

Pharmacy Program Quarterly Update

Changes Effective July 1, 2025 – Part 2

July 2, 2025

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Reminder: Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. This part 2 article contains coverage additions, utilization management updates and any other pharmacy program updates. These updates do not require member notification.

Drug List Changes

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some additions (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the [Blue Cross and Blue Shield of Illinois](#) drug lists. **Additions effective July 1, 2025, and prior updates are outlined below.**

Please note: In anticipation of state regulations, fully insured non-HMO groups on the Performance Drug List will be moved to the new Performance Full Drug List, effective July 1, 2025. The existing Performance Drug List will remain in place for ASO non-HMO groups. The Performance Annual Drug List remains in place for IL HMO groups.

Drug List Additions

BALANCED DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Cardiomyopathy
EMROSI (minocycline hcl micronized (rosacea) capsule er 24 hr 40 mg)	Rosacea
HYDROCORTISONE (hydrocortisone soln 2.5%)	Pruritus, Dermatoses
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/mL)	Hemophilia A or B
ITOVEBI (inavolisib tab 3 mg, 9 mg)	Cancer
LIVDELZI (seladelpar lysine cap 10 mg)	Primary Biliary Cholangitis
MIPLYFFA (arimoclomol citrate cap 47 mg, 62 mg, 93 mg, 124 mg)	Niemann-Pick disease type C
REVUFORJ (revumenib citrate tab 110 mg, 160 mg)	Cancer
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
TRYVIO (aprocitentan tab 12.5 mg)	Hypertension
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent))	Narcolepsy
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders

PERFORMANCE DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Cardiomyopathy
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/mL)	Hemophilia A or B
ITOVEBI (inavolisib tab 3 mg, 9 mg)	Cancer
LIVDELZI (seladelpar lysine cap 10 mg)	Primary Biliary Cholangitis
REVUFORJ (revumenib citrate tab 110 mg, 160 mg)	Cancer
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders

PERFORMANCE DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5mL, 90 mg/mL)	Autoimmune disorders
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent))	Narcolepsy
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders

PERFORMANCE FULL DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Cardiomyopathy
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/mL)	Hemophilia A or B
ITOVEBI (inavolisib tab 3 mg, 9 mg)	Cancer
LIVDELZI (seladelpar lysine cap 10 mg)	Primary Biliary Cholangitis
REVUFORJ (revumenib citrate tab 110 mg, 160 mg)	Cancer
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent))	Narcolepsy
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders

PERFORMANCE SELECT DRUG LIST ADDITIONS	
DRUG ¹	CONDITION
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Cardiomyopathy
EMROSI (minocycline hcl micronized (rosacea) capsule er 24 hr 40 mg)	Rosacea
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/mL)	Hemophilia A or B
ITOVEBI (inavolisib tab 3 mg, 9 mg)	Cancer
LIVDELZI (seladelpar lysine cap 10 mg)	Primary Biliary Cholangitis
REVUFORJ (revumenib citrate tab 110 mg, 160 mg)	Cancer
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent))	Narcolepsy
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders

BASIC, BASIC MULTI-TIER, ENHANCED AND ENHANCED MULTI-TIER DRUG LISTS ADDITIONS	
DRUG ¹	CONDITION
ATTRUBY (acoramidis hcl tab pack 356 mg (712 mg twice daily))	Cardiomyopathy
ITOVEBI (inavolisib tab 3 mg, 9 mg)	Cancer
SELARSDI (ustekinumab-aekn soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
STEQEYMA (ustekinumab-stba soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce soln prefilled syringe 45 mg/0.5 mL, 90 mg/mL)	Autoimmune disorders
YESINTEK (ustekinumab-kfce subcutaneous soln 45 mg/0.5 mL)	Autoimmune disorders

Other Drug List Additions

Most additions to the drug list become effective quarterly, however, some drugs are added as part of formulary maintenance (e.g., new strength of covered drug) or re-evaluated during the quarter then added to the list. Those drugs are listed below.

BALANCED DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
AQNEURSA (levacetylleucine for susp packet 1 gm)	Niemann-Pick disease type C	5/1/25
VYALEV (foslevodopa-foscarbidopa subcutaneous inj 240-12 mg/mL)	Parkinson's Disease	6/1/25
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg/1.4 mL (teriparatide eq))	Hypoparathyroidism	5/1/25

PERFORMANCE DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
AQNEURSA (levacetylleucine for susp packet 1 gm)	Niemann-Pick disease type C	5/1/25
VYALEV (foslevodopa-foscarbidopa subcutaneous inj 240-12 mg/mL)	Parkinson's Disease	6/1/25
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg,1.4 mL (teriparatide eq))	Hypoparathyroidism	5/1/25

PERFORMANCE FULL DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
AQNEURSA (levacetylleucine for susp packet 1 gm)	Niemann-Pick disease type C	5/1/25
VYALEV (foslevodopa-foscarbidopa subcutaneous inj 240-12 mg/mL)	Parkinson's Disease	6/1/25
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg,1.4 mL (teriparatide eq))	Hypoparathyroidism	5/1/25

PERFORMANCE SELECT DRUG LIST		
DRUG ¹	CONDITION	EFFECTIVE DATE
AQNEURSA (levacetylleucine for susp packet 1 gm)	Niemann-Pick disease type C	5/1/25
VYALEV (foslevodopa-foscarbidopa subcutaneous inj 240-12 mg/mL)	Parkinson's Disease	6/1/25
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56 mL, 294 mcg/0.98 mL, 420 mcg,1.4 mL (teriparatide eq))	Hypoparathyroidism	5/1/25

Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

Standard Utilization Management Program Updates

Prior authorization and Step Therapy programs for standard-pharmacy benefit plans correlate to a member's drug list. Not all standard programs apply since updates are based on the member's current drug list. [The prescription drugs tab on bcbsmt.com lists the current drug lists and dispensing limits.](#) Members may also log in to [Blue Access for MembersSM](#) or [MyPrime.com](#) for a variety of online resources.

Please Note: The PA programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard PA programs may apply, based on the member's current drug list. A list of PA programs per drug list is posted on the member pharmacy programs section of [bcbsmt.com](#).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card or log into any of the online resources.

Program Updates

The following standard utilization management programs were updated on the dates indicated below.

Corticotropin PA removed the target drug Acthar Autoinjector effective July 1, 2025. This update applies to Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Balanced, Performance, Performance Annual and Performance Select drug lists.

Program Retirements

The following standard utilization management programs have been retired on the dates indicated below.

Vitamin B12 Deficiency PAQL was retired June 15, 2025. This program included the drug Nascobal (cyanocobalamin (500 mcg/0.1 mL nasal spray).

Please Note: The Prior Authorization, Step Therapy or Quantity Limits programs for standard pharmacy benefit plans correlate to a member's drug list. Not all standard programs may apply, based on the member's current drug list. A list of programs per drug list is posted on the member pharmacy programs section of [bcbsmt.com](#).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit [bcbsmt.com](#) and log in to [Blue Access for MembersSM](#) or [MyPrime.com](#) for a variety of online resources.

Dispensing Limit Changes

The prescription-drug benefit program **BCBSMT** includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling. Dispensing Limit changes are listed below with their effective date.

View the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also log in to [Blue Access for MembersSM](#) or [MyPrime.com](#) for more online resources.

BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, HIM, BALANCED, PERFORMANCE AND PERFORMANCE SELECT DRUG LISTS			
MEDICATION(S) ¹	CLINICAL PROGRAM	NEW DISPENSING LIMIT	EFFECTIVE DATE
Cymbalta (duloxetine hcl) 20 mg cap	Antidepressants STQL	180 caps per 30 days	5/15/2025
Cymbalta (duloxetine hcl) 30 mg cap	Antidepressants STQL	120 caps per 30 days	5/15/2025
Dihydroergotamine Mesylate Inj 1 mg/mL	Ergotamine QL	Dispensing limit retired	4/15/2025
Pristiq ER (desvenlafaxine succ) 100 mg tab	Antidepressants STQL	120 tabs per 30 days	5/15/2025
Qelbree (viloxazine hcl) 200 mg cap	ADHD Agents QL	90 caps per 30 days	6/15/2025

Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSMT members who have prescription-drug benefits administered by Prime Therapeutics[†]. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications.

Please note: Members were not notified of this change because either there is no utilization, or the pharmacist can easily fill a member's prescription with the equivalent without needing a new prescription from the doctor.

The following drugs are excluded on select drug lists.

PRODUCT(S) NO LONGER COVERED ¹	COVERED ALTERNATIVE(S) ^{1, 2}	CONDITION
ACTHAR GEL AUTO-INJECTOR (CORTICOTROPIN subcutaneous gel pen-injector 40 unit/0.5 mL, 80 unit/mL)	ACTHAR vial	Inflammation or autoimmune conditions
COTROPHIN INJ (CORTICOTROPIN SUBCUTANEOUS GEL PREFILLED SYRINGE 40 UNIT/0.5 mL, 80 unit/mL)	ACTHAR vial	Inflammation or autoimmune conditions
DICLOFENAC POTASSIUM TAB 25 mg	DICLOFENAC POT 50 mg, MELOXICAM, IBUPROFEN, NAPROXEN	Pain or inflammation
LURBIPR TAB 100 mg	Other manufacturers of flurbiprofen 100 mg	Arthritis
Prenatal Multivitamins and Minerals w/ Iron and FA TAB 1 mg (NEOMATERNA)	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19	Pregnancy

PRODUCT(S) NO LONGER COVERED ¹	COVERED ALTERNATIVE(S) ^{1, 2}	CONDITION
PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 15-0.4-0.6 mg (ALTRIXA OB)	PRENATAL 19, VINATE M, PRENATAL+FE TAB 29-1, TRINATE, SE-NATAL 19	Pregnancy
SITAGLIPTIN FREE BASE-METFORMIN HCL TAB ER 24 hr 50-500 mg (ZYDUS), 50-1000 mg (ZYDUS), 100-1000 mg (ZYDUS)	JANUMET XR	Diabetes
TOLVAPTAN TAB Therapy Packs 15 mg (LUPIN), 30 & 15 mg (LUPIN), 45 & 15 mg (LUPIN), 60 & 30 mg (LUPIN), 90 & 30 mg (LUPIN)	JYNARQUE	Hyponatremia

Pharmacy Benefits Updates

Visit our [pharmacy page for resource materials](#). Stay tuned to our News and Updates or [Blue Review](#) for additional pharmacy program updates.

New Home-Delivery Pharmacy for Injectable GLP-1s

What's changed: Effective June 15, 2025, Express Scripts® Pharmacy transitioned home delivery prescriptions for covered, injectable GLP-1 drugs to EnGuide Pharmacy, which is a new, specialized pharmacy that Prime Therapeutics® added to its mail order pharmacy network.

This transition impacts members with prescription-drug benefits administered by Prime where Express Scripts® Pharmacy is an in-network, home-delivery pharmacy.

Staying the same: Members do not have to use EnGuide to get covered, injectable GLP-1 drugs. They can continue using an in-network retail pharmacy or use another in-network, home-delivery pharmacy, based on their pharmacy plan benefits.

Our members can continue using Express Scripts® Pharmacy to fill other covered prescriptions via mail order.

[Learn more about the EnGuide Pharmacy transition.](#)

Reminder: \$0 Emergency-Use Medications Available for Mid-Market Groups

As a reminder, select acute medications may be available at a \$0 cost-share for members needing immediate, medical treatment. These medications are typically used for emergency-use or life-saving situations. Removing cost barriers to these medications gives members immediate access to these treatments during urgent, medical events. Zero-dollar, emergency-use medications became available for most markets Jan. 1, or after upon renewal, while the Mid-Market Fully Insured groups will be available July 1, 2025, or after upon renewal.

The \$0-cost share will apply for applicable benefit plans at any in-network pharmacy, including both value and non-value pharmacies. [For more information about this benefit, please read the member flier.](#)

Reminder: Low-Cost, Generic Droxidopa Available July 1

What's new: Beginning July 1, 2025, the CivicaScript-produced, low-cost generic version of Droxidopa (100 mg, 200 mg, 300 mg doses) will be available to BCBSMT members on all Individual & Family Market plans and commercial-group drug lists. CivicaScript's version of Droxidopa will only be available from SortPak Pharmacy.

- Brand-name Northera and other non-Civica generic versions of Droxidopa will be excluded.
- Members with claims for other versions of Droxidopa received letters informing them of the July 1-change along with instructions on how to order the generic Droxidopa from SortPak.

Why this matters: the Civica-produced Droxidopa costs, on average, \$2,000 less for a 30-day supply than other generic versions. Note: this varies based on strength.

If your patient asks for a new prescription, please e-prescribe to SortPak Pharmacy or fax 877-475-2382.

¹Third-party brand names are the property of their respective owner.

²This list is not all inclusive. Other medicines may be available in this drug class.

³Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

⁴This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

Please note: If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

[†]Prime Therapeutics LLC is a separate company contracted by BCBSMT to provide pharmacy solutions. BCBSMT, as well as several independent [Blue Cross and Blue Shield Plans](#), has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy-benefit website owned and operated by Prime Therapeutics LLC.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.