

Formulary Changes for Q4 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	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
<p>Drug brand name (drug scientific name)</p>	<p>Indication</p>		<p>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 INV = Investigational per BCI Medical Policy 5.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies</p>				

Table B. Newly Reviewed Medications

Medication	General Information	Date of Change	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 INV = Investigational per BCI Medical Policy 5.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies				
Ohtuvayre (ensifentrine)	COPD	3/1/2025	Tier 6 with PA/QL	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Tier 6 with PA/QL
Aqneursa (levacetylleucine)	Niemann-Pick Disease Type C	3/1/2025	INV	INV	INV	INV	INV
Miplyffa (arimoclomol)	Niemann-Pick Disease Type C	3/1/2025	INV	INV	INV	INV	INV
Cobenfy (xanomeline/trospium)	Adults with schizophrenia experiencing an acute exacerbation or relapse of psychotic symptoms	3/1/2025	Tier 4 with PA/QL	Tier 3 with PA/QL	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 4 with PA/QL
Livdelzi (seladelpar)	Primary biliary cholangitis (cirrhosis)	3/1/2025	Non-Formulary	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Non-Formulary
Tryvio (aprocintentan)	Resistant hypertension	3/1/2025	INV	INV	INV	INV	INV

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Ebglyss (lebrikizumab)	Atopic dermatitis	3/1/2025	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary
Nemluvio (nemolizumab)	Prurigo nodularis	3/1/2025	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary
Yorvipath (palopegteriparatide)	Hypoparathyroidism	3/1/2025	Non-Formulary	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Non-Formulary
Vyvgart Hytrulo (Efgartigimod alfa/hyaluronidase-qvfc)	Chronic inflammatory demyelinating polyneuropathy and generalized myasthenia gravis	6/1/2025	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA
Beqvez (fidanacogene elaparvovec) **Gene Cell Therapy**	Moderate to severe Hemophilia B	3/1/2025	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA
Itovebi (inavolisib)	Breast cancer	3/1/2025	Tier 6 with PA/QL	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Tier 6 with PA/QL
Lazcluze (lazertinib)	Non-small cell lung cancer	3/1/2025	Tier 6 with PA/QL	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Tier 6 with PA/QL
Voranigo (vorasidenib)	Gliomas	3/1/2025	Non-Formulary	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Tier 6 with PA/QL

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Tecelra (afamitresgene autoluecel) **Gene Cell Therapy**	Synovial sarcoma	3/1/2025	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA
Tevimbra (tislelizumab)	Unresectable or metastatic ESCC	3/1/2025	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA
Vyloy (zolbetuximab)	Locally advanced unresectable or HER2 Negative G/GEJ adenocarcinoma with CLD18.2 positive tumors	3/1/2025	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	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary	
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Vigafyde (vigabatrin)	Infantile spasms in pediatric patients 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss	3/1/2025	Tier 6 With PA/QL	Tier 3 with PA/QL	Tier 4 with PA/QL	Tier 6 with PA/QL	Tier 6 with PA/QL	
Onyda XR (clonidine)	Treatment of ADHD as monotherapy or as adjunctive therapy to CNS stimulant medications in pediatric patients 6 years of age and older	3/1/2025	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	

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Neffy (epinephrine)	Emergency treatment of type I allergic reactions, including anaphylaxis, in adult and pediatric patients who weigh 30kg or greater	3/1/2025	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary	Non-Formulary
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)	Treatment of Relapsing forms of MS, CIS, RRMS, SPMS, and PPMS.	3/1/2025	MBC with PA	MBC with PA	MBC with PA	MBC with PA	MBC with PA

Table D. Additional Decisions

Medication	General Information	Date of Change	Qualified Health Plan 6 Tier Formulary (Metallic Plans)	Commercial 3 Tier Formulary	Commercial 4 Tier Formulary	Commercial 6 Tier Formulary	Access 6 Tier Formulary
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