

# Changes to your plan's pharmacy drug list

In our ongoing effort to assist you in maximizing your health care investment while offering your plan members clinically appropriate prescription therapy, we are announcing changes to the **Standard Control Choice + Advanced Control Specialty Formulary** effective **April 1, 2025**. A copy of the Performance Drug List is attached for your reference.

The formulary review process focused on many factors, including:

**Adding products that have demonstrated enhanced clinical efficacy and/or provide more convenient dosage forms.**

## Formulary additions

Drug Class	Drug name(s)
Antineoplastic Agents, Kinase Inhibitors*	MEKINIST TABLETS, TAFINLAR CAPSULES

## Tier 3 to Tier 2

Drug Class	Drug name(s)
Antineoplastic Agents, Kinase Inhibitors*	MEKINIST SOLUTION, PIQRAY, TAFINLAR TABLETS, TRUQAP
Ophthalmic, Anti-Infectives	XDEMVI DROPS

**Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark® Drug List.**

## Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Antineoplastic Agents, Kinase Inhibitors*	COTELLIC	MEKINIST, MEKTOVI
	SPRYCEL**	dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX
	ZELBORAF	BRAFTOVI, TAFINLAR
Central Nervous System, Antidepressants*	FLUOXETINE TABLET 60MG	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC 60505367503), sertraline, vilazodone, TRINTELLIX

## Tier 2 to Tier 3

Drug Class	Drug name	Alternative
Cardiovascular, Heart Failure	CORLANOR**	ivabradine

## Indication-Based Strategy Updates

Drug Class	Formulary Options
Autoimmune Agents, Self-Administered, Hidradenitis Suppurativa <sup>†</sup>	ADALIMUMAB-ADAZ, COSENTYX SUBCUTANEOUS, HUMIRA, HYRIMOZ

**Key for table**

**UPPER CASE** = brand-name medication

**lower case** = generic medication

\*Class has existing formulary exclusions

\*\*Multi-source Brand Product

<sup>^</sup>Previously New to Market Block

<sup>†</sup>New Indication-Based category

Please note: The specialty copay may not be affected by the proposed changes if the plan has a fixed copay for all specialty drugs.

**Mailing Process:**

As always, notifications will be sent to members who are negatively affected by tier changes\* or drug exclusions. Please encourage your members to use the BlueCross BlueShield of Tennessee website, [bcbst.com](http://bcbst.com), to view the most current version of the drug list, as well as to review their prescription drug benefit information, request mail service orders, and research drug information.

We appreciate the opportunity to serve you and your members' prescription benefit needs. If you have any questions regarding these changes, please do not hesitate to contact us.

\*Except in the case of products that have generic equivalents available or are acute therapies.