

## Formulary Changes for Q3 2025

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)   | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formulary |
|--|---------------------|----------------|-------------------------|---|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Drug brand name (drug scientific name) | Indication          |                |                         | <p><b>Tier = Benefit Level for Drug Under the Formulary</b><br/> <b>MN-PA = Medical Necessity Prior Authorization</b><br/> <b>MBC = Medical Benefit Channel</b><br/> <b>PA = Prior Authorization is Required</b><br/> <b>ST = Step Therapy is Required</b><br/> <b>QL = Quantity Limit</b><br/> <b>PREV= H.S.A PREV list</b><br/> <b>NF= Non-Formulary</b><br/> <b>INV= Investigational per BCI Medical Policy 2.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies.</b></p> |                           |                           |                           |                          |                          |                          |                  |
| No changes                             |                     |                |                         |   |                           |                           |                           |                          |                          |                          |                  |

**Table B. Newly Reviewed Medications**

| Medication  | General information                        | Date of change | Added, removed changed | Qualified Health Plan 6 Tier Formulary (Metallic Plans)   | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formulary |
|---|--|----------------|------------------------|---|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|------------------|
| <b>Drug brand name<br/>(drug scientific name)</b> | <b>Indication</b>                          |                |                        | <b>Tier = Benefit Level for Drug Under the Formulary</b><br><b>MN-PA = Medical Necessity Prior Authorization</b><br><b>MBC = Medical Benefit Channel</b><br><b>PA = Prior Authorization is Required</b><br><b>ST = Step Therapy is Required</b><br><b>QL = Quantity Limit</b><br><b>H.S.A= H.S.A PREV list</b><br><b>ACA = ACA PREV list</b><br><b>NF= Non-Formulary</b><br><b>INV= Investigational per BCI Medical Policy 2.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies.</b> |                           |                           |                           |                          |                          |                          |                  |
| Tarpeyo (budesonide)                              | Immunoglobulin A Nephropathy (IgAN)        | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL |
| Filspari (sparsentan)                             | IgAN                                       | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL |
| Fabhalta (iptacopan)                              | IgAN and Complement 3 Glomerulopathy (C3G) | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL |
| Vanrafia (atrasentan)                             | IgAN                                       | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL |
| Andembry (garadacimab-gxii)                       | Hereditary Angiodema (HAE)                 | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | NF               |

| Medication                                 | General information                    | Date of change | Added, removed changed | Qualified Health Plan 6 Tier Formulary (Metallic Plans) | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formula ry |
|--|--|----------------|------------------------|---|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Dawnzera (donidalorsen)                    | HAE                                    | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | NF                |
| Ekterly (sebetralstat)                     | HAE                                    | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | NF                |
| Brinsupri (brensocatic)                    | Non-cystic Fibrosis Bronchiectasis     | 2/1/2026       | Added                  | NF  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | NF                |
| Kerendia (finerenone)                      | Heart Failure Indication               | 2/1/2026       | No Change              | NF  | Tier 3 w/ QL              | Tier 3 w/ QL              | Tier 4 w/ QL              | Tier 3 w/ QL             | Tier 3 w/ QL             | Tier 4 w/ QL             | NF                |
| Tryptyr (acoltremon)                       | Dry Eye Disease                        | 2/1/2026       | No Change              | INV   | INV                       | INV                       | INV                       | INV                      | INV                      | INV                      | INV               |
| Vizz (aceclidine)                          | Presbyopia                             | 2/1/2026       | No Change              | INV   | INV                       | INV                       | INV                       | INV                      | INV                      | INV                      | INV               |
| Anzupgo (delgocitinib)                     | Chronic Hand Eczema                    | 2/1/2026       | No Change              | NF  | NF                        | NF                        | NF                        | NF                       | NF                       | NF                       | NF                |
| Orlynvah (sulopenem etzadroxil/probenecid) | Uncomplicated Urinary Tract Infections | 2/1/2026       | Added                  | Tier 4 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 4 w/ PA, QL  |
| Sephience (sepiapterin)                    | Hyperphenylalaninemia                  | 2/1/2026       | Added                  | NF  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | NF                |
| Zelsuvmi (berdazimer)                      | Molluscum Contagiosum                  | 2/1/2026       | No Change              | NF  | NF                        | NF                        | NF                        | NF                       | NF                       | NF                       | NF                |
| Ensacove (ensartinib)                      | Non-Small Cell Lung Cancer (NSCLC)     | 2/1/2026       | Added                  | Tier 6 w/PA, QL   | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL  |
| Hernexeos (zongertinib)                    | NSCLC                                  | 2/1/2026       | Added                  | Tier 6 w/PA, QL   | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL  |
| Ibrozi (taletrectinib)                     | NSCLC                                  | 2/1/2026       | Added                  | Tier 6 w/PA, QL   | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL  |

| Medication                     | General information  | Date of change | Added, removed changed | Qualified Health Plan 6 Tier Formulary (Metallic Plans) | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formula ry |
|--------------------------------|--|----------------|------------------------|---|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Modeyso (dordaviprone)         | Diffuse Midline Glioma   | 2/1/2026       | Added                  | Tier 6 w/ PA, QL  | Tier 3 w/ PA, QL          | Tier 4 w/ PA, QL          | Tier 6 w/ PA, QL          | Tier 3 w/ PA, QL         | Tier 4 w/ PA, QL         | Tier 6 w/ PA, QL         | Tier 6 w/ PA, QL  |
| Enflonsia (clesrovimab-cfor)   | RSV Vaccine  | 2/1/2026       | Added                  | ACA   | ACA                       | ACA                       | ACA                       | ACA                      | ACA                      | ACA                      | ACA               |
| Yeztugo (lenacapavir)          | Pre-Exposure Prophylaxis of HIV  | 2/1/2026       | Added                  | ACA   | ACA                       | ACA                       | ACA                       | ACA                      | ACA                      | ACA                      | ACA               |
| Lynozytic (linvoseltamab-gcpt) | Multiple Myeloma   | 2/1/2026       | Added                  | MBC w/PA  | MBC w/PA                  | MBC w/PA                  | MBC w/PA                  | MBC w/PA                 | MBC w/PA                 | MBC w/PA                 | MBC w/PA          |
| Unloxcyt (cosibelimab-ipdl)    | Metastatic Cutaneous Squamous Cell Carcinoma (mCSCC) or locally advanced CSCC. | 2/1/2026       | Added                  | MBC w/PA  | MBC w/PA                  | MBC w/PA                  | MBC w/PA                  | MBC w/PA                 | MBC w/PA                 | MBC w/PA                 | MBC w/PA          |

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

| Medication   | General information                         | Date of change | Added, removed, changed | Qualified Health Plan 6 Tier Formulary (Metallic Plans)   | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formulary |
|--|---|----------------|-------------------------|---|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|------------------|
| <b>Drug brand name (drug scientific name)</b>        | <b>Indication</b>                           |                |                         | <b>Tier = Benefit Level for Drug Under the Formulary</b><br><b>MN-PA = Medical Necessity Prior Authorization</b><br><b>MBC = Medical Benefit Channel</b><br><b>PA = Prior Authorization is Required</b><br><b>ST = Step Therapy is Required</b><br><b>QL = Quantity Limit</b><br><b>PREV= H.S.A PREV list</b><br><b>NF=Non-Formulary</b><br><b>INV= Investigational per BCI Medical Policy 2.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies.</b> |                           |                           |                           |                          |                          |                          |                  |
| Eliquis (apixaban, tablets/sprinkles for suspension) | VTE   | 2/1/2026       | Added                   | Tier 3  | Tier 2                    | Tier 2                    | Tier 3                    | Tier 2                   | Tier 2                   | Tier 3                   | Tier 3           |
| Pyridostigmine Bromide (extended-release tablets)    | Pretreatment of Soman nerve agent poisoning | 2/1/2026       | Added                   | Tier 2  | Tier 1                    | Tier 1                    | Tier 2                    | Tier 1                   | Tier 1                   | Tier 2                   | Tier 1           |
| Zusduri (mitomycin instillation gel)                 | Bladder Cancer                              | 2/1/2026       | Added                   | MBC   | MBC                       | MBC                       | MBC                       | MBC                      | MBC                      | MBC                      | MBC              |

**Table D. Additional Decisions**

| Medication                                | General information | Date of change | Added, removed, changed | Qualified Health Plan 6 Tier Formulary (Metallic Plans)  | Standard 3 Tier Formulary | Standard 4 Tier Formulary | Standard 6 Tier Formulary | Premium 3 Tier Formulary | Premium 4 Tier Formulary | Premium 6 Tier Formulary | Access Formulary |
|---|---------------------|----------------|-------------------------|--|---------------------------|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|------------------|
| Drug brand name<br>(drug scientific name) | Indication          |                |                         | <p style="text-align: center;"> <b>Tier = Benefit Level for Drug Under the Formulary</b><br/> <b>MN-PA = Medical Necessity Prior Authorization</b><br/> <b>MBC = Medical Benefit Channel</b><br/> <b>PA = Prior Authorization is Required</b><br/> <b>ST = Step Therapy is Required</b><br/> <b>QL = Quantity Limit</b><br/> <b>PREV= H.S.A PREV list</b><br/> <b>NF=Non-Formulary</b><br/> <b>INV= Investigational per BCI Medical Policy 2.1.501 Guidelines for Prior Authorization of Pharmacologic Therapies.</b> </p> |                           |                           |                           |                          |                          |                          |                  |
| No additional decisions                   |                     |                |                         |  |                           |                           |                           |                          |                          |                          |                  |