

Pharmacy Program Quarterly Update Changes Effective April 1, 2025 – Part 1

Feb. 3, 2025

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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 April 1, 2025, 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 April 1, 2025. The April Quarterly Pharmacy Changes - Part 2, which has recent coverage additions, will be published closer to that April 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 April 2025 drug lists on the [member website](#).

Please note: The drug list changes below do not apply to members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists revisions and/or exclusions will be applied on or after Jan. 1, 2026.

Members with [BCBSIL HMO Illinois®](#) or [Blue Advantage HMOSM](#) will not have any of these drug list revisions/exclusions applied to their pharmacy benefits until on or after Jan. 1, 2026.

Drug List Exclusions and Revisions – Effective April 1, 2025

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Opioid withdrawal
ORACEA (doxycycline (rosacea) cap delayed release 40 mg)	doxycycline hyclate tab 20 mg, doxycycline monohydrate tab 50 mg, doxycycline monohydrate cap 50 mg	Rosacea
OXTELLAR XR (oxcarbazepine tab er 24 hr 150 mg, 300 mg, 600 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention

BALANCED DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
promethazine & phenylephrine syrup 6.25-5 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
STENDRA (avanafil tab 50 mg, 100 mg, 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Erectile dysfunction
TAZORAC (tazarotene cream 0.05%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, NYVEPRIA	Neutropenia, acute hematopoietic radiation injury syndrome

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))*	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Opioid withdrawal

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS

DRUG ¹	ALTERNATIVE	CONDITION
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention
promethazine & phenylephrine syrup 6.25-5 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
SAJAZIR (icatibant acetate subcutaneous soln pref syr 30 mg/3 mL)	icatibant acetate subcutaneous soln pref syr 30 mg/3 mL	Hereditary angioedema
SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
STENDRA (avanafil tab 50 mg, 100 mg, 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Erectile dysfunction
TAZORAC (tazarotene cream 0.05%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, NYVEPRIA	Neutropenia, acute hematopoietic radiation injury syndrome

*This exclusion does not apply to fully Insured members.

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
doxycycline (rosacea) cap delayed release 40 mg	doxycycline hyclate tab 20 mg, doxycycline monohydrate tab 50mg, doxycycline monohydrate cap 50mg	Rosacea
LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Opioid withdrawal
ORACEA (doxycycline (rosacea) cap delayed release 40 mg)	doxycycline hyclate tab 20mg, doxycycline monohydrate tab 50 mg, doxycycline monohydrate cap 50 mg	Rosacea
OXTELLAR XR (oxcarbazepine tab er 24 hr 150 mg, 300 mg, 600 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Seizures
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention
promethazine & phenylephrine syrup 6.25-5 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Upper Respiratory Symptoms
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cough, Upper Respiratory Symptoms
SAJAZIR (icatibant acetate subcutaneous soln pref syr 30 mg/3 mL)	icatibant acetate subcutaneous soln pref syr 30 mg/3 mL	Hereditary angioedema
SPRYCEL (dasatinib tab 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
STENDRA (avanafil tab 50 mg, 100 mg, 200 mg)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Erectile dysfunction

PERFORMANCE SELECT DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
TAZORAC (tazarotene cream 0.05%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6mg/0.6mL)	FULPHILA, NYVEPRIA	Neutropenia, acute hematopoietic radiation injury syndrome

HEALTH INSURANCE MARKETPLACE DRUG LIST EXCLUSIONS		
DRUG ¹	ALTERNATIVE	CONDITION
SAJAZIR (icatibant acetate subcutaneous soln preferred syringe 30 mg/3 mL)	icatibant acetate subcutaneous soln pref syr 30 mg/3 mL	Hereditary angioedema
SPRYCEL (dasatinib tab (20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
TAZORAC (tazarotene cream 0.05%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis
Ziextenzo (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, NYVEPRIA	Neutropenia, acute hematopoietic radiation injury syndrome

BASIC, BASIC MULTI-TIER, ENHANCED, AND ENHANCED MULTI-TIER DRUG LIST REMOVALS		
DRUG ¹	ALTERNATIVE	CONDITION
SPRYCEL (dasatinib tab (20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg))	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Cancer
TAZORAC (tazarotene cream 0.05%)	There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Plaque Psoriasis
ZIEXTENZO (pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6 mL)	FULPHILA, NYVEPRIA	Neutropenia, acute hematopoietic radiation injury syndrome

Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after April 1, 2025.

BALANCED DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE ^{1, 2}	CONDITION	NEW TIER
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 mL)	acetaminophen w/ codeine tablet	Pain	Non-Preferred Brand
CLEMASTINE FUMARATE (clemastine fumarate syrup 0.67 mg/5 mL (0.5 mg/5 mL base eq))	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Allergic rhinitis, urticaria, angioedema	Non-Preferred Brand
FENTANYL CITRATE ORAL TRANSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-Preferred Brand
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate oint 0.1%)	triamcinolone acetonide oint 0.025%	Pruritus, Dermatoses	Non-Preferred Brand

BALANCED DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE ^{1, 2}	CONDITION	NEW TIER
NITAZOXANIDE (nitazoxanide tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Giardiasis, Cryptosporidiosis	Preferred Brand
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SODIUM FLUORIDE 5000 PPM SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120 mL)	SPS (sodium polystyrene sulfonate susp 15 gm/60 mL)	Hyperkalemia	Non-Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 mL)	acetaminophen w/ codeine tablet	Pain	Non-Preferred Brand
FENTANYL CITRATE ORAL TRANSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-Preferred Brand
NITAZOXANIDE (nitazoxanide tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Giardiasis, Cryptosporidiosis	Preferred Brand

PERFORMANCE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SODIUM FLUORIDE 5000 PPM SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth-decay prevention	Preferred Brand
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120 mL)	SPS (sodium polystyrene sulfonate susp 15 gm/60 mL)	Hyperkalemia	Non-Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5 mL)	acetaminophen w/ codeine tablet	Pain	Non-Preferred Brand
FENTANYL CITRATE ORAL TRANSMUCOSAL (fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-Preferred Brand
NITAZOXANIDE (nitazoxanide tab 500 mg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Giardiasis, Cryptosporidiosis	Preferred Brand
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand

PERFORMANCE SELECT DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
SODIUM FLUORIDE 5000 PPM SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-5%)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Tooth decay prevention	Preferred Brand
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120 mL)	SPS (sodium polystyrene sulfonate susp 15 gm/60 mL)	Hyperkalemia	Non-Preferred Brand

HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES			
DRUG ¹	ALTERNATIVE	CONDITION	NEW TIER
ACETAMINOPHEN with CODEINE SOLN 120-12 mg/5 mL	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-Preferred Brand
FENTANYL CITRATE LOZENGE on a handle (200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg)	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Pain	Non-Preferred Brand
NITAZOXANIDE (nitazoxanide) tab 500 mg	Please talk to your doctor or pharmacist about other medication(s) available for your condition.	Giardiasis, Cryptosporidiosis	Preferred Brand
SPS (sodium polystyrene sulfonate rectal susp 30 gm/120 mL)	SPS (sodium polystyrene sulfonate susp 15 gm/60 mL)	Hyperkalemia	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 April 1, 2025

Changes to drug categories and/or medications will be made to the prior authorization 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. All changes are effective April 1, 2025.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Cabtreo gel	Therapeutic Alternatives PAQL	Prior Authorization
Doxycycline Hyclate 50 mg tab	Oral Tetracycline Derivatives PA	Prior Authorization
Ergomar SL tab	Therapeutic Alternatives PAQL	Prior Authorization
Nalocet (oxycodone w/ Acetaminophen) tab 2.5-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Prolate (oxycodone w/ Acetaminophen) tab 5-300 mg, 7.5-300 mg, 10-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Sohonos cap	Sohonos PAQL	Specialty Prior Authorization
Tanlor (Methocarbamol) 1000 mg tab	Therapeutics Alternatives PAQL	Prior Authorization

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Cabtreo gel	Therapeutic Alternatives PAQL	Prior Authorization
Ergomar SL tab	Therapeutic Alternatives PAQL	Prior Authorization
Nalocet (oxycodone w/ Acetaminophen) tab 2.5-300 mg	Therapeutics Alternatives PAQL	Prior Authorization

BALANCED DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Prolate (oxycodone w/ Acetaminophen) tab 5-300 mg, 7.5-300 mg, 10-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Sohonos cap	Sohonos PAQL	Specialty Prior Authorization
Tanlor (Methocarbamol) 1000 mg tab	Therapeutics Alternatives PAQL	Prior Authorization

PERFORMANCE AND PERFORMANCE ANNUAL DRUG LISTS		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Cabtreo gel	Therapeutic Alternatives PAQL	Prior Authorization
Ergomar SL tab	Therapeutic Alternatives PAQL	Prior Authorization
Sohonos cap	Sohonos PAQL	Specialty Prior Authorization

PERFORMANCE SELECT DRUG LIST		
TARGET AGENTS	PROGRAM NAME	PROGRAM TYPE
Cabtreo gel	Therapeutic Alternatives PAQL	Prior Authorization
Ergomar SL tab	Therapeutic Alternatives PAQL	Prior Authorization
Nalocet (oxycodone w/ Acetaminophen) tab 2.5-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Prolate (oxycodone w/ Acetaminophen) tab 5-300 mg, 7.5-300 mg, 10-300 mg	Therapeutics Alternatives PAQL	Prior Authorization
Sohonos cap	Sohonos PAQL	Specialty Prior Authorization
Tanlor (Methocarbamol) 1000 mg tab	Therapeutics Alternatives PAQL	Prior Authorization

New Standard Utilization Management Programs

The following are new programs. Members were not lettered on the programs listed below because the drugs are new to market and have no utilization to date.

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Hympavzi PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, Performance Select, HIM	4/1/2025
IL-31 Inhibitors PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, Performance Select, HIM	4/1/2025
Niemann-Pick Disease Type C Agents PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, and Performance Select, HIM	4/1/2025
Ohtuvayre PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, Performance Select, HIM	3/1/2025

PROGRAM NAME	PROGRAM TYPE	CHANGES MADE	DRUG LISTS	EFFECTIVE DATE
Tryvio PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, Performance Select, HIM	4/1/2025
Yorvipath PAQL	Specialty Prior Authorization	New Program	Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, Balanced, Performance, Performance Annual, Performance Select, HIM	4/1/2025

Dispensing Limit Changes

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

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. Members who were lettered are indicated on drugs indicated below.

Please note: The dispensing limits listed below do 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, 2026. They also may not apply to BCBSIL HMO members on the 2024 or 2025 Health Insurance Marketplace Drug Lists until on or after Jan. 1, 2026.

View the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

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

Dispensing Limit changes are listed below with their effective date.

BALANCED AND PERFORMANCE SELECT DRUG LISTS

TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Eysuvis* (loteprednol etabonate) opth susp 0.25%	Dry Eye Disease PAQL	16.6 mLs per 90 days	4/1/2025

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, BASIC ANNUAL, BASIC MULTI-TIER ANNUAL, ENHANCED ANNUAL, ENHANCED MULTI-TIER ANNUAL, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE SELECT, HIM DRUG LISTS

TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Aqneursa (levacetylleucine) susp packet 1 gm	Niemann-Pick Disease Type C Agents PAQL	120 packets per 30 days	4/1/2025
Hympavzi (marstacimab-hncq) subq soln 150 mg/mL	Hympazi PAQL	4 pens per 28 days	4/1/2025
Ilet Insulin Infusion Kit	Insulin Pump PAQL	30 kits per 30 days	4/1/2025
Ilet Insulin infusion kit, twist refill kit	Insulin Pump PAQL	15 kits per 30 days	4/1/2025
Ilet Insulin Pump	Insulin Pump PAQL	1 kit per 720 days	4/1/2025
Ilet starter Kit-contact; Ilet starter kit- inset; twist refill kit/infusion	Insulin Pump PAQL	1 kit per 720 days	4/1/2025
Miplyffa (arimoclomol citrate) 47 mg cap, 62 mg cap, 93 mg cap, 124 mg cap	Niemann-Pick Disease Type C Agents PAQL	90 caps per 30 days	4/1/2025
Nemludio (nemolizumab-ilto) for subq autoinjector 30 mg	IL-31 Inhibitors PAQL	2 pens per 28 days	4/1/2025
Ohtuvayre (ensifentrine) inhalation susp 3 mg/2.5 mL	Ohtuvayre PAQL	60 ampules per 30 days	3/1/2025
Tanlor* (Methocarbamol) 1000 mg tab	Therapeutics Alternatives PAQL	120 tabs per 30 days	4/1/2025
Tryvio 12.5 mg tab	Tryvio PAQL	30 tabs per 30 days	4/1/2025
Yorvipath (palopegteriparatide) pen-inj 168 mcg/ 0.56 mL, 294 mcg/0.98 mL, 420 mcg/1.4 mL	Yorvipath PAQL	2 pens per 28 days	4/1/2025

* Members were lettered on these changes.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER,
BALANCED, PERFORMANCE, PERFORMANCE ANNUAL, AND PERFORMANCE SELECT DRUG LISTS

TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Austedo XR* (deutetrabenazine) 24 mg tab	VMAT2 Inhibitors PAQL	30 tabs per 30 days	4/1/2025
Sohonos (palovarotene) 1 mg cap, 1.5 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap	Sohonos PAQL	120 caps per 30 days	4/1/2025

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, HIM,
BALANCED, PERFORMANCE, PERFORMANCE ANNUAL AND PERFORMANCE SELECT DRUG LISTS

TARGET AGENT	PROGRAM	DISPENSING LIMIT	EFFECTIVE DATE
Ergomar* 2 mg SL tab	Therapeutics Alternatives PAQL	20 tabs per 28 days	4/1/2025

* Members were lettered on these changes.

Pharmacy Benefits Updates

Visit the [our pharmacy page](#) for resource materials. Stay tuned to for additional Pharmacy Program updates.

Reminder: Cost-Share Change for Specialty Drugs Packaged for More Than 30 Days

Select specialty medications have FDA approval to be dispensed in a supply greater than 30 days and/or the drug manufacturer has limitations with packaging that cannot be broken into only a 30-day supply.

By applying member cost-share according to the actual day-supply amount filled, this change ensures members are paying for what they are filling, based on their benefits. For example, members receiving a 90-day supply of specialty medication will pay an applicable copay for a 90-day supply instead of the current 30-day supply cost share amount.

The change began Jan. 1, 2025. Members that are impacted by this change will be sent an awareness notification letter at least 60 days prior to their effective date. Small Group, Blue Balanced FundedSM and Custom Fully Insured group members with an April, May or June renewal were sent a letter in January 2025 to alert them about this change.

Reminder: Coverage Change for Generic Abiraterone Acetate Prescriptions

What's new: Since Oct. 1, 2024, most Individual & Family Market plans and commercial-group members with pharmacy benefits administered by Prime Therapeutics[®] have coverage for only the CivicaScript-produced, low-cost and generic version of **abiraterone acetate 250 mg**. This drug is only available through SortPak Pharmacy.

Zytiga and all other generic versions of abiraterone acetate 250 mg are no longer covered for these members.

Some [MyBlue PlusSM POS](#), [HMO Illinois[®]](#) or [Blue Advantage HMOSM](#) members will have the change apply on or after Jan. 1, 2025.

Member notices: Eligible members identified as having claims for the brand Zytiga or other generic versions will have to switch to the CivicaScript-produced generic version. Letters will be sent to these members at least 60 days before the effective date. For example, members of [MyBlue PlusSM POS](#), [HMO Illinois[®]](#) or [Blue Advantage HMOSM](#) with an April, May or June renewal were mailed letters in January 2025. The letter will alert members of the change and share how to get the medication from SortPak.

Why this matters: Our 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. A 30-day supply of CivicaScript's abiraterone acetate is \$171 compared to an average of \$1,848 for the other generics or \$13,064 for brand Zytiga.

If your patient asks for a new prescription, please e-prescribe to SortPak Pharmacy or fax 877-475-2382.

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

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

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

⁴This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

[†]Prime Therapeutics, LLC is a separate company BCBSIL contracts with 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 benefits website offered by Prime Therapeutics LLC.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.