

Split Fill Program

Your Blue Cross and Blue Shield of Illinois (BCBSIL) plan may have a split fill program for certain medications. The medications in the program are those that are often harder to tolerate. The Split Fill Program can help lower your out-of-pocket costs while also limiting waste of unused medication.

A partial (“split”) fill lets you try the medication in a smaller amount first to make sure you can tolerate any potential side effects. You will get a split fill of your monthly prescription for up to three months. You can get a split fill if it is your first time taking the medication or you do not have claims history for the drug within the past 120 days. Your cost share (or copay) will be prorated. That way you only pay for how much medication is dispensed.

If you can tolerate the dosage and decide to continue treatment, you will be switched to a monthly fill. At that point, you will be responsible for the full applicable cost share, based on your benefits.

Medications included in the program are listed below. Please note that some member benefits may not include coverage for the listed drug classes or programs. If you have questions, call the number on your BCBSIL member ID card.

Oral Oncology Medications (generic name in parentheses)

Afinitor® (everolimus)	Ayvakit™ (avapritinib)	Balversa® (erdafitinib)
Bosulif® (bosutinib)	Cabometyx® (cabozantinib)	Calquence® (Acalabrutinib)
Cometriq® (cabozantinib)	Copiktra® (duvelisib)	Daurismo™ (glasdegib)
Erivedge® (vismodegib)	Exkivity™ (mobocertinib)	Gavreto® (pralsetinib)
Gleevec® (imatinib)	Iclusig® (ponatinib)	Inlyta® (axitinib)
Inrebic® (fedratinib)	Iressa® (gefitinib)	Jakafi® (ruxolitinib)
Lenvima® (lenvatinib)	Lorbrena® (lorlatinib)	Lumakras™ (sotorasib)
Lynparza® (olaparib)	Nerlynx® (neratinib)	Nexavar® (sorafenib)
Odomzo® (sonidegib)	Retevmo™ (selpercatinib)	Rozlytrek® (entrectinib)
Rubraca® (rucaparib)	Sprycel® (dasatinib)	Sutent® (sunitinib)
Tagrisso® (osimertinib)	Talzenna® (talazoparib)	Tarceva® (erlotinib)
Targretin® (bexarotene)	Tasigna® (nilotinib)	Tepmetko® (tepotinib)
Verzenio® (abemaciclib)	Vitrakvi® (larotrectinib)	Vizimpro® (dacomitinib)
Vonjo™ (pacritinib)	Votrient® (pazopanib)	Welireg™ (belzutifan)
Xalkori® (crizotinib)	Xpovio® (selinexor)	Xtandi® (enzalutamide)

(continued)

Yonsa® (abiraterone)

Zejula® (niraparib)

Zolinza® (vorinostat)

Zykadia® (ceritinib)

Zytiga® (abiraterone)

Other Categories

(generic drug name in parentheses)

Ampyra® (dalfampridine)

Aubagio® (teriflunomide)

Exjade® (deferasirox)

Ferriprox® (deferiprone)

Gocovri® (amantadine)

Jadenu® (deferasirox)

Kuvan® (sapropterin dihydrochloride)

Ofev® (nintedanib)

Ocaliva® (obeticholic acid)

Syprine® (trientine hcl)

Ventavis® (iloprost)

These lists are subject to change without notice. Product names are the property of their respective owners. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Coverage is based on the terms and limits of your plan. See your plan materials for details. Remember, treatment decisions are always between you and your doctor.

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