BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

2025 Formulary Changes – Year to Date

Blue Cross Blue Shield Arizona Health Choice may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 30 days before the date that the change becomes effective. However, 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 will immediately remove the drug from our formulary.

This table shows drugs that have been removed from the 2025 Blue Cross Blue Shield Arizona Health Choice Arizona Formulary.

Name of Drug	Description of Change	Alternative Drug	Effective Date
BRAND DIASTAT	Formulary deletion	Generic DIAZEPAM RECTAL GEL	1/1/2025
SUMATRIPTAN 6 MG/0.5ML AUTOINJ (SUN PHARMACEUTICALS ONLY)	NDC deletion	SUMATRIPTAN 6 MG/0.5ML AUTOINJ (OTHER MANUFACTURERS)	1/1/2025
GEMMILY	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025
ICLEVIA	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE;	1/1/2025

		KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	
LOW-OGESTREL	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025
MICROGESTIN 24 FE	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025
NYMYO	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025
TYBLUME	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025
VESTURA	Formulary deletion	AFIRMELLE; AMETHIA; AMETHYST; AUBRA; AZURETTE; BALZIVA; CAZIANT; CRYSELLE; CYCLAFEM 7/7/7; ENPRESSE; ESTARYLLA; JUNEL FE; KAITLIB FE; KELNOR 1-35; MELODETTA 24 FE; NECON 10/11-28; OCELLA; ORTHO TRI-CYCLEN	1/1/2025

AFTERA (OTC)	Formulary deletion	ELLA; LEVONORGESTREL (OTC); MY CHOICE (OTC); MY WAY (OTC); NEW DAY (OTC); OPTION 2 (OTC)	1/1/2025
PLAN B ONE-STEP (OTC)	Formulary deletion	ELLA; LEVONORGESTREL (OTC); MY CHOICE (OTC); MY WAY (OTC); NEW DAY (OTC); OPTION 2 (OTC)	1/1/2025
TAKE ACTION (OTC)	Formulary deletion	ELLA; LEVONORGESTREL (OTC); MY CHOICE (OTC); MY WAY (OTC); NEW DAY (OTC); OPTION 2 (OTC)	1/1/2025
TWIRLA	Formulary deletion	XULANE	1/1/2025
ZAFEMY	Formulary deletion	XULANE	1/1/2025
HAEGARDA	Formulary deletion	ICATIBANT, KALBITOR	1/1/2025
BRAND SELZENTRY	Formulary deletion	Generic MARAVIROC TABLET	1/1/2025
BRAND TRUVADA	Formulary deletion	Generic EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	1/1/2025
VIREAD POWDER	Formulary deletion	TENOFOVIR DISOPROXIL FUMARATE TABLETS	1/1/2025
XTAMPZA	Manufacturer does not participate in Federal Rebate program	OXYCONTIN	1/1/2025
LIQREV	Market removal	SILDENAFIL SUSPENSION	2/1/2025
TESTOSTERONE GEL PACKET (generic VOGELXO)	Formulary deletion	TESTOSTERONE GEL PUMP (generic ANDROGEL)	4/1/2025
BRAND ABREVA	Formulary deletion	Generic DOCOSANOL	4/1/2025
CERDELGA	Formulary deletion	ELELYSO, MIGLUSTAT	4/1/2025
CEREZYME	Formulary deletion	ELELYSO, MIGLUSTAT	4/1/2025

VPRIV	Formulary deletion	ELELYSO, MIGLUSTAT	4/1/2025
INVOKANA	Formulary deletion	FARXIGA, JARDIANCE, SYNJARDY, XIGDUO XR	4/1/2025
INVOKAMET	Formulary deletion	FARXIGA, JARDIANCE, SYNJARDY, XIGDUO XR	4/1/2025
BOSENTAN TABLET	Formulary deletion	AMBRISENTAN, ORENITRAM, SILDENAFIL, TADALAFIL, TRACLEER SUSPENSION	4/1/2025
MESALAMINE (generic ASACOL HD)	Formulary deletion	APRISO, DELZICOL, MESALAMINE (generic Lialda), PENTASA, SFROWASA, SULFASALAZINE, MESALAMIME (generic Canasa)	4/1/2025
CANASA RECTAL	Formulary deletion	APRISO, DELZICOL, MESALAMINE (generic Lialda), PENTASA, SFROWASA, SULFASALAZINE, MESALAMIME (generic Canasa)	4/1/2025
MARGENZA	Manufacturer does not participate in Federal Rebate program		4/1/2025
ZOLADEX	Manufacturer does not participate in Federal Rebate program		5/1/2025
All drugs made by: TREVENA, INC	Manufacturer does not participate in Federal Rebate program		7/1/2025
All drugs made by: PROVELL PHARMACUETICALS	Manufacturer does not participate in Federal Rebate program		7/1/2025

All drugs made by: JACKSONVILLE PHARMACUETICALS	Manufacturer does not participate in Federal Rebate program		7/1/2025
All drugs made by: ESPERO PHARMACUETICALS	Manufacturer does not participate in Federal Rebate program		7/1/2025
All drugs made by: INNATE PHARMA, INC	Manufacturer does not participate in Federal Rebate program		7/1/2025
BRAND STELARA	Nonformulary	YESTINEK (biosimilar of Stelara)	8/1/2025
TRUXIMA	Nonpreferred	RIABNI, RUXIENCE	8/1/2025
ADALIMUMAB-ADBM	Nonformulary	HADLIMA, ADALIMUMAB-FKJP	8/1/2025
SIMLANDI	Nonformulary	HADLIMA, ADALIMUMAB-FKJP	8/1/2025
BRAND SOLIRIS	Nonpreferred	EPYSQLI (biosimilar of SOLIRIS)	8/1/2025
BRAND NEUPOGEN	Nonformulary	NIVESTYM, RELEUKO (biosimilar of Neupogen)	8/1/2025
NYVEPRIA	Nonformulary	FULPHILA, FYLNETRA	8/1/2025
ZIEXTENZO	Nonformulary	FULPHILA, FYLNETRA	8/1/2025
UDENYCA	Nonformulary	FULPHILA, FYLNETRA	8/1/2025
BRAND ACTEMRA	Nonformulary	TYENNE (biosimilar of Actemra)	8/1/2025
KANJINTI	Nonpreferred	OGIVRI (biosimilar of Herceptin)	8/1/2025
HERZUMA	Nonpreferred	OGIVRI (biosimilar of Herceptin)	8/1/2025

TRAZIMERA	Nonpreferred	OGIVRI (biosimilar of Herceptin)	8/1/2025
PERSERIS	Market withdrawal	ABILIFY ASIMTUFII/MAINTENA, ARISTADA, INVEGA, RISPERDAL CONSTA	10/1/2025
OLANZAPINE IM	Formulary deletion	ABILIFY ASIMTUFII/MAINTENA, ARISTADA, INVEGA, RISPERDAL CONSTA	10/1/2025
ZYPREXA IM	Formulary deletion	ABILIFY ASIMTUFII/MAINTENA, ARISTADA, INVEGA, RISPERDAL CONSTA	10/1/2025
BRAND SPIRIVA HANDIHALER	Formulary deletion	Generic TIOTROPIUM HANDIHALER	10/1/2025
GVOKE	Formulary deletion	BAQSIMI, GLUCAGON, ZEGALOGUE	10/1/2025
BRAND ADVAIR DISKUS	Formulary deletion	Generic FLUTICASONE/SALMETEROL, Generic BUDESONIDE/FORMOTEROL, DULERA, ADVAIR HFA	10/1/2025
BRAND SYMBICORT	Formulary deletion	Generic FLUTICASONE/SALMETEROL, Generic BUDESONIDE/FORMOTEROL, DULERA, ADVAIR HFA	10/1/2025
HUMALOG CARTRIDGE	Formulary deletion	See formulary for covered insulin products	10/1/2025
HUMALOG MIX VIAL	Formulary deletion	See formulary for covered insulin products	10/1/2025
NOVOLIN 70/30 VIAL OTC	Formulary deletion	See formulary for covered insulin products	10/1/2025
KAZANO	Formulary deletion	ALOGLIPTIN, JANUVIA, TRADJENTA	10/1/2025
OSENI	Market removal	ALOGLIPTIN, JANUVIA, TRADJENTA	10/1/2025
CINQAIR	Formulary deletion	ADBRY, FASENRA, XOLAIR	10/1/2025
NUCALA	Formulary deletion	ADBRY, FASENRA, XOLAIR	10/1/2025
TEZSPIRE	Formulary deletion	ADBRY, FASENRA, XOLAIR	10/1/2025

ANUSOL – HC (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Hydrocortisone 2.5% Rectal cream; Procto-med HC Cream; Proctosol HC Cream; Proctozone HC Cream	10/1/2025
APRISO CAPSULES (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Mesalamine Delayed Release Capsules 400mg; Mesalamine 1.2gm Tablets (generic Lialda); Pentasa Capsules	10/1/2025
AZASAN TABLETS (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Generic Azathioprine tablets	10/1/2025
AZATHIOPRINE TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Azathioprine tablets remain on the formulary	10/1/2025
BEXAROTENE CAPSULES (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Bexarotene Capsules remain on the formulary	10/1/2025
CARAC CREAM (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Generic Fluorouracil Cream	10/1/2025
DIAZEPAM GEL (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate	Other manufacturers of Diazepam Gel remain on the formulary	10/1/2025

	Program. Drug not eligible for coverage under Medicaid.		
DICLOFENAC ER TAB (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Diclofenac ER remain on the formulary	10/1/2025
DILTIAZEM ER CAPSULES (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Diltiazem remain on the formulary	10/1/2025
DILTIAZEM TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Diltiazem remain on the formulary	10/1/2025
ELIDEL CREAM (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Generic Pimecrolimus Cream	10/1/2025
ENALAPRIL TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Enalapril remain on the formulary	10/1/2025
ISOSORBIDE DINITRATE TABS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Isosorbide Dinitrate remain on the formulary	10/1/2025

METHAZOLAMIDE TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Methazolamide remain on the formulary	10/1/2025
NIFEDIPINE ER TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Nifedipine ER remain on the formulary	10/1/2025
METRONIDAZOLE VAGINAL GEL (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Metronidazole Vaginal Gel remain on the formulary	10/1/2025
PENICILLAMINE CAPSULES (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Penicillamine remain on the formulary	10/1/2025
PIMECROLIMUS CREAM (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Pimecrolimus Cream remain on the formulary	10/1/2025
PYRIDOSTIGMINE TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Pyridostigmine remain on the formulary	10/1/2025
PYRIDOSTIGMINE ER TABLETS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate	Other manufacturers of Pyridostigmine remain on the formulary	10/1/2025

	Program. Drug not eligible for coverage under Medicaid.		
PYRIDOSTIGMINE SOLUTION (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Pyridostigmine remain on the formulary	10/1/2025
NORITATE CREAM (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Metronidazole 0.75% Cream/Gel/Lotion	10/1/2025
OCEAN KIDS NASAL SPRAY (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	OTC Saline Nasal Spray	10/1/2025
DIURIL SUSPENSION (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	The manufacturer is offering a Patient Assistance Program for Medicaid members. The link to their Patient Assistance Programs is bh-pap-application-pap-medicaid.pdf	10/1/2025
PROCTOCORT CREAM (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Hydrocortisone 2.5% Rectal cream; Procto-med HC Cream; Proctosol HC Cream; Proctozone HC Cream	10/1/2025
RETIN-A CREAM (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Generic Tretinoin Cream	10/1/2025

TIMOLOL MALEATE EYE DROPS (Oceanside Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	Other manufacturers of Timolol Maleate Eye Drops remain on the formulary	10/1/2025
XIFAXAN TABLETS (Salix Pharmaceuticals)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	The manufacturer is offering a Patient Assistance Program for Medicaid members. The link to their Patient Assistance Programs is bh-pap-application-pap-medicaid.pdf	10/1/2025
ZOVIRAX CREAM (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	The manufacturer is offering a Patient Assistance Program for Medicaid members. The link to their Patient Assistance Programs is bh-pap-application-pap-medicaid.pdf	10/1/2025
ZOVIRAX OINTMENT (Bausch Health)	Manufacturer leaving the Medicaid Drug Rebate Program. Drug not eligible for coverage under Medicaid.	The manufacturer is offering a Patient Assistance Program for Medicaid members. The link to their Patient Assistance Programs is bh-pap-application-pap-medicaid.pdf	10/1/2025

This table outlines the positive changes to our formulary that may impact you.

Name of Drug	Description of Change	Drug Coverage	Effective Date
VORICONAZOLE TABLETS	Add to formulary	PA required	1/1/2025
ELETRIPTAN TABLETS	Add to formulary	QL of 9 tablets every 30 days	1/1/2025
NEBIVOLOL TABLETS	Add to formulary		1/1/2025
OPILL (OTC)	Add to formulary		1/1/2025
MARAVIROC	Add to formulary		1/1/2025

SILDENAFIL SUSPENSION	Add to formulary	PA required	2/1/2025
TRACLEER SUSPENSION	Add to formulary	PA required	4/1/2025
MESALAMINE (generic Canasa)	Add to formulary		4/1/2025
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) (generic CONCERTA)	Add to formulary	PA required for age<6	6/1/2025
EXENATIDE (generic BYETTA)	Add to formulary	PA required	6/1/2025
LIRAGLUTIDE (generic VICTOZA)	Add to formulary	PA required	6/1/2025
TIOTROPIUM (generic SPIRIVA HANDIHALER)	Add to formulary		6/1/2025
BUDESONIDE-FORMOTEROL (generic SYMBICORT)	Add to formulary	PA required outside of FDA approved ages for use	6/1/2025
FLUTICASONE-SALMETEROL AER POWDER (generic ADVAIR DISKUS)	Add to formulary	PA required outside of FDA approved ages for use	6/1/2025
VALTOCO NASAL SPRAY	Increase Quantity Limit	Increase Quantity Limit from 2 boxes of 2 sprays to 2 boxes of 5 sprays per month	6/1/2025
YESINTEK (biosimilar of STELARA)	Add to formulary	PA required	8/1/2025
RIABNI (biosimilar of RITUXAN)	Preferred, Medical benefit	PA required	8/1/2025
RUXIENCE (biosimilar of RITUXAN)	Preferred, Medical benefit	PA required	8/1/2025
ADALIMUMAB-FKJP (biosimilar of HUMIRA)	Add to formulary	PA required	8/1/2025
EPYSQLI (biosimilar of SOLIRIS)	Preferred, Medical benefit	PA required	8/1/2025
RELEUKO (biosimilar of NEUPOGEN)	Add to formulary	PA required	8/1/2025

XOLAIR	Add to formulary	PA required	8/1/2025
FULPHILA	Add to formulary	PA required	8/1/2025
FYLNETRA	Add to formulary	PA required	8/1/2025
TYENNE (biosimilar of ACTEMRA)	Add to formulary	PA required	8/1/2025
OGIVRI (biosimilar of HERCEPTIN)	Preferred, Medical benefit	PA required	8/1/2025
CIMERLI (biosimilar of LUCENTIS)	Preferred, Medical benefit	PA required	8/1/2025
PAVBLU (biosimilar of EYLEA)	Preferred, Medical benefit	PA required	8/1/2025
METHADONE	Add to formulary	PA required	10/1/2025
BAQSIMI	Add to formulary	Quantity Limit of 2 per month	10/1/2025
GENOTROPIN CARTRIDGE	Add to formulary	PA required	10/1/2025
FASENRA	Add to formulary	PA required	10/1/2025
VTAMA CREAM	Add to formulary	PA required	10/1/2025
ZORYVE CREAM	Add to formulary	PA required	10/1/2025
BRIUMVI	Add to formulary	PA required	10/1/2025
TRETINOIN CREAM, GEL	Add to formulary	PA required for age > 26	10/1/2025

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EFFECTIVE 10/1/22, BLUE CROSS BLUE SHIELD ARIZONA HEALTH CHOICE USES AHCCCS FFS PRIOR AUTHORIZATION CRITERIA. PLEASE VISIT https://www.azahcccs.gov/PlansProviders/Pharmacy/ **FOR A COPY OF ALL CURRENT PA CRITERIA.**