U, Se-Natal, Trinate	Pregnancy
PRENYRA tab	Amneal Prenatal+, Prenatal19, Prenatal-U, Se-Natal, Trinate	Pregnancy
tolmetin sodium 200 mg tab	meloxicam, ibuprofen, naproxen	Arthritis, inflammation

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.

⁴This 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.

⁵Prime 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.