



BlueCross BlueShield
of Illinois

Pharmacy Program Quarterly Update Changes Effective Oct. 1, 2024 – Part 1

August 2, 2024

Contents

Drug List Changes

Drug List Exclusions/Revisions – Effective Oct. 1, 2024

Balanced Drug List Exclusions

Performance Drug List Exclusions

Performance Select Drug List Exclusions

Health Insurance Marketplace Drug List Exclusions

Drug Tier Changes – As of Oct. 1, 2024

Balanced Drug List Tier Changes

Performance Drug List Tier Changes

Performance Select Drug List Tier Changes

Health Insurance Marketplace Drug List Tier Change

Utilization Management Program Changes

Standard Prior Authorization Program Changes – Effective Oct. 1, 2024

Updates to Standard Prior Authorization Programs

Basic, Multi-Tier Basic, Basic Annual, Multi-Tier Basic Annual, Enhanced, Multi-Tier Enhanced, Enhanced Annual, Multi-Tier Enhanced Annual, HIM, Balanced, Performance, Performance Annual, and Performance Select Drug Lists

Dispensing Limit Changes

Members did not receive letters regarding these Dispensing Limit changes.

Members received letters regarding these Dispensing Limit changes.

Pharmacy Benefits Updates

Coverage Change for Abiraterone Acetate Drugs

Zero Dollar Emergency-Use Medications

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 Oct. 1, 2024, effective date.

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 drug lists, effective on or after Oct. 1, 2024.

The October Quarterly Pharmacy Changes Part 2 article with recent coverage additions will be published closer to the Oct. 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 October 2024 drug lists on our [member website](#).

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, 2025.

BCBSIL HMO Illinois® or Blue Advantage HMOSM members will not have any of these drug list revisions/exclusions applied to their pharmacy benefits until on or after Jan. 1, 2025.

Drug List Exclusions/Revisions – Effective Oct. 1, 2024

Balanced Drug List Exclusions

Drug ¹	Alternatives ^{1, 2}	Drug Class/Condition
ESTROGEL (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Menopause symptoms
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml, 100 mg/5 ml (20 mg/ml))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
NALFON (fenoprofen calcium cap 400 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain/Inflammation
RECTIV (nitroglycerin oint 0.4%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anal fissure
RELYVRIO [†] (sodium phenylbutyrate- taurursodiol powd pack 3 gm-1 gm)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Amyotrophic lateral sclerosis

Balanced Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cluster headache, Migraine

†Manufacturer removed RELYVRIO from the market April 4, 2024.

Performance Drug List Exclusions

Drug	Alternatives ^{1,2}	Drug Class/Condition
ESTROGEL (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Menopause symptoms
metronidazole cap 375 mg	metronidazole 250 mg	Bacterial Infections
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml, 100 mg/5 ml (20 mg/ml))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain
RECTIV (nitroglycerin oint 0.4%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anal fissure
RELYVRIO† (sodium phenylbutyrate-taurursodiol powd pack 3 gm-1 gm)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Amyotrophic lateral sclerosis

†Manufacturer removed RELYVRIO from the market April 4, 2024.

Performance Select Drug List Exclusions

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition
bromfenac sodium ophth soln 0.075% (base equivalent)	ketorolac tromethamine (Ophth) Soln 0.5%	Inflammation-Ophthalmic
cyanocobalamin nasal spray 500 mcg/0.1 ml	cyanocobalamin 1000 mcg/ml	Cobalamin deficiency, pernicious anemia
ESTROGEL (estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Menopause symptoms
metronidazole cap 375 mg	metronidazole 250 mg	Bacterial Infections
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5 ml, 100 mg/5 ml (20 mg/ml))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain

Performance Select Drug List Exclusions

Drug ¹	Alternatives ^{1, 2}	Drug Class/Condition
RECTIV (nitroglycerin oint 0.4%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anal fissure
RELYVRIO [†] (sodium phenylbutyrate-taurursodiol powd pack 3 gm-1 gm)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Amyotrophic lateral sclerosis
TRUDHESA (dihydroergotamine mesylate hfa nasal aerosol 0.725 mg/act)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cluster headache, Migraine

[†]Manufacturer removed RELYVRIO from the market April 4, 2024.

Health Insurance Marketplace Drug List Exclusions

Drug ¹	Alternatives ^{1, 2}	Drug Class/Condition
ESTROGEL (estradiol gel 0.06% (0.75 mg/ 1.25 gm metered-dose pump))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Menopause symptoms
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anticoagulation
RECTIV (nitroglycerin oint 0.4%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Anal fissure
RELYVRIO [†] (sodium phenylbutyrate-taurursodiol powd pack 3 gm-1 gm)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Amyotrophic lateral sclerosis

[†]Manufacturer removed RELYVRIO from the market April 4, 2024.

Drug Tier Changes – As of Oct. 1, 2024

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after Oct. 1, 2024.

Balanced Drug List Tier Changes

Drug ¹	Alternatives ^{1, 2}	Drug Class/Condition	New Tier
DESONIDE (desonide gel 0.05%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Atopic dermatitis	Non-Preferred Brand

Balanced Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition	New Tier
DIPHENHYDRAMINE HCL (diphenhydramine hcl elixir 12.5 mg/5 ml)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Allergic symptoms, adjunct in treatment of anaphylaxis, insomnia	Non-Preferred Brand
ERGOTAMINE TARTRATE/CAFFEINE (ergotamine w/ caffeine tab 1-100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Migraine	Non-Preferred Brand
FLURANDRENOLIDE (flurandrenolide cream 0.05%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Irritation of the skin	Non-Preferred Brand
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24 hr 27 mg, 24 hr 36 mg, 24 hr 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-Preferred Brand

Performance Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition	New Tier
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24 hr 27 mg, 24 hr 36 mg, 24 hr 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-Preferred Brand

Performance Select Drug List Tier Changes

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition	New Tier
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24 hr 27 mg, 24 hr 36 mg, 24 hr 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-Preferred Brand

Health Insurance Marketplace Drug List Tier Change

Drug ¹	Alternatives ^{1,2}	Drug Class/Condition	New Tier
ERGOTAMINE/CAFFEINE (ergotamine w/ caffeine tab 1-100 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Migraine	Non-Preferred Brand
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24 hr 27 mg, 24 hr 36 mg, 24 hr 54 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	ADHD	Non-Preferred Brand

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 – Effective Oct. 1, 2024

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.

Members received letters regarding the program changes listed below.

Updates to Standard Prior Authorization Programs

Basic, Multi-Tier Basic, Basic Annual, Multi-Tier Basic Annual, Enhanced, Multi-Tier Enhanced, Enhanced Annual, Multi-Tier Enhanced Annual, HIM, Balanced, Performance, Performance Annual, and Performance Select Drug Lists

Program Name	Target Agents	Program Type	Description of Change	Effective Date
Eohilia PAQL	Eohilia 2 mg/10 mL oral susp	Prior Authorization and Quantity Limits	New Program	10/1/2024
Filsuvez PA	Filsuvez 10% gel	Prior Authorization	New Program	10/1/2024
Resmetirom PAQL	Rezdiffra 60 mg, 80 mg, and 100 mg tabs	Prior Authorization and Quantity Limits	New Program	10/1/2024
Rivfloza PAQL	Rivfloza 80 mg, 128 mg, and 160 mg soln	Prior Authorization and Quantity Limits	New Program	10/1/2024
Zilbrysq PAQL	Zilbrysq 16.6 mg, 23 mg, 32.4 mg syringe	Prior Authorization and Quantity Limits	New Program	10/1/2024

Members were not lettered on these changes.

Dispensing Limit Changes

BCBSIL's 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.

Dispensing Limit changes with their effective date are on the chart below. For the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

Please 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, 2025. They also may not apply to BCBSIL HMO members on the 2023 or 2024 Health Insurance Marketplace (HIM) Drug Lists until on or after Jan. 1, 2025.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also log in to [Blue Access for MembersSM](#) (BAMSM) or [MyPrime.com](#) for more online resources.

Members did not receive letters regarding these Dispensing Limit changes.

Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Performance, and HIM Drug Lists

Program	Target Agent	Dispensing Limit	Effective Date
Eohilia PAQL	Eohilia (budesonide) oral suspension 2 mg/10 mL	1800 mL per 90 days	10/1/2024
Resmetirom PAQL	Rezdiffra (resmetirom) 60 mg, 80 mg, 100 mg tabs	30 tabs per 30 days	10/1/2024
Rivfloza PAQL	Rivfloza (Nedosiran sodium) 80 mg/0.5 mL subq soln	2 vials per 30 days	10/1/2024
Rivfloza PAQL	Rivfloza (Nedosiran sodium) 128 mg/0.5 mL, 160 mg/0.5 mL subq soln pref syrn	1 syringe per 30 days	10/1/2024
Zilbrysq PAQL	Zilbrysq 16.6 mg/0.416 mL, 23 mg/0.574 mL, 32.4 mg/0.81 mL syrn	28 syringes per 28 days	10/1/2024

Members received letters regarding these Dispensing Limit changes.

Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced, Balanced, Performance, Performance Select and HIM Drug Lists

Program	Target Agent	Dispensing Limit	Effective Date
Continuous Glucose Monitor PAQL	Dexcom G6	3 sensors per 30 days <i>(The manufacturer says each sensor can be used up to 10 days. This is the reason for the change.)</i>	10/1/2024
Continuous Glucose Monitor PAQL	Dexcom G7	3 sensors per 30 days <i>(The manufacturer says each sensor can be used up to 10 days. This is the reason for the change.)</i>	10/1/2024

Pharmacy Benefits Updates

Visit the [Provider's Pharmacy](#) page for resource materials. Stay tuned to BCBSIL's news and updates or [BlueReview](#) for additional Pharmacy Program updates.

Coverage Change for Abiraterone Acetate Drugs

What's new: Starting Oct. 1, 2024, most commercial group members with pharmacy benefits administered by Prime Therapeutics®, will have coverage for only the CivicaScript-produced low-cost, generic version of abiraterone acetate 250 mg. This drug is also only available through SortPak Pharmacy. *The brand Zytiga® and all other generic versions of abiraterone acetate 250 mg will no longer be covered on the drug lists for these members.*

Some HMO Illinois® or Blue Advantage HMOSM members will not have the change apply until on or after starting Jan. 1, 2025.

Member notices: [Letters will be sent to members](#) identified as having claims for the brand Zytiga or other generic versions of **abiraterone acetate 250 mg** not produced by CivicaScript. The letter alerts the member of the change and shares how to get the medication from SortPak, including where you should send the prescription.

Prescribing information: If your patient has received this letter and asks you for a new prescription, please e-prescribe or fax

SortPak Pharmacy

124 South Glendale Ave.
Glendale, CA 91205

Fax: 877-475-2382
Phone: 877-570-7787

NCPDP/NABP: 0524733
NPI: 1063407252

Why the change? BCBSIL's partnership with [CivicaScript](#) furthers our initiatives to make prescription drugs more affordable for our members. By manufacturing lower cost generic drugs, it can help lower members' out-of-pocket costs and improve medication adherence.

Important reminders: Treatment decisions are always between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Always check eligibility and benefits for each member at every visit. This step will confirm membership and other details, such as prior authorization requirements and utilization management vendors, if applicable.

If your patients have any questions about their pharmacy benefits, please have them call the number on their member ID card, log in to [Blue Access for MembersSM](#) or visit [MyPrime.com](#).

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.

Zero Dollar Emergency-Use Medications

Starting Jan. 1, 2025, upon renewal, select acute medications in the following categories will be available at \$0 member cost share:

- Severe allergic reactions (product example: epinephrine auto-injector)
- Hypoglycemia (product example: glucagon injection kit)
- Opioid overdoses (product example: naloxone injectables/nasal spray)
- Nitrates (product example: nitroglycerin)

These medications are typically used for emergency use or life-saving situations. By removing cost barriers to these medications, it will improve clinical outcomes, increase member satisfaction and overall benefit experience. The \$0 cost share will apply at any in-network pharmacy.

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

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

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

*This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

BCBSIL contracts with Prime Therapeutics 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 Therapeutics.

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.

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.

BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products or services they offer.

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.

Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Regardless of benefits, the final decision about any medication is between the member and their health care provider. If you have any questions, call the number on the member's ID card.