

Changes to the True Blue Rx (HMO), True Blue Rx Essentials (HMO), True Blue Rx Extend (HMO), True Blue Rx Gem (HMO), True Blue Rx Option I (HMO), True Blue Rx Option II (HMO), and True Blue Rx Preferred (HMO)'s Connected Performance Plus Formulary (Drug List)

True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred may immediately remove a brand name drug from our drug list if we replace 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: 05/07/2025

*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 Performance Plus Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
6/1/2025	Acyclovir Suspension 800 MG/20ML	Formulary Addition		Tier 4	
6/1/2025	Albuterol Sulfate Syrup 8 MG/20ML	Formulary Addition		Tier 2	
6/1/2025	Amnesteem Capsule 30 MG	Formulary Addition		Tier 4	
6/1/2025	Eulexin Capsule 125 MG	Formulary Addition		Tier 5	
6/1/2025	Gomekli Capsule 1 MG	Formulary Addition		Tier 5	PA, QL (240 EA per 30 days)
6/1/2025	Gomekli Capsule 2 MG	Formulary Addition		Tier 5	PA, QL (120 EA per 30 days)
6/1/2025	Gomekli Tablet Soluble 1 MG	Formulary Addition		Tier 5	PA, QL (240 EA per 30 days)
6/1/2025	Lamivudine Solution 300 MG/30ML	Formulary Addition		Tier 5	QL (960 ML per 30 days)
6/1/2025	Mavyret Tablet 100-40 MG	Formulary Addition		Tier 5	PA, QL (90 EA per 30 days)
6/1/2025	Opipza Film 10 MG	Formulary Addition		Tier 5	PA, QL (90 EA per 30 days)

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
6/1/2025	Opiqua Film 2 MG	Formulary Addition		Tier 5	PA, QL (30 EA per 30 days)
6/1/2025	Opiqua Film 5 MG	Formulary Addition		Tier 5	PA, QL (90 EA per 30 days)
6/1/2025	Paxlovid Tablet Therapy Pack 6 x 150 MG & 5 x 100MG	Formulary Addition		Tier 5	QL (11 tablets per 90 days)
6/1/2025	Raldesy Solution 10 MG/ML	Formulary Addition		Tier 5	
6/1/2025	Romvimza Capsule 14 MG	Formulary Addition		Tier 5	PA, QL (8 EA per 28 days)
6/1/2025	Romvimza Capsule 20 MG	Formulary Addition		Tier 5	PA, QL (8 EA per 28 days)
6/1/2025	Romvimza Capsule 30 MG	Formulary Addition		Tier 5	PA, QL (8 EA per 28 days)
6/1/2025	Simlandi (1 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)
6/1/2025	Simlandi (1 Pen) Auto-Injector Kit 80 MG/0.8ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)
6/1/2025	Simlandi (1 Syringe) Prefilled Syringe Kit 80 MG/0.8ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)
6/1/2025	Simlandi (2 Pen) Auto-Injector Kit 40 MG/0.4ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)

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6/1/2025	Simlandi (2 Syringe) Prefilled Syringe Kit 20 MG/0.2ML Subcutaneous	Formulary Addition		Tier 5	QL (2 EA per 28 days)
6/1/2025	Simlandi (2 Syringe) Prefilled Syringe Kit 40 MG/0.4ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)
6/1/2025	Sunlenca Tablet 300 MG	Formulary Addition		Tier 5	
6/1/2025	Tremfya Crohns Induction Solution Auto-Injector 200 MG/2ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (4 EA per 28 days)
6/1/2025	Tremfya Pen Solution Auto-Injector 100 MG/ML Subcutaneous	Formulary Addition		Tier 5	PA, QL (2 ML per 28 days)
6/1/2025	Vimkunya Suspension Prefilled Syringe 40 MCG/0.8ML Intramuscular	Formulary Addition		Tier 3	
6/1/2025	Xelria Fe Tablet Chewable 0.4-35 MG-MCG	Formulary Addition		Tier 3	
6/1/2025	Azelastine HCl Solution 0.15 % Nasal	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
6/1/2025	Exkivity Capsule 40 MG	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		

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Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
6/1/2025	Fenoprofen Calcium Tablet 600 MG	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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Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (الصم والبكم: 711).

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

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nepali: ध्यान दनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नै: शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिवोड: 711) ।

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

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 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).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).