

Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective Jan. 1, 2019

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Illinois (BCBSIL) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2019. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network. Based on claims data, members impacted by these changes were sent letters from BCBSIL to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients' records, you may want to ask your patient which pharmacy is their preferred choice.

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 additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were made to the 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 that were effective Jan.1, 2019 are outlined below.

Please Note: If you have patients with an individual benefit plan offered on/off the Illinois Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our <u>Member Services website</u>.

Drug List Updates (Coverage Additions) - As of Jan. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-	i-Tier Enhanced Drug Lists
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Infertility
CYSTADANE (betaine powder for oral solution)	Homocystinuria
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Menopause/Low estrogen
PREMPHASE (conj est 0.625(14)/conj est-medroxypro	Menopause/Low estrogen
ac tab 0.625-5 mg (14))	
PREMPRO (conjugated estrogen-medroxyprogest	Menopause/Low estrogen
acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg,	
0.625-5 mg)	
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000	Anemia
unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	
TRULICITY (dulaglutide soln pen-injector 0.75 mg/0.5	Diabetes
mL, 1.5 mg/0.5 mL)	
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9	Pain
mg, 13.5 mg, 18 mg, 27 mg, 36 mg)	
YONSA (abiraterone acetate tab 125 mg)	Cancer

Performance and Performance	Soloct Drug Lists
AFLURIA 2018-2019 (influenza virus vaccine split im	Influenza
susp)	Innuenza
AFLURIA PF 2018-2019 (influenza virus vaccine split pf	Influenza
susp pref syringe 0.5 mL)	IIIIueiiza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus	Influenza
vac split quadrivalent susp pref syr 0.5 mL)	IIIIueiiza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus	Influenza
vaccine split quadrivalent im inj)	IIIIueiiza
BRAFTOVI (encorafenib cap 50 mg, 75 mg)	Cancer
colesevelam hcl packet for susp 3.75 gm (generic for	High Cholesterol
WELCHOL)	Tilgit Cholesterol
crotamiton lotion 10% (generic for EURAX)	Scabies
dalfampridine tab er 12hr 10 mg (generic for AMPRYA)	Multiple Sclerosis
FLUAD 2018-2019 (influenza vac type a&b surface ant	Influenza
adj susp pref syr 0.5 mL)	IIIIueriza
FLUARIX QUADRIVALENT 2018-2019 (influenza virus	Influenza
vac split quadrivalent susp pref syr 0.5 mL)	IIIIueiiza
FLUBLOK QUADRIVALENT 2018 -2019 (influenza vac	Influenza
recomb ha quad pf soln pref syr 0.5 mL)	IIIIueiiza
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac	Influenza
tiss-cult subunt quad susp pref syr 0.5 mL)	ITITUETIZA
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac	Influenza
tissue-cultured subunit quadrivalent im susp)	ITITUETIZA
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus	Influenza
vac split quadrivalent susp pref syr 0.5 mL)	IIIIdonza
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus	Influenza
vaccine split quadrivalent im inj)	
FLUZONE HIGH-DOSE PF 2018 -2019 (influenza virus	Influenza
vac split high-dose pf susp pref syr 0.5 mL)	
FLUZONE QUADRIVALENT 2018 -2019 (influenza virus	Influenza
vac split quadrivalent susp pref syr 0.25 mL)	
FLUZONE QUADRIVALENT 2018-2019 (influenza virus	Influenza
vac split quadrivalent susp pref syr 0.5 mL)	
FLUZONE QUADRIVALENT 2018-2019 (influenza virus	Influenza
vaccine split quadrivalent im inj)	
FLUZONE QUADRIVALENT 2018-2019 (influenza virus	Influenza
vaccine split quadrivalent inj 0.5 mL)	
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6	Neutropenia
mg/0.6 mL)	
HEPLISAV-B (hepatitis b vaccine recomb adjuvanted	Hepatitis B
pref syr 20 mcg/0.5 mL)	Ondrada Diagram I Harratina Onlitia
HUMIRA PEN-CD/UC/HS START ER (adalimumab pen-	Crohn's Disease, Ulcerative Colitis,
injector kit 80 mg/0.8 mL)	Hidradenitis Suppurativa
HUMIRA PEN-PS/UV STARTER (adalimumab pen-	Plaque Psoriasis, Uveitis
injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Ophthalmic procedures and conditions
ISOPTO ATROPINE (atropine sulfate ophth soln 1%)	· · · · · · · · · · · · · · · · · · ·
JYNARQUE (tolvaptan tab therapy pack 45 & 15 mg, 60	Hyponatremia, Kidney disease
& 30 mg, 90 & 30 mg)	Pain/inflammation
KETOPROFEN (ketoprofen cap 25 mg) LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy	Cancer
pack 4 mg (4 mg daily dose))	Cancel
pack + my (+ my daily dose))	

LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy Cancer	
pack 4 (3) mg (12 mg daily dose))	
LUCEMYRA (lofexidine hcl tab 0.18 mg (base Opiate agonist withdrawal	
equivalent))	
MEKTOVI (binimetinib tab 15 mg) Cancer	
nevirapine susp 50 mg/5 mL (generic for VIRAMUNE) HIV	
ORKAMBI (lumacaftor-ivacaftor granules packet 100-125 Cystic Fibrosis mg, 150-188 mg)	
PALYNZIQ (pegvaliase-pqpz subcutaneous soln pref PKU	
syringe 2.5 mg/0.5 mL, 10 mg/0.5 mL, 20 mg/mL)	
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000 Anemia	
unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	
SIKLOS (hydroxyurea tab 100 mg) Sickle Cell Anemia	
tadalafil tab 20 mg (pah) (generic for ADCIRCA) Pulmonary Arterial Hypertension	
TAVALISSE (fostamatinib disodium tab 100 mg (base Cancer	
equivalent), 150 mg (base equivalent))	
TIBSOVO (ivosidenib tab 250 mg) Cancer	
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent)) Cancer	
YONSA (abiraterone acetate tab 125 mg) Cancer	
Performance Select Drug List	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE Acne	
(clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%)	
(generic for ACANYA)	
IMIQUIMOD PUMP (imiquimod cream 3.75%) Actinic Keratosis	

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

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2019

Drug ¹	New Lower Tier	Drug Class/Condition Used For		
Performance and Performance Select Drug Lists				
acetaminophen w/ codeine tab 300-60	Preferred Generic	Pain		
mg				
azelastine hcl nasal spray 0.1% (137	Preferred Generic	Allergic Rhinitis		
mcg/spray)				
bupropion hcl tab 75 mg	Preferred Generic	Depression		
bupropion hcl tab er 12hr 200 mg	Preferred Generic	Depression		
bupropion hcl tab sr 12hr 200 mg	Preferred Generic	Depression		
carbidopa & levodopa tab 25-100 mg	Preferred Generic	Parkinson's Disease		
cefdinir cap 300 mg	Preferred Generic	Antibiotic		
cefpodoxime proxetil for susp 50 mg/5	Preferred Generic	Antibiotic		
mL				
CLOMIPHENE (clomiphene tab 50 mg)	Preferred Brand	Infertility		
	(optional Infertility			
	component)			
CYSTADANE (betaine powder for oral	Preferred Brand	Homocystinuria		
solution)				
DEXAMETHASONE (dexamethasone	Preferred Brand	Inflammatory Conditions		
tab 1 mg, 2 mg)				
diltiazem hcl cap er 24hr 180 mg	Preferred Generic	Hypertension		
diltiazem hcl cap sr 24hr 180 mg	Preferred Generic	Hypertension		

diltiazem hcl extended release beads	Preferred Generic	Hypertension
cap er 24hr 180 mg		
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension
duloxetine hcl enteric coated pellets cap	Preferred Generic	Depression
30 mg, 30 mg (base eq)		
enalapril maleate tab 20 mg	Preferred Generic	Hypertension
eszopiclone tab 2 mg	Preferred Generic	Insomnia
fenofibrate tab 48 mg	Preferred Generic	High Cholesterol
fluconazole for susp 10 mg/mL	Preferred Generic	Fungal Infections
fluconazole tab 200 mg	Preferred Generic	Fungal Infections
flurbiprofen sodium ophth soln 0.03%	Preferred Generic	Ophthalmic Anti-Inflammatory
folic acid cap 0.8 mg	Preferred Generic	Vitamin
gabapentin tab 800 mg	Preferred Generic	Anticonvulsant/Nerve Pain
haloperidol tab 2 mg	Preferred Generic	Antipsychotic
hydrocodone-acetaminophen tab 10-325	Preferred Generic	Pain
mg		
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred Generic	Pain
isosorbide mononitrate tab sr 24hr 120	Preferred Generic	Angina
mg		J
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Non-Preferred Brand	Seizures
LAMICTAL ODT (lamotrigine tab disint	Non-Preferred Brand	Seizures
25 mg (21) & 50 mg (7) titration kit)		0.000
LAMICTAL ODT (lamotrigine tab disint	Non-Preferred Brand	Seizures
50 mg (42) - 100 mg (14) titration kit)		33.24.33
levetiracetam oral soln 100 mg/mL	Preferred Generic	Seizures
levetiracetam tab 750 mg	Preferred Generic	Seizures
levofloxacin oral soln 25 mg/mL	Non-Preferred Generic	Antibiotic
liothyronine sodium tab 5 mcg, 25 mcg	Preferred Generic	Hypothyroid
mesalamine tab delayed release 800 mg	Non-Preferred Generic	Ulcerative Colitis
methadone hcl tab 10 mg	Preferred Generic	Pain
methylprednisolone tab 32 mg	Preferred Generic	Inflammatory Conditions
metoprolol succinate tab er 24hr 100 mg	Preferred Generic	Hypertension
(tartrate equiv)	Treferred deficite	Trypertension
metoprolol succinate tab sr 24hr 100 mg	B (10 :	
	Preferred (Jeneric	Hypertension
	Preferred Generic	Hypertension
(tartrate equiv)		
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL	Preferred Generic	Pain
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate		
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg	Preferred Generic Preferred Generic	Pain Antibiotic
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg	Preferred Generic Preferred Generic Preferred Generic	Pain Antibiotic Angina
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5-	Preferred Generic Preferred Generic	Pain Antibiotic
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg	Preferred Generic Preferred Generic Preferred Generic Preferred Generic	Pain Antibiotic Angina Oral Contraceptives
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm	Preferred Generic Preferred Generic Preferred Generic Preferred Generic Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq	Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq	Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL)	Preferred Generic Non-Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia Hypokalemia Hypokalemia
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL) rizatriptan benzoate oral disintegrating	Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL) rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Preferred Generic Non-Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia Hypokalemia Migraine
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL) rizatriptan benzoate oral disintegrating tab 10 mg (base eq) rosuvastatin calcium tab 5 mg, 10 mg, 20	Preferred Generic Non-Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia Hypokalemia Hypokalemia
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL) rizatriptan benzoate oral disintegrating tab 10 mg (base eq) rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia Hypokalemia Hypokalemia High Cholesterol
(tartrate equiv) morphine sulfate oral soln 10 mg/5 mL nitrofurantoin monohydrate macrocrystalline cap 100 mg nitroglycerin sl tab 0.4 mg norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg nystatin oint 100000 unit/gm potassium chloride cap cr 10 meq potassium chloride cap er 10 meq potassium chloride oral soln 20% (40 meq/15 mL) rizatriptan benzoate oral disintegrating tab 10 mg (base eq) rosuvastatin calcium tab 5 mg, 10 mg, 20	Preferred Generic Non-Preferred Generic	Pain Antibiotic Angina Oral Contraceptives Topical Anti-Infective Hypokalemia Hypokalemia Hypokalemia Migraine

valacyclovir hcl tab 1 gm	Preferred Generic	Viral Infections		
Pe	rformance Drug List			
dihydroergotamine mesylate inj 1 mg/mL	Non-Preferred Generic	Migraine		
Perfor	mance Select Drug List			
ENDOMETRIN (progesterone vaginal	Preferred Brand	Infertility		
insert 100 mg)	(optional Infertility			
	component)			
GANIRELIX (ganirelix acetate inj 250	Preferred Brand	Infertility		
mcg/0.5 mL)	(optional Infertility			
	component)			
MENOPUR (menotropins for	Preferred Brand	Infertility		
subcutaneous inj 75 unit)	(optional Infertility			
	component)			
NOVAREL (chorionic gonadotropin for	Preferred Brand	Infertility		
im inj 5000 unit, 10000 unit)	(optional Infertility			
	component)			
PREGNYL W/DILUENT BENZYL	Preferred Brand	Infertility		
ALCOHOL/NACL (chorionic	(optional Infertility			
gonadotropin for im inj 10000 unit)	component)			

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Drug List Updates (Revisions/Exclusions) - As of Jan. 1, 2019

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier	Basic, Enhanced, Mult	i-Tier Enhanced Drug Li	st Revisions
BILTRICIDE (praziquantel tab 600 mg)	Antihelmintic	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency		
NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.	
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
PRALUENT (alirocumab subcutaneous soln peninjector 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha

	T	T	1 = 11
STRIBILD (elvitegrav-cobic-	HIV	N/A	Biktarvy, Genvoya
emtricitab-tenofovdf tab 150-			
150-200-300 mg)	0	to an analysis is a second	NI/A
TEMODAR (temozolomide	Cancer	temozolomide capsule	N/A
for iv soln 100 mg)	High Chalasteral	Generic equivalent avail	labla Mambara abauld
WELCHOL (colesevelam hcl	High Cholesterol		
tab 625 mg)		talk to their doctor or ph medication(s) available	
		medication(s) available	ioi their condition.
Multi-Tier Ras	ic Enhanced Multi-Ti	er Enhanced Drug List R	Pavisions
AXIRON (testosterone td	Low Testosterone	Generic equivalent avail	
soln 30 mg/act)	Low restosicione	talk to their doctor or ph	
com co mg/act/		medication(s) available	
EMEND (aprepitant capsule	Antiemetic	Generic equivalent avail	
40 mg, 125 mg)	7 111101110110	talk to their doctor or ph	
,g,g,		medication(s) available	
ESTRACE (estradiol vaginal	Menopausal	Generic equivalent avail	
cream 0.1 mg/gm)	Changes	talk to their doctor or ph	
		medication(s) available	
MIRENA (levonorgestrel	Contraceptives	N/A	This product may be
releasing iud 20 mcg/day			covered under the
(52 mg total))			medical benefit.
REYATAZ (atazanavir	HIV	Generic equivalent avail	
sulfate cap 150 mg (base		talk to their doctor or ph	
equiv), 200 mg (base equiv),		medication(s) available	for their condition.
300 mg (base equiv))			
SABRIL (vigabatrin powd	Infantile Spasms	Generic equivalent available. Members should	
pack 500 mg)		talk to their doctor or pharmacist about other	
010/1.4 //	0 1 1	medication(s) available	
SKYLA (levonorgestrel	Contraceptives	N/A	This product may be
releasing iud 14 mcg/day			covered under the
(13.5 mg total))	HIV	Conorio oguivolont ovoi	medical benefit.
SUSTIVA (efavirenz cap 50 mg, 200 mg)	ПІЛ	Generic equivalent avail talk to their doctor or ph	
(111g, 200 111g)		medication(s) available	
SUSTIVA (efavirenz tab 600	HIV	Generic equivalent avail	
mg)	' ' ' '	talk to their doctor or ph	
,g/		medication(s) available	
VIREAD (tenofovir disoproxil	HIV	Generic equivalent avail	
fumarate tab 300 mg)		talk to their doctor or ph	
J		medication(s) available	
ZIAGEN (abacavir sulfate	HIV	Generic equivalent avail	
soln 20 mg/mL (base equiv))		talk to their doctor or ph	
		medication(s) available	for their condition.
		c Drug List Revisions	
BYDUREON (exenatide for	Diabetes	N/A	Trulicity, Ozempic
inj extended release susp 2			
mg)			
BYDUREON BCISE	Diabetes	N/A	Trulicity, Ozempic
(exenatide extended release			
susp auto-injector 2 mg/0.85			
mL)			

BYDUREON PEN	Diabetes	N/A	Trulicity, Ozempic
(exenatide extended release	Diabotoo	14/71	Transity, Geompie
for susp pen-injector 2 mg)			
CLEOCIN (clindamycin	Vaginal Anti-	clindamycin vaginal	N/A
phosphate vaginal suppos	Infective	cream, metronidazole	
100 mg)	A .: 1 .	vaginal gel	
GABITRIL (tiagabine hcl tab	Anticonvulsant	Generic equivalent avail	
12 mg, 16 mg)		talk to their doctor or ph medication(s) available	
NUCYNTA ER (tapentadol	Pain	tramadol ER tablet	N/A
hcl tab er 12hr 50 mg, 100	i aiii	tramador ETC tablet	IN/A
mg, 150 mg, 200 mg, 250			
mg)			
	Mark Tim Davis Dav	on Litat Dandalana	
EODTEO (toringratido	Multi-Tier Basic Dru	N/A	Tymlog
FORTEO (teriparatide (recombinant) inj 600	Osteoporosis	IN/A	Tymlos
mcg/2.4 mL)			
KADIAN (morphine sulfate	Pain	morphine sulfate ER	Xtampza ER
cap er 24hr 40 mg, 200 mg)		capsule, morphine	
3, 3,		sulfate ER tablet,	
		hydromorphone ER	
		tablet	
NASONEX (mometasone	Allergic Rhinitis	Generic equivalent avai	
furoate nasal susp 50		talk to their doctor or pharmacist about other	
mcg/act)		medication(s) available for their condition.	
PATADAY (olopatadine hcl	Ocular Allergy	Generic equivalent avail	
ophth soln 0.2% (base		talk to their doctor or ph	
equivalent)) PENTASA (mesalamine cap	Ulcerative Colitis	medication(s) available N/A	Apriso, Asacol HD,
er 250 mg, 500 mg)	Olcerative Collis	IN/A	Delzicol
VIGAMOX (moxifloxacin hcl	Ophthalmic	Generic equivalent avai	
ophth soln 0.5% (base	Infections	talk to their doctor or ph	
equiv))		medication(s) available	for their condition.
	_	T	
Drug ¹	Drug	Dueferned Al	
	Class/Condition Used For	Preterred All	ternative(s) ^{1,2}
Performa		Select Drug Lists Revis	ions
COMPLERA (emtricitabine-	HIV	BIKTARVY, ODEFSEY,	
rilpivirine-tenofovir df tab	-	, 522. 321,	
200-25-300 mg)			
HYDROCODONE	Cough/Cold	Members should talk to	their pharmacist or
BITARTRATE/CH		doctor about over-the-co	
LORPHENIRAMINE			
MALEATE/PSE (pseudoeph-			
chlorphen w/ hydrocodone			
soln 60-4-5 mg/5 mL)	Law Tastastssss	Mambara de entel (ell. (e	their deeter c
METHYLTESTOSTERONE	Low Testosterone	Members should talk to	
(methyltestosterone cap 10 mg)		pharmacist about other for their condition.	medication(s) available
OXAZEPAM (oxazepam cap	Anxiety	alprazolam, lorazepam	
30 mg)	7 ii Micty	aipiazolaiti, ioiazopaiti	
13/	I	1	

	T	
PREDNISOLONE	Inflammatory	prednisolone oral solution 15 mg/5 mL (generic
(prednisolone syrup 15 mg/5	Conditions	for ORAPRED), prednisolone oral solution 5
mL (usp solution equivalent))		mg/5 mL base equiv (generic for PEDIAPRED),
		prednisone tablet
STRIBILD (elvitegrav-cobic-	HIV	BIKTARVY, GENVOYA, TRIUMEQ
emtricitab-tenofovdf tab 150-		
150-200-300 mg)		
TRANDOLAPRIL/VERAPAM	Hypertension	amlodipine, diltiazem, other formulations of
IL HCL ER (trandolapril-	''	verapamil available at lower tier
verapamil hcl tab er 1-240		•
mg)		
VERAPAMIL HCL SR	Hypertension	amlodipine, diltiazem, other formulations of
(verapamil hcl cap er 24hr	1 Type teriolori	verapamil available at lower tier
360 mg)		Votapariii avanasie actever asi
coo mg)		
	Performance Select D	Prug List Revisions
NUCYNTA ER (tapentadol	Pain	tramadol ER tablet
hcl tab er 12hr 50 mg, 100	1 4111	tramador Erv tablot
mg, 150 mg, 200 mg, 250		
mg)		
mg)		
Performar	nce and Performance	Select Drug Lists Exclusions
BILTRICIDE (praziquantel	Antihelmintic	Generic equivalent available. Members should
tab 600 mg)	Antineminic	talk to their doctor or pharmacist about other
tab ood mg)		medication(s) available for their condition.
CARAFATE (sucralfate susp	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate
1 gm/10ml)	Oiceis	tablet
cholecalciferol cap 400 unit, 1000 unit	Vitamin/Supplement	Members should talk to their pharmacist or
		doctor about over-the-counter options.
cholecalciferol chew tab 400	Vitamin/Supplement	Members should talk to their pharmacist or
unit, 1000 unit		doctor about over-the-counter options.
cholecalciferol drops 400	\(\(\) \(Members should talk to their pharmacist or
unit/0.03 mL (per drop),	Vitamin/Supplement	doctor about over-the-counter options.
2000 unit/0.03 mL (per drop)		·
cholecalciferol drops 5000	Vitamin/Supplement	Members should talk to their pharmacist or
unit/mL (1000 unit/0.2 mL)		doctor about over-the-counter options.
cholecalciferol oral liquid	Vitamin/Supplement	Members should talk to their pharmacist or
400 unit/mL		doctor about over-the-counter options
cholecalciferol tab 400 unit,	Vitamin/Supplement	Members should talk to their pharmacist or
1000 unit		doctor about over-the-counter options
CLEOCIN (clindamycin	Vaginal Anti-	clindamycin vaginal cream, metronidazole
phosphate vaginal suppos	Infective	vaginal gel
100 mg)		
CYCLOPHOSPHAMIDE	Cancer	Generic equivalent available. Members should
(cyclophosphamide cap 25		talk to their doctor or pharmacist about other
mg, 50 mg)		medication(s) available for their condition.
FAZACLO (clozapine orally	Antipsychotic	Generic equivalent available. Members should
disintegrating tab 12.5 mg)		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
GABITRIL (tiagabine hcl tab	Anticonvulsant	Generic equivalent available. Members should
12 mg, 16 mg)		talk to their doctor or pharmacist about other
		medication(s) available for their condition.
MEPHYTON (phytonadione	Vitamin K Deficiency	Generic equivalent available. Members should
tab 5 mg)		talk to their doctor or pharmacist about other
]		medication(s) available for their condition.
	<u> </u>	

NASCOBAL (cyanocobalamin nasal	Vitamin B Deficiency	cyanocobalamin injection
spray 500 mcg/0.1 mL) NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, XTAMPZA ER
PRALUENT (alirocumab subcutaneous soln pen- injector 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
SAFYRAL (drospirenone- ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Oral Contraceptives	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SUCRALFATE (sucralfate susp 1 gm/10 mL)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZAVESCA (miglustat cap 100 mg)	Gaucher's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
	Performance Select Di	rua List Exclusions
GLUMETZA (metformin hcl tab er 24hr modified release 500 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
GLUMETZA (metformin hcl tab sr 24hr modified release 1000 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
SUPRAX (cefixime for susp 100 mg/5 mL, 200 mg/5 mL)	Anti-Infective	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

 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 To continue using this drug, members may need to meet certain criteria before coverage consideration may be approved.

Please Note: If you have patients who are BCBSIL HMO Illinois® or Blue Advantage HMOSM members, here are the Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2019. Changes will not apply again until Jan. 1, 2020.

Non-Preferred Brand ¹	Drug Class/ Condition Used	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
	For Procise Days	n Liet Devision	
AVIDON (g List Revision	
AXIRON (testosterone	Low Testosterone	Generic equivalent available. Members should talk	
td soln 30 mg/act)		to their doctor or pharmac	
NA CONEY		medication(s) available for	
NASONEX	Allergic Rhinitis	Generic equivalent availab	
(mometasone furoate		to their doctor or pharmac	
nasal susp 50 mcg/act)		medication(s) available for	
PENTASA (mesalamine cap er 250 mg, er 500 mg)	Ulcerative Colitis	N/A	APRISO, ASACOL HD, DELZICOL
RENVELA (sevelamer	Kidney Disease	Generic equivalent availal	ole. Members should talk
carbonate packet 0.8		to their doctor or pharmac	
gm, 2.4 gm)		medication(s) available for	r their condition.
SABRIL (vigabatrin	Infantile Spasms	Generic equivalent availab	ole. Members should talk
powd pack 500 mg)		to their doctor or pharmac	ist about other
		medication(s) available for	r their condition.
VIGAMOX (moxifloxacin	Ophthalmic	Generic equivalent availat	ble. Members should talk
hcl ophth soln 0.5%	Infections	to their doctor or pharmac	ist about other
(base equiv))		medication(s) available for	r their condition.
ZIAGEN (abacavir	HIV	Generic equivalent availat	ble. Members should talk
sulfate soln 20 mg/mL		to their doctor or pharmac	ist about other
(base equiv))		medication(s) available for	
EMEND (aprepitant	Antiemetic	Generic equivalent available. Members should talk	
capsule 40 mg, 125 mg)		to their doctor or pharmacist about other	
		medication(s) available for	
KADIAN (morphine	Pain	morphine sulfate ER	Xtampza ER
sulfate cap er 24hr 40		capsule, morphine	
mg, 200 mg)		sulfate ER tablet	
PATADAY (olopatadine	Ocular allergy	Generic equivalent available. Members should talk	
hcl ophth soln 0.2%		to their doctor or pharmac	
(base equivalent))	1107	medication(s) available for their condition.	
REYATAZ (atazanavir	HIV	Generic equivalent availab	
sulfate cap 150 mg		to their doctor or pharmac	
(base equiv), 200 mg		medication(s) available for	r tneir condition.
(base equiv), 300 mg			
(base equiv))	HIV	Conorio oquivolent availat	ala Mambara abaula talla
SUSTIVA (efavirenz cap	ПΙΛ	Generic equivalent available to their destar or pharmac	
50 mg, 200 mg)		to their doctor or pharmacist about other medication(s) available for their condition.	
VIREAD (tenofovir	HIV	Generic equivalent availab	
disoproxil fumarate tab	1 11 V	to their doctor or pharmac	
300 mg)		medication(s) available for	
ESTRACE (estradiol	Menopausal		
vaginal cream 0.1	Changes	Generic equivalent available. Members should talk to their doctor or pharmacist about other	
mg/gm)	Changes	medication(s) available for	
1119/9111 <i>)</i>	1	medication(s) available 101	นาษา บบานเนบท.

FORTEO (teriparatide (recombinant) inj 600 mcg/2.4 mL)	Osteoporosis	N/A	TYMLOS
RENVELA (sevelamer carbonate tab 800 mg)	Kidney Disease	Generic equivalent availal to their doctor or pharmac medication(s) available for	ist about other
SUSTIVA (efavirenz tab 600 mg)	HIV	Generic equivalent available to their doctor or pharmac medication(s) available for	ist about other r their condition.
BILTRICIDE (praziquantel tab 600 mg)	Antihelmintic	Generic equivalent availal to their doctor or pharmac medication(s) available for	ist about other
BYDUREON (exenatide for inj extended release susp 2 mg)	Diabetes	N/A	Trulicity, Ozempic
BYDUREON BCISE (exenatide extended release susp auto- injector 2 mg/0.85 mL)	Diabetes	N/A	Trulicity, Ozempic
BYDUREON PEN (exenatide extended release for susp pen- injector 2 mg)	Diabetes	N/A	Trulicity, Ozempic
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Vaginal Anti- infective	clindamycin vaginal cream, metronidazole vaginal gel	N/A
GABITRIL (tiagabine hcl tab 12 mg, 16 mg)	Anticonvulsant	Generic equivalent availal to their doctor or pharmac medication(s) available for	ist about other
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency	Generic equivalent availal to their doctor or pharmac medication(s) available for	ist about other
NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available to their doctor or pharmac medication(s) available for	ble. Members should talk ist about other
NUCYNTA ER (tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg)	Pain	tramadol ER tablet	N/A
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
PRALUENT (alirocumab subcutaneous soln pen- injector 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha

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STRIBILD (elvitegrav-	HIV		
cobic-emtricitab-		N/A	Genvoya, Biktarvy
tenofovdf tab 150-150-		14/7	Genveya, Bilitary
200-300 mg)			
TEMODAR	Cancer		
(temozolomide for iv		temozolomide capsule	N/A
soln 100 mg)			
WELCHOL	High Cholesterol	Generic equivalent availal	ble. Members should talk
(colesevelam hcl tab		to their doctor or pharmac	ist about other
625 mg)		medication(s) available for	r their condition.
-			
Drug ¹	Drug	Preferred Alt	ternative(s) ^{1,2}
	Class/Condition		. ,
	Used For		
	Performance I	Drug List Revisions	
AMPICILLIN (ampicillin	Infections	amoxicillin capsule, amox	icillin/clavulanate
cap 500 mg)		potassium tablet, penicillir	
BROMFENAC	Ocular	diclofenac (Ophth) solution	
(bromfenac sodium	Pain/Inflammation	solution	ii, neterolae (Opilii)
ophth soln 0.09% (base		Solution	
equiv) (once-daily))			
CLARITHROMYCIN	Infections	azithromycin suspension,	azithromycin tablet
(clarithromycin for susp	IIIIections	clarithromycin tablet	azitiiioiiiyciii tablet,
125 mg/5 mL, 250 mg/5		Clantinornychi tablet	
mL) FLUOROURACIL	Concer	dialofora a mal 20/ fluore.	real errors 50/ DICATO
	Cancer	diclofenac gel 3%, fluorou	racii cream 5%, PICATO,
(fluorouracil soln 2%,		VALCHLOR GEL	
5%)	On both a landa	dialatanaa (Ombala) aabatia	a lastanala a (Oralatha)
FLURBIPROFEN	Ophthalmic	diclofenac (Ophth) solution	n, ketorolac (Opntn)
SODIUM (flurbiprofen	Pain/Inflammation	solution	
sodium ophth soln			
0.03%)		. (2.14)	(0.141)
GENTAK (gentamicin	Ophthalmic	erythromycin (Ophth) oint,	
sulfate ophth oint 0.3%)	Infections	solution, moxifloxacin (Op	hth) solution, tobramycin
		(Ophth) solution	
PENICILLIN V	Infections	amoxicillin capsule, amox	icillin suspension,
POTASSIUM (penicillin		penicillin tablet	
v potassium for soln 125			
mg/5 mL, 250 mg/5 mL)			
ALBUTEROL SULFATE	Asthma	albuterol tablet, albuterol s	syrup, albuterol
ER (albuterol sulfate tab		nebulization solution	
er 12hr 4 mg, er 12hr 8			
mg)			
AUGMENTED	Inflammatory	betamethasone dipropiona	
BETAMETHASONE D	Conditions	betamethasone dipropiona	
(betamethasone		betamethasone dipropiona	ate oint 0.05%
dipropionate augmented			
gel 0.05%)			
BETAMETHASONE	Inflammatory	betamethasone dipropiona	ate cream 0.05%,
DIPROPIONAT	Conditions	betamethasone dipropiona	
(betamethasone		betamethasone dipropiona	
dipropionate augmented			
gel 0.05%)			
3-: 0:00,0,	1	1	

CHLORZOXAZONE (chlorzoxazone tab 500	Muscle Relaxant	baclofen tablet, cyclobenzaprine tablet, methocarbamol tablet
mg)		mounosansamen tablet
MEFLOQUINE HCL (mefloquine hcl tab 250	Malaria	Members should talk to their doctor or pharmacist about other medication(s) available for their
mg)	Inflorements w.	condition.
PREDNICARBATE (prednicarbate cream	Inflammatory Conditions	hydrocortisone cream 2.5%, triamcinolone cream, triamcinolone oint
0.1%, oint 0.1%)		
RISPERIDONE ODT (risperidone orally	Schizophrenia/Bipol ar Disorder	risperidone tablet, risperidone solution
disintegrating tab 0.25		
mg)		
TIMOLOL MALEATE	Glaucoma	carteolol ophth soln, levobunolol ophth soln, timolol
OPHTHALMI (timolol		ophth soln
maleate ophth gel		
forming soln 0.25%)	01	Level weeks and the sale with a de
CARTEOLOL HCL	Glaucoma/ Ocular	levobunolol ophth soln, timolol ophth soln
(carteolol hcl ophth soln 1%)	Hypertension	
KETOPROFEN	Pain/Inflammation	diclofenac tablet, ibuprofen tablet, naproxen tablet
(ketoprofen cap 50 mg,		
75 mg)		
TERCONAZOLE	Fungal Infection	Members should talk to their doctor or pharmacist
(terconazole vaginal		about other medication(s) available for their
cream 0.8%)		condition.
TIMOLOL MALEATE	Glaucoma/ Ocular	levobunolol ophth soln, timolol ophth soln
OPHTHALMI (timolol	Hypertension	
maleate ophth gel		
forming soln 0.5%)		
COMPLERA	HIV	BIKTARVY, ODEFSEY, TRIUMEQ
(emtricitabine-rilpivirine-		
tenofovir df tab 200-25-		
300 mg)	0 1/0 11	T. II. d
HYDROCODONE	Cough/Cold	Talk to your pharmacist or doctor about over-the-
BITARTRATE/CH		counter options.
LORPHENIRAMINE MALEATE/PSE		
(pseudoeph-chlorphen		
w/ hydrocodone soln 60-		
4-5 mg/5 mL)		
METHYLTESTOS-	Low Testosterone	Members should talk to their doctor or pharmacist
TERONE		about other medication(s) available for their
(methyltestosterone cap		condition.
10 mg)		
OXAZEPAM	Anxiety	alprazolam, lorazepam
(oxazepam cap 30 mg)		
PREDNISOLONE	Inflammatory	prednisolone oral solution 15 mg/5 mL (generic for
(prednisolone syrup 15	Conditions	ORAPRED), prednisolone oral solution 5 mg/5 mL
mg/5 mL (usp solution		base equiv (generic for PEDIAPRED), prednisone
equivalent))		tablet
STRIBILD (elvitegrav-	HIV	BIKTARVY, GENVOYA, TRIUMEQ
cobic-emtricitab-		
tenofovdf tab 150-150-		
200-300 mg)		

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TRANDOLAPRIL/	Hypertension	amlodipine, diltiazem, other formulations of
VERAPAMIL HCL ER		verapamil available at lower tier
(trandolapril-verapamil		
hcl tab er 1-240 mg)		
VERAPAMIL HCL SR	Hypertension	amlodipine, diltiazem, other formulations of
(verapamil hcl cap er		verapamil available at lower tier
24hr 360 mg)		·
<u>.</u>		
	Performance D	rug List Exclusions
almotriptan malate tab	Migraines	eletriptan tablet, sumatriptan tablet, zolmitriptan
6.25 mg, 12.5 mg	3 3 3	tablet
BUPHENYL (sodium	Urea Cycle	Generic equivalent available. Members should talk
phenylbutyrate tab 500	Disorders	to their doctor or pharmacist about other
mg)	2.00.00.0	medication(s) available for their condition.
EFFIENT (prasugrel hcl	Cardiovascular	Generic equivalent available. Members should talk
tab 5 mg (base equiv),	Event Prophylaxis	to their doctor or pharmacist about other
10 mg (base equiv))	Event rophylaxis	medication(s) available for their condition.
FOSRENOL (lanthanum	Kidney Disease	Generic equivalent available. Members should talk
carbonate chew tab 500	INITITE DISEASE	to their doctor or pharmacist about other
mg (elemental), 750 mg		medication(s) available for their condition.
, ,		medication(s) available for their condition.
(elemental), 1000 mg		
(elemental))	Migrainas	alatriatan tahlat aumatriatan tahlat zalmitriatan
frovatriptan succinate	Migraines	eletriptan tablet, sumatriptan tablet, zolmitriptan
tab 2.5 mg (base		tablet
equivalent)	5 5	
LAMICTAL	Bipolar Disorder	Generic equivalent available. Members should talk
STARTER/NOT		to their doctor or pharmacist about other
TAKING		medication(s) available for their condition.
CARBAMAZEPINE		
(lamotrigine tab 25 mg		
(42) & 100 mg (7) starter		
kit)		
LAMICTAL	Bipolar Disorder	Generic equivalent available. Members should talk
STARTER/TAKING		to their doctor or pharmacist about other
CARBAMAZEPINE/NOT		medication(s) available for their condition.
TAKING VALPROATE		
(lamotrigine tab 25 mg		
(84) & 100 mg (14)		
starter kit)		
LAMICTAL	Bipolar Disorder	Generic equivalent available. Members should talk
STARTER/TAKING		to their doctor or pharmacist about other
VALPROATE		medication(s) available for their condition.
(lamotrigine tab 25 mg		
(35) starter kit)		
LEXIVA (fosamprenavir	HIV	Generic equivalent available. Members should talk
calcium tab 700 mg		to their doctor or pharmacist about other
(base equiv))		medication(s) available for their condition.
metformin hcl tab er	Diabetes	metformin ER tablet (generic for GLUCOPHAGE
24hr osmotic 500 mg		XR)
(generic for		
FORTAMET), 1000 mg		
(generic for		
FORTAMET)		
MILLIPRED	Inflammatory	prednisolone syrup, prednisone tab
(prednisolone tab 5 mg)	Conditions	1
_ \r		1

MILLIPRED DP (prednisolone tab therapy pack 5 mg (21), 5 mg (48))	Inflammatory Conditions	prednisolone syrup, prednisone tab
oxiconazole nitrate cream 1%	Fungal infections	econazole cream 1%, ketoconazole cream 2%, ketoconazole shampoo 2%
PENTASA (mesalamine cap cr 250 mg, 500 mg)	Ulcerative Colitis/Crohn's Disease	APRISO, ASACOL HD, DELZICOL
RELPAX (eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent))	Migraines	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SABRIL (vigabatrin powd pack 500 mg)	Infantile Spasms	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SYMLINPEN 60 (pramlintide acetate pen-inj 1500 mcg/1.5 mL (1000 mcg/mL))	Diabetes	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SYMLINPEN 120 (pramlintide acetate pen-inj 2700 mcg/2.7 mL (1000 mcg/mL))	Diabetes	Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
TRANSDERM-SCOP (scopolamine td patch 72hr 1 mg/3 days)	Nausea/Vomiting	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZIAGEN (abacavir sulfate soln 20 mg/mL (base equiv))	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ESTRACE (estradiol vaginal cream 0.1 mg/gm)	Menopause	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
naproxen sodium tab er 24hr 375 mg (base equiv)	Pain/Inflammation	diclofenac tablet, ibuprofen tablet, naproxen tablet
naproxen sodium tab sr 24hr 375 mg (base equiv), 500 mg (base equiv)	Pain/Inflammation	diclofenac tablet, ibuprofen tablet, naproxen tablet
REYATAZ (atazanavir sulfate cap 150 mg (base equiv), 200 mg (base equiv), 300 mg (base equiv))	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SULFAMYLON (mafenide acetate packet for topical soln 5% (50 gm))	Burns/Anti-Infective	silver sulfadiazine cream
SUSTIVA (efavirenz cap 50 mg, 200 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
TAMIFLU (oseltamivir phosphate for susp 6 mg/mL (base equiv))	Influenza	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

VIAGRA (sildenafil	Erectile Dysfunction	Generic equivalent available. Members should talk
citrate tab 25 mg, 50	Liedile Dysidiletion	to their doctor or pharmacist about other
mg, 100 mg)		medication(s) available for their condition.
VIREAD (tenofovir	HIV	Generic equivalent available. Members should talk
	Пі	
disoproxil fumarate tab		to their doctor or pharmacist about other
300 mg)	1111/	medication(s) available for their condition.
SUSTIVA (efavirenz tab	HIV	Generic equivalent available. Members should talk
600 mg)		to their doctor or pharmacist about other
0)(DDINE (1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1	14(1)	medication(s) available for their condition.
SYPRINE (trientine hcl	Wilson's Disease	Generic equivalent available. Members should talk
cap 250 mg)		to their doctor or pharmacist about other
		medication(s) available for their condition.
TOBRADEX	Ophthalmic Infection	neomycin-polymyxin-dexamethasone ophth susp
(tobramycin-		0.1%, tobramycin-dexamethasone ophth susp 0.3-
dexamethasone ophth		0.1%
oint 0.3-0.1%)		
TOBREX (tobramycin	Ophthalmic Infection	moxifloxacin ophth soln 0.5%, ofloxacin ophth soln
ophth oint 0.3%)		0.3%, tobramycin ophth soln 0.3%
BILTRICIDE	Antihelmintic	Generic equivalent available. Members should talk
(praziquantel tab 600		to their doctor or pharmacist about other
mg)		medication(s) available for their condition.
CARAFATE (sucralfate	Ulcers	ranitidine syrup, ranitidine tablet, sucralfate tablet
susp 1 gm/10 mL)		
cholecalciferol cap 400	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
unit, 1000 unit		counter options.
cholecalciferol chew tab	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
400 unit, 1000 unit		counter options.
cholecalciferol drops	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
400 unit/0.03 mL (per		counter options.
drop), 2000 unit/0.03 mL		·
(per drop)		
cholecalciferol drops	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
5000 unit/mL (1000		counter options.
unit/0.2 mL)		'
cholecalciferol oral liquid	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
400 unit/mL		counter options.
cholecalciferol tab 400	Vitamin/Supplement	Talk to your pharmacist or doctor about over-the-
unit, 1000 unit	2 2 2 P P 2 2 1 1 2 1 1 2 1 1 2 1 1 1 1	counter options.
CLEOCIN (clindamycin	Vaginal Anti-	clindamycin vaginal cream, metronidazole vaginal
phosphate vaginal	Infective	gel
suppos 100 mg)		3
CYCLOPHOSPHAMIDE	Cancer	Generic equivalent available. Members should talk
(cyclophosphamide cap	34.1001	to their doctor or pharmacist about other
25 mg, 50 mg)		medication(s) available for their condition.
FAZACLO (clozapine	Antipsychotic	Generic equivalent available. Members should talk
orally disintegrating tab	, anapoyonouo	to their doctor or pharmacist about other
12.5 mg)		medication(s) available for their condition.
GABITRIL (tiagabine hcl	Anticonvulsant	Generic equivalent available. Members should talk
tab 12 mg, 16 mg)	AIIIIOUIIVUISAIII	to their doctor or pharmacist about other
lab 12 mg, 10 mg/		medication(s) available for their condition.
MEPHYTON	Vitamin K Deficiency	Generic equivalent available. Members should talk
	Vitamin K Deficiency	
(phytonadione tab 5 mg)		to their doctor or pharmacist about other
		medication(s) available for their condition.

NASCOBAL (cyanocobalamin nasal spray 500 mcg/0.1 mL)	Vitamin B Deficiency	cyanocobalamin injection
NORVIR (ritonavir tab 100 mg)	HIV	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, Xtampza ER
PRALUENT (alirocumab subcutaneous soln pen- injector 75 mg/mL, 150 mg/mL)	High Cholesterol	Repatha
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	Repatha
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Oral Contraceptives	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
SUCRALFATE (sucralfate susp 1 gm/10 mL)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.
ZAVESCA (miglustat cap 100 mg)	Gaucher's Disease	Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.

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

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.

Effective January 1, 2019:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Performance and	d Performance Select Drug Lists Changes
Biologic Immunomodulators	
Enbrel 25 mg/0.5 mL	4 syringes per 28 days
Kineret	28 syringes per 28 days
Xeljanz 5 mg	60 tablets per 30 days
Metformin ER	
Glumetza 1000 mg tablet	60 tabs per 30 days

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

³ To continue using this drug, members may need to meet certain criteria before coverage consideration may be approved.

Mupirocin Cream QL	
Bactroban cream 2%	120 grams per 90 days
Nocturia	120 grains per 90 days
Noctiva 0.83 mcg/0.1 mL nasal emulsion spray	3.8 mL/30 days
Noctiva 1.66 mcg/ 0.1 mL nasal emulsion spray	3.8 mL/30 days
Oral Anticoagulant	3.6 IIIL/30 days
	74 taba par 20 daya
Eliquis 5 mg	74 tabs per 30 days
Polycystic Kidney Disease	CC tablets was 00 days
Jynarque 45-15 mg tablet therapy pack	56 tablets per 28 days
Jynarque 60-30 mg tablet therapy pack	56 tablets per 28 days
Jynarque 90-30 mg tablet therapy pack	56 tablets per 28 days
Topiramate ER	00 1
Qudexy XR 25 mg capsule	30 capsules per 30 days
Qudexy XR 50 mg capsule	30 capsules per 30 days
Qudexy XR 100 mg capsule	30 capsules per 30 days
Qudexy XR 150 mg capsule	30 capsules per 30 days
Qudexy XR 200 mg capsule	60 capsules per 30 days
Topiramate ER 25 mg capsule	30 capsules per 30 days
Topiramate ER 50 mg capsule	30 capsules per 30 days
Topiramate ER 100 mg capsule	30 capsules per 30 days
Topiramate ER 150 mg capsule	30 capsules per 30 days
Topiramate ER 200 mg capsule	60 capsules per 30 days
Trokendi XR 25 mg capsule	30 capsules per 30 days
Trokendi XR 50 mg capsule	30 capsules per 30 days
Trokendi XR 100 mg capsule	30 capsules per 30 days
Trokendi XR 200 mg capsule	60 capsules per 30 days
Enhanced Dru	ıg List Changes
Antibiotics	
Baxdela 450 mg	28 tablets per 180 days
Benlysta	
Benlysta	4 mLs/28 days
Keveyis	,
Keveyis	120 tablets per 30 days
Miscellaneous	,
Prevymis 240 mg	100 tablets per 180 days
Prevymis 480 mg	100 tablets per 180 days
Neuropathy	
Lyrica CR 82.5 mg	30 tablets per 30 days
Lyrica CR 165 mg	30 tablets per 30 days
Lyrica CR 330 mg	60 tablets per 30 days
Oral Immunotherapy	
Odactra	30 tablets per 30 days
Parkinson's Disease	
Gocovri 68.5 mg	30 capsules per 30 days
Gocovri 137 mg	60 capsules per 30 days
Pseudobulbar Affect	To superior per ou days
Nuedexta	60 capsules per 30 days
Therapeutic Alternatives	1 00 dapodioo poi oo dayo
Chlorzoxazone 250 mg tabs	120 tabs per 30 days
Oniorzonazone zoo my labs	
Fenoprofen 200 mg caps Fenoprofen 400 mg caps	180 caps per 30 days 120 caps per 30 days

Topical Corticosteroids - cumulative across agents		
Amcinonide 0.1% cream, lotion, ointment	180 grams per 90 days	
Apexicon E 0.05% cream	180 grams per 90 days	
Clobex 0.05% lotion	180 grams per 90 days	
Clobex 0.05% spray	180 grams per 90 days	
Cordran Tape	180 grams per 90 days	
Diprolene, Diprolene AF, Betamethasone	180 grams per 90 days	
Augmented		
Elocon 0.1% ointment	180 grams per 90 days	
Enstilar, Taclonex susp, oint	180 grams per 90 days	
fluocinonide cream 0.05%	180 grams per 90 days	
fluocinonide cream E 0.05%	180 grams per 90 days	
fluocinonide gel 0.05%	180 grams per 90 days	
fluocinonide ointment 0.05%	180 grams per 90 days	
fluocinonide solution 0.05%	180 grams per 90 days	
Halog cream, ointment	180 grams per 90 days	
Impoyz 0.025% cream	180 grams per 90 days	
Olux 0.05%	180 grams per 90 days	
Olux E 0.05%	180 grams per 90 days	
Psorcon 0.05% cream	180 grams per 90 days	
Sernivo, betamethasone dipropionate 0.05%	180 grams per 90 days	
Temovate 0.05% cream	180 grams per 90 days	
Temovate 0.05% ointment	180 grams per 90 days	
Temovate 0.05% solution	180 grams per 90 days	
Topicort 0.25% spray, cream, ointment; 0.05%	180 grams per 90 days	
cream, gel, ointment		
triamcinolone cream 0.5%	180 grams per 90 days	
triamcinolone ointment 0.5%	180 grams per 90 days	
Ultravate 0.05% cream, lotion, ointment	180 grams per 90 days	
Performance Select Drug List Changes		
Metformin ER		
Fortamet 500 mg tablet	150 tablets per 30 days	
Fortamet 1000 mg tablet	60 tablets per 30 days	
Glumetza 500 mg tablet	120 tabs per 30 days	

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective Nov. 1, 2018**, the Combination GI Protectants Prior Authorization (PA) program changed its name to: Combination NSAIDs. This PA program includes the same targeted medications and a new one, Conseni. The program criteria remains the same.
- Effective Jan. 1, 2019, the following changes were applied:
 - The Addyi PA program changed its name to: Hypoactive Sexual Desire Disorder (HSDD).
 The targeted medications and program criteria remains the same.
 - The Neprilysin Inhibitor and Oral Immunotherapy PA programs were removed from all BCBSIL prescription drug benefit plans.
 - The target drugs Fortamet/generic Fortamet and Glumetza/generic Glumetza were removed from the Therapeutic Alternatives standard PA program and included in a new standard PA program called Metformin ER, effective Jan. 1, 2019. Members with a recent prescription history for Fortamet/ generic Fortamet or Glumetza/generic Glumetza and did not have the

- Therapeutic Alternatives PA program as part of their benefits prior to the effective date, were notified of the change. The new PA program will apply to all prescription drug lists.
- Several drug categories and/or targeted medications were added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal for most members. As a reminder, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2019

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced, Performance, Performance Select Drug Lists	
Polycystic Kidney Disease	Jynarque
Topiramate ER	Qudexy XR/Topiramate ER, Trokendi XR
Basic a	nd Enhanced Drug Lists
Nocturia	Noctiva
Enhanced and Performance Drug Lists	
Pseudobulbar Affect	Nuedexta
Enhanced Drug List	
Benlysta	Benlysta
Hemophilia Factor VIII, IX	Alprolix, Adynovate, Afstyla, Eloctate, Idelvion, Jivi, Rebinyn
Hereditary Angioedema	Berinert, Firazyr, Haegarda, Ruconest, Takhzyro
Huntington's Disease/Tardive Dyskinesia	Austedo, Ingrezza, Xenazine/tetrabenazine
Keveyis	Keveyis
Neuropathy	Lyrica CR
Parkinson's Disease	Gocovri, Osmolex ER
Performance Drug List	
Vitamin B12 Deficiency	Nascobal

Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2019:

Drug Category	Targeted Medication(s) ¹
Enhanced Drug List	
Cystic Fibrosis	Symdeko
Therapeutic Alternatives	Aplenzin, Chlorzoxazone/Parafon Forte, Fenoprofen, Wellbutrin XL

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2019:

Drug Category	Targeted Medication(s) ¹
Enhanced Drug List	
Insomnia	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo/zolpidem, Lunesta, Rozerem, Silenor, Sonata, Zolpimist
Phosphate Binder	Auryxia, Fosrenol /lanthanum carbonate, Renagel, Renvela/sevelamer carbonate, Velphoro

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* and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

OxyContin Drug List Status Change Effective Jan. 1, 2019 – Xtampza ER preferred*

Starting Jan. 1, 2019, OxyContin, and its authorized generics, is no longer covered on our Performance and Performance Select drug lists, as well as drug lists for the Health Insurance Marketplace plans. OxyContin, and its authorized generics, is also a covered non-preferred brand on our Basic and Enhanced drug lists.

As part of this drug list change, renewed use of OxyContin, or its authorized generic, will be reviewed under the Appropriate Use of Opioids program. Members will be required to show intolerance of Xtampza ER before a coverage exception approval may be considered. They also need to provide a copy of a submitted claim for Xtampza ER. Written medical notes may also be required. You can find approval submission forms and program criteria on the Pharmacy Program/Prior Authorization and Step Therapy section at bcbsil.com/provider.

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Please note: Starting on or after Jan. 1, 2019, members may also be subject to a shorter refill window for opioid prescriptions (i.e., refills may not be filled until 10 percent or less of the last opioid fill is on hand, based on dosing orders). This change is in line with most opioid refill policies for retail pharmacies. It will also help reduce stockpiling of unused medication and potential misuse. (Current non-opioid prescriptions may be refilled when 25 percent or less of the last fill is on hand.)

*Some drug list changes may not occur until the member's renewal date or new plan effective date on or after Jan. 1, 2019.

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.