BlueCross BlueShield of Illinois

Pharmacy Program Quarterly Update Changes Effective Jan. 1, 2027 – Part 1

Nov. 3, 2026

Contents

- Drug List Changes
  - Drug List Exclusions and Revisions
    - Performance Drug List Exclusions
    - Performance Full Drug List Exclusions
    - Performance Select Drug List Exclusions
    - Performance Annual Drug List Exclusions
    - Basic And Enhanced Drug Lists Removals
    - Basic Annual And Enhanced Annual Drug Lists Removals
    - Basic Multi-Tier Drug List Removals
    - Health Insurance Marketplace Drug List Exclusions
  - Drug Tier Changes
    - Balanced Drug List Tier Changes
    - Performance Drug List Tier Changes
    - Performance Full List Tier Changes
    - Performance Select Drug List Tier Changes
    - Performance Annual Drug List Tier Changes
    - Health Insurance Marketplace Drug List Tier Changes
  - Tier 1 to Tier 2 Changes
- Utilization Management Program Changes
  - Standard Prior Authorization Program Changes
    - Balanced Drug List
    - Performance Select Drug List
    - Performance Select Biosimilar Drug List
    - Basic, Basic Multi-Tier and Enhanced Drug Lists
    - Basic Annual and Enhanced Annual Drug Lists
    - Health Insurance Marketplace Drug List
  - New Standard Utilization Management Programs
  - Dispensing Limit Changes
    - Basic, Basic Multi-Tier AND Enhanced Drug Lists
    - Balanced Drug List
    - Performance Drug List

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

259211.1126

Performance Annual Drug List
Performance Full Drug List
Performance Select Drug List
Health Insurance Marketplace Drug List
Change in Benefit Coverage for Select High-Cost Products
Pharmacy Benefits Updates
HDHP-HSA Preventive Drug Program Updates
ASO Groups
Custom Fully Insured (CFI) Groups
[IL/MT/NM/OK/TX] ASO-Only Groups
Blue Balance Funded Plans
Mid-Market Plans
Small Group (SG) Plans

Reminder: Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. The part 2 article includes updates that do not require member notification. These changes will be published closer to the Jan. 1, 2027, effective date.

Pharmacy Benefit Reminders

A new year often welcomes new members to Blue Cross and Blue Shield of Illinois or updates to a current member's benefits. As you visit with your patients, consider discussing their pharmacy benefits. Mentioning the following items can help them with this transition.

- Your patient's pharmacy benefits may be new to them or apply to an updated drug list. The preview drug lists are available on our member website to help both you and your patients when prescribing medication. The final drug lists will be available closer to the Jan. 1, 2027, effective date.
- Review the prescription drug list before prescribing medications. Some drugs may have been excluded from coverage or have a new utilization management program requirement. If your patients need a coverage exception or prior authorization request, visit the Prior Authorization and Step Therapy Programs section of our provider website where you can find forms and more information.
- If you have patients with an individual HMO benefit plan offered on/off the BCBSIL Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view these changes on the BCBSIL member website.
- Some members' plans may experience changes to the pharmacy network, such as moving to a new pharmacy network or changes to pharmacies participating within the network. Members who are impacted by these changes will receive letters to alert them they will pay more if continue to use a pharmacy no longer in network. In most cases, no action is required on your part for these pharmacy network changes. Members can easily transfer prescriptions to an in-network pharmacy. You may want to ask which pharmacy is their preferred choice if your office stores pharmacy information on patient records.

If you or your patients are concerned about a particular drug benefit change, call the number on their ID card to confirm any new or updated pharmacy benefits. Treatment decisions are always between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the BCBSIL drug lists, effective on or after Jan. 1, 2027.

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

Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the charts below, or you can view the January 2027 drug lists on the BCBSIL member website.

Please note: The drug list changes below may not apply to members on the Basic Annual, Enhanced Annual or Performance Annual Drug Lists. These drug lists revisions and/or exclusions will be applied on or after Jan. 1, 2027.

Members with BCBSIL HMO Illinois® or Blue Advantage HMO℠ will not have any of these drug list revisions/exclusions applied to their pharmacy benefits until on or after Jan. 1, 2027.

Drug List Exclusions and Revisions

BALANCED DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your health care provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia

BALANCED DRUG LIST EXCLUSIONS		
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension
PENTASA (mesalamine cap ER 250 mg)	balsalazide, budesonide DR capsule, mesalamine DR capsule 400 mg, mesalamine ER capsule 0.375 gm (generic APRISO), mesalamine enema, mesalamine suppository, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm, sulfasalazine	Ulcerative Colitis
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

BALANCED DRUG LIST EXCLUSIONS		
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG1	**ALTERNATIVES**	**CONDITION**
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension
PENTASA (mesalamine cap ER 250 mg)	balsalazide, budesonide DR capsule, mesalamine DR capsule 400 mg, mesalamine ER capsule 0.375 gm (generic APRISO), mesalamine enema, mesalamine suppository, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm, sulfasalazine	Ulcerative Colitis

BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG1	**ALTERNATIVES**	**CONDITION**
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	candesartan, candesartan/hydrochlorothiazide, irbesartan, irbesartan/hydrochlorothiazide, losartan, losartan/hydrochlorothiazide, olmesartan, olmesartan/hydrochlorothiazide, telmisartan, valsartan, valsartan/hydrochlorothiazide	Hypertension
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension

PERFORMANCE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG1	**ALTERNATIVES**	**CONDITION**
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	candesartan, candesartan/hydrochlorothiazide, irbesartan, irbesartan/hydrochlorothiazide, losartan, losartan/hydrochlorothiazide, olmesartan, olmesartan/hydrochlorothiazide, telmisartan, valsartan, valsartan/hydrochlorothiazide	Hypertension
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension

PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG1	**ALTERNATIVES**	**CONDITION**
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg,	candesartan, candesartan/hydrochlorothiazide, irbesartan, irbesartan/hydrochlorothiazide, losartan, losartan/hydrochlorothiazide, olmesartan, olmesartan/hydrochlorothiazide, telmisartan, valsartan, valsartan/hydrochlorothiazide	Hypertension
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension

PERFORMANCE FULL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg,	amlodipine/benazepril, amlodipine/olmesartan, amlodipine/valsartan, olmesartan/amlodipine/HCTZ	Hypertension

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
ELYXYB (celecoxib oral soln 120 mg/4.8 mL (25 mg/mL))	diclofenac tablet	Migraine
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XEPI (ozenoxacin cream 1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Impetigo

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg,	amlodipine/benazepril, amlodipine/olmesartan, amlodipine/valsartan, olmesartan/amlodipine/HCTZ	Hypertension

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
ELYXYB (celecoxib oral soln 120 mg/4.8 mL (25 mg/mL))	diclofenac tablet	Migraine
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental Caries Prophylaxis

PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental Caries Prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental Caries Prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune disorder
XEPI (ozenoxacin cream 1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Impetigo

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg	candesartan, candesartan/hydrochlorothiazide, irbesartan, irbesartan/hydrochlorothiazide, losartan, losartan/hydrochlorothiazide, olmesartan, olmesartan/hydrochlorothiazide, telmisartan, valsartan, valsartan/hydrochlorothiazide	Hypertension
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	budesonide rectal foam, hydrocortisone enema, hydrocortisone perianal cream, procto-med, proctosol, proctozone	Hemorrhoids, Anorectal Inflammation and Pruritus
AURYXIA (ferric citrate tab 1 gm (210 mg ferric iron))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	High phosphate in CKD, Iron Deficiency Anemia in CKD
AUSTEDO (deutetrabenazine tab 6 mg, 9 mg, 12 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR (deutetrabenazine tab ER 24 hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 12 mg & 18 mg & 24 mg & 30 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
AUSTEDO XR PATIENT TITRATION KIT (deutetrabenazine tab ER titration pack 6 mg & 12 mg & 24 mg)	INGREZZA	Tardive dyskinesia, Chorea associated with Huntington's Disease
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
DISKETS (methadone HCl tab for oral susp 40 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Opioid addiction
DROXIA (hydroxyurea cap 200 mg, 300 mg, 400 mg)	hydroxyurea	Sickle cell anemia, Cancer

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
EDURANT (rilpivirine HCl tab 25 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	HIV
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
fingolimod HCl cap 0.5 mg (base equiv)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Multiple Sclerosis
FYCOMPA (perampanel susp 0.5 mg/mL)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Seizures
GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
KLOR-CON 10 (potassium chloride tab ER 10 meq)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypokalemia

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
KLOR-CON 8 (potassium chloride tab ER 8 meq (600 mg))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypokalemia
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NUEDEXTA (dextromethorphan HBr-quinidine sulfate cap 20-10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pseudobulbar Affect
OFEV (nintedanib esylate cap 100 mg, 150 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Interstitial Lung Diseases
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary Arterial Hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer
PERIOMED (stannous fluoride conc 0.63%)	Rx alternatives are available.	Dental caries prophylaxis
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopausal Symptoms

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
RAVICTI (glycerol phenylbutyrate liquid 1.1 gm/mL)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Disorder of the urea cycle metabolism
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Chronic weight management
stannous fluoride conc 0.63%	Rx alternatives are available.	Dental caries prophylaxis
stannous fluoride gel 0.4%	Rx alternatives are available.	Dental caries prophylaxis
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
topiramate cap ER 24 hr 25 mg, 50 mg, 100 mg, 200 mg	topiramate sprinkle capsule	Seizure
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm, 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Lokelma	Hyperkalemia
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypophosphatemia, increase urinary phosphate
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders

PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary arterial hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopause symptoms

BASIC AND ENHANCED DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
TAZVERIK (tazemetostat HBr tab 200 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
FARXIGA (dapagliflozin tab 5 mg, 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
JANUMET (sitagliptin phosphate-metformin HCl tab 50-500 mg, 50-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
JANUVIA (sitagliptin phosphate tab 25 mg, 50 mg, 100 mg (base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Multiple Sclerosis
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	FULPHILA, UDENYCA	Neutropenia
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary arterial hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
POMALYST (pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopause Symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
SAVELLA (milnacipran HCl tab 12.5 mg, 25 mg, 50 mg, 100 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAVELLA TITRATION PACK (milnacipran HCl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Fibromyalgia
SAXENDA (liraglutide (weight mngmt) soln pen-inj 18 mg/3 mL (6 mg/mL))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Chronic weight management
TAZVERIK (tazemetostat HBr tab 200 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	This medication is available through SortPak Pharmacy. Call 877-570-7787.	Cancer
VELTASSA (patiromer sorbitex calcium for susp packet 1 gm, 8.4 gm, 16.8 gm, 25.2 gm (base eq))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hyperkalemia
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XIGDUO XR (dapagliflozin free base-metformin HCl tab ER 24 hr 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 diabetes
ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Inflammatory conditions of eye

BASIC MULTI-TIER DRUG LIST REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
bicalutamide tab 50 mg	Cancer	Please talk to your provider or pharmacist about other medication(s) available for your condition.
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	Cancer	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
clozapine tab 25 mg	Schizophrenia	Please talk to your provider or pharmacist about other medication(s) available for your condition.
doxepin HCl conc 10 mg/mL	Depression	Please talk to your provider or pharmacist about other medication(s) available for your condition.
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.
ipratropium bromide inhal soln 0.02%	Chronic obstructive pulmonary disease (COPD)	Please talk to your provider or pharmacist about other medication(s) available for your condition.
isoniazid tab 100 mg, 300 mg	Tuberculosis	Please talk to your provider or pharmacist about other medication(s) available for your condition.

BASIC MULTI-TIER DRUG LIST REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
isosorbide mononitrate tab 10 mg, 20 mg	Angina	Please talk to your provider or pharmacist about other medication(s) available for your condition.
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	Type 2 diabetes	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
morphine sulfate tab ER 15 mg	Pain	Please talk to your provider or pharmacist about other medication(s) available for your condition.
NEULASTA (pegfilgrastim inj 4 mg/0.4 mL)	Neutropenia	FULPHILA, UDENYCA
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6 mL)	Neutropenia	FULPHILA, UDENYCA
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6 mL)	Neutropenia	FULPHILA, UDENYCA
OPSUMIT (macitentan tab 10 mg)	Pulmonary arterial hypertension	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	Cancer	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Menopause symptoms	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
PRIFTIN (rifapentine tab 150 mg)	Tuberculosis	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
TAZVERIK (tazemetostat HBr tab 200 mg)	Cancer	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg	Cancer	This medication is available through SortPak Pharmacy. Call 877-570-7787.

BASIC MULTI-TIER DRUG LIST REMOVALS		
DRUG[1]	ALTERNATIVES	CONDITION
vardenafil HCl tab 2.5 mg	Erectile Dysfunction	Please talk to your provider or pharmacist about other medication(s) available for your condition.
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))	Asthma	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	Autoimmune Disorders	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Autoimmune Disorders	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	Autoimmune Disorders	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.

HEALTH INSURANCE MARKETPLACE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
ANUSOL-HC (hydrocortisone acetate suppository 25 mg)	HYDROCORTISONE SUPPOSITORY	Hemorrhoids
BOSULIF (bosutinib tab 100 mg, 400 mg, 500 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
imatinib mesylate tab 100 mg, 400 mg (base equivalent)	This medication is available through SortPak Pharmacy. Call 877-570-7787	Cancer
JANUMET XR (sitagliptin phosphate-metformin HCl tab ER 24 hr 50-500 mg, 50-1000 mg, 100-1000 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Type 2 Diabetes
NEULASTA (pegfilgrastim inj 4 mg/0.4ml)	FULPHILA, UDENYCA	Neutropenia
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6ml)	FULPHILA, UDENYCA	Neutropenia

HEALTH INSURANCE MARKETPLACE DRUG LIST EXCLUSIONS		
DRUG[1]	ALTERNATIVES	CONDITION
NEULASTA ONPRO KIT (pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml)	Removal From Tier 1 of Sexual Dysfunction component - Addition To Tier 2 of Sexual Dysfunction component	Neutropenia
OPSUMIT (macitentan tab 10 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Pulmonary arterial hypertension
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg tabs	Cancer
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Menopause symptoms
PRIFTIN (rifapentine tab 150 mg)	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tuberculosis
TAZVERIK (tazemetostat HBr tab 200 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Asthma
XELJANZ (tofacitinib citrate oral soln 1 mg/mL (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders
XELJANZ XR (tofacitinib citrate tab ER 24 hr 11 mg, 22 mg (base equivalent))	There is a generic equivalent available. Please talk to your provider or pharmacist about other medication(s) available for your condition.	Autoimmune Disorders

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Tier changes effective Jan. 1, 2027, are listed below.

BALANCED DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
DOXYCYCLINE HYCLATE DR (doxycycline hyclate tab delayed release 50 mg)	doxycycline hyclate, doxycycline monohydrate, minocycline capsule, tetracycline capsule	Bacterial Infections, Acne	Non-preferred Brand
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
DOXYCYCLINE HYCLATE DR (doxycycline hyclate tab delayed release 50 mg)	doxycycline hyclate, doxycycline monohydrate, minocycline capsule, tetracycline capsule	Bacterial Infections, Acne	Non-preferred Brand
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
PAZOPANIB HYDROCHLORIDE (pazopanib HCl tab 400 mg (base equiv))	pazopanib 200 mg	Cancer	Non-preferred Brand

BALANCED BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE FULL LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand

PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
ANUCORT-HC (hydrocortisone acetate suppository 25 mg)	hydrocortisone enema, hydrocortisone perianal cream	Hemorrhoids, inflammatory conditions of rectum and anus	Non-preferred Brand
ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand
BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Bacterial infection of eye	Non-preferred Brand
CEFIXIME (cefixime for susp 100 mg/5 mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Infection	Non-preferred Brand
CLINPRO 5000 (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
DENTA 5000 PLUS (sodium fluoride cream 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
DENTAGEL (sodium fluoride gel 1.1% (0.5% f))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
DOXEPIN HCL (doxepin HCl conc 10 mg/mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Depression, anxiety	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
EASYGEL (stannous fluoride gel 0.4%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
ERYTHROMYCIN (erythromycin gel 2%)	erythromycin solution 2%	Acne	Non-preferred Brand
FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FLUORIMAX 5000 (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
FUROSEMIDE (furosemide oral soln 10 mg/mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Edema	Non-preferred Brand
HEMMOREX-HC (hydrocortisone acetate suppository 25 mg)	hydrocortisone enema, hydrocortisone perianal cream	Hemorrhoids, inflammatory conditions of rectum and anus	Non-preferred Brand
HYDROCORTISONE ACETATE (hydrocortisone acetate suppository 25 mg)	hydrocortisone enema, hydrocortisone perianal cream	Hemorrhoids, inflammatory conditions of rectum and anus	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	hydroxychloroquine sulfate tab 200 mg	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand
JUST RIGHT 5000 (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	diclofenac, ketorolac 0.5%	Ocular Pain and Inflammation	Non-preferred Brand
MEMANTINE HCL TITRATION PAK (memantine HCl tab 28 x 5 mg & 21 x 10 mg titration pack)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Alzheimer's Disease	Non-preferred Brand
MESALAMINE DR (mesalamine cap dr 400 mg)	mesalamine ER capsule 0.375 gm, mesalamine DR tablet 800 mg, mesalamine DR tablet 1.2 gm	Ulcerative colitis	Non-preferred Brand
METHYLPHENIDATE HYDROCHLORIDE ER (DIF) (methylphenidate HCl tab ER diffusion 27 mg, 36 mg, 54 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	ADHD	Non-preferred Brand
NEBUSAL (sodium chloride soln nebu 3%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Loosen mucus in lungs	Non-preferred Brand
NEOMYCIN/POLYMYXIN/ BACITRACIN (neomycin-bacitrac zn-polymyx 5(3.5) mg-400 unt-10000 unt op oin)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Bacterial infection of eye	Non-preferred Brand
NEOMYCIN/POLYMYXIN/ BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-HC ophth oint 1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Bacterial infection of eye	Non-preferred Brand
NILUTAMIDE (nilutamide tab 150 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Cancer	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
OFLOXACIN (ofloxacin tab 400 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Bacterial Infections	Non-preferred Brand
PERIOMED (stannous fluoride conc 0.63%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Non-preferred Brand
PHENOBARBITAL (phenobarbital elixir 20 mg/5 mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred Brand
PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred Brand
PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypophosphatemia, increase urinary phosphate	Non-preferred Brand
PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypophosphatemia, increase urinary phosphate	Non-preferred Brand
PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypophosphatemia, increase urinary phosphate	Non-preferred Brand
PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Hypophosphatemia, increase urinary phosphate	Non-preferred Brand
PULMOSAL (sodium chloride soln nebu 7%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Loosen mucus in lungs	Non-preferred Brand
QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 m)	benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide	Hypertension	Non-preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
SELENIUM SULFIDE (selenium sulfide lotion 2.5%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Seborrheic dermatitis	Non-preferred Brand
SF (sodium fluoride gel 1.1% (0.5% f))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SF 5000 PLUS (sodium fluoride cream 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Loosen mucus in lungs	Non-preferred Brand
SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	alkalinizing agent	Non-preferred Brand
SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	alkalinizing agent	Non-preferred Brand
SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE (sodium fluoride cream 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE (sodium fluoride rinse 0.2%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand

PERFORMANCE ANNUAL DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Ocular Infections	Non-preferred Brand
TIAGABINE HYDROCHLORIDE (tiagabine HCl tab 12 mg, 16 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Seizures	Non-preferred Brand
TRIAMCINOLONE ACETONIDE (triamcinolone acetonide lotion 0.025%)	alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream	Dermatoses	Non-preferred Brand
VALTYA 1/50 (ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Contraception	Non-preferred Brand

HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
DOXEPIN HYDROCHLORIDE (doxepin HCl cap 150 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Depression	Non-preferred Brand
HYDROXYCHLOROQUINE SULFATE (hydroxychloroquine sulfate tab 100 mg, 300 mg, 400 mg)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Malaria, Lupus, Rheumatoid Arthritis	Non-preferred Brand

HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES			
DRUG[1]	ALTERNATIVES[1, 2]	CONDITION	NEW TIER
KETOROLAC TROMETHAMINE (ketorolac tromethamine ophth soln 0.4%)	Please talk to your provider or pharmacist about other medication(s) available for your condition.	Ocular Pain, Inflammation	Non-preferred Brand

Tier 1 to Tier 2 Changes

The following drugs are moving from a preferred generic (tier 1) to a non--preferred generic (tier 2) effective Jan. 1, 2027. These changes only apply to members with a pharmacy benefit plan that includes different payment tiers for preferred generics and non-preferred generic (e.g. 5-tier or higher plan design with preferred generic and non-preferred generic lower tiers). Members may pay more for these drugs.

PERFORMANCE ANNUAL DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
bicalutamide tab 50 mg	Cancer
clozapine tab 25 mg	Schizophrenia
ipratropium bromide inhal soln 0.02%	COPD
isoniazid tab 100 mg, 300 mg	Tuberculosis
isosorbide mononitrate tab 10 mg, 20 mg	Angina
morphine sulfate tab CR 15 mg	Pain
morphine sulfate tab ER 15 mg	Pain
vardenafil HCl tab 2.5 mg	Erectile dysfunction

PERFORMANCE FULL DRUG LIST TIER 1 TO TIER 2 CHANGES	
DRUG[1]	CONDITION
bicalutamide tab 50 mg	Cancer
clozapine tab 25 mg	Schizophrenia
ipratropium bromide inhal soln 0.02%	COPD
isoniazid tab 100 mg, 300 mg	Tuberculosis
isosorbide mononitrate tab 10 mg	Angina
isosorbide mononitrate tab 20 mg	Angina
morphine sulfate tab CR 15 mg	Pain
morphine sulfate tab ER 15 mg	Pain
vardenafil HCl tab 2.5 mg	Erectile dysfunction

Members with BCBSIL MyBlue Plus℠ POS, HMO Illinois® or Blue Advantage HMO℠ will not have any of these generic drug revisions applied to their pharmacy benefits until their 2027 plan renewal date.

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Standard Prior Authorization Program Changes

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

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

Note: Step Therapy programs do not apply to Fully Insured Plans effective Jan. 1, 2027, but do remain available for some ASO plans.

Members received letters regarding the program changes listed below. All changes are effective Jan. 1, 2027.

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone tab 2.5 mg, 12.5 mg	Therapeutic Alternatives PAQL	Prior Authorization

BALANCED BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone tab 2.5 mg, 12.5 mg	Therapeutic Alternatives PAQL	Prior Authorization

PERFORMANCE SELECT DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone tab 2.5 mg, 12.5 mg	Therapeutic Alternatives PAQL	Prior Authorization

PERFORMANCE SELECT BIOSIMILAR DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone tab 2.5 mg, 12.5 mg	Therapeutic Alternatives PAQL	Prior Authorization

BASIC, BASIC MULTI-TIER AND ENHANCED DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone tab 2.5 mg, 12.5 mg	Therapeutic Alternatives PAQL	Prior Authorization
Farxiga	SGLT Inhibitors STQL	Step Therapy
Janumet	DPP-4 Inhibitors and Combinations STQL	Step Therapy
Janumet XR	DPP-4 Inhibitors and Combinations STQL	Step Therapy
Januvia	DPP-4 Inhibitors and Combinations STQL	Step Therapy

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Buspirone 2.5 mg and 12.5 mg tabs	Therapeutic Alternatives PAQL	Prior Authorization
Droxia caps	Therapeutic Alternatives PAQL	Prior Authorization
Enbumyst	Alternative Dosage Form PAQL	Prior Authorization
Farxiga	SGLT Inhibitors STQL	Step Therapy
Glassia	Alpha-1 Proteinase Inhibitor PA	Prior Authorization
Janumet	DPP-4 Inhibitors and Combinations STQL	Step Therapy
Janumet XR	DPP-4 Inhibitors and Combinations STQL	Step Therapy
Januvia	DPP-4 Inhibitors and Combinations STQL	Step Therapy
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization
Minocycline 75mg and 100 mg tabs	Oral Tetracycline Derivatives PA	Prior Authorization
Pokonza powder packs	Therapeutic Alternatives PAQL	Prior Authorization
Potassium Chloride Powder packet 40 mEq	Therapeutic Alternatives PAQL	Prior Authorization
Prolastin-C	Alpha-1 Proteinase Inhibitor PA	Prior Authorization
Tonmya	Alternative Dosage Form PAQL	Prior Authorization
Vyscoxa	Alternative Dosage Form PAQL	Prior Authorization

HEALTH INSURANCE MARKETPLACE DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Glassia	Alpha-1 Proteinase Inhibitor PA	Prior Authorization
Leucovorin Calcium tab	Leucovorin PAQL	Prior Authorization
Prolastin-C	Alpha-1 Proteinase Inhibitor PA	Prior Authorization

New Standard Utilization Management Programs

The following are new programs, or new drugs, that do not have drug utilization. Members were not lettered on the programs listed.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
APRIL Inhibitors PAQL	Prior Authorization, Dispensing Limits	Added Trutakna (atacicept-vymj) 150 mg/mL injection as target	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual, HIM, Balanced. Balanced Biosimilar. Performance, Performance Biosimilar, Performance, Performance Full, Performance Annual, Performance Select, Performance Select Biosimilar	1/1/2027

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Cholestasis Pruritis PAQL	Prior Authorization, Dispensing Limits	Added Lynavoy tabs as target	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual, HIM, Balanced. Balanced Biosimilar. Performance, Performance Biosimilar, Performance, Performance Full, Performance Annual, Performance Select, Performance Select Biosimilar	11/1/2026
Colony Stimulating Factors ST	Step Therapy	Added Neulasta, Neulasta Onpro as targets	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual	1/1/2027
Hepatitis D PAQL	Prior Authorization, Dispensing Limits	Added Hepcludex (bulevirtide) 8.5 mg injection as target	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual, HIM, Balanced. Balanced Biosimilar. Performance, Performance Biosimilar, Performance, Performance Full, Performance Annual, Performance Select, Performance Select Biosimilar	1/1/2027
Nereus PAQL	Prior Authorization, Dispensing Limits	Added Nereus (tradipitant) 85 mg cap as target	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual, HIM, Balanced. Balanced Biosimilar. Performance, Performance Biosimilar, Performance, Performance Full, Performance Annual, Performance Select, Performance Select Biosimilar	1/1/2027
Oral Tetracycline Derivatives ST	Step Therapy	Program changed from Prior Authorization to Step Therapy	Basic, Basic Multi-Tier, Enhanced, Basic Annual, Enhanced Annual	1/1/2027

Dispensing Limit Changes

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling.

BCBSIL may send letters to all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Please note: The dispensing limits listed below may not apply to members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2027. They also may not apply to BCBSIL HMO members on the 2026 or 2027 Health Insurance Marketplace Drug Lists, these dispensing limits may be applied on or after Jan. 1, 2027.

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 Members℠ or MyPrime.com for more online resources.

BASIC, BASIC MULTI-TIER AND ENHANCED DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID QL	7 tabs per 28 days	1/1/2027

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	1/1/2027
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	1/1/2027
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	1/1/2027

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS			
Crexont (carbidopa/levodopa) 35-140 mg cap ER	Supplemental Therapeutic Alternative PAQL	450 caps per 30 days	1/1/2027
Crexont (carbidopa/levodopa) 52.5-210 mg cap ER	Supplemental Therapeutic Alternative PAQL	300 caps per 30 days	1/1/2027
Crexont (carbidopa/levodopa) 70-280 mg cap ER	Supplemental Therapeutic Alternative PAQL	210 caps per 30 days	1/1/2027
Crexont(carbidopa/levodopa) 87.5-350 mg cap ER	Supplemental Therapeutic Alternative PAQL	180 caps per 30 days	1/1/2027
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	1/1/2027
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 syringes per 28 days	1/1/2027
Enbumyst (bumetanide) nasal spray 0.5 mg/ 0.1 mL	Alternative Dosage Form PAQL	120 devices per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	1/1/2027
Leucovorin Calcium 15 mg tab	Leucovorin PAQL	30 tabs per 30 days	1/1/2027
Leucovorin Calcium 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	1/1/2027
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	1/1/2027
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	1/1/2027
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	1/1/2027
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027

BASIC ANNUAL AND ENHANCED ANNUAL DRUG LISTS			
Rytary (carbidopa/levodopa) 23.75-95 mg cap ER	Supplemental Therapeutic Alternative PAQL	750 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 36.25-145 mg cap ER	Supplemental Therapeutic Alternative PAQL	480 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 48.75-195 mg cap ER	Supplemental Therapeutic Alternative PAQL	360 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 61.25-245 mg cap ER	Supplemental Therapeutic Alternative PAQL	300 caps per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Tonmya (cyclobenzaprine HCl) sublingual tab 2.8 mg	Alternative Dosage Form PAQL	60 tabs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 1 gm packet	Miscellaneous QL	240 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 16.8 gm packet	Miscellaneous QL	30 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	1/1/2027
Vyscoxa (celecoxib) oral susp 10 mg/ mL	Alternative Dosage Form PAQL	1200 mLs per 30 days	1/1/2027
Xarelto (rivaroxaban) starter therapy pack 15mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027

BALANCED DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

BALANCED BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	1/1/2027
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	1/1/2027
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027

PERFORMANCE ANNUAL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE FULL DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	1/1/2027
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	1/1/2027
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027

PERFORMANCE SELECT DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

PERFORMANCE SELECT BIOSIMILAR DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027
Trutakna (atacicept-vymj) 150 mg/mL injection	A Proliferation Inducing Ligand (APRIL) Inhibitors PAQL	4 pens per 28 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Betamethasone Valerate Aerosol Foam 0.12%	Topical Corticosteroid QL	150 gms per 30 days	1/1/2027
Betamethasone Valerate lotion 0.1% (base)	Topical Corticosteroid QL	120 mLs per 30 days	1/1/2027
Buspirone HCL 12.5 mg tab	Therapeutic Alternatives PAQL	120 tabs per 30 days	1/1/2027
Buspirone HCL 2.5 mg tab	Therapeutic Alternatives PAQL	60 tabs per 30 days	1/1/2027
Canasa (mesalamine) suppositories 1000 mg	Miscellaneous QL	30 suppositories per 30 days	1/1/2027
Crexont (carbidopa/levodopa) 35-140 mg cap ER	Supplemental Therapeutic Alternative PAQL	450 caps per 30 days	1/1/2027
Crexont (carbidopa/levodopa) 52.5-210 mg cap ER	Supplemental Therapeutic Alternative PAQL	300 caps per 30 days	1/1/2027
Crexont (carbidopa/levodopa) 70-280 mg cap ER	Supplemental Therapeutic Alternative PAQL	210 caps per 30 days	1/1/2027

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Crexont (carbidopa/levodopa) 87.5-350 mg cap ER	Supplemental Therapeutic Alternative PAQL	180 caps per 30 days	1/1/2027
Delzicol (mesalamine) DR 400 mg cap	Miscellaneous QL	180 caps per 30 days	1/1/2027
diclofenac sodium gel 1%	Topical NSAIDs STQL	10 tubes per 30 days	1/1/2027
Dupixent (dupilumab) pen injector 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	1/1/2027
Dupixent (dupilumab) prefilled syringe 300 mg/2 mL	IL-4 Inhibitors PAQL	2 pens per 28 days	1/1/2027
Hepcludex (bulevirtide) 8.5 mg injection	Hepatitis D PAQL	30 vials per 30 days	1/1/2027
Hydrocortisone butyrate cream 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Hydrocortisone butyrate ointment 0.1%	Topical Corticosteroid QL	135 gms per 30 days	1/1/2027
Leucovorin Calcium 10 mg tab	Leucovorin PAQL	60 tabs per 30 days	1/1/2027
Leucovorin Calcium 15 mg, 25 mg tab	Leucovorin PAQL	30 tabs per 30 days	1/1/2027
Leucovorin Calcium 5 mg tab	Leucovorin PAQL	120 tabs per 30 days	1/1/2027
Lialda (mesalamine) DR 1.2 gm tab	Miscellaneous QL	120 tabs per 30 days	1/1/2027
Lokelma (sodium zirconium cyclosilicate) for susp packet 10 gm	Miscellaneous QL	34 packets per 30 days	1/1/2027
Lokelma (sodium zirconium cyclosilicate) for susp packet 5 gm	Miscellaneous QL	96 packets per 30 days	1/1/2027
Lynavoy (linerixibat) 40 mg tab	Cholestasis Pruritus PAQL	60 tabs per 30 days	11/1/2026
Nereus (tradipitant) 85 mg capsule	Nereus PAQL	8 capsules per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 23.75-95 mg cap ER	Supplemental Therapeutic Alternative PAQL	750 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 36.25-145 mg cap ER	Supplemental Therapeutic Alternative PAQL	480 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 48.75-195 mg cap ER	Supplemental Therapeutic Alternative PAQL	360 caps per 30 days	1/1/2027
Rytary (carbidopa/levodopa) 61.25-245 mg cap ER	Supplemental Therapeutic Alternative PAQL	300 caps per 30 days	1/1/2027
Sporanox (itraconazole) 10 mg/mL oral soln	Onychomycosis PAQL	600 mLs per 30 days	1/1/2027

HEALTH INSURANCE MARKETPLACE DRUG LIST			
TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Trutakna (atacicept-vymj) 150 mg/mL injection	APRIL Inhibitors PAQL	4 pens per 28 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 1 gm packet	Miscellaneous QL	240 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 16.8 gm packet	Miscellaneous QL	30 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 25.2 gm packet	Miscellaneous QL	30 packets per 30 days	1/1/2027
Veltassa (patiromer sorbitex calcium) for susp 8.4 gm packet	Miscellaneous QL	90 packets per 30 days	1/1/2027
Xarelto (rivaroxaban) starter therapy pack 15mg and 20 mg	Oral Anticoagulant QL	51 tabs per 180 days	1/1/2027
Xocova (ensitrelvir) 125 mg tab	Anti-COVID 19 QL	7 tabs per 28 days	1/1/2027

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's members who have prescription-drug benefits administered by Prime Therapeutics†. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications. Members were lettered regarding these changes (unless otherwise noted).

PRODUCT(S) NO LONGER COVERED[1]	COVERED ALTERNATIVE(S)[1, 2]	CONDITION
NUTRICHEW CHW (BLUE HERON PHARMACEUTICAL)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Prenatal Care
NUTRIVEX (BLUE HERON PHARMACEUTICAL)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Prenatal Care
PRENYVIA (ONCORA PHARMA)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Prenatal Care
PRENACHEW (KREWE PHARMA)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Prenatal Care
PRENOVA PLUS CAP (V2 PHARMA)	Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate	Prenatal Care

Pharmacy Benefits Updates

Visit the Provider's Pharmacy page for resource materials.

HDHP-HSA Preventive Drug Program Updates

The HDHP-HSA Preventive Drug Program offers certain preventive medications at reduced out-of-pocket costs to members in select High Deductible Health Plans, along with those using a Health Savings Account. When members have reduced cost-share, it can improve adherence and clinical outcomes, as well as provide a positive member experience.

See below for the applicable categories and the 2027 updates for each market segment.

ASO GROUPS		
EFFECTIVE DATE	2027 CHANGES	CATEGORIES
1/1/2027	Categories are unchanged with minor product differences.	**Standard** Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines. **Extended** Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors (CGMs) and associated supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins - Prenatal

CUSTOM FULLY INSURED (CFI) GROUPS		
EFFECTIVE DATE	2027 CHANGES	CATEGORIES
1/1/2027	Categories are unchanged with minor product differences.	**Standard** Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory (asthma/COPD), Tobacco Cessation, Vaccines. **Extended** Antianginal, Anti-Coagulants Preferred Brands, Anti-Platelets Preferred Brands, Diabetic Medications Oral (DPP4, SGLT2, DPP4+SGLT2 combo) Preferred Brands, Diabetic Medications GLP1 Oral & Other Injectables Preferred Brands, Diabetic Supplies - Continuous Glucose Monitors (CGMs) and associated supplies, High Cholesterol Injectable PCSK-9s, Respiratory Devices and Supplies, Transplant (anti-rejection), Vitamins – Prenatal **Custom** Diabetic Supplies - insulin pumps and associated supplies

[IL/MT/NM/OK/TX] ASO-ONLY GROUPS		
EFFECTIVE DATE	**2027 CHANGES**	**CUSTOM CATEGORIES**
1/1/2027	Custom categories remain for ASO groups only. There are minor product differences. Lipid Lowering was split into two categories: injectable and other.	Anaphylaxis Agents, Antiarrhythmics, Anticonvulsants, Anti-Malarials, Antipsychotics, Asthma - Advanced, Autoimmune, Autoimmune - Advanced, Breast Cancer Secondary Prevention, Diabetic Supplies - insulin pumps and associated supplies*, Emergency-Use Medications, Estrogen, Gastrointestinal Ulcer, Gout, Heparin/Low Molecular Weight Heparin, Hereditary Angioedema (HAE) , Hemophilia, HIV/AIDS, HIV PrEP, Influenza Agents, **Lipid Lowering – Injectable, Lipid Lowering - Other**, Mental Health, Migraine Prophylaxis CGRPs Injectable, Migraine Prophylaxis CGRPs Oral, Multiple Sclerosis, Substance Use Disorder, Substance Use Disorder - Naloxone, Thyroid Agents, Weight-Loss Agents (traditional, non-GLP-1) and Weight Management Agents (GLP-1 + combos). **Optional coverage is also available to Custom Fully Insured groups*

BLUE BALANCE FUNDED PLANS		
EFFECTIVE DATE	**2027 CHANGES**	**CATEGORIES**
1/1/2027	The Blue Balance Funded categories are unchanged with minor product differences.	Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, (asthma/COPD), Respiratory, Tobacco Cessation, Vaccines

MID-MARKET PLANS		
EFFECTIVE DATE	**2027 CHANGES**	**CATEGORIES**
7/1/2027	The Mid-Market categories are unchanged with minor product differences.	Anti-Coagulants/Anti-Platelets, Bowel Prep Medications, Breast Cancer Primary Prevention, Contraceptives, Depression, Diabetes Medications, Diabetic Supplies, Fluoride Supplements, High Blood Pressure, High Cholesterol Orals, Osteoporosis, (asthma/COPD), Respiratory, Tobacco Cessation, Vaccines

SMALL GROUP (SG) PLANS			
AVAILABLE QHP/METALLIC PLANS	EFFECTIVE DATE	2027CHANGES	CATEGORIES
Blue PPO Gold 113 Blue PPO Gold 115 Blue PPO Silver 133 Blue PPO Silver 200 Blue PPO Bronze 106 Blue PPO Bronze 132 Blue PPO Bronze 401 Blue Choice Preferred Gold PPO 113 Blue Choice Preferred Gold PPO 115 Blue Choice Preferred Silver PPO 133 Blue Choice Preferred Sliver PPO 200 Blue Choice Preferred Bronze PPO 106 Blue Choice Preferred Bronze PPO 132 Blue Choice Preferred Bronze PPO 401 Blue Options Gold PPO 200 Blue Options Silver PPO 107 Blue Options Silver PPO 404	1/1/2027	The Quality Health Plan (QHP) categories are unchanged with minor product differences.	Anti-Coagulants/Anti-Platelets, Depression, Diabetes Medications, Diabetic Supplies, High Blood Pressure, High Cholesterol Orals, Osteoporosis, Respiratory

[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 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.

CivicaScript® is an independent company that supports BCBSIL to offer prescription cost-saving options. CivicaScript® is independent from and not affiliated with BCBSIL.

SortPak Pharmacy is an independent pharmacy that contracts with CivicaScript® to provide mail order prescription drug services. SortPak Pharmacy is independent from and not affiliated with BCBSIL.

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.