

# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2021 – Part 1

Posted February 9, 2021

## **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 Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

**Changes effective April 1, 2021 are outlined below.**

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

***Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2022.***

***If you have patients with an HMO Illinois® or Blue Advantage HMO<sup>SM</sup> plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.***

### **Drug List Updates (Revisions/Exclusions) – As of April 1, 2021**

<b>Non-Preferred Brand<sup>1</sup></b>	<b>Drug Class/ Condition Used For</b>	<b>Preferred Generic Alternative(s)<sup>2</sup></b>	<b>Preferred Brand Alternative(s)<sup>1, 2</sup></b>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions</b>			
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Basic and Multi-Tier Basic Drug List Revisions</b>			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>	<b>Generic Alternatives<sup>1,2</sup></b>	<b>Brand Alternatives<sup>1,2</sup></b>
<b>Balanced, Performance and Performance Select Drug List Revisions</b>			
ISONIAZID (isoniazid tab 100 mg)	Infections	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

<b>Balanced and Performance Select Drug List Revisions</b>			
NIZATIDINE (nizatidine cap 300 mg)	Gastroesophageal Reflux Disease (GERD), Ulcers	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Balanced Drug List Revisions</b>			
DAPSONE (dapsones gel 7.5%)	Acne, Skin infections	clindamycin phosphate 1% gel or topical solution, tretinoin cream	
DEXAMETHASONE 10-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (35))	Inflammatory Conditions	dexamethasone tablet	
DEXAMETHASONE 13-DAY DOSE PACK (dexamethasone tab therapy pack 1.5 mg (51))	Inflammatory Conditions	dexamethasone tablet	
<b>Balanced, Performance and Performance Select Drug List Exclusions</b>			
CIPRODEX (ciprofloxacin-dexamethasone otic susp 0.3-0.1%)	Otic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
COPAXONE (glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml)	Relapsing Multiple Sclerosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EMTRIVA (emtricitabine cap 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
JADENU SPRINKLE (deferasirox granules packet 90 mg, 180 mg, 360 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI (efavirenz-lamivudine-tenofovir df tab 600-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SYMFI LO (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Performance and Performance Select Drug List Exclusions</b>			
CONDYLOX (podofilox gel 0.5%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	

TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol solution	
VEREGEN (sinecatechins oint 15%)	Warts	imiquimod 5% cream, podofilox 0.5% solution	
<b>Performance Select Drug List Exclusions</b>			
butalbital-acetaminophen-caffeine cap 50-300-40 mg	Pain	butalbital-acetaminophen-caffeine 50-325-40 mg tablet	
<b>Balanced and Performance Select Drug List Exclusions</b>			
PROTONIX (pantoprazole sodium for delayed release susp packet 40 mg)	Gastroesophageal Reflux Disease (GERD)	esomeprazole powder packet, omeprazole capsule, pantoprazole tablet	
<b>Balanced Drug List Exclusions</b>			
DEMSER (metyrosine cap 250 mg)	Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
DESONATE (desonide gel 0.05%)	Atopic Dermatitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)	Pain/Muscle Spasm	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

<sup>1</sup>Third-party brand names are the property of their respective owner.

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

### **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 (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Note:** The dispensing limits listed below do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2022.

BCBSIL letters 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.

Effective April 1, 2021:

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
<b>SA Oncology</b>	
Alunbrig 30 mg	120 tablets per 30 days
Bosulif 100 mg	90 tablets per 30 days
Lonsurf 15-6.14 mg	60 tablets per 28 days
<b>Therapeutic Alternatives</b>	
Doral (quazepam) tablet 15 mg	30 tablets per 30 days
Extina (ketoconazole) 2% aerosolized foam*	100 grams per 30 days
Migranal (dihydroergotamine) 4 mg/mL nasal spray*	8 mL per 30 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Xolegel (ketoconazole) 2% gel*	45 grams per 30 days
<b>Basic and Enhanced Drug Lists</b>	
<b>Fintepla</b>	
Fintepla 2.2 mg/mL	360 mL per 30 days
<b>Balanced and Performance Select Drug Lists</b>	
<b>Therapeutic Alternatives</b>	
Allzital 25 mg/ 325 mg tablet	360 tablets per 30 days
Alphagan-P 0.15% ophthalmic solution	5 mL per 20 days
Amrix 15 mg capsule	30 capsules per 30 days
Amrix 30 mg capsule	30 capsules per 30 days
Ativan 0.5 mg tablet	150 tablets per 30 days
Ativan 1 mg tablet	150 tablets per 30 days
Ativan 2 mg tablet	150 tablets per 30 days
Azelex 20% cream	30 grams per 30 days
Bethkis (tobramycin) 300 mg/4 mL*	224 mL per 56 days
Bupap 50-300 mg tablet	180 tablets per 30 days
Butalbital-acetaminophen-caffeine solution 50-325-40 mg/15 mL	1000 mL per 30 days
Carospir 25 mg/ 5 mL oral suspension	450 mL per 30 days
Chlorzoxazone 250 mg tablet	120 tablets per 30 days
Cuprimine (penicillamine) 250 mg capsule	480 capsules per 30 days
Dexpak 6 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 10 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Dexpak 13 Day 1.5 mg tablet, therapy pack	1 pack per 90 days
Diflorasone/ Psorcon 0.05% cream*	180 grams per 90 days
Diflorasone 0.05% ointment*	180 grams per 90 days
Durlaza 162.5 mg capsule	30 capsules per 30 days
Dxevo 1.5 mg tablet, therapy pack	39 tablets per 90 days
Fenoprofen 200 mg capsule	180 capsules per 30 days
Fenoprofen 400 mg capsule	120 capsules per 30 days
Fexmid 7.5 mg tablet	90 tablets per 30 days
Kenalog 0.147 mg/ gram spray	189 grams per 90 days
Ketoprofen ER 200 mg capsule	30 capsules per 30 days
Levorphanol 2 mg tablet	120 tablets per 30 days
Levorphanol 3 mg tablet	120 tablets per 30 days
Librax 5 mg/ 2.5 mg capsule	240 capsules per 30 days
Lorzone 375 mg tablet	120 tablets per 30 days

Lorzone 750 mg tablet	120 tablets per 30 days
Mupirocin 2% cream*	120 grams per 90 days
Nalfon (fenoprofen) 600 mg tablet	150 tablets per 30 days
Naprelan 375 mg tablet	60 tablets per 30 days
Naprelan 500 mg tablet	60 tablets per 30 days
Naprelan 750 mg tablet	60 tablets per 30 days
Noritrate 1% cream	60 grams per 30 days
Oxistat 1% cream	180 grams per 30 days
Pandel 0.1% cream	80 grams per 90 days
Sitavig 50 mg tablet	2 tablets per 180 days
Sorilux (calcipotriene) foam 0.005%	120 grams per 30 days
Spritam 250 mg tablet	60 tablets per 30 days
Spritam 500 mg tablet	60 tablets per 30 days
Spritam 750 mg tablet	120 tablets per 30 days
Spritam 1000 mg tablet	60 tablets per 30 days
Taperdex 6-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Taperdex 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Taperdex 12-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Tivorbex 20 mg capsule	90 capsules per 30 days
Tivorbex 40 mg capsule	90 capsules per 30 days
TOBI/ Kitabis (tobramycin) 300 mg/5 mL inhalation solution*	280 mL per 56 days
Vanos 0.1% cream	60 grams per Rx 120 grams per 180 days
Vivlodex 5 mg capsule	30 capsules per 30 days
Vivlodex 10 mg capsule	30 capsules per 30 days
Zcort 7-day 1.5 mg tablet, therapy pack	1 pack per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1100 mg capsule*	60 capsules per 90 days
Zegerid (omeprazole/ sodium bicarbonate) 20/1680 mg packets*	60 packets per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1100 mg capsule*	60 capsules per 30 days
Zegerid (omeprazole/ sodium bicarbonate) 40/1680 mg packets*	60 packets per 30 days
Zipsor 25 mg capsule	120 capsules per 30 days
Zorvolex 18 mg capsule	90 capsules per 30 days
Zorvolex 35 mg capsule	90 capsules per 30 days
Zyflo 600 mg tablet	120 tablets per 30 days
Zyflo CR 600 mg tablet	120 tablets per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.

\* Not all members may have been notified due to limited utilization.

#### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Effective **Feb. 1, 2021**, the Enspryng Specialty Prior Authorization (PA) program was added for standard pharmacy benefit plans on the Basic, Basic Annual, Enhanced and Enhanced Annual Drug Lists. This program includes the newly FDA-approved target drug Enspryng.
  - Effective **April 1, 2021**, this Specialty PA program will be added for standard pharmacy benefit plans on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

- Effective **April 1, 2021**, the following changes will be applied:
  - The Multiple Sclerosis Specialty Step Therapy (ST) program is moving to a standard Specialty PA program effective April 1, 2021. Note: Continuation of Therapy (or grandfathering) will apply. Members who may have had a prior authorization approval currently in place from the ST program will not be impacted until their current PA approval expires in 2021.
    - *Please note:* Only members on the Basic and Enhanced Drug Lists with recent prescription history for the target drugs Copaxone and Tecfidera will be notified of the change. However, Continuation of Therapy (or grandfathering) will not apply to these two program targets only, and members on all drug lists (Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists) will need a prior authorization approval for coverage consideration.
      - Impacted members on the Basic Annual and Enhanced Annual Drug Lists will be notified on or after Jan. 1, 2022, upon renewal.
    - The new Multiple Sclerosis Specialty PA program also applies to the Balanced, Performance, Performance Annual and Performance Select Drug Lists.
    - The Preferred target drugs in this Specialty PA program are: Aubagio, Avonex, Betaseron, Gilenya, Mavenclad, Mayzent, Plegridy, Rebif and Zeposia.
    - The Non-Preferred target drugs in this Specialty PA program are: Bafiertam, Copaxone, Extavia, Glatopa, Kesimpta, Tecfidera and Vumerity.
  - The Supplemental Therapeutic Alternatives PA program will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Performance and Performance Annual Drug Lists. This program includes the following target drugs: Absorica, Absorica LD, Cambia, Daraprim and Rytary. Members were not notified of this change because these drugs were targeted in the Therapeutic Alternatives PA program prior to April 1, 2021.
  - Targretin Gel will be added as a target to the Self-Administered Oncology Specialty PA program, which applies to the Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists. Auto – Continuation of Therapy (or auto – grandfathering) is in place.

Members were notified about the PA standard program changes listed in the tables below.

**Drug categories added to current pharmacy PA standard programs, effective April 1, 2021**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Enhanced Drug Lists</b>	
Dojolvi	Dojolvi*
Fintepla	Fintepla*
Multiple Sclerosis	Copaxone, Tecfidera
<b>Balanced and Performance Select Drug Lists</b>	
Therapeutic Alternatives	Allzital (butalbital/acetaminophen) 25 mg/ 325 mg, Alphagan-P 0.15% sol, Amrix (cyclobenzaprine SR) 15 mg capsule, Amrix (cyclobenzaprine SR) 30 mg capsule, Aplenzin 174 mg, Aplenzin 348 mg, Aplenzin 522 mg, Ativan 0.5 mg tablet, Ativan 1 mg tablet, Ativan 2 mg tablet, Auvi-Q, Azelex 20% cream, Bethkis neb 300 mg/4 mL, Bupap 50-300 mg tablet, Butalbital-acetaminophen-caffeine

	<p>solution 50-325-40 mg/15 mL, Cardizem CD 120 mg capsule, Cardizem CD 180 mg capsule, Cardizem CD 240 mg capsule, Cardizem CD 300 mg capsule, Cardizem CD 360 mg capsule, Carospir 25 mg/ 5 mL oral suspension, Chlorzoxazone 250 mg tablet, Cuprimine (penicillamine) 250 mg capsule, Dexpak 6 Day 1.5 mg tablet, therapy pack, Dexpak 10 Day 1.5 mg tablet, therapy pack, Dexpak 13 Day 1.5 mg tablet, therapy pack, diflorasone 0.05% cream, diflorasone 0.05% ointment, Doral (quazepam) tablet 15 mg, Durlaza 162.5 mg capsule, Dutoprol 25 mg /12.5 mg tablet, Dutoprol 50 mg /12.5 mg tablet, Dutoprol 100 mg /12.5 mg tablet, Dxevo 1.5 mg tablet, therapy pack, Extina (ketoconazole) 2% foam, Fexmid 7.5 mg tablet, Kenalog 0.147 mg/ gram spray, Ketoprofen capsule 200 mg ER, Kitabis pak neb 300 mg/5 mL, Levorphanol 2 mg tablet, Levorphanol 3 mg tablet, Librax 5 mg/ 2.5 mg capsule, Lorzone 375 mg tablet, Lorzone 750 mg tablet, Migranal (dihydroergotamine) spr 4 mg/mL, mupirocin 2% cream, Nalfon/fenoprofen 200 mg capsule, Nalfon/fenoprofen 400 mg capsule, Nalfon/fenoprofen 600 mg tablet, Naprelan 375 mg tablet, Naprelan 500 mg tablet, Naprelan 750 mg tablet, Noritate 1% cream, Oxiconazole cream 1%, Oxistat lotion 1%, Pandel 0.1% cream, Sitavig 50 mg tablet, Sorilux (calcipotriene) aer 0.005% foam, Spritam 250 mg tablet, Spritam 500 mg tablet, Spritam 750 mg tablet, Spritam 1000 mg tablet, Taperdex 6-day 1.5 mg tablet, therapy pack, Taperdex 7-day 1.5 mg tablet, therapy pack, Taperdex 12-day 1.5 mg tablet, therapy pack, Tivorbex 20 mg capsule, Tivorbex 40 mg capsule, Tobi neb 300 mg/5 mL, Vanos 0.1% cream, Vivlodex 5 mg capsule, Vivlodex 10 mg capsule, Wellbutrin XL 150 mg tablet, Wellbutrin XL 300 mg tablet, Xolegel (ketoconazole) 2% gel, Zcort 7-day 1.5 mg tablet, therapy pack, Zegerid 20/1100 mg capsule, Zegerid 20/1680 mg packet, Zegerid 40/1100 mg capsule, Zegerid 40/1680 mg packet, Zipsor 25 mg capsule, Zorvolex 18 mg capsule, Zorvolex 35 mg capsule, Zylflo 600 mg tablet, Zylflo CR 600 mg tablet</p>
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<sup>1</sup>Third-party brand names are the property of their respective owner.

\* Not all members may have been notified due to limited utilization.

**Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2021**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic, Enhanced, Performance and Performance Annual Drug Lists</b>	
Actinic Keratosis	fluorouracil cream 0.5%
Therapeutic Alternatives	Doral (quazepam) tablet 15 mg, Extina 2% foam, Migranal (dihydroergotamine) spr 4 mg/mL, Sorilux (calcipotriene) aer 0.005% foam, Xolegel (ketoconazole) 2% gel

<b>Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
Alternative Dosage Form	Sprix
<b>Basic and Enhanced Drug Lists</b>	
Elagolix	Oriaahn

<sup>1</sup>Third-party brand names are the property of their respective owner.

**Weight Loss PA Program Available as a Non-Standard PA Program for Select Plans**

The Weight Loss PA program will be available for select benefit plans only. Effective April 1, 2021, and upon renewal, this program may apply for members whose benefit plan includes coverage of these weight loss products and has this program added to their benefit design.

Medications included in the program are listed in the table below. Impacted members were notified of this change.

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
Weight Loss	Adipex-P (phentermine) 37.5 mg capsule, Adipex-P (phentermine) 37.5 mg tablet, Belviq (lorcaserin) 10 mg tablet, Belviq XR (lorcaserin) 20 mg tablet, Contrave (naltrexone/bupropion) 8 mg / 90 mg tablet, Didrex (benzphetamine) 50 mg tablet, Diethylpropion 25 mg tablet, Diethylpropion 75 mg extended-release tablet, Lomaira (phentermine) 8 mg tablet, phendimetrazine 35 mg tablet, phendimetrazine 105 mg extended-release capsule, phentermine 15 mg capsule, phentermine 30 mg capsule, Qsymia (phentermine/topiramate) 3.75 mg / 23 mg capsule, Qsymia (phentermine/topiramate) 7.5 mg / 46 mg capsule, Qsymia (phentermine/topiramate) 11.25 mg / 69 mg capsule, Qsymia (phentermine/topiramate) 15 mg / 92 mg capsule, Regimex (benzphetamine) 25 mg tablet, Saxenda (liraglutide) 6 mg / mL, Xenical (orlistat) 120 mg capsule

<sup>1</sup>Third-party brand names are the property of their respective owner.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsil.com](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.



### Reminder: Split Fill Program Available to Select Members

BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. The specific list of drugs is subject to change at any time. You can view the current list of drugs in the [Split Fill Program](#) on the Specialty Program section of our Provider website.

Members must use an in-network specialty pharmacy. Members will pay a prorated cost share (if applicable) for the duration of the program. Once the member can tolerate the medication, the member will pay the applicable cost share amount for a full supply. All member share costs are determined by the member’s pharmacy benefit plan.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

### Change in Benefit Coverage for Select High Cost Products

Starting Jan. 1, 2021, several high cost products with lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Members will be notified about these excluded high cost products with lower cost alternatives listed in the table below. Please talk to your patient about other products that may be available.

Product(s) No Longer Covered <sup>1*</sup>	Condition Used For	Covered Alternative(s) <sup>1,2</sup>
DEXCHLORPHENIRAMINE SOLN 2 MG/5 ML	ALLERGIES	RYCLORA
ESOMEPRAZOLE CAP 49.3 MG	ACID REFLUX	ESOMEPRAZOLE 40 MG
FENOPROFEN CAP 400 MG	INFLAMMATION AND PAIN	OTHER MANUFACTURERS
GLYCOPYRROLATE TAB 1.5 MG	PEPTIC ULCER DISEASE	OTHER MANUFACTURERS
JENLIVA CAP <sup>†</sup>	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M
PRENATRYL TAB <sup>†</sup>	PREGNANCY	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

<sup>1</sup> All brand names are the property of their respective owners.

<sup>2</sup> This list is not all-inclusive. Other products may be available.

\* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

<sup>†</sup> The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

**Additional Single-Agent Statin Coverage Without Cost-Sharing**

Starting April 1, 2021, BCBSIL will be offering additional single-agent statin coverage for members with an ACA-compliant plan. The generic Atorvastatin tablets (10 mg and 20 mg) will be available at \$0 if members meet the conditions set under ACA. This addition is based on the United States Preventive Services Task Force recommendation.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

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 particular 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.