

## Formulary Changes for Q1 2024

Blue Cross of Idaho reviews its formularies (covered drug lists) periodically to allow members access to new drugs and to provide safe, cost-effective options for your care. Because the formulary is reviewed on an ongoing basis, we want to keep you informed of coming and recent changes to our covered drug lists. The following is a list of changes that have occurred. The online pharmacy tools and resources are updated with these decisions by the effective date of the change.

This list applies to members of Access Health Plans, Qualified Health Plans and Commercial Health Plans. This list does not apply to Federal Employee Program members or Medicare Advantage members.

**Table A. Tabled Medications**

Medication	General information	Date of change	Added, removed, changed	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
Drug brand name (drug scientific name)	Indication			Tier = Benefit Level for Drug Under the Formulary MN-PA = Medical Necessity Prior Authorization MBC = Medical Benefit Channel PA = Prior Authorization is Required ST = Step Therapy is Required QL = Quantity Limit AL= Age Limit PREV= H.S.A PREV list				
No Changes								

**Table B. Newly Reviewed Medications**

Medication	General information	Date of change	Added, removed, changed	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
<b>Drug brand name (drug scientific name)</b>	<b>Indication</b>			<b>Tier = Benefit Level for Drug Under the Formulary</b> <b>MN-PA = Medical Necessity Prior Authorization</b> <b>MBC = Medical Benefit Channel</b> <b>PA = Prior Authorization is Required</b> <b>ST = Step Therapy is Required</b> <b>QL = Quantity Limit</b> <b>AL= Age Limit</b> <b>PREV= H.S.A PREV list</b>				
Fabhalta (iptakoepan)	Paroxysmal nocturnal hemoglobinuria (PNH)	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Zurzuvae (zuranolone)	Treatment of Postpartum depression (PPD)	6/1/24	Added	Tier 6 with PA	Tier 3 with PA	Tier 4 with PA	Tier 6 with PA	Tier 6 with PA
Agamree (vamorolone)	Manage Duchenne Muscular Dystrophy (DMD)	6/1/24	No Change	Not covered	Not covered	Not covered	Not covered	Not covered
OmvoH (mirikisumab)	Treatment of moderately to severely active ulcerative colitis in adults.	6/1/24	Added	Not covered	Not Covered	Not Covered	Not Covered	Not Covered
Zilbrysq (zilucoplan)	Treatment of generalized myasthenia gravis in adults who are anti-acetylcholine receptor antibody positive.	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Wainua (eplontersen)	Treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Rivfloza (nedosiran)	To lower urinary oxalate levels in pediatric patients under 9 years of age and adults with primary hyperoxaluria type 1 (PH1) and relatively preserved kidney function (eg eGFR equal to or greater than 30 ml/minute/1.73m <sup>2</sup> )	6/1/24	Added	Not covered	Tier 3 with PA, QL MBC	Tier 4 with PA, QL MBC	Tier 6 with PA, QL MBC	Tier 6 with PA, QL MBC

Adzynma (ADAMTS13 recombinant-krhn)	For prophylactic or on demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP)	6/1/24	No Change	Not covered	Not covered	Not covered	Not covered	Not covered
Ogsiveo (niragacestat)	Adult patients with progressing desmoid tumors who require systemic treatment.	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Augtyro (repotrectinib)	Adult patients with locally advanced or metastatic ROS-1 positive non small cell lung cancer.	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Truqap (capiwasertib)	In combination with Faslodex for adult patients with hormone receptor (HR) positive, human epidermal growth factor receptor 2 (HER2) negative, locally advanced or metastatic breast cancer with one or more PK3CS/AKT1/PTEN alterations, following progression on at least one endocrine based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy.	6/1/24	Added	Not covered	Tier 3 with PA, QL	Tier 4 with PA, QL	Tier 6 with PA, QL	Tier 6 with PA, QL
Ilwilfin (Eflornithine)	Reduce the risk of relapse in adult and pediatric patients with high risk neuroblastoma HRNB who have demonstrated at least a partial response to prior multiagent, multimodality therapy including anti-GD2 immunotherapy.	6/1/24	No Change	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Fuzaqla (fuquintinib)	Treatment of metastatic colorectal cancer in adults who have previously treated with fluoropyrimidine, oxalplatin, and irinotecan based chemotherapy, an anti VEGF therapy, and an anti	6/1/24	Added	Not covered	Tier 3 with PA	Tier 4 with PA	Tier 6 with PA	Tier 6 with PA

	EGFR Therapy (If RAS wild type and medically appropriate)							
Loqtorzi (toripalimab)	In combination with cisplatin and gemcitabine as first line treatment of adults with metastatic or recurrent, locally advanced nasopharyngeal carcinoma, or as a single agent treatment of adults with recurrent unresetable or metastatic NPC with disease progression on or after platinum chemotherapy.	6/1/24	Added	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA

**Table C. Previously Reviewed/Line Extensions**

Medication	General information	Date of change	Added, removed, changed	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
<b>Drug brand name (drug scientific name)</b>	<b>Indication</b>			<b>Tier = Benefit Level for Drug Under the Formulary</b> <b>MN-PA = Medical Necessity Prior Authorization</b> <b>MBC = Medical Benefit Channel</b> <b>PA = Prior Authorization is Required</b> <b>ST = Step Therapy is Required</b> <b>QL = Quantity Limit</b> <b>AL= Age Limit</b> <b>PREV= H.S.A PREV list</b>				
Zituvio (sitagliptin)	DPP4 inhibitor indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus	6/1/24	No Change	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Xphozah (tenapanor)	Indicated to reduce serum phosphorus in adults with chronic kidney disease (CKD) on dialysis as add-on therapy in patients who have an inadequate response to phosphate binders or who are intolerant of any dose of phosphate	6/1/24	Added	Not covered	Tier 3 with PA	Tier 4 with PA	Tier 6 with PA	Tier 6 with PA

	binder therapy							
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**Table D. Additional Decisions**

Medication	General information	Date of change	Added, removed, changed	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
Drug brand name (drug scientific name)	Indication			<p><b>Tier = Benefit Level for Drug Under the Formulary</b>  <b>MN-PA = Medical Necessity Prior Authorization</b>  <b>MBC = Medical Benefit Channel</b>  <b>PA = Prior Authorization is Required</b>  <b>ST = Step Therapy is Required</b>  <b>QL = Quantity Limit</b>  <b>AL= Age Limit</b>  <b>PREV= H.S.A PREV list</b></p>				
No Changes								