



P.O. Box 8406
Boise, ID 83707-2406

Changes to the True Blue Rx (HMO), True Blue Rx Gem (HMO), True Blue Rx Preferred (HMO), True Blue Rx Essentials (HMO), and True Blue Rx | St. Luke's Health Partners (HMO)'s Connected Access Formulary (Drug List)

True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier with the same or fewer restrictions. Or when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. We may not inform you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our drug list that will affect members currently taking a drug, and requiring us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restrictions, you or your prescriber can ask us to make an exception to continue to cover the drug in the way you would like. The notice we provide will also include information on the steps to request an exception.

To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage* or call Customer Care at 1-855-479-3661 (TTY: 711), 24 hours a day, seven days a week.

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Last Updated: 11/14/2024

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your health care provider can determine if the alternative(s) listed here is appropriate for you given the individualized nature of drug therapy.

**Please refer to the description of your plan for copay/coinsurance amounts.

***Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.

The table below outlines formulary changes for the Connected Access Formulary.

| Effective Date | Drug Name | Reason | Alternative Drug* | Drug Copay** | Restrictions*** |
|----------------|---------------------------------------|-------------------------|-------------------|--------------|-----------------------------|
| 12/1/2024 | Lazcluze Tablet 240 MG | Formulary Addition | | Tier 5 | PA, QL (30 EA per 30 days) |
| 12/1/2024 | Lazcluze Tablet 80 MG | Formulary Addition | | Tier 5 | PA, QL (60 EA per 30 days) |
| 12/1/2024 | Rinvoq LQ Solution 1 MG/ML | Formulary Addition | | Tier 5 | PA, QL (360 ML per 30 days) |
| 12/1/2024 | Voranigo Tablet 10 MG | Formulary Addition | | Tier 5 | PA, QL (60 EA per 30 days) |
| 12/1/2024 | Voranigo Tablet 40 MG | Formulary Addition | | Tier 5 | PA, QL (30 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 0.25 MG | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 0.5 MG | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 1 MG | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 2 MG | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 0.25 MG Dispersible | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |

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| Effective Date | Drug Name | Reason | Alternative Drug* | Drug Copay** | Restrictions*** |
|----------------|---|---|---|--------------|-------------------------|
| 12/1/2024 | Alprazolam Tablet 0.5 MG Dispersible | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 1 MG Dispersible | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Alprazolam Tablet 2 MG Dispersible | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Lorazepam Tablet 0.5 MG | Quantity Limit Increase | | Tier 2 | QL (120 EA per 30 days) |
| 12/1/2024 | Amoxicillin-Pot Clavulanate Tablet Chewable 200-28.5 MG | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Efavirenz Capsule 200 MG | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Efavirenz Capsule 50 MG | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Emcyt Capsule 140 MG | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |

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|----------------|------------------------------------|--|---|--------------|-----------------|
| 12/1/2024 | Erythrocine Stearate Tablet 250 MG | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Fluorouracil Cream 0.5 % | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Lacrisert Insert 5 MG Ophthalmic | Deletion - Manufacturer Discontinuation | Please talk to your health care provider about an alternative that may be right for you | | |
| 12/1/2024 | Lexiva Suspension 50 MG/ML | Deletion – No longer covered under Medicare Part D | Please talk to your health care provider about an alternative that may be right for you | | |

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English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-627-1188 (TTY: 711). Someone who speaks English can help you. This is a free service.

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-627-1188 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-627-1188 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 請此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-627-1188 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-627-1188 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-627-1188 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-627-1188 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-627-1188 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-627-1188 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-627-1188 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على 1-800-627-1188 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषयिणी सेवाएँ उपलब्ध हैं। एक दुभाषयिणी प्राप्त करने के लिए, बस हमें 1-800-627-1188 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-627-1188 (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-627-1188 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-627-1188 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatnie skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-627-1188 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬 ランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳ご用意になるには、1-800-627-1188 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Farsi: دینک یم وگتفگ یسراف نابز هب رگا: هجوت، یم مهارف امش یارب ناگیار تروصب ی نابز تالیست یدیگیب سامت 1-800-627-1188 (TTY: 711) اب دشاب.

Nepali: ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिती भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिडिडिडि: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 711).