BlueCross BlueShield Nebraska

TECHNICAL Proposal Response for RFP 122436 O5

Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans

Self-Funded Pharmacy Administration

Effective Date July 1, 2026

Submitted Online To:
State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB)

TECHNICAL PROPOSAL

Table of Contents & Proposal Evaluation Criteria

SECTION	Main RFP Subsection(s) Noting Requirement
1-SIGNED FORMS **Contractual Agreement Form**……	• RFP 122436 O5 Contractual Agreement Form • Certificate of Authority for Ron Rowe
ATTACHMENT A Intent to Propose Form…..……	• Intent to Propose Form
Non-Disclosure Agreement……	• Non-Disclosure Agreement for Data File Access
ATTACHMENT B Business Associate Agreement..	• Business Associate Agreement (Revised) • Unsigned Redlined Business Associate Agreement for Identification of Revisions
Addenda…….. *(See RFP SECTIONS I – VI below for initialed sections.)*	• Addendum 1 – June 26, 2025 • Addendum 2 – July 9, 2025
2-CORPORATE OVERVIEW **1-Overview**…….. **2-Personnel Management Approach**…….. **3-Subcontractors**…….. **4-Community Investment & Support**……..	• Corporate Overview Items (VI.A.1.a – VI.A.1.h) • Proposed Personnel Approach (VI.A.1.i) • Subcontractor List (VI.A.1.j) • Statewide Support
3-RFP SECTIONS I. – VI. (Initialed)……	• Section I Procurement Procedure • Section II Terms and Conditions • Section III Vendor Duties • Section VI Payment • Section V Project Description and Scope of Work • Section VI Solicitation Response Instructions

SECTION	Main RFP Subsection(s) Noting Requirement
4-TECHNICAL RESPONSE **1-Understanding of Project Requirements……**	• Understanding of Project Requirements (VI.A.2(a))
2-Developmental Approach……	• Proposed Developmental Approach (VI.A.2(b))
3-Technical Requirements……	• Technical Requirements (VI.A.2(c))
4-ATTACHMENT C1 Questionnaire……	• Attachment C1 Questionnaire (VI.A.2(d))
5-Formulary Disruption Analysis……	• Formulary Disruptions on PDL25 and PDL10 (Ques. D.3; VI.A.2(e))
6-Network Disruption Analysis……	• Network Disruption Reports (Ques. F.14; VI.A.2(f))
7-Attachment D Performance Guarantees……	• Pharmacy Operational Guarantees (VI.A.2(g))
8-Detailed Project Work Plan……	• Detailed Project Work Plan (VI.A.2(h))
9-Deliverables/Due Dates……	• Deliverables and Due Dates (VI.A.2(i))
10-BENEFIT PLANS & RECOMMENDATIONS……	• Regular PPO Plan • Consumer-Focused Plan (HDHP) • Wellness PPO Plan • Pharmacy Benefit Recommendations & Deviations

EXHIBITS	Description
A……	RFP Deviations (I.G.)
B……	Sample Pharmacy Administrative Services Agreement (II.A)
C……	BCBSNE Financial Statements (VI.A.1.b)

EXHIBITS	Description
D	SOC1 & SOC2 Report and Certification (VI.A.1.b)
E	Account Management Organizational Chart
F	Sample Pharmacy Communication Materials (Ques. J.11 Confirmations Tab)
G	Sample Benefit Booklet (Ques. J.11, Confirmations Tab)
H	Sample Pharmacy Directory – Lincoln NE – 15 Mile Radius (Ques. J.11, Confirmations Tab)
I	Sample Request Letters for Clinical Programs (Ques. J.11, Confirmations Tab)
J	Sample EOB (Ques. J.11, Confirmations Tab)
K	Sample Client Reporting (Ques. K1)
L	Formulary Change Templates (Ques. K.1)
M	Sample Rx Preauthorization Report (Ques. E.3 & E.4)
N	Sample Adherence Report (Ques. K1)
O	Sample Rx Operational Performance Guarantees Summary (Ques. K.4)
P	Sample RXDC D3-D8 Reports (Ques. L.5)
Q	Account Team Performance Assessment (Ques. B.5)
R	Formulary Files PDL25 and PDL10 (Ques. D.1)
S	Sample Guided Health Report (Ques. E.3 & E.4)
T	Pharmacy GeoAccess Report (Ques. F.5)
U	Specialty Drug List (Que. H.5)

EXHIBITS	Description
V.....	Oncology Split Fill List (Ques. H.18)
W.....	HIPAA Assessment Proof (Table of Contents) (Ques. H.2, Confirmations Tab)

SOLICITATION EVALUATION CRITERIA

SOLICITATION NUMBER: 122436 O5

Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans

Opening Date: July 18, 2025

Mandatory Requirements
The solicitation responses will first be examined to determine if all mandatory requirements listed below have been addressed to warrant further evaluation. Responses not meeting mandatory requirements will be excluded from further evaluation. The mandatory requirement items are as follows:

Contractual Agreement Form signed manually in ink or by DocuSign.
Corporate Overview;
Completed Sections II through IV;
Completed Technical Response, including, but not limited to;
Completed Attachment C – Confirmations & Questionnaire;
Completed Formulary Disruption Analysis as requested in Questionnaire Tab D.3;
Completed Network Disruption Analysis as requested in Questionnaire Tab F.14;
Completed Attachment A - Intent to Propose Form;
Completed Attachment B - Business Associate Agreement;
Completed Attachment D - Performance Guarantee Sheet; and
Completed Cost Sheet.

Evaluation Criteria
All responses to this solicitation, which fulfill all mandatory requirements, will be evaluated. Each category will have a maximum possible point potential. Areas that will be addressed and scored during the evaluation include:

Evaluation Criteria	Possible Points
Part 1 — Corporate Overview	25
Part 2 — Technical Response	55
Part 3 — Cost	20
Total Points without Vendor Demonstrations	100
Vendor Demonstrations, (if required)	20
Total Points with Vendor Demonstrations	120

Part 3 – Cost
Cost points should be calculated as follows, accounting for cost realism and reasonableness:

1. Establish lowest realistic cost submitted – lowest cost submitted receives the maximum points.
2. To assign points to all others, the following formula should be followed:
   Lowest Cost Submitted ÷ Cost Submitted x Maximum Possible Cost Points = Cost Points to Award (see samples below)

	Formula	Sample	Sample	Sample
	Lowest Cost Submitted	$100,000	$100,000	$100,000
÷	Cost Submitted	$100,000	$200,000	$150,000
x	Maximum Possible Cost Points	20	20	20
=	Points To Award	20.00	10.00	13.33

Acknowledged

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CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

__X__ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	**Blue Cross and Blue Shield of Nebraska, Inc.**
ADDRESS:	**1919 Aksarben Drive, Omaha NE 68180**
PHONE:	**(402) 982-6013**
EMAIL:	**Ron.Rowe@nebraskablue.com**
BIDDER NAME & TITLE:	**Ron Rowe, Executive Vice President and Chief Revenue Officer**
SIGNATURE:	Signed by: 2A361CF234D74A0...
DATE:	7/16/2025

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	**Bradley Smith**
TITLE:	**Senior Sales Executive – Large Group**
PHONE:	**(402) 880-5406**
EMAIL:	**Bradley.Smith@nebraskablue.com**

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BlueCross BlueShield Nebraska

1919 Aksarben Drive
P.O. Box 3248
Omaha, NE 68180-0001
nebraskablue.com

Kory Nogosek
Senior Director, Associate General Counsel
E-mail: Kory.Nogosek@nebraskablue.com
Phone: (402) 982-8936

CERTIFICATE
OF OFFICER'S AUTHORITY

I, Kory Nogosek, Senior Director, Associate General Counsel at Blue Shield of Nebraska, Inc., a Nebraska corporation (the "Company") hereby certify:

- That Mr. Ron Rowe is the Chief Revenue Officer of the Company (the "Officer");
- That the Officer, by virtue of the authority delegated by the Board of Directors of the Company at a meeting of the Board of Directors, at which a quorum was present, is empowered and authorized to act in the name of and on behalf of the Company, to bind the Company, to sign and execute certain documents and instruments in the name and on behalf of the Company as may be required in the ordinary course of business, including the execution and delivery of responses to Requests for Proposals; and
- That such authority has not been modified, rescinded or revoked and is in full force and effect as of the date hereof.

Executed this 16th day of June, 2025.

DocuSigned by:
Kory Nogosek
FD17CEAF1F6E499...

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Attachment A
Solicitation Number: 122436 O5
INTENT TO PROPOSE

Date:	6/9/2025
To:	Monica Casarez, Segal (mcasarez@segalco.com)
From:	Tracie Pettijohn, Inter-Plan & RFP Program Manager
	Name and Title
Re:	State of Nebraska – Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans – RFP # 122436 O5

Non-Disclosure Agreement	
Authorized signer Name and Title:	Ron Rowe, EVP and Chief Revenue Officer
Email:	Ron.Rowe@nebraskablue.com
Phone:	402.982.6013
Company Name:	Blue Cross and Blue Shield of Nebraska
Company Address:	1919 Aksarben Drive
	Omaha, NE 68180
Designated contact to receive secure data for this RFP	
Name and Title:	Tracie Pettijohn, Inter-Plan & RFP Program Manager
Email:	Tracie.Pettijohn@nebraskablue.com
Phone	402.819.4242 (Teams Directory)

In order that the State of Nebraska may assess potential vendor interest, please indicate Yes or No below and return to mcasarez@segalco.com. Thank you.

Our company intends to propose:	Yes/No	If No, reason for declining:
Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans – RFP # 122436 O5	**Yes**	

Declining to respond will not eliminate the vendor from future consideration for jobs with the State of Nebraska.

Initialed: _____

Ron Rowe
EVP & Chief Revenue Officer
Blue Cross and Blue Shield of Nebraska, Inc.

Mutual Confidentiality and Non-Disclosure Agreement

THIS MUTUAL CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (the "Agreement"), is entered into on June 12, 2025 (the "Effective Date"), by and between Blue Cross and Blue Shield of Nebraska, on behalf of itself and its subsidiaries and affiliates ("Company") and The Segal Group, Inc., on behalf of itself and its subsidiaries and affiliates ("Segal"). Company and Segal may be referred to individually as a "Party" and collectively as the "Parties".

WHEREAS, in connection with various bids, proposals or other replies (each a "Proposal") that Company intends to submit to Segal in response to various competitive Requests For Proposal/Requests for Information and/or similar requests related to analyzing Company's services on behalf of one or more of Segal's clients (each a "Client"), the Parties will need to exchange certain data and information pertaining to their respective businesses (the "Purpose").

WHEREAS, the Parties desire to protect the confidentiality of Confidential Information (as defined herein) exchanged.

NOW, THEREFORE, the Parties hereto agree as follows:

1. Definitions.

a. *Client Information*. Client Information will be defined as any information and data related to the Client, which may include personally identifiable information and/or individually identifiable health information, pertaining to a Client's employees, participants and/or beneficiaries.

All Client Information is and shall remain the sole and exclusive property of the Client. No right or license, either express or implied, to Client Information is granted to either Party pursuant to this Agreement. For the avoidance of doubt, Company may not de-identify, de-compile, aggregate, use, disclose, or otherwise exploit any Client Data for any purpose other than preparing its Proposal (including, for the avoidance of doubt, populating any data warehouse and conducting statistical analyses).

b. *Service Provider Information*. Service Provider information is any information relating to one of Client's other service providers that would qualify as Confidential Information if it was disclosed directly by such service provider to the receiving Party.

All Service Provider Information is and shall remain the sole and exclusive property of the applicable service provider. No right or license, either express or implied, to Service Provider Information is granted to either Party pursuant to this Agreement.

c. *Confidential Information.* Confidential Information will be defined as proprietary or confidential information, nonpublic information, trade secrets, designs and

other data including, but not limited to, the disclosing Party's financial information projections, sales and marketing information, client information and contracts personnel information, management systems, strategic plans, financial information and other information about the Party's business, industry, products and services, plans, specifications, operation methods, techniques, manuals, know-how and other intellectual property, in written or other tangible form, or orally, necessary to effectuate the Purpose.

Confidential Information also includes Client Information and Service Provider Information. Except as set forth above, all Confidential Information is and shall remain the sole and exclusive property of the disclosing Party. No right or license, either express or implied, is granted to the receiving Party pursuant to this Agreement.

d. *Exclusions.* Confidential Information will not include information which: (i) is or becomes a part of the public domain through no fault of the receiving Party; (ii) is disclosed by the disclosing Party without restriction on disclosure; (iii) is independently developed by the receiving Party without reliance on the disclosing Party's Confidential Information; or (iv) is required to enforce a Party's rights hereunder.

2. Use and Disclosure of Confidential Information. With respect to disclosing Party's Confidential Information, the receiving Party agrees to:

a. Maintain such Confidential Information in confidence, using at least the same standard of care with respect to the Confidential Information that it uses in maintaining the confidentiality of its own Confidential Information, which shall be a reasonable standard of care;

b. Not use or disclose such Confidential Information for any reason other than the Purpose or as explicitly permitted herein, without the express permission of the disclosing Party;

c. Not misappropriate or use Confidential Information in order to intentionally damage the disclosing Party's or service provider's business or reputation or otherwise gain a competitive advantage over the disclosing Party or service provider;

d. Only disclose, or otherwise make available, Confidential Information to those of its affiliates, shareholders, directors, officers, employees, agents and representatives ("Representatives") who have a legitimate need to know the Confidential Information in furtherance of the Purpose and have been made aware of the obligations of this Agreement and their responsibility for complying with those obligations. The receiving Party acknowledges that it is fully responsible for a breach of this Agreement by its Representatives;

e. Notify the disclosing Party, in writing, immediately upon the occurrence of any unauthorized use, disclosure or release of Confidential Information of which it is aware;

3. **Additional Permitted Disclosures**.

a. *Use of Host Website.* In certain instances, Segal may conduct a competitive RFP process electronically through the use of a third party hosted website ("Host Website") retained by Segal. Prior to requesting that any of Company's Confidential Information be uploaded onto the Host Website, Segal will ensure that the Host Website Provider entered into a confidentiality and non-disclosure agreement with Segal no less restrictive than this Agreement.

b. *Freedom of Information Laws*. If Client is a public entity, it may be subject to certain freedom of information laws (collectively, "FOIL"). If Segal receives notice of a permissible FOIL request related to the RFP, Segal may release copies of Company's Proposal and any attachments thereto. If Company believes that any information contained in its Proposal constitutes proprietary or trade secret information that is exempt from FOIL, Company will clearly identify the information that it believes to be exempt from disclosure; however, Company may not designate its entire Proposal, line-item prices, and/or total proposal prices as proprietary or trade secrets. Neither Segal nor Client shall have any responsibility or liability for the release of any proprietary or trade secret information that is not clearly marked. Company will have sole responsibility for defending its designation of proprietary/trade secret information if a third party challenges the designation.

c. *Other Disclosures Required by Law*. A receiving Party may disclose Confidential Information that is required to be disclosed pursuant to a subpoena or other legal process, provided that to the extent not prohibited by applicable law, the receiving Party gives the disclosing Party a reasonable opportunity to contest the disclosure and/or seek any available protections for the Confidential Information.

4. **Cybersecurity**. Each Party maintains procedures, consistent with industry standards and as required by law, to ensure the security of all data maintained on its information technology systems. In addition, each Party shall maintain a business continuity/disaster recovery program, consistent with industry standards and as required by law. Each Party agrees to provide the other Party with any reasonably requested information related to its information security protocols and disaster recovery program. Such information will constitute Confidential Information and be subject to the Party's obligations under this Agreement.

5. **Return of Information.** Upon the request of the disclosing party, the Receiving Party shall immediately return to the disclosing Party any Confidential Information in written or other tangible form. Notwithstanding the foregoing, Segal may retain archival copies of any Confidential Information received in order to memorialize its services for Client and as required by its then-existing document retention and business continuity programs. Any Confidential Information so retained will be maintained in accordance with Segal's obligations hereunder.

6. **Term.** The receiving Party's obligations hereunder shall remain in effect for so long as it maintains Confidential Information in any form.

7. **Indemnification.** Company shall and does hereby agree to indemnify, defend and hold harmless Segal, Client and their respective officers, directors, employees and shareholders from and against any and all claims, demands, losses, costs, expenses, liabilities, damages, penalties, and reasonable attorney fees and costs incurred as a result of any breach or failure of Company or Company's Representatives to perform any of the representations, warranties and agreements contained in this Agreement that pertain to Client Information.

8. **Injunctive Relief.** The receiving Party acknowledges that a failure by the receiving Party or its Representatives to comply with the terms of this Agreement may cause irreparable damage to the disclosing Party and that, in addition to any other legal remedies or equitable relief available to the disclosing Party for the breach of this Agreement, the disclosing Party may seek, from a court of appropriate jurisdiction, specific performance to prevent, inhibit or enjoin any action taken by the receiving Party or its Representatives in breach hereof.

9. **Governing Law.** Without limiting the disclosing Party's ability to seek injunctive relief under Section 8, any disputes between the Parties hereto are subject to mediation in accordance with the Judicial Arbitration and Mediation Service ("JAMS") as a condition precedent to the commencement of any legal proceeding hereunder. Except to the extent superseded by federal law, the validity, interpretation, enforceability, and performance of this Agreement will be governed by the laws of the State of New York. Unless otherwise agreed by the Parties, any dispute, controversy or claim arising out of or to enforce the terms of this Agreement may be brought in the appropriate federal or state court in the State of New York, New York County. **THE PARTIES AGREE TO WAIVE ANY RIGHT TO A TRIAL BY JURY IN ANY ACTION, SUIT, OR PROCEEDING ARISING OUT OF THIS AGREEMENT.**

10. **Notices.** Any notices or other communications under this Agreement will be in writing and will be given to the Parties by hand, by electronic mail, nationally recognized overnight courier service or by express, registered or certified mail, postage prepaid, return receipt requested, at the addresses set forth below:

If to Company, to:

Blue Cross and Blue Shield of Nebraska
1919 Aksarben Drive
Omaha, Nebraska 68180
United States

Attention: Ron Rowe
Ron.Rowe@nebraskablue.com

If to Segal, to:

The Segal Group
66 Hudson Blvd E
20th floor
New York, New York 10001
United States
Attention: General Counsel
Contract_Notice@segalco.com

Copy to:

Monica Casarez
mcasarez@segalco.com

11. **General**

a. *Entire Agreement; Modification of Agreement*. This Agreement constitutes the entire agreement between the Parties regarding the exchange of Confidential Information. No modification or amendment hereto will be valid unless it is in writing and signed by the Parties.

b. *Severability and Waiver.* If any provision of this Agreement is found to be illegal or otherwise unenforceable, that provision will be severed and the remainder of this Agreement will remain in full force and effect. No consent to or waiver of any default hereunder will be effective unless in writing and no such consent or waiver will be construed as a consent to or waiver of any default in the future or of any other default hereunder.

c. *No Third Party Beneficiaries.* This Agreement is made and entered into solely for the benefit and protection of the Parties hereto, their successors and permitted assigns, and, except as specifically set forth herein, does not confer any rights or privileges upon any third parties.

d. *Counterparts.* This Agreement may be executed in any number of counterparts, each of which when so executed and delivered shall be an original, but such counterparts shall constitute one and the same instrument.

[Execution Page Follows]

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date.

THE SEGAL GROUP, INC.	**BLUE CROSS AND BLUE SHIELD OF NEBRASKA**
By: Gina Sander	By: Ron Rowe
Name: Gina Sander	Name: Ron Rowe
Title: Vice President	Title: EVP, CRO
Date: 6/12/2025	Date: 6/12/2025
If second signature is required:	By:
	Name:
	Title:
	Date:

Electronic Record of Contracts

This document was generated as a record of certain contracts created, accepted and stored electronically.

Summary of Contracts

This document contains the following contracts.

Title	ID
Non-Disclosure Agreement (Blue Cross and Blue Shield of Nebraska and Segal)	6d2cafd2-51f8-4a00-bd57-dcf1d7d08e0f

Contracts signed by:

Gina Sander

Signer ID: b04ccea9-a9e6-4441-b2d6-371181219fba
Email: gsander@segalco.com

Date / Time: Jun 12, 2025 at 4:42 PM EDT
IP Address: 208.87.234.202
User Agent: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/137.0.0.0 Safari/537.36 Edg/137.0.0.0

Ron Rowe

Signer ID: b6af76f7-8497-49a7-b13a-85cabe51fe94
Email: ron.rowe@nebraskablue.com

Date / Time: Jun 12, 2025 at 6:48 PM EDT
IP Address: 174.74.8.49
User Agent: Mozilla/5.0 (iPhone; CPU iPhone OS 18_5_0 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) EdgiOS/137.0.3296.53 Version/18.0 Mobile/15E148 Safari/604.1

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Attachment B
Solicitation Number: 122436 O5

STATE OF NEBRASKA

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") amends and is made a part of all Services Agreements (as defined below) between Blue Cross and Blue Shield of Nebraska, Inc. ("Business Associate") and State of Nebraska ("Company") on behalf of the Group Health Plans sponsored by Company (the "Plan"). This Agreement is effective _____ or upon the effective date of the underlying Services Agreement, whichever is later ("Effective Date"). This Agreement supersedes and replaces any prior Business Associate Agreements between the parties.

1. **Definitions**.

a. **Catch-all definitions**. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Covered Entity, Data Aggregation, Designated Record Set, Disclose or Disclosure, Electronic Protected Health Information, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Protected Health Information or PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use. Other capitalized terms used but not otherwise defined in this Agreement shall have the meaning ascribed in the HIPAA Rules.

b. **Specific definitions**.

(1) ***"Business Associate"*** shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the party identified above as Business Associate.

(2) ***"Business Associate Functions"*** means functions performed by Business Associate on behalf of the Plan in the course of providing or arranging for plan administration services which involve the creation, receipt, maintenance or transmission of PHI by Business Associate or its agents or Subcontractors. It is anticipated that the services provided by Business Associate will be performed as part of the Plan's "health care operations" as defined in the HIPAA Rules.

(3) ***"HIPAA Rules"*** shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time the section is to be applied.

(4) ***"Individual"*** shall generally have the same meaning ascribed in the HIPAA Rules and shall refer only to Individuals who are covered persons under the Plan.

(5) ***"Services Agreements"*** means all agreements whether now in effect or hereafter entered into, between Company and Business Associate for the performance of Business Associate Functions by Business Associate on behalf of the Plan.

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2. **Purpose**. The Plan is a Covered Entity under HIPAA. The HIPAA Rules require the Plan to obtain, and Business Associate to provide, satisfactory written contractual assurances before Business Associate may create, receive, maintain, or Disclose PHI to perform Business Associate Functions on behalf of the Plan. This Agreement is entered into to provide the contractual assurances required under the HIPAA Rules.

3. **Obligations of Business Associate**. As an express condition of performing Business Associate Functions, Business Associate agrees to:

a. Not Use or Disclose PHI other than as permitted or required by this Agreement or as otherwise Required by Law.

b. Use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of PHI other than as provided for in this Agreement.

c. Report to the Plan's designated privacy official, without unreasonable delay but in no event more than three (3) business days after discovery by Business Associate, any Use or Disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware, including any Breach of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, together with any remedial or mitigating action taken or proposed to be taken with respect thereto. If Business Associate does not have available complete information in satisfaction of 45 CFR 164.410(c) within three (3) business days of discovery of the impermissible Use or Disclosure, Business Associate shall provide all information it has at such time and immediately update the Plan with additional information as it becomes available through prompt investigation. This Agreement serves as Business Associate's notice to the Plan that attempted but unsuccessful Security Incidents regularly occur and that no further notice will be made by Business Associate unless there has been a successful Security Incident or attempts or patterns of attempts that Business Associate determines to be suspicious.

Business Associate shall cooperate with the Plan in mitigating any harmful effects of any impermissible Use or Disclosure. In the case of a Breach as determined to exist in the sole discretion of the Plan which was due solely to a violation of this Agreement by Business Associate, Business Associate shall pay for the reasonable costs of investigation, mitigation and notification to affected Individuals. As an alternative to Business Associate reimbursing Company and the Plan for the costs of notification, the Plan may elect to have Business Associate directly provide the notifications to Individuals for breaches caused by Business Associate, provided that Company and the Plan shall have final approval of all content of notifications to Individuals.

d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree in writing to substantially similar restrictions, conditions, and requirements that apply to Business Associate with respect to such information.

e. Within ten (10) business days of request by an Individual or notification by the Plan, make available to the Individual such Individual's PHI maintained by Business

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Associate in a Designated Record Set in accordance with 45 CFR 164.524. The parties agree that Individuals will be directed to Business Associate to make all requests for access to PHI. Business Associate will provide such access according to its own procedures for such access in accordance with the requirements of 45 CFR 164.524. If the requested PHI is maintained in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such PHI, Business Associate must provide the Individual with access to PHI in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to between Business Associate and the Individual. Business Associate shall provide the requested information directly to the Individual, along with a notice to the Individual that a copy of the individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of the request. The Plan will be responsible for providing access or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or subcontractor of Business Associate. Business Associate may charge the Individual reasonable fees related to this access, as determined by Business Associate, but only in such amounts as permitted by the HIPAA Rules. The Plan authorizes Business Associate to require payment of such fees from the Individual prior to releasing any records.

f. Business Associate agrees to receive requests for amendment and amend PHI as required by 45 CFR 164.526 on the Plan's behalf for as long as such information is maintained by Business Associate. The parties agree that Individuals will be directed to Business Associate to make all such requests for amendment of PHI. Business Associate will amend such PHI according to its own procedures for such amendment in accordance with the requirements of 45 CFR 164.526. If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of such request. The Plan will be responsible for amending or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or contractor of Business Associate. Business Associate shall notify the Plan of any amendments made to PHI.

g. Business Associate agrees to process all requests for disclosure accounting by Individuals for as long as such information is maintained by Business Associate. Individuals will be directed to Business Associate to make all such requests. Business Associate will provide the accounting that is required under 45 CFR 164.528 on the Plan's behalf directly to the Individual. Business Associate will provide such accounting according to its own procedures for such accounting in accordance with the requirements of 45 CFR 164.528.

Business Associate shall notify the Plan within three (3) days of any request made by an Individual for a disclosure accounting. The Plan will be responsible for responding directly to the Individual (or the Individual's personal representative) pursuant to 45 CFR 164.528 with respect to disclosures of PHI by persons or entities

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other than Business Associate or a subcontractor or agent of Business Associate. Business Associate shall provide directly to the Individual the requested accounting of disclosures made by Business Associate or a subcontractor or agent of Business Associate, along with a notice to the Individual that a copy of the Individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

h. Make its internal practices, books and records relating to this Agreement available to the Secretary of HHS for purposes of determining the Plan's and Business Associate's compliance with the HIPAA Rules.

i. So that the Plan may meet its obligations to evaluate requests for restrictions and confidential communications in connection with the disclosure of PHI under 45 CFR 164.522, Business Associate and the Plan agree that, to the extent that communications are within the control of Business Associate, Business Associate will perform these evaluations on behalf of the Plan. Business Associate will evaluate such requests according to its own procedures for such requests, in accordance with the requirements of 45 CFR 164.522, and shall implement such appropriate operational steps as are required by its own procedures. Such evaluation will not relieve the Plan of any additional and independent obligations to evaluate restrictions or implement confidential communications where requested by an Individual. Accordingly, Business Associate will evaluate requests for restrictions and requests for confidential communications and will respond to these requests as appropriate under Business Associate's procedures. The Plan agrees that it will not agree to such restriction or request that would affect Business Associate without the approval of Business Associate, so that Business Associate can determine whether it can reasonably administer the request.

j. So that the Plan may meet its obligation to evaluate complaints from Individuals regarding their privacy rights or privacy practices of the Plan or Business Associate, the parties agree that Individuals shall be directed to submit any such complaint to Business Associate for review and evaluation. Business Associate will evaluate such complaints according to its own procedures for complaints and shall implement appropriate operation steps as are required by its own procedures. The Privacy Officer of the Plan shall cooperate with Business Associate in the evaluation of any such complaint. Business Associate shall provide a copy of all complaints to the Plan within three (3) days of receipt by Business Associate. If the complaint appears to involve handling of PHI by the Plan, Plan Sponsor, or other Business Associate of the Plan, Business Associate shall notify the Plan, and it shall be the Plan's responsibility to review and evaluate the complaint.

k. Limit the Uses and Disclosures of, or requests for, PHI for purposes described in this Agreement to the Minimum Necessary to perform the required Business Associate Functions. Business Associate shall comply with any additional requirements for the determination of Minimum Necessary as are required from time to time by the HIPAA Rules, as amended, or through additional guidance published by the Secretary.

l. To the extent Business Associate is expressly obligated under the Services Agreements to carry out one or more of the Plan's obligations(s) under Subpart E of

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45 CFR Part 164, comply with the requirements of Subpart E that apply to the Plan in the performance of such obligation(s).

m. Except for the specific Uses and Disclosures for the Business Associate's own management and administration or to carry out the legal responsibilities of Business Associate, Business Associate shall not Use or Disclose PHI in a manner that would violate the HIPAA Rules if done by the Plan.

4. **Permitted Uses and Disclosures of PHI**. Business Associate shall only Use or Disclose PHI as follows:

a. Business Associate may Use or Disclose PHI as Required by Law. Business Associate agrees to follow the current law covering the use and disclosure of PHI related to substance abuse and reproductive health.

b. Business Associate may Use or Disclose PHI as necessary to carry out Business Associate Functions.

c. Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

d. Business Associate may Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that the information will remain confidential and be Used or further Disclosed only as Required by Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate in writing of any instances of which it is aware in which the confidentiality of the information has been breached or compromised.

e. If specifically identified as a Business Associate Function in the Services Agreements, Business Associate may provide Data Aggregation services relating to the Health Care Operations of Covered Entity.

f. If de-identification is listed as a Business Associate Function in the Services Agreements, or if Business Associate is expressly permitted to de-identify PHI and use data thus de-identified for its own uses in the Services Agreements, Business Associate may Use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c). Business Associate may use de-identified data only for the purposes specified in the Services Agreements.

5. **Responsibilities of the Plan**. The Plan agrees to:

a. Notify Business Associate promptly of any restriction on the Use or Disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent such restriction may affect Business Associate's Use or Disclosure of PHI.

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b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

c. Provide Business Associate with a copy of any amendment to PHI which is accepted by Covered Entity under 45 CFR 164.526 which Covered Entity believes will apply to PHI maintained by Business Associate in a Designated Record Set.

d. Not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Plan, with exception for any Data Aggregation services permitted under Section 4.

6. **Compliance with Electronic Transactions Rule**. If Business Associate conducts in whole or part electronic Transactions (as defined in 45 CFR 160.103) on behalf of Covered Entity for which the Secretary of HHS has established standards, Business Associate will comply, and will require any Subcontractor involved with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 CFR Parts 160 and 162 and of any operating rules adopted by the Secretary of HHS with respect to Transactions.

7. **Supervening Law**. Upon the enactment of any law or regulation affecting the Use or Disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to amend this Agreement in such manner as is necessary to comply with such law or regulation. If the parties are unable to agree on an amendment within thirty (30) days, either party may terminate the Services Agreements on not less than thirty (30) days' written notice to the other.

8. **Liability and Indemnification**. Each party shall be responsible for the acts and omissions of its own agents, employees and contractors. Notwithstanding the foregoing, and notwithstanding any limitation of liability or disclaimer of damages in the Services Agreements or elsewhere, to the extent that the Secretary determines that Business Associate is acting as an agent of the Plan under the Services Agreements or this Agreement, Business Associate shall indemnify Company and the Plan for any fines, civil monetary penalties or monetary resolutions incurred by Company or the Plan, plus reasonable attorneys' fees of Company and the Plan, arising out of or relating to the actions or omissions of Business Associate which constitute a breach of this Agreement by Business Associate. This indemnification is in addition to any additional indemnification provided by Business Associate in the Services Agreement.

9. **Term and Termination**.

a. **Term**. This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the parties have been met, including return or destruction of all PHI in Business Associate's possession (or in the possession of Business Associate's agents and Subcontractors), unless sooner terminated as provided herein. It is expressly agreed that the terms and conditions of this Agreement designed to safeguard PHI shall survive expiration or other termination of the Services Agreements and shall continue in effect until Business Associate has

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performed all obligations under this Agreement and has either returned or destroyed all PHI.

b. **Termination**. Company may immediately terminate this Agreement and the Services Agreements, if Company and/or the Plan makes the determination that Business Associate has breached a material term of this Agreement. Alternatively, Company may choose to provide Business Associate with written notice of the existence of an alleged material breach, and afford Business Associate an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to take reasonable steps to cure the breach is grounds for the immediate termination of this Agreement.

c. **Business Associate Obligations Upon Termination**. Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:

(i) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities or as to which Business Associate reasonably determines such PHI is technically incapable of being returned or destroyed;

(ii) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained under 8.c.(i) that the Business Associate maintains in any form;

(iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information retained by Business Associate to prevent Use or Disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;

(iv) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Sections 4.c. and 4.d. which applied prior to termination; and

(v) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained by Business Associate under Section 8.c.(i) when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities, except where Business Associate reasonably determines such PHI is not technically capable of being returned or destroyed.

10. **Miscellaneous**.

a. **Applicability**. For purposes of this Agreement, and as applicable to the Business Associate Functions of Business Associate under the Services Agreements covered by this Agreement, references to the Plan shall include the named Plan and all

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other group health plans subject to HIPAA and sponsored by Company that participate in an organized health care arrangement.

b. **Survival**. The respective rights and obligations of Business Associate and the Plan or Company hereunder shall survive termination of this Agreement according to the terms hereof and the obligations imposed on the Plan or Company and Business Associate under the HIPAA Rules.

c. **Interpretation; Amendment**. This Agreement shall be interpreted and applied in a manner consistent with the Plan's and Business Associate's obligations under the HIPAA Rules. All amendments shall be in writing and signed by both parties, except that this Agreement shall attach to additional Services Agreements entered into between the parties in the future without the necessity of amending this Agreement each time. This Agreement is intended to cover the entire Business Associate *relationship* between the parties, as amended, from time to time, through Services Agreements or other means.

d. **Waiver**. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

e. **No Third-Party Beneficiaries**. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies or obligations.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

Company:

State of Nebraska

Signature: _____

Printed Name: _____

Title: _____

Date Signed: _____

Business Associate:

Blue Cross and Blue Shield of Nebraska Inc.

Signature: Signed by: 2A361CF234D74A0... _____

Printed Name: Ron Rowe

Title: Executive Vice President and Chief Revenue Officer

Date Signed: 7/16/2025

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Attachment B
Solicitation Number: 122436 O5

STATE OF NEBRASKA

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT ("Agreement") amends and is made a part of all Services Agreements (as defined below) between _____("Blue Cross and Blue Shield of Nebraska, Inc. ("Business Associate") and State of Nebraska ("Company") on behalf of the Group Health Plans sponsored by Company (the "Plan"). This Agreement is effective _____ or upon the effective date of the underlying Services Agreement, whichever is later ("Effective Date"). This Agreement supersedes and replaces any prior Business Associate Agreements between the parties.

1. **Definitions**.

a. **Catch-all definitions**. The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Covered Entity, Data Aggregation, Designated Record Set, Disclose or Disclosure, Electronic Protected Health Information, Health Care Operations, Minimum Necessary, Notice of Privacy Practices, Protected Health Information or PHI, Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use. Other capitalized terms used but not otherwise defined in this Agreement shall have the meaning ascribed in the HIPAA Rules.

b. **Specific definitions**.

(1) ***"Business Associate"*** shall generally have the same meaning as the term "Business Associate" at 45 CFR 160.103, and in reference to the party to this Agreement, shall mean the party identified above as Business Associate.

(2) ***"Business Associate Functions"*** means functions performed by Business Associate on behalf of the Plan in the course of providing or arranging for plan administration services which involve the creation, receipt, maintenance or transmission of PHI by Business Associate or its agents or Subcontractors. It is anticipated that the services provided by Business Associate will be performed as part of the Plan's "health care operations" as defined in the HIPAA Rules.

(3) ***"HIPAA Rules"*** shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended at the time the section is to be applied.

(4) ***"Individual"*** shall generally have the same meaning ascribed in the HIPAA Rules and shall refer only to Individuals who are covered persons under the Plan.

(5) ***"Services Agreements"*** means all agreements whether now in effect or hereafter entered into, between Company and Business Associate for the

performance of Business Associate Functions by Business Associate on behalf of the Plan.

2. **Purpose**. The Plan is a Covered Entity under HIPAA. The HIPAA Rules require the Plan to obtain, and Business Associate to provide, satisfactory written contractual assurances before Business Associate may create, receive, maintain, or Disclose PHI to perform Business Associate Functions on behalf of the Plan. This Agreement is entered into to provide the contractual assurances required under the HIPAA Rules.

3. **Obligations of Business Associate**. As an express condition of performing Business Associate Functions, Business Associate agrees to:

a. Not Use or Disclose PHI other than as permitted or required by this Agreement or as otherwise Required by Law.

b. Use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of PHI other than as provided for in this Agreement.

c. Report to the Plan's designated privacy official, without unreasonable delay but in no event more than three (3) business days after discovery by Business Associate, any Use or Disclosure of PHI not provided for by this Agreement of which Business Associate becomes aware, including any Breach of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware, together with any remedial or mitigating action taken or proposed to be taken with respect thereto. If Business Associate does not have available complete information in satisfaction of 45 CFR 164.410(c) within three (3) business days of discovery of the impermissible Use or Disclosure, Business Associate shall provide all information it has at such time and immediately update the Plan with additional information as it becomes available through prompt investigation. This Agreement serves as Business Associate's notice to the Plan that attempted but unsuccessful Security Incidents regularly occur and that no further notice will be made by Business Associate unless there has been a successful Security Incident or attempts or patterns of attempts that Business Associate determines to be suspicious.

Business Associate shall cooperate with the Plan in mitigating any harmful effects of any impermissible Use or Disclosure. In the case of a Breach as determined to exist in the sole discretion of the Plan which was due solely to a violation of this Agreement by Business Associate, Business Associate shall pay for the reasonable costs of investigation, mitigation and notification to affected Individuals. As an alternative to Business Associate reimbursing Company and the Plan for the costs of notification, the Plan may elect to have Business Associate directly provide the notifications to Individuals for breaches caused by Business Associate, provided that Company and the Plan shall have final approval of all content of notifications to Individuals.

d. In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate agree in writing to ~~the same~~substantially similar restrictions,

conditions, and requirements that apply to Business Associate with respect to such information.

e. Within ten (10) business days of request by an Individual or notification by the Plan, make available to the Individual such Individual's PHI maintained by Business Associate in a Designated Record Set in accordance with 45 CFR 164.524. The parties agree that Individuals will be directed to Business Associate to make all requests for access to PHI. Business Associate will provide such access according to its own procedures for such access in accordance with the requirements of 45 CFR 164.524. If the requested PHI is maintained in one or more Designated Record Sets electronically and if the Individual requests an electronic copy of such PHI, Business Associate must provide the Individual with access to PHI in the electronic form and format requested by the Individual, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to between Business Associate and the Individual. Business Associate shall provide the requested information directly to the Individual, along with a notice to the Individual that a copy of the individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of the request. The Plan will be responsible for providing access or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or subcontractor of Business Associate. Business Associate may charge the Individual reasonable fees related to this access, as determined by Business Associate, but only in such amounts as permitted by the HIPAA Rules. The Plan authorizes Business Associate to require payment of such fees from the Individual prior to releasing any records.

f. Business Associate agrees to receive requests for amendment and amend PHI as required by 45 CFR 164.526 on the Plan's behalf for as long as such information is maintained by Business Associate. The parties agree that Individuals will be directed to Business Associate to make all such requests for amendment of PHI. Business Associate will amend such PHI according to its own procedures for such amendment in accordance with the requirements of 45 CFR 164.526. If the Individual's request covers records not maintained by Business Associate, Business Associate shall notify the Plan within three (3) days of such request. The Plan will be responsible for amending or otherwise responding directly to the Individual pursuant to the HIPAA Rules with respect to PHI not in the possession of Business Associate or an agent or contractor of Business Associate. Business Associate shall notify the Plan of any amendments made to PHI.

g. Business Associate agrees to process all requests for disclosure accounting by Individuals for as long as such information is maintained by Business Associate. Individuals will be directed to Business Associate to make all such requests. Business Associate will provide the accounting that is required under 45 CFR 164.528 on the Plan's behalf directly to the Individual. Business Associate will provide such accounting according to its own procedures for such accounting in accordance with the requirements of 45 CFR 164.528.

Business Associate shall notify the Plan within three (3) days of any request made by an Individual for a disclosure accounting. The Plan will be responsible for responding directly to the Individual (or the Individual's personal representative) pursuant to 45 CFR 164.528 with respect to disclosures of PHI by persons or entities other than Business Associate or a subcontractor or agent of Business Associate. Business Associate shall provide directly to the Individual the requested accounting of disclosures made by Business Associate or a subcontractor or agent of Business Associate, along with a notice to the Individual that a copy of the Individual's request has been furnished to the Plan and that the Plan may provide additional information to the Individual in response to the request.

h. Make its internal practices, books and records relating to this Agreement available to the Secretary of HHS ~~and to the Plan~~ for purposes of determining the Plan's and Business Associate's compliance with the HIPAA Rules.

i. So that the Plan may meet its obligations to evaluate requests for restrictions and confidential communications in connection with the disclosure of PHI under 45 CFR 164.522, Business Associate and the Plan agree that, to the extent that communications are within the control of Business Associate, Business Associate will perform these evaluations on behalf of the Plan. Business Associate will evaluate such requests according to its own procedures for such requests, in accordance with the requirements of 45 CFR 164.522, and shall implement such appropriate operational steps as are required by its own procedures. Such evaluation will not relieve the Plan of any additional and independent obligations to evaluate restrictions or implement confidential communications where requested by an Individual. Accordingly, Business Associate will evaluate requests for restrictions and requests for confidential communications and will respond to these requests as appropriate under Business Associate's procedures. The Plan agrees that it will not agree to such restriction or request that would affect Business Associate without the approval of Business Associate, so that Business Associate can determine whether it can reasonably administer the request.

j. So that the Plan may meet its obligation to evaluate complaints from Individuals regarding their privacy rights or privacy practices of the Plan or Business Associate, the parties agree that Individuals shall be directed to submit any such complaint to Business Associate for review and evaluation. Business Associate will evaluate such complaints according to its own procedures for complaints and shall implement appropriate operation steps as are required by its own procedures. The Privacy Officer of the Plan shall cooperate with Business Associate in the evaluation of any such complaint. Business Associate shall provide a copy of all complaints to the Plan within three (3) days of receipt by Business Associate. If the complaint appears to involve handling of PHI by the Plan, Plan Sponsor, or other Business Associate of the Plan, Business Associate shall notify the Plan, and it shall be the Plan's responsibility to review and evaluate the complaint.

k. Limit the Uses and Disclosures of, or requests for, PHI for purposes described in this Agreement to the Minimum Necessary to perform the required Business Associate Functions. Business Associate shall comply with any additional requirements for the determination of Minimum Necessary as are required from time

to time by the HIPAA Rules, as amended, or through additional guidance published by the Secretary.

l. To the extent Business Associate is expressly obligated under the Services Agreements to carry out one or more of the Plan's obligations(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Plan in the performance of such obligation(s).

m. Except for the specific Uses and Disclosures for the Business Associate's own management and administration or to carry out the legal responsibilities of Business Associate, Business Associate shall not Use or Disclose PHI in a manner that would violate the HIPAA Rules if done by the Plan.

4. **Permitted Uses and Disclosures of PHI**. Business Associate shall only Use or Disclose PHI as follows:

a. Business Associate may Use or Disclose PHI as Required by Law. Business Associate agrees to follow the current law covering the use and disclosure of PHI related to substance abuse and reproductive health.

b. Business Associate may Use or Disclose PHI as necessary to carry out Business Associate Functions.

c. Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

d. Business Associate may Disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is Disclosed that the information will remain confidential and be Used or further Disclosed only as Required by Law or for the purposes for which it was Disclosed to the person, and the person notifies Business Associate in writing of any instances of which it is aware in which the confidentiality of the information has been breached or compromised.

e. If specifically identified as a Business Associate Function in the Services Agreements, Business Associate may provide Data Aggregation services relating to the Health Care Operations of Covered Entity.

f. If de-identification is listed as a Business Associate Function in the Services Agreements, or if Business Associate is expressly permitted to de-identify PHI and use data thus de-identified for its own uses in the Services Agreements, Business Associate may Use PHI to de-identify the information in accordance with 45 CFR 164.514(a)-(c). Business Associate may use de-identified data only for the purposes specified in the Services Agreements.

5. **Responsibilities of the Plan**. The Plan agrees to:

a. Notify Business Associate promptly of any restriction on the Use or Disclosure of PHI that the Plan has agreed to or is required to abide by under 45 CFR 164.522, to the extent such restriction may affect Business Associate's Use or Disclosure of PHI.

b. Notify Business Associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

c. Provide Business Associate with a copy of any amendment to PHI which is accepted by Covered Entity under 45 CFR 164.526 which Covered Entity believes will apply to PHI maintained by Business Associate in a Designated Record Set.

d. Not request Business Associate to Use or Disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Plan, with exception for any Data Aggregation services permitted under Section 4.

6. **Compliance with Electronic Transactions Rule**. If Business Associate conducts in whole or part electronic Transactions (as defined in 45 CFR 160.103) on behalf of Covered Entity for which the Secretary of HHS has established standards, Business Associate will comply, and will require any Subcontractor involved with the conduct of such Transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 CFR Parts 160 and 162 and of any operating rules adopted by the Secretary of HHS with respect to Transactions.

7. **Supervening Law**. Upon the enactment of any law or regulation affecting the Use or Disclosure of PHI, or the publication of any decision of a court of the United States or of this state relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to amend this Agreement in such manner as is necessary to comply with such law or regulation. If the parties are unable to agree on an amendment within thirty (30) days, either party may terminate the Services Agreements on not less than thirty (30) days' written notice to the other.

8. **Liability and Indemnification**. Each party shall be responsible for the acts and omissions of its own agents, employees and contractors. Notwithstanding the foregoing, and notwithstanding any limitation of liability or disclaimer of damages in the Services Agreements or elsewhere, to the extent that the Secretary determines that Business Associate is acting as an agent of the Plan under the Services Agreements or this Agreement, Business Associate shall indemnify Company and the Plan for any fines, civil monetary penalties or monetary resolutions incurred by Company or the Plan, plus reasonable attorneys' fees of Company and the Plan, arising out of or relating to the actions or omissions of Business Associate which constitute a breach of this Agreement by Business Associate. This indemnification is in addition to any additional indemnification provided by Business Associate in the Services Agreement.

9. **Term and Termination**.

a. **Term**. This Agreement shall become effective on the Effective Date and shall continue in effect until all obligations of the parties have been met, including return or destruction of all PHI in Business Associate's possession (or in the possession of

Business Associate's agents and Subcontractors), unless sooner terminated as provided herein. It is expressly agreed that the terms and conditions of this Agreement designed to safeguard PHI shall survive expiration or other termination of the Services Agreements and shall continue in effect until Business Associate has performed all obligations under this Agreement and has either returned or destroyed all PHI.

b. **Termination**. Company may immediately terminate this Agreement and the Services Agreements, if Company and/or the Plan makes the determination that Business Associate has breached a material term of this Agreement. Alternatively, Company may choose to provide Business Associate with written notice of the existence of an alleged material breach, and afford Business Associate an opportunity to cure the alleged material breach upon mutually agreeable terms. Failure to take reasonable steps to cure the breach is grounds for the immediate termination of this Agreement.

c. **Business Associate Obligations Upon Termination**. Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from the Plan, or created, maintained, or received by Business Associate on behalf of the Plan, shall:

(i) Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities or as to which Business Associate reasonably determines such PHI is technically incapable of being returned or destroyed;

(ii) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained under 8.c.(i) that the Business Associate maintains in any form;

(iii) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic Protected Health Information retained by Business Associate to prevent Use or Disclosure of the PHI, other than as provided for in this Section, for as long as Business Associate retains the PHI;

(iv) Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Sections 4.c. and 4.d. which applied prior to termination; and

(v) Return to the Plan or, if not provided for in the Services Agreements, destroy the PHI retained by Business Associate under Section 8.c.(i) when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities, except where Business Associate reasonably determines such PHI is not technically capable of being returned or destroyed.

10. **Miscellaneous**.

a. **Applicability**. For purposes of this Agreement, and as applicable to the Business Associate Functions of Business Associate under the Services Agreements covered by this Agreement, references to the Plan shall include the named Plan and all other group health plans subject to HIPAA and sponsored by Company that participate in an organized health care arrangement.

b. **Survival**. The respective rights and obligations of Business Associate and the Plan or Company hereunder shall survive termination of this Agreement according to the terms hereof and the obligations imposed on the Plan or Company and Business Associate under the HIPAA Rules.

c. **Interpretation; Amendment**. This Agreement shall be interpreted and applied in a manner consistent with the Plan's and Business Associate's obligations under the HIPAA Rules. All amendments shall be in writing and signed by both parties, except that this Agreement shall attach to additional Services Agreements entered into between the parties in the future without the necessity of amending this Agreement each time. This Agreement is intended to cover the entire Business Associate *relationship* between the parties, as amended, from time to time, through Services Agreements or other means.

d. **Waiver**. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

e. **No Third-Party Beneficiaries**. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies or obligations.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

Company:

State of Nebraska

Signature:_____

Printed Name:_____

Title:_____

Date Signed: _____

Business Associate:

Blue Cross and Blue Shield of Nebraska Inc.

Signature:_____

Printed Name:_____

Title:_____

Date Signed: _____

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SOLICITATION ADDENDUM ONE
QUESTIONS AND ANSWERS AND UPDATED ATTACHMENT C

SOLICITATION NUMBER: 122436 O5
Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans
Opening Date: July 18, 2025
Addendum Effective Date: June 26, 2026

Questions and Answers

Initial

Initialed:
Ron Rowe
EVP & Chief Revenue Officer
Blue Cross and Blue Shield of Nebraska, Inc.

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1.	122436 O5 Prescription Drug Benefits Plan RFP State of NE - Procurement Procedure, section O. SOLICITATION REQUIREMENTS #7	Pg.6	#7 reads that the solicitation requirements include a "Completed Attachment B - Business Associate Agreement". It is not clear what Completed means. We are assuming signature is not required. Does the requirement to complete mean the bidder shall type in their correct entity name and address in opening paragraph and entity name, signatory name and title in the signature block? Does it mean upon award of business the Business Associate Agreement must be signed?	A completed Business Associate Agreement without signature will be deemed acceptable with the solicitation response and a signed agreement will be required upon award of business.
2.	122436 O5 Prescription Drug Benefits Plan RFP State of NE – Section III Vendor Duties. T	Pg.21	Electronic Data Interchange ("EDI"), Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA") and will execute the appropriate Business Associate Agreement ("BAA") as provided by the State. Bidder will execute (without modification) and remain in full compliance with the attached BAA with the State. The above referenced RFP document (subsection G) allows for the bidder to submit deviations,	Subsection G requires that "Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes." The purpose of this language is to ensure that required contracts like the BAA remain substantively unchanged. The BAA must be in substance the modern, effective BAA attached. Minor

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			which seems to conflict with the instructions stating no comments. Section III Vendor Duties provides an example of a table to insert deviations. The above reference document indicates that deviations are discouraged.	deviations to the BAA would be reviewed with this perspective in mind.
3.			1. What percentage of claims is filled at mail order? 2. What is the client's GDR (generic dispensing rate) at retail? 3. What is the client's GDR at mail?	Please refer to the provided claims file for the most up-to-date utilization and spend information.
4.	Attachment C – Confirmations & Questionnaire; Questionnaire Tab, items K.1 and K.2	Rows 220-229	Please clarify if the intent was to reference the "Attachment D - Performance Guarantees" document, not the "Attachment B - Business Associate Agreement".	Attachment C – Confirmations & Questionnaire; Questionnaire Tab, item K.1 asks the bidder to provide a sample of their standard reporting package and outlines the reports to be included at a minimum. Item K.2 asks how these reports will be provided to the State. Please see updated Attachment C1 - Confirmations & Questionnaire, posted with this addendum, which updates Questions K.1 and K.2 of the Confirmations tab to reflect Attachment D - Performance Guarantees.
5.	Attachment D - Performance Guarantees: System Downtime	Row 19	Please confirm this relates solely to the point-of-service claims adjudication system and that it will exclude telecommunication failures and scheduled system maintenance.	Confirmed.
6.	122436 05 Prescription Drug Benefits Plan RFP; Schedule of Events	Page 2	We respectfully request a two-week extension. This is in the State's best interest as it will allow time to for bidders to properly analyze the claims, formulary, census, and current plan design to provide the proposal that best reflects the State's goals with this procurement.	The Schedule of Events will remain as posted.
7.	Benefit SPDs Pharmacy Benefits Exclusion #15	N/A (see SPDs)	Based on the State's SPDs for prescription drug benefits (exclusions), it does not appear the State currently covers GLP1s for weight loss: *Exclusion #15 - any product dispensed for the purpose of*	The Plan does not currently cover GLP-1 drugs for weight loss and does not currently intend to add such coverage.

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			appetite suppression or weight loss. Can the State please confirm it does not cover GLP1 medications for the purpose of weight loss and that you do not intend to cover them in the future?	
8.	N/A	N/A	Can the State please confirm if you offer a Patient Assistance Program (PAP) to your members through a vendor such as PaydHealth, Payer Matrix, etc.? If not, would the State consider a PAP option?	The Plan does not offer a Patient Assistance Program through an external vendor and does not currently intend to do so.
9.	N/A	N/A	Our PBM noticed that this PBM RFP for the State has some drastic differences from other recent RFPs with Segal compared to other State bids. Can the State please confirm that there are no other RFP elements that we are being asked to respond to other that what has been presented on the State's public site and the data files from Segal?	Confirmed.
10.	Attachment C - Questionnaire Question #F.14	Questionnaire Tab	Question F.14 references bidders should use the "Claims Repricing Data File" for the disruption. We received the reprice file 6.17.2026, so we have that; however, can the State please confirm if there's a specific template or format you would like bidders to use for the reprice response? If not, we will provide our standard reprice summary.	For Question F.14, please provide the number of participants and claim counts for any retail pharmacy not in your current network. Also provide a list of the non-network pharmacies based on the claims file.

11.	Benefit SPDs Pharmacy Benefits Exclusion #15	N/A (see SPDs)	Based on the State's SPDs for prescription drug benefits (exclusions), it does not appear the State currently covers GLP1s for weight loss: *Exclusion #15 - any product dispensed for the purpose of appetite suppression or weight loss.* Can the State please confirm it does not cover	See answer provided to question #7

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			GLP1 medications for the purpose of weight loss and that you do not intend to cover them in the future?	
12.	N/A	N/A	Can the State please confirm if you offer a Patient Assistance Program (PAP) to your members through a vendor such as PaydHealth, Payer Matrix, etc.? If not, would the State consider a PAP option?	See answer provided to question #8

Updated Attachment C

Attachment C – Confirmations & Questionnaire is hereby deleted and replaced with Attachment C1 – Confirmations & Questionnaire to update items J.1, K.1, and K.2 of the Confirmations tab as follows:

Confirmations tab item J.1 is updated as follows:

J.	IMPLEMENTATION, OPEN ENROLLMENT, AND COMMUNICATION
J.1	PBM shall provide an implementation plan assuming a December 1, 2025, contract award. At a minimum, the Implementation Project Plan must provide specific details on the following: a. Identification and timing of significant responsibilities and tasks b. Names, titles, and experience of key implementation staff and time dedicated to the State during implementation c. Identification and timing of the State's responsibilities d. Transition requirements with the incumbent vendors e. Staff assigned to attend and present (if required) at Open Enrollment f. Data and timing requirements from current vendors to ensure transition of care and transfer of any open-refill, prior authorization, or other necessary files

Confirmations tab items K.1 and K.2 are updated as follows:

K.	VENDOR ACCOUNTABILITY AND PERFORMANCE GUARANTEES
K.1	Minimum performance standards are included in Attachment D – Performance Guarantees. PBM must provide these standards measured on State specific data. Confirm agreement.
K.2	The State requires that 30% of the Administrator's annual PBM Fees be placed at risk annually as a financial penalty for failure to meet the administrative performance guarantees in accordance with Attachment D, as established by the State of Nebraska. All penalties will be assessed based on these pre-established guarantees against actual State-specific performance results annually, not the bidder's book of business. Confirm agreement.

This addendum will be incorporated into the solicitation.

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SOLICITATION ADDENDUM TWO
QUESTIONS AND ANSWERS

SOLICITATION NUMBER: 122436 O5
Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans
Opening Date: July 17, 2025
Addendum Effective Date: July 9, 2026

Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

Question Number	RFP Section Reference	RFP Page Number	Question	State Response
1.	Prescription Drug Benefits Plan RFP – 1. b.ii. The "Contractual Agreement Form" must be signed manually in ink or by DocuSign…	Pg. 9	Will a digital signature fulfill this request?	DocuSign and an ink signature are both approved ways to complete the signature requirement process.
2.	Prescription Drug Benefits Plan RFP – Vendor Duties G. Prices	Pg. 31	How does section G. relate to the pharmacy contracts? What does the 3.5% apply to? Is this in relation to pharmacy fees?	The 3.5% refers to the maximum ASO increase in fees following the initial contract period, for the remainder renewal years.
3.	Prescription Drug Benefits Plan RFP – Project Description and Scope of Work F. Plan Requirements Q.#9	Pg. 47	Is this referring to an audit or do you want to confirm we're adjudicating claims properly?	This plan requirement refers to the bidder's claims adjudication processes.
4.	Claims File	N/A	It appears there is no formulary status provided in the claims file. Can you please provide an updated file with formulary status?	An updated file including formulary status was provided on July 2, 2025,to bidders with a confirmed NDA on file.
5.	N/A	N/A	What are the top 10 retail pharmacies (by claim volume), and what percentage of claims is filled at each?	Refer to the claims file provided to identify pharmacies utilizing the pharmacy ID of each claim.

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6.	N/A	N/A	Please provide monthly volume of member calls handled by the call center.	The monthly volume for 23-24 Plan Year is 965. The monthly volume for 24-25 Plan Year is 1,023.
7.	N/A	N/A	Please provide the average number of prior authorizations, appeals, and grievances per month (or annually).	The annual pharmacy appeals for CY2023 were 352. The annual pharmacy appeals for CY2024 were 395. Approximately 98% of the appeals were for clinical coverage determinations and excluded medications. The number of prior authorizations is not available at this time.
8.	N/A	N/A	What is the client's ERISA status? Please provide the average number of DMRs direct member reimbursement) per month (or annually).	The State of Nebraska plan is not subject to ERISA There were 40 DMR claims in the most recent 12 months ending 6/30/2025
9.	N/A	N/A	Are there any in-house pharmacies? If so, please provide the NPI.	The State does not have in-house pharmacies.
10.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- VI. Solicitation Response Instructions- b. Financial Statements	Pg. 28	As a privately held company, [REDACTED] only releases its audited financial statements to a potential client's direct financial contact. Please provide the name and contact method for a financial contact for [REDACTED] to submit the requested documents.	All files are requested to be uploaded via ShareFile. Confidential files should be uploaded in a separate file named conspicuously as "PROPRIETARY INFORMATION". Only the reviewee for the financials will be granted access to review these labeled files and they will not be shared.
11.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- VI. Solicitation Response Instructions- h. Summary of Bidder's Corporation Experience	Pg. 29	The State says "The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. " Does this mean termed or active projects?	The State of Nebraska is interested in a summary of an active/existing project.

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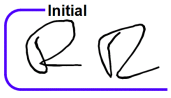
12.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- VI. Solicitation Response Instructions- j. Subcontractors	Pg. 30	If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide: " f) percentage of performance hours intended for each subcontract; and g) total percentage of subcontractor(s) performance hours." Does the State want BOB or client specific information?	Please provide client specific information based on the proposal specific to the State of Nebraska.
13.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- IV. Payment,	Pg.22	The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State. Can the State confirm this refers to claims payments as well?	Currently the state reimburses the current vendor within 3 business days for claims and pays ASO fees monthly. The State cannot pay for services until they are rendered.
14.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- V. Project Prescription and Scope of Work	Pg. 24	**The bidder should provide the following information in response to this Solicitation.** Can the State clarify if this section is informational or does the State require responses?	Bidders should provide responses to the information/requirements detailed in Section V as part of their solicitation response.
15.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- VI. Solicitation Response Instructions-2. Technical Response	Pg. 31	**a) Understanding of the project requirements;** **b)Proposed development approach;** **c)Technical requirements;** Are these sections meant to be addressed in a separate document?	No, the intent of this section was informational.
16.	122436 O5 Prescription Drug Benefits Plan RFP State of NE- VI. Solicitation Response Instructions-2. Technical Response; h & i.	Pg. 31	**1. TECHNICAL RESPONSE** **The Technical Response section of the solicitation response should consist of the following subsections:** **h. Detailed project work plan; and** **i. Deliverables and due dates.** Can the State please clarify what deliverables are expected?	The deliverable for the detailed project work plan is a document, including detailed project tasks, and key milestones and dates. The deliverables and due dates may be incorporated into the project work plan.

This addendum will be incorporated into the solicitation.

Initialed: 

Ron Rowe
EVP & Chief Revenue Officer
Blue Cross and Blue Shield of Nebraska, Inc.

CORPORATE OVERVIEW

1. CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, (including whether the Bidder is in good standing in the state in which it is formed or incorporated), year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized. The Bidder should also provide this information for the branch or local office or other subordinate element that will perform or assist in performing the work on this contract.

Company Name	*Blue Cross and Blue Shield of Nebraska*
Headquarters Address	*1919 Aksarben Drive, Omaha NE 68180*
Entity Organization	*Not-for-Profit Corporation*
State Incorporated	*Nebraska*
Year Company Organized	*1939*
Change of Organization Name Since Inception	*1939 – Associated Hospital Service of Nebraska established* *1944 – Blue Shield of Nebraska established* *1974 – Merger of the above entities into Blue Cross and Blue Shield of Nebraska* *1987 – Blue Cross and Blue Shield of Nebraska becomes a mutual company* *2018 – Blue Cross and Blue Shield of Nebraska was reorganized into a mutual holding company, Goodlife Partners, Inc., as well as an intermediate holding company, Goodlife Solutions, Inc.*

b. FINANCIAL STATEMENTS

The bidder should provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 21 report. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements,

and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

Please refer to EXHIBIT C - BCBSNE Financial Statements and EXHIBIT D – SOC1 & SOC2 Reports.

BCBSNE's Banking Reference:

Oscar Gonzalez
First National Bank of Omaha
1620 Dodge Rd Stop 3306
Omaha, NE 68197
(402) 602-5397
ogonzalez@fnbo.com

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

At this time, BCBSNE knows of no judgement, either pending or under expected litigation, or other real or potential financial reversal which might materially affect the viability or stability of our company.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Acknowledged

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

The bidder should state and describe if it recently experienced any workforce realignments and/or recent merger or acquisition activity. Include in this description, any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.

BCBSNE is not anticipating a change in ownership or control of the company during the twelve months following the proposal due date. We have not recently experienced any workforce realignments and/or recent merger or acquisition activity.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

Blue Cross and Blue Shield of Nebraska
1919 Aksarben Drive
Omaha, NE 68180

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Within the previous three years, BCBSNE has had the following contracts with the State of Nebraska:

STATE OF NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES HEALTHCARE BILL PROCESSING:

Beginning	*Ending*	*BCBSNE Group Number(s)*
April 1,2004	*Sept. 30, 2011*	*04541*
October 1, 2011	*December 31, 2019*	*300207*
January 1, 2020	*August 31, 2026*	*103822*

STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) BEHAVIORAL HEALTH REGIONAL CENTER HEALTHCARE BILL PROCESSING:

Beginning	*Ending*	*BCBSNE Group Number(s)*
April 1, 2009	*Sept. 30, 2011*	*04944*
October 1, 2011	*December 31, 2019*	*300150*
January 1, 2020	*To Present*	*103821*

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

BCBSNE confirms no party mentioned within this proposal response was an employee of the State within the past six (6) months.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

BCBSNE confirms that, at this time, no employee or any agency of the State of Nebraska is employed by BCBSNE as a subcontractor.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past (three) (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past (three) (3) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If

no such termination for default has been experienced by the bidder in the past (three) (3) years, so declare.

If at any time during the past (three) (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

Neither BCBSNE nor any subcontractor of BCBSNE has been terminated for default during the past three (3) years.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:

- **a)** The time period of the project,
- **b)** The scheduled and actual completion dates,
- **c)** The bidder's responsibilities,
- **d)** For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
- **e)** Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

BCBSNE and our preferred PBM, Prime, have experience in administering the health plans of many large, complex employer accounts from both public and private sectors.

As requested, the following table includes two project narratives of large, complex BCBSNE clients. Please note that these narratives represent accounts where BCBSNE is the primary contractor (we are not including narratives involving Subcontractors).

Account Narratives	
Educators Health Alliance ***605 South 14th St.*** ***Lincoln, NE 68508*** ***Time Period: September 1, 1994, to Present*** ***Trish Guinan*** ***Executive Director, Nebraska State Education Association*** ***402-475-7611*** ***Trish.Guinan@nsea.org*** ***44,125 Subscribers*** ***96,089 Members***	***Description of the Project*** *On September 1, 1994, Blue Cross and Blue Shield of Nebraska (BCBSNE) proudly implemented the Educators Health Alliance (EHA) account, marking the beginning of a long-standing partnership dedicated to serving Nebraska's educational community. This initial implementation brought together a diverse group of school districts across the state under a unified health benefits program, tailored specifically to meet the needs of EHA member schools. BCBSNE worked closely with the alliance to ensure a seamless onboarding process, laying a strong foundation for a collaborative relationship built on trust, transparency, and shared goals.* *Since that successful launch, BCBSNE has remained committed to offering EHA competitive premium rates across its medical, pharmacy, and dental benefit plans. A dedicated EHA account team continues to provide comprehensive account management and responsive day-to-day service to both the alliance and its individual school districts. This includes introducing innovative products and services, delivering insightful utilization reporting and strategic recommendations, and developing targeted member communication campaigns. Through regular engagement and a deep understanding of EHA's evolving needs, BCBSNE ensures that the alliance's member population receives high-quality care and support year after year.*

Douglas County ***1819 Farnam St.*** ***Omaha, NE 68183*** ***Time Period: January 2017 to Present*** ***Colleen Fredrickson*** ***Compensation & Benefits Manager*** ***402-444-6099*** ***Colleen.Fredrickson@douglascounty-ne.gov*** ***2,094 Subscribers*** ***4,554 Members***	***Description of the Project*** *On January 1, 2017, BCBSNE successfully transitioned Douglas County and its member population to BCBSNE for its self-funded medical and pharmacy benefit program, enabling BCBSNE to provide administrative services for the County's benefit plans with a focus on operational excellence and member satisfaction. The transition was carefully managed to ensure continuity of care and a smooth experience for employees and their families, aligning with the County's goals of cost-effective, high-quality healthcare coverage.* *Since the initial implementation, BCBSNE has remained committed to delivering a benefit program that balances cost control with exceptional service. BCBSNE's account management team provides both strategic oversight and responsive day-to-day support, including personnel from Prime, our preferred PBM, when pharmacy benefits and utilization are the topics in regular meetings. Our account team meets with County leadership to review both medical and pharmacy utilization trends and offers actionable recommendations, the introduction of new products and services, and the development of targeted communication campaigns. With access to BCBSNE's robust provider networks and pharmacy benefit management through Prime, the County's members continue to receive comprehensive, well-managed care tailored to their evolving needs.*

BCBSNE has experience in providing group pharmacy administration to governmental employer groups throughout Nebraska. BCBSNE and Prime administer pharmacy benefits for the Nebraska Association of County Officials (NACO), the City of Omaha, and several utilities, including Nebraska Public Power District (NPPD) and the Metropolitan Utilities District (MUD). BCBSNE is also a federal government contractor, providing insurance coverage to 26,011 Federal Employee Plan (FEP) members.

BCBSNE's significant experience and persistency with governmental accounts mentioned above is a testament to our company's ongoing "Customer First" approach to providing service to our clients.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

At BCBSNE, we, in partnership with our pharmacy benefit manager, Prime Therapeutics LLC (Prime), are committed to providing comprehensive support for the State of Nebraska's pharmacy administrative account, including, but not limited to, the following departments:

ACCOUNT MANAGEMENT - Our approach includes a dedicated account executive responsible for the overall strategic management of the State's account, supported by a dedicated account specialist to handle day-to-day issues. Additionally, an assigned Client Consultant will support the State's reporting and analytics needs and an Account Executive from Prime. Account management services will also be provided by Prime's staff, who will work in partnership with BCBSNE's staff to ensure the State is achieving its goals for its pharmacy benefit plans.

CUSTOMER SERVICE and ENROLLMENT SERVICES - Our BCBSNE customer service team will feature client advocates fully educated on the State's pharmacy benefit plans, ready to respond to all pharmacy member calls, with expanded hours to accommodate the State's population. Our enrollment services team will also work to ensure the State's eligibility submissions are established to result in timely and error free membership updates.

PHARMACY CARE MANAGEMENT - In terms of care management, BCBSNE will hire additional full-time nurse care managers to provide care management to the State's population. Our in-house care management team will also include community health workers who will offer support and education to members, assisting them in adhering to medical recommendations and providing referral sources to help meet treatment goals.

FINANCE / BILLING – Our finance teams will conduct all billing activities for the State for weekly net paid claims billings and monthly invoicing to the State.

In summary, as a full-service insurance company and administrator, BCBSNE's personnel are fully committed to ensuring the State receives comprehensive support across all areas of our company, whether on the forefront or internally behind-the-scenes. We will work to get the right personnel in place at the right time to make certain the State's needs are fully met.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting

relationships. The primary work assigned to each person should also be identified. For each team member listed, identify whether this staff member will be 100% dedicated/designated to the State account. If the member is not 100% dedicated/designated to the State, please indicate the percentage of time the staff member will designate to the State account as well as the number of other clients with which the staff member has responsibilities. At a minimum, the specific professionals should include:

a) Implementation Coordinator/Manager
b) Account Executive
c) Eligibility Coordinator/Manager
d) Pharmacist
e) Member Service Manager
f) Government/Legislative Liaison

As a full service insurance carrier and administrator, BCBSNE employes over 1,200 employees who all work to support our membership. While specific percentages of time devoted to the State account are not listed for our non-dedicated personnel, we can assure the State that it will be a top priority for all of our employees who will perform work on the State's account:

- **Implementation*: Clare Longo – Agile Project Manager (dedicated)***
- **Account Team*: Monica McDonald – Account Executive (dedicated)***
- **Account Team*: Kristin Mathiason – Account Executive (Prime)***
- **Account Team*: Kristina Bruno – Strategic Account Specialist (dedicated)***
- **Account Team*: Stefani Shropshire – Strategic Account Specialist***
- **Account Team*: Cortny Garmong – Cient Consultant***
- **Eligibility Management*: Julie Luedtke – Director, Enrollment Services***
- **Clinical Management*: Renee Beacom – Director, Medical Management Services***
- **Member Services*: Lisa Rock – Director, Member Services***
- **Government/Legislative Liaison: *Jeremiah Blake – Government Affairs Director***

In the pages that follow within this Corporate Overview, the biographies of other key BCBSNE and Prime personnel are noted.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

The bidder to note any positions bidder will need to hire if awarded this contract.

The bidder will provide an organization chart, including names and titles, of Account Team and key personnel that will be responsible for the State account.

Please refer to EXHIBIT E – Account Management Organizational Chart.

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- **a)** name, address, and telephone number of the subcontractor(s),
- **b)** specific tasks/types of services provided for each subcontractor(s),
- **c)** number of years the Bidder's company has utilized the subcontractor,
- **d)** contractual relationship between subcontractor and Bidder's company,
- **e)** indication of general financial model such as shared savings, PMPM, fee for service, etc.,
- **f)** percentage of performance hours intended for each subcontract; and
- **g)** total percentage of subcontractor(s) performance hours.

Confirm that, if awarded a contract with the State, you will agree in the contract to notify the State of changes to this subcontractor list throughout the term of any awarded contract and that the State will have the ability to pre-approve any subcontractor that provides services directly to the State or its members.

BCBSNE's current subcontractor list is provided within this Corporate Overview. Please note this list is all inclusive; therefore, there will be certain subcontractors that may not apply directly in the administration of the State's pharmacy administration.

k. PENDING LITIGATION

The bidder will state whether there is any concluded or pending litigation against the Bidder or Bidder's affiliates, subsidiaries, employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firm's performance in a contract under this RFP.

BCBSNE has no concluded or pending litigation related to contract engagement that would impair BCBSNE's performance in a contract under this RFP.

l. BANKRUPTCY

The Bidder will state whether, in the last ten years, Bidder or any of its affiliates or subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.

BCBSNE has not filed for bankruptcy. Our current subcontractors have also not filed for bankruptcy.

m. FINANCIAL RATINGS

Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date you have received by the following organizations. Indicate all changes that have occurred in the last 12 months for each of these ratings.

a) A.M. Best
b) Standard & Poor's
c) Moody's
d) Fitch

The Bidder should indicate if its rating has changed within the past 12 months for any of the rating agencies.

BCBSNE's current financial rating as of February 26, 2025, from A.M. Best is A- (Excellent). This rating has been consistent over the last several years. We are not rated through any other agencies.

n. OTHER MAJOR CHANGES

The Bidder should indicate any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

BCBSNE and Prime have no staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process or proposed within the next 12-14 months that would directly impact the State's pharmacy benefit administration.

Ron **Rowe**

Chief Revenue Officer

Ron.Rowe@NebraskaBlue.com | Teams Calling Directory (402) 819-4242

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Ron's Role

Ron Rowe is chief revenue officer at Blue Cross and Blue Shield of Nebraska (BCBSNE). In his role, he drives revenue growth in BCBSNE's individual, group and senior market segments, building strong relationships with our clients.

Professional Background

Prior to coming to BCBSNE in 2021, Ron's career initially began in service to the country within the U.S. Army, where he remained on active duty for eight years working in the medical corps. Ron then held leadership positions across areas of the healthcare space, serving as the CEO of six specialty hospitals. He also worked with political committees on healthcare reform during the Clinton Administration.

Ron then became employed by Blue Cross and Blue Shield of Kansas City (Blue KC). Throughout 20+ years with Blue KC, Ron managed various advertising, sales, and product development initiatives. He was responsible for overseeing the company's membership and revenue growth of all market segments – totaling more than $3 billion in annual revenue.

Education, Certifications and Professional Affiliations

Ron earned a Bachelor of Science degree in Management and Accounting from Park University. He has been active in his former district's school board, serving 10 years as the elected president for six terms. He was also a board member of the Kansas City Metropolitan Crime Commission from 2018-2021.

Reference #1	Reference #2	Reference #3
Senator Mike Jacobson District 42 North Platte, NE PH: (308) 530-6932	Vicki Nelson Sr. Project Consultant Election Systems & Software Omaha, NE PH: (877) 377-8683	Doug Carlson Assoc. VP, University Services, Chief Procurement Officer & Director, University of Nebraska Lincoln, NE PH: (402) 472-8404

Clint **Williams**

Vice President, Small Group, Pharmacy and Ancillary Sales

PH: (402) 980-0381

Clint.Williams@nebraskablue.com

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Clint's Role

As vice president over BCBSNE's small group, pharmacy and ancillary sales departments, Clint champions the creation and implementation of strategies for the pharmacy, small group and ancillary products.

Professional Background

Previously, Clint served as vice president of pharmacy and clinical operations. He has been a leader of pharmacy throughout his tenue but has also served in roles with wellness risk adjustment, and health network services . Prior to joining BCBSNE, he was the senior director of account management at Prime Therapeutics.

Education, Certifications and Professional Affiliations

Clint is active in community service and is a member of the Exchange Club of Omaha, having served as the organization's president and a member of the board of directors. He has also served as a volunteer coach for various sports organizations. Additionally, he was a member of Leadership Omaha Class 34.

Clint earned a bachelor's degree in chemistry/math from Wayne State College, followed by a Doctor of Pharmacy degree from the University of Nebraska Medical Center. He most recently received his MBA from the University of Nebraska at Lincoln.

Reference #1	Reference #2	Reference #3
Lee J. Handke, PharmD, MBA CEO Nebraska Health Network PH: (402) 559-6464	Kevin M. Dolsky, FSA, MAAA President Educators Health Alliance PH: (262) 241-5633	Scott Yank NBISCO Executive Vice President Nebraska Bankers Association PH: (402) 904-7013

Bradley **Smith**

Senior Sales Executive – Large Group

Bradley.Smith@NebraskaBlue.com | (402) 880-5406 (Mobile)

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Bradley's Role

As a senior large group sales executive, Bradley (Brad) works on producing new business sales in the large group market (150+ employees) for Nebraska-based employers.

Professional Background

Brad has over 20+ years of employee benefits consulting experience at the local, regional, and national level. Prior to his start with BCBSNE, he has held various key positions within the consultant community, most recently serving as a Senior Vice President for an Omaha consulting firm as a new business producer. In prior roles with other Nebraska brokerage firms, Brad has served in producer roles as well as management positions, with responsibilities that included managing outside provider relationships and coordinating a team of employees within the employee benefits division.

Brad joined BCBSNE in 2021 in his current senior large group sales executive position. He continues to grow his relationships with brokers and consultants to drive large group business production.

Education, Certifications and Professional Affiliations

Brad graduated with a Bachelor of Science degree in business administration and management from Peru State College. He maintains his consultant license as well as his life and health insurance license. He is a member of the National Association of Health Underwriters (NAHU) and previously served three years as Legislative Chair for the Omaha Area Health Underwriters (OAHU). Brad is a current committee member and volunteer for the Exchange Club of Omaha and serves as a member of the Peru State College Athletic Hall of Fame Selection Committee.

Reference #1	Reference #2	Reference #3
Doug Carlson Assoc. VP, University Services, Chief Procurement Officer & Director, Facilities Planning & Capital Programs University of Nebraska System Lincoln, NE PH: (402) 472-8404	Vicki Nelson Sr. Project Consultant Election Systems & Software Omaha, NE PH: (877) 377-8683	Pat Kenealy Retired Former CFO Airlite Plastics Omaha, NE PH: (402) 403-7982

Holly **Kovy**

Large Group Market Leader

Holly.Kovy@NebraskaBlue.com | (402) 982-7816

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Holly's Role

In her current role as Large Group Market Segment Leader, Holly has overall accountability for employer groups with over 150 employees. She uses market intelligence and data to craft strategies that meet customer needs and support business growth. Holly is responsible for delivering customers solutions that are grounded in market and customer insights and analytics. Under her leadership, the market segment has grown membership by more than 50% and has consistently achieved customer retention above 95%.

Professional Background

Holly spent the first nine years of her career at a national carrier growing through account management roles, including National Account Manager. She joined BCBSNE in August 2015 as a Major Account Executive, focusing on client relationships and providing strategic advice. In 2018, she was promoted to Manager of the Major Accounts team.

Education, Certifications and Professional Affiliations

Holly earned her Bachelor of Arts in Psychology with a minor in Sociology from Bellevue University and later completed her MBA from the same institution. She holds a producer's license in Life and Annuities, Sickness, Accident and Health, as well as the Group Benefits Disability Specialist (GBDS) designation.

Holly is actively involved with the Cystic Fibrosis Foundation. She is passionate about mentoring individuals, sharing her knowledge and experience to help them grow. She values showing gratitude, keeping communication transparent, and is a life-long learner committed to both personal and professional growth.

Reference #1	Reference #2	Reference #3
Andy Dickmeyer Sr. Vice President & Sales Executive FNIC – Trusted Benefit Advisors Omaha, NE PH: (402) 861-7032	Randy Schuller, REBC Senior Account Executive The Olson Group Omaha, NE PH: (402) 289-1046	Lisa Shoup Asst. Vice President Lockton Companies Omaha, NE PH: (402) 970-614

Julie **Klein**

Manager, Large Group Accounts

Julie.Klein@NebraskaBlue.com | (402) 982-7690

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Julie's Role

Julie is a dedicated professional with over 22 years of experience in the insurance industry. As the Manager of Large Group Accounts, she excels in business operations and account management. Julie leads a team of account executives, collaborates closely with clients, brokers, and consultants, negotiates renewal terms, and introduces new products and services. Additionally, she provides strategic analysis and consultations to her accounts and actively participates in special projects.

Professional Background

Julie joined Blue Cross Blue Shield of Nebraska (BCBSNE) in June 2008 as an individual sales representative, assisting clients with purchasing individual products, Medicare supplement policies, and prescription drug plans. Her success in individual product sales led to her transition to BCBSNE's small group account management team in May 2013.

In August 2017, Julie advanced to the large group account management team as an account executive, where she effectively communicated and provided direction to her assigned group clients and team of account executives. In June 2022, she was promoted to Manager of the Major Account Service Specialists while maintaining her role as a Strategic Account Executive. Demonstrating strong leadership and strategic oversight, Julie was promoted to her current position as Manager of Large Group Accounts in 2024.

Education, Certifications and Professional Affiliations

Julie has her Nebraska Department of Insurance Producer's License in Accident, Annuities, Health, Life and Sickness, and Property and Casualty Insurance. She is a Blue Cross and Blue Shield Certified Health Consultant and is also a current member of the National Association of Health Underwriters (NAHU).

Reference #1	Reference #2	Reference #3
Nicole Creamer Omaha, NE PH: (402) 669-2976	Kathie Krawczyk Omaha, NE PH: (402) 982-6018	Holly Kovy Bellevue, NE PH: (402) 982-7816

Krystyn Cimino, Director of ASO Employer Accounts

As the Director, Krystyn is responsible for providing the strategic direction for successful growth and retention within the ASO market in Nebraska. She leads a team of Account Executives that directly support employer groups by providing excellent customer service, cost saving solutions and pharmacy benefit consultation.

Krystyn joined Prime in 2022. Her prior experience includes over 14 years in the healthcare industry, including time at Blue Cross Blue Shield of Nebraska and several years with direct patient/member engagement.

Krystyn holds a Master's Degree in Healthcare Administration from Bellevue University and resides in Omaha, Nebraska.

Reference 1

- Name: Clint Williams
- City/Town: Elkhorn, NE
- Phone Number: 402.980.0381

Reference 2

- Name: Matt Loftus
- City/Town: Omaha, NE
- Phone Number: 215.280.3207

Reference 3

- Name: Deb Walz
- City/Town: Kansas City, KS
- Phone Number: 913.302.0458

Kristin Mathiason, Account Executive

As the Account Executive for Blue Cross Blue Shield Nebraska (BCBSNE), Kristin offers experience working with employer groups, collaborating with clients to address specific business and pharmacy benefit needs, as well as offer her expertise in plan design optimization, pharmacy benefit trend reporting, and product recommendations. Kristin provides an overall consultative approach to help educate the client's plan administrators about their pharmacy management program.

Kristin joined Prime in 2022. Prior to that, she worked for Blue Cross Blue Shield ND (BCBSND) for 11 years holding various pharmacy related roles such as a pharmacy analyst, pharmacy benefit manager and product and market solutions partner.

Kristin holds a Bachelor of Science degree in Exercise Science with a minor in Health & Medical Sciences from Minnesota State University Moorhead and resides in Fargo, North Dakota.

Reference 1

- Name: Heidi Levendusky
- City/Town: Maple Grove, MN
- Phone Number: 763.670.8229

Reference 2

- Name: Clint Williams
- City/Town: Elkhorn, NE
- Phone Number: 402.980.0381

Reference 3

- Name: Kevin Karlowicz
- City/Town: Chicago, IL
- Phone Number: 773.263.3339

Drew Anderson, Sales and Account Management Director

Drew is a Sales and Account Management Director supporting BCBS plans in MN, NE, and WY markets. In his role, Drew works to attain member growth through new business opportunities while also supporting national accounts. Prior to this role, Drew was a Senior Pharmacy Consultant at Aon Hewitt where was responsible for developing and executing the strategy to enhance pharmacy benefit savings and deliver results for employer clients. Drew has spent a total of eight years in the PBM industry with background as an Account Executive and an Underwriter at Prime.

Reference 1

- Name: Clint Williams, VP Pharmacy, BCBSNE
- City/Town: Omaha, NE
- Phone Number: 402.980.0381

Reference 2

- Name: Denis Busque, VP Pharmacy, Prism Health Group
- City/Town: Minneapolis, MN
- Phone Number: 919.428.9463

Reference 3

- Name: Nathan Cassin, Pharmacy Benefits Director, Holmes Murphy
- City/Town: Minneapolis, MN
- Phone Number: 952.649.0003

Reference 4

- Name: Danny Ebner, VP Pharmacy Consulting, Aon
- City/Town: Minneapolis, MN
- Phone Number: 612.749.0351

Monica **McDonald**

Account Executive, Large Group

Monica.McDonald@NebraskaBlue.com | (402) 690-6698

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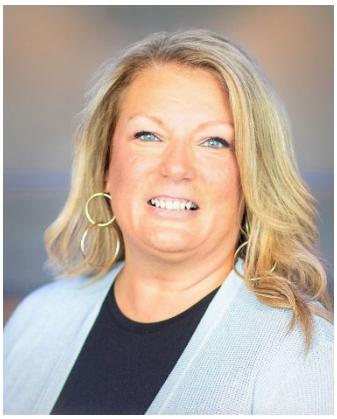

Monica's Role

Monica's current duties as a large group Account Executive within BCBSNE's large group region include responsibility for overall management of her accounts, including negotiating renewal benefits and rates, resolving issues, and providing solutions that address her clients' needs, ultimately resulting in a positive impact on her employers' strategic goals. Monica also works with BCBSNE's Client Consulting team in evaluating client reporting results, conducts enrollment meetings, and is in constant contact with her group leaders and brokers. She provides crucial hands-on account service and strategic leadership in effectively managing relationships with her brokers and employers.

Professional Background

Monica started her current position at BCBSNE in July of 2023. Prior to that, she began her career in the insurance industry in 2005, working as a marketing representative for a large insurance agency in the Omaha area. In 2015, she was promoted to an account executive position at the same agency, becoming responsible for agent training, retention and recruitment, as well as marketing, website and project oversight. In 2018, she moved to a large, national insurance carrier as a field account manager, and then in 2022, she began work as an account manager for a large third-party administrator. Monica's extensive industry experience and knowledge allows her to serve her BCBSNE clients with the highest level of focus and expertise.

Education, Certifications and Professional Affiliations

Monica is highly active in the Omaha chapter of the National Association of Benefits and Insurance Professionals (NABIP), currently serving in the positions of president, Omaha representative, and membership recognition chair. She also has her Nebraska producer's license.

Reference #1	Reference #2	Reference #3
Cory Mase Group Sales Director Preferred Marketing Associates Omaha, NE PH: (402) 397-9787	David Woslager Producer/Broker Northeast NE Insurance Agency Wayne, NE PH: (402) 375-2696	Julie Klein Manager Large Group Account Blue Cross and Blue Shield of Nebraska Omaha, NE PH: (402) 982-7690

Kristena **Bruno**

Strategic Account Specialist, Major Accounts

Kristena.Bruno@NebraskaBlue.com | (402) 982-6056

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Kristena's Role

In her position of strategic account specialist, Kristena (Kris) has regular interaction with internal business partners, external vendors and her assigned clients. Her responsibilities cover a broad range of duties, including new group implementations, escalations of services inquiries, review and coordination of Summary Plan Descriptions and Client Profiles, coordination of employer communication materials, and day-to-day service questions from our brokers and accounts.

Professional Background

Kris began her current role as a strategic account specialist with BCBSNE in April of 2023. Prior to this date, she worked as a senior account manager at a large brokerage firm for 16 years, giving her an extensive background in client service which serves her current role extremely well. She also has 10 years of experience on the employer side with a former position as a human resources administrator.

Education, Certifications and Professional Affiliations

Kris holds a Nebraska Department of Insurance Producer's License in Accident, Health, and Sickness Insurance.

Reference #1	Reference #2	Reference #3
Julie Klein Manager Large Group Accounts Blue Cross and Blue Shield of Nebraska Omaha, NE PH: (402) 982-7690	Brett Sesker, FLMI, HIA, ALHC, GBA Executive Vice President and Employee Benefits Practice Leader HUB International Great Plains Omaha, NE PH: (402) 964-5451	Kristin Ullman Senior Benefits Administrator ALLO Holdings LLC Lincoln, NE PH: (402) 781-0746

Stefani **Shropshire**

Strategic Account Specialist, Large Group

Stefani.Shropshire@NebraskaBlue.com | (402) 982-7554

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Stefani's Role

In her current position of strategic account specialist, Stefani's current responsibilities include regular interaction with internal and external customers over a broad range of duties, including new group implementations, escalations of services inquiries, review and coordination of Summary Plan Descriptions and Client Profiles, coordination of employer communication materials, and day-to-day service questions from our brokers and accounts.

Professional Background

Stefani began her career at BCBSNE as a health care reform specialist, becoming employed in November of 2013. From 2014 to 2016, she held positions within our member services and compliance departments until further advancing to an account specialist role within our Account Management department in late 2016. She was then promoted to her current position of strategic account specialist in 2022. Having this broad range of internal BCBSNE experience serves as a solid base from which Stefani performs her current tasks.

Certifications and Professional Affiliations

Stefani holds a Nebraska Department of Insurance Producer's License in Accident and Health insurance.

Reference #1	Reference #2	Reference #3
Lisa Mabry Sr. Vice President & Manager FNIC Omaha, NE PH: (402) 861-7083	Nancy Buchholz Sr. Account Manager Hub International Great Plains Omaha, NE PH: (402) 964-5657	Ann Bruner Sr. Director, Employee Relations & Development Burlington Capital Omaha, NE PH: (402) 930-3043

Chris **Costello**

Manager, Client Consulting

chris.costello@nebraskablue.com | (402) 982-7736

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Chris's Role

Chris is responsible for managing a team of client consultants who evaluate the claim utilization for large group employers, making recommendations for benefit changes that can impact utilization patterns, as needed. Chris provides support to employer accounts and the assigned account executives. Chris's team also establishes large account reporting requirements and maintenance of all output.

Professional Background

Chris has a strong background in the insurance industry, working for two Omaha-based brokerage firms before coming to BCBSNE. From 1994 to 2001, Chris was employed within the Small Group unit of a large, local consulting firm, beginning as an account administrator and subsequently being promoted to the positions of Manager and Vice President. From 2001 to 2012, Chris moved to another local brokerage firm as Vice President of Account Management and Sales. He became employed with BCBSNE in 2012 as a Senior Client Consultant and was promoted to Manager, Client Consulting in 2015.

Education, Certifications and Professional Affiliations

Chris received his Bachelor of Science degree in Mathematics, with a minor in Business, from Nebraska Wesleyan University. He has his HIA (Health Insurance Associate) and CHC (Certified Health Consultant) certifications and is currently licensed in the state of Nebraska for Health and Life insurance.

Reference #1	Reference #2	Reference #3
Abbey Koehler VP, Compensation & Benefits Dir. HDR, Inc. Omaha, NE PH: (402) 399-1487	Jerry Byers Consultant Health Risk Advisors Omaha, NE PH: (402) 214-4505	Scott Stoltenberg Consultant Actuarial Consulting Services, Inc. Omaha, NE PH: (402) 614-1844

Cortny **Garmong, BSN, RN, GBA**

Client Consultant

Cortny.Garmong@NebraskaBlue.com | (402) 982-6002

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Cortny's Role

As a client consultant, Cortny performs analysis that incorporates an employer's membership, claim costs and utilization. She analyzes medical trends, plan benefits and plan design, in addition to evaluating market and provider network changes to determine the impact on member enrollment and utilization.

Professional Background

Cortny assumed her current position as Client Consultant in April 2025. Prior to this, she was the Manager of Government Medical Services at BCBSNE. In this previous position, Cortny managed operational aspects and implemented organizational strategies for Medicare Advantage Medical Management. She fostered the development of a high-performing team specializing in utilization management, case management, and appeals, setting priorities to achieve organizational goals. Additionally, she collaborated with providers and Affordable Care Organizations (ACOs) to coordinate medical management pre-authorization and precertification programs and practice tools. Cortny was employed by a large, national consulting firm from 2013 to 2021 where she participated in a variety of health risk solutions, including health analytics activities before coming on board with BCBSNE.

Education, Certifications and Professional Affiliations

Cortny obtained an Associate of Science degree in nursing from the College of Saint Mary in Omaha, NE, in 2011. She went on to achieve a Bachelor of Science degree in nursing from the same institution in 2015 and continues to maintain her Registered Nurse license in Nebraska. In addition, she has earned a Group Benefits Association designation.

Reference #1	Reference #2	Reference #3
Brittany Whittington Benefits Reporting & Admin Mgr Lockton Companies Omaha, NE PH: (402) 618-3494	Karen Keeler Corporate Attorney Union Pacific Omaha, NE PH: (402)-689-5481	Katie Jones Office Manager Allied Electrical Contractors Omaha, NE PH: (402) 533-8528

Amber **Samuelson**

Manager, Strategic Business Integration

Amber.Samuelson@nebraskablue.com | (402) 216-7636

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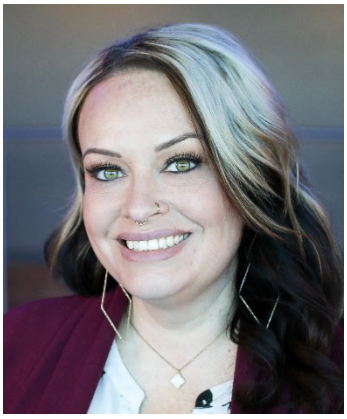

Amber's Role

Amber leads a dynamic team of Agile Project Managers at BCBSNE, specializing in large group implementations. Her team excels in onboarding new large and custom Administrative Services Only (ASO) groups, managing pharmacy benefit transitions, and coordinating vendor integrations across multiple business areas. Amber ensures a seamless implementation experience, leveraging her expertise to drive successful outcomes and foster strong client relationships..

Professional Background

Amber boasts over a decade of experience at BCBSNE, beginning her career as a claims processor and steadily advancing through the organization. She has taken on pivotal roles in operations, project coordination, and leadership. Amber played a key role in establishing the enterprise Software Release Coordination team and the User Acceptance team within the Claims department. She also previously led the Sales and Account Management Operations team. Known for her servant leadership style, Amber excels in building strong cross-functional relationships and translating complex challenges into actionable solutions that deliver results.

Education, Certifications and Professional Affiliations

Amber holds certifications from the Scrum Alliance as a Certified Scrum Master Product Owner (CSPO). She is also actively involved in employee engagement and inclusion efforts, serving as the President of the Latinos Empowered to Achieve their Potential (LEAP) employee resource group at BCBSNE, as well as leading the Manager Community of Practice for the last two years. Amber is also a longtime United Way volunteer and chaired her school district's silent auction for two years, raising over $50,000 annually.

Reference #1	Reference #2	Reference #3
Ellie Welk Sr. Project Manager Luma Consulting Omaha, NE PH: (402) 639-4242	Trish Merchant Director of Program Management Enterprise Architecture Nebraska Furniture Mart Omaha, NE PH: (402) 321-3697	Melissa Acosta Sr. Director Operations & Product Liaison Blue Cross and Blue Shield of Nebraska Omaha, NE PH: (402) 378-8696

Clare **Longo**

Agile Product Manager

Clare.Longo@NebraskaBlue.com | (402) 960-5947

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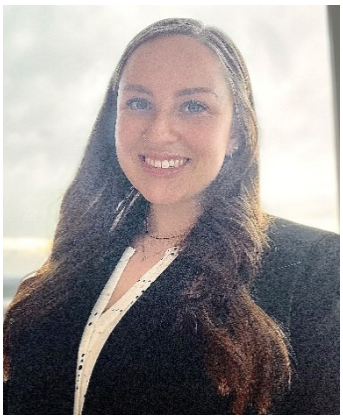

Clare's Role

As an Agile Project Manager, Clare is responsible for many key functions involving our new groups and incumbent accounts to ensure they operate smoothly on all fronts. She performs the overall coordination for new large group implementations, collaborating with account teams, internal departments, and employers, and facilitating the timely and accurate onboarding of new accounts. In addition, she manages other critical projects impacting our accounts, creating detailed project execution plans and driving the projects to completion.

Professional Background

Prior to her current position, Clare began her time with BCBSNE in October of 2019, where she initially served as a college intern, allowing her to learn how multiple areas of the company work together. She joined BCBSNE full time in May of 2020 as a software release coordinator, then moved into the position of claims incident specialist. She came to BCBSNE's Strategic Business Integration team in July of 2024, where she has quickly learned various aspects of implementing new accounts as well as new product lines.

Certifications and Professional Affiliations

Clare graduated from the University of Nebraska at Omaha with a bachelor's degree in business management.

Reference #1	Reference #2	Reference #3
Megan Pavlik Senior Scrum Master Hudl Omaha, NE PH: (402) 740-7993	Lauren Jadlowski Special Education Teacher Boystown Omaha, NE PH: (402)-490-2207	Shannon Jones Senior Project Manager BCBSNE Omaha, NE PH: (402) 515-1634

Shannon **Ward**

Agile Project Manager, Strategic Business Integration

Shannon.Ward@NebraskaBlue.com | (402) 819-4242

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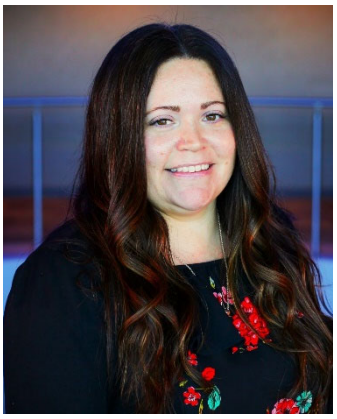


Shannon's Role

In her position as an Agile Project Manager, Shannon coordinates the onboarding of new employer groups, ensuring timely implementation of accounts by holding meetings with internal business partners, as well as brokers and clients. She also collaborates with the assigned account management team to effectively facilitate new group transitions to BCBSNE. In addition to implementations of new employer groups, Shannon also is involved in a variety of projects where she further utilizes her project management skills.

Professional Background

Shannon began her career at BCBSNE in 2019 as a Sales Coordinator where she assisted small group bids and implementations. She then moved into the position of associate account operations analyst, working on a range of projects to support both the sales and account management teams at BCBSNE. She was then promoted to her current position of associate Agile project manager in early 2023. Prior to BCBSNE, Shannon was employed by a large, national insurance company for 14 years where she gained a solid foundation that has contributed to her current Agile project management work.

Reference #1	Reference #2	Reference #3
Natalie Smith Project Manager Omaha, NE PH: (402) 598-9924	Jill Stewart Mutual First Federal Credit Union Omaha, NE PH: (402) 490-5209	Mandy Owen First Grade Teacher Omaha, NE PH: (402) 612-1375

Lindsey **Freeman**

External Affairs, Director

Lindsey.Freeman@NebraskaBlue.com | (402) 580-4912

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Lindsey's Role

As BCBSNE's External Affairs Director, Lindsey plays a key role in customer development, focusing on building relationships with current and prospective clients. In partnership with our Sales and Account Management teams, she participates in creating strong connections between key employers and BCBSNE, working as a liaison to ensure BCBSNE is aware of employers' needs, and that employers keep informed of the products and services BCBSNE offers.

Professional Background

Prior to coming to BCBSNE, Lindsey was previously employed by the University of Nebraska's Athletic Department from 2006 to 2020, where she worked in a variety of positions supporting student athletic program. She served as Development Coordinator, where she planned and coordinated events for the Athletic Department's 18 booster clubs, Director of Premium Seating & Engagement, where she organized and implemented all aspects of the Athletic Department's donor events, and Director of Development, conducting short- and long-range strategic planning, identifying and cultivating major gift donors and prospects, and raising philanthropic funds, planned gifts, scholarships and endowments that provided support to all student athletes with their academic, athletic and life goals.

Education, Certifications and Professional Affiliations

Lindsey obtained a Bachelor's degree in Health, Physical Education and Recreation, as well as a Master's degree in Sports Administration, both from the University of South Dakota. She serves on the Lincoln (Nebraska) Partnership of Economic Development as a board member, and is also actively involved in the BraveBe Child Advocacy Center in Lincoln as a board director. She holds a producer's license in Life and Annuities, Sickness, Accident and Health, and is a member of the National Association of Health Underwriters (NAHU).

Reference #1	Reference #2	Reference #3
Doug Carlson Assoc. Vice President, University Services, Chief Procurement Officer and Director, Facilities Planning & Capital Programs University of Nebraska System Lincoln, NE PH: (402) 472-8404	Scott Yank Executive Vice President Nebraska Bankers Association Lincoln, NE PH: (402) 474-1555	Dick Robinson Chairman & CEO Norfolk Iron & Metal Co. Norfolk, NE PH: (402) 649-0027

Jeremiah **Blake**

Government Affairs Director

Jeremiah.Blake@NebraskaBlue.com | (402) 540-9265 (Mobile)

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Jeremiah's Role

Jeremiah Blake serves as the Government Affairs Director for Blue Cross and Blue Shield of Nebraska (BCBSNE), where he leads the company's legislative and political engagement strategy. In this role, he manages relationships with Nebraska's congressional delegation, the Governor's office, state senators, and key policymakers, ensuring BCBSNE's voice is effectively represented at all levels of government.

Professional Background

With over 20 years of experience in government affairs, Jeremiah brings deep expertise in public policy and political strategy. He has advised a range of elected officials—including two members of Congress, a governor, and two state senators—on complex legislative and regulatory issues. Prior to joining BCBSNE, he held a similar leadership role at Charter Communications, overseeing government affairs across Nebraska and Kansas.

Education, Certifications and Professional Affiliations

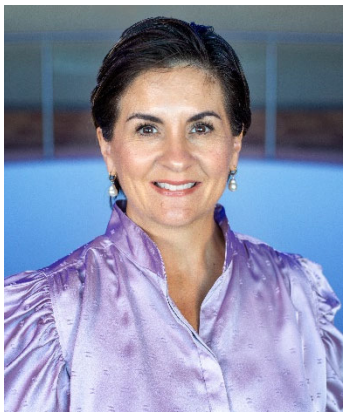
Jeremiah holds a bachelor's degree in Agricultural Economics from the University of Nebraska–Lincoln and a master's degree in public administration from the University of Nebraska at Omaha.

Reference #1	Reference #2	Reference #3
Carolyn Bosn Senator, District 25 Lincoln, NE PH: (402) 471-2731	Meghan Chaffee Chief Advocacy and Legal Officer Nebraska Hospital Association Lincoln, NE PH: (402) 253-9784	Liz Lyons Principal, HB Strategies Omaha, NE PH: (402) 216-5302

M. Renee **Beacom**

Director, Medical Management Services
Michelle.Beacom@NebraskaBlue.com | (402) 982-6040

BLUE CROSS AND BLUE SHIELD OF NEBRASKA



Renee's Role

Michelle Renee (Renee) serves as the Director of Medical Management Services at BCBSNE, providing leadership and oversight to BCBSNE's integrated utilization and care management programs. Renee provides strategic direction for the development and management of clinical programs to enhance healthcare delivery. Additionally, she provides guidance on the implementation of new clinical products and programs, and ensures her teams administer our programs effectively and efficiently while following compliance standards.

Professional Background

Prior to joining BCBSNE in January of 2023 in her current role, Renee served in a variety of health related positions over a diverse and extensive career in healthcare. She has served as a registered nurse working in various healthcare facilities where she honed her clinical skills and patient care expertise, transitioning into manager and director roles in community engagement.

Her career progressed as she took on the role of Manager of Community Engagement for a health plan, where her impactful work led to a promotion to Director within the same organization. Additionally, Renee served as a Medicaid Strategy Consultant, providing valuable guidance on clinical and member engagement strategies for a consulting firm. Her multifaceted experience highlights her dedication to improving healthcare delivery and community health outcomes.

Certifications and Professional Affiliations

In addition to her professional achievements, Renee is a Certified Professional in Healthcare Quality (CPHQ) and remains a registered nurse with a master's degree in public health from the University of Nebraska Medical Center. She is also actively involved in multiple local and national healthcare related associations.

Reference #1	Reference #2	Reference #3
Dr. Debra Tomek Omaha, NE PH: (402) 306-3573	Jeanee Weiss Omaha, NE PH: (402) 740-5182	Carey Potter Deadwood, SD PH: (402) 890-2782

Cindy **Daly**

Director, Claim and Provider Operations

Cindy.Daly@nebraskablue.com | (402) 982-7610

BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Cindy's Role

Cindy Daly serves as the Director of Claim and Provider Operations at BCBSNE. In this role, she oversees all claim processing teams, including those handling local and national commercial lines, Medicare Advantage, Medicare Supplement, Dental, and the Federal Employee Plan (FEP). Additionally, Cindy is responsible for the Provider Operations and Plan-to-Plan teams, ensuring efficient and compliant operations across all these areas.

Professional Background

Before joining BCBSNE in August 2017, Cindy gained extensive experience at a large ancillary insurance company. During her tenure of 23 years with this employer, she worked in Claims Operations, including appeals and complaints. Her exemplary performance led to her promotion to Manager within the same department. In this role, Cindy took on additional responsibilities, including direct collaboration with the Nebraska Department of Insurance to ensure compliance with regulatory requirements.

Education, Certifications and Professional Affiliations

Cindy has an Associate Degree in Business from the Nebraska College of Business.

Reference #1	Reference #2	Reference #3
Jan Bresnahan Dir. Home Healthcare & Hospice Omaha, NE PH: (402) 363-1195	Stephanie Roncka Free Lance Court Reporter Omaha, NE PH: (402) 416-7846	Beth Shanahan Chief Underwriter Lincoln Financial Omaha, NE PH: (402) 660-2838

Lisa **Rock**

Director, Member Services

Lisa.Rock@NebraskaBlue.com | (402) 982-7019

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Lisa's Role

In her current position as Director of BCBSNE's Member Services department, Lisa's current responsibilities include day-to-day operations of BCBSNE's customer service call center. Lisa is passionate about serving customers and creating a work environment where her team shares the same enthusiasm.

Professional Background

Prior to her recent promotion to her current director role in November of 2024, Lisa was BCBSNE's Customer Service Development Manager, where she was responsible for overseeing training programs, quality assurance, and other support systems and teams. With a remarkable 23-year tenure at BCBSNE, Lisa has demonstrated unwavering dedication to the company and its mission, and she continues to develop and implement strategies to enhance the service experience, improved process efficiencies, and ensure regulatory compliance.

Certifications and Professional Affiliations

In addition to her professional achievements, Lisa is actively involved in volunteer work with United Way of the Midlands, reflecting her dedication to giving back to the community.

Reference #1	Reference #2	Reference #3
Marsha Anzalone Retired Account Executive Swartzbaugh - Farber Omaha, NE PH: (402) 669-6609	Gayle Sole Agent Manager Preferred Marketing Omaha, NE PH: (402) 599-9924	Megan Axen International Large Group Manager Aetna Health Care Omaha, NE PH: (402) 672-3567

Julie **Luedtke**

Director, Enrollment Services

Julie.Luedtke@NebraskaBlue.com | (402) 982-6126

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Julie's Role

In her current position as Director of Customer Care & Technology, Enrollment Services at BCBSNE, Julie oversees a dedicated team of membership and enrollment services personnel who are responsible for loading eligibility, ordering ID cards, and driving overall process improvements to continually enhance the capabilities of the enrollment system.

Professional Background

Julie began her tenure at BCBSNE in 2000, working within the claims department as a claims auditor, claims team lead, and, in 2008, was promoted to claims manager. Her dedication and expertise led to a shift into the role of Operations Manager within the Enrollment Services area in 2018. Julie excelled in this role until she was further promoted to her current position as Director of Customer Care & Technology, Enrollment Services in February 2025.

Education, Certifications and Professional Affiliations

Julie earned her Bachelor of Communications from Bellevue University in Bellevue, NE.

Reference #1	Reference #2	Reference #3
Jolie Cropp Sup. Women's Health Prior Auth Submissions Natera Omaha, NE PH: (402) 216-6031	Mandy Francois Dir. Connections Management Center of Excellence Ease Omaha, NE PH: (402) 689-3200	Kim Erickson Gifted Teacher Omaha Public Schools Omaha, NE PH: (402) 990-4126

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Accolade 2nd.MD LLC	Accolade Expert MD (also referred to as 2nd.MD) provides second opinion medical consultations for members enrolling in the program.	2023: MSA remains in effect until such time as there have been no active order forms for 12 consecutive months.	660 West Germantown Pike Suite 500 Plymouth Meeting, PA 19462 610.834.2989	Second Opinion Consultations
AllMed Healthcare Management, Inc.	Independent review organization for medical management.	2013: 3-year initial term with automatic 1-year renewal	621 SW Alder Street Suite 740 Portland, OR 97205 800.400.9916	Independent Claim Reviews
Altruista Health, Inc. (a wholly owned subsidiary of HealthEdge Software, Inc.)	Portal utilized to create pre-authorizations for providers.	2020: 2-year initial term with automatic 1-year renewal	11800 Sunrise Valley Drive Suite 1100 Reston, VA 20191 703.707.8890	Preauthorization Portal
B2E Direct Marketing, Inc.	Data/list management and procurement.	2024: Perpetual	307 E Court Avenue Des Moines, IA 50309 515.282.4933	Medicare Advantage Supplemental Benefit

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Benefitfocus.com, Inc.	Provides web-based tools and services to process group eligibility, enrollment transactions, electronic billing, and assisted underwriting.	2003: 5-year initial term with automatic 1-year renewal	100 Benefitfocus Way Charleston, SC 29492 843.375.4950	Electronic Enrollment and Data Exchange Services
Cardinal Colorprint Printing Corporation a/k/a Cardinal ColorGroup	Print and mail vendor also used for Medicate Advantage marketing.	2024: Perpetual	1601 Rohlwing Road Rolling Meadows, IL 60008 630.467.1000	
CDR Associations, LLC (a subsidiary of Conduent)	CDR works with participating hospitals to review BCBSNE member accounts to ensure there are no positive balances where BCBSNE may have overpaid on claims.	2007: 1-year initial term with automatic 1-year renewal	307 International Circle Cockeysville, MD 21030 410.560.6700	Provider Balance Audit Services
Change Healthcare Technologies, LLC	Coding advisor and DRG audit program to identify whether institutional providers are inappropriately inflating their claim costs.	2018: Perpetual	100 Airpark Center Drive East Nashville, TN 37217	Claim Audit Services

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Concert Genetics, Inc.	Provides data analytics on medical conditions and offer guidance and savings opportunities; reviews BCBSNE medical policies and offers suggestions, changes, and updates.	2017: 3-year initial term with automatic 1-year renewal	3011 Armory Drive Suite 290 Nashville, TN 37204 615.861.2634	Analytics Services
ConnectureDRX f/k/a Connecture, Inc. and DestinationRX, Inc. ("DRX")	Single source for all 65+ medical and add-on dental applications.	2009: 4-year initial term with automatic 1-year renewal	1433 North Water Street Suite 400 Milwaukee, WI 53202 800.379.9060	Enrollment Tasks
Cotiviti, Inc.	Receives membership and claims information and reviews for billing anomalies to identify claims that were overpaid.	2014: Perpetual	One Glenlake Parkway Suite 1400 Atlanta, GA 30328 770.379.2800	Claims Editing Services
Council for Affordable Quality Healthcare, Inc. ("CAQH")	CAQH designed and launched COB Smart. Health plans directly contribute to a registry of coverage information that helps health plans and providers correctly identify COB situations for accurate claims processing.	2017: 3-year initial term with automatic 1-year renewal	2020 K Street Suite 900 Washington, DC 20004 202.517.0400	Coordination of Benefits Registry

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Empowered Margins, Inc.	Hosts an online risk evaluation and enrollment tool.	2018: 1-year initial term with automatic 1-year renewal	2605 W. Colorado Avenue Suite 219 Colorado Springs, CO 80904 719.581.2221	Underwriting Risk Evaluation
Empyrean Benefit Solutions, Inc. f/k/a Enspire Healthcare, LLC	Cloud based solution for employee engagement.	2025: 2-year initial term with automatic 1-year renewal	411 Brazos Street Austin, TX 78701 515.299.4926	App offered that consolidates an employer's benefit offerings for its population
Evolent Specialty Services, Inc. f/k/a Evolent Health, Inc.	Spine/pain management preauthorization program.	2015: 3-year initial term with automatic 1-year renewal	6950 Columbia Gateway Drive Suite 400 Columbia, MD 21046 888.656.2170	Utilization Management Services Service Level Agreements
G.A. Food Services of Pinellas County, LLC	Provide post-discharge meals to our MA members following an inpatient stay in the hospital.	2025: 1-year initial term with automatic 1-year renewal	12200 32nd Court North St. Petersburg, FL 33716 800.852.2211	Medicare Advantage Supplemental Benefit
HealthEdge Software, Inc.	BCBSNE core claims processing, billing, and payment platform.	2017: 10-year initial term with automatic 1-year renewal	30 Corporate Drive Burlington, MA 01803 781.285.1300	Claims Processing Software as a Service

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Healthways, Inc. a/k/a American Healthways LLC (a Sharecare Company)	Disease management and wellness services.	2009: 5-year initial term and consecutive 5-year renewal terms	701 Cool Springs Boulevard Franklin, TN 37067 615.614.4255	Disease Management
Highmark Inc.	Surrogate claims processor used by BCBSNE under certain circumstances for BCBSNE-branded national account business.	2010: 3-year initial term with automatic 1-year renewal	Fifth Avenue Place 120 Fifth Avenue Pittsburgh, PA 15222-3099 412.544.7000	Claims Processing Services
Infocrossing, LLC "IFOX" a/k/a WIPRO	Wipro provides CMS compliant services (e.g., CMS eligibility verification, application processing, Transaction Reply Report (TRR) management, membership management, etc.).	2024: 5-year initial term with no automatic renewal	2 Tower Center East Brunswick, NJ 08816 971.763.2139	CMS Services
Kyruus Health f/k/a HealthSparq, Inc.	Solution for transparency in coverage mandate and used for certain online member tools (directory of providers, maximum out-of-pocket estimates, and patient reviews of providers).	2015: Perpetual	100 SW Market Street M/S WW3-31 Portland, OR 97201 855.772.7748	Member Tools Vendor

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
LanguageLine Solutions	Member interpretation services for Customer Service operations.	2012: 2-year initial term with automatic 1-year renewal	1 Lower Ragsdale Drive Building 2 Monterey, CA 93940 800.752.6096	Translation Service and Service Level Agreements
Luxottica Retail North America d/b/a Contacts Direct on behalf of itself and EyeMed Vision Care and Glasses.com, Inc.	Provide white-labeled products for BCBSNE as well as supplemental vision benefits for Medicare Advantage.	2025: 3-year initial term with automatic 1-year renewal	4000 Luxottica Place Mason, OH 45040 513.765.6000	Medicare Advantage Supplemental Benefit
MCMC, LLC	Independent review organization for medical management.	2021: Perpetual term	300 Crown Colony Drive Suite 203 Quincy, MA 02169 617.375.7700	Independent Claim Reviews
Medical Review Institute of America, LLC ("MRIoA")	Independent review organization for medical management.	2020: Perpetual term	2875 South Decker Lake Drive Suite 300 Salt Lake City, UT 84119 800.654.2422	Independent Claim Reviews

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
NationsBenefits	Sales call center that will be providing services specifically for Medicare Advantage. They will perform triage and services for prospective members responding to marketing as well as overflow enrollment services as necessary.	2024: Perpetual	1700 N. University Drive Plantation, FL 33322 877.439.2665	Medicare Advantage Supplemental Benefit
NetCentric Technologies Inc., an Allyant Company	PDF remediation services/ alternative formats for accessibilit.	2024: 1-year initial term with no automatic renewal	1200 G Street NW Suite 800 Washington, DC 20005 800.563.0668	Medicare Advantage Supplemental Benefit
PayFlex Systems USA, Inc	FSA vendor for ASO group (This is BCBSNE's 4th party) - BCBSNE sends claims data	2017: Perpetual term	10802 Farnam Street Suite 100 Omaha, NE 68154 855.542.5988	Flexible Spending Account Administrator (optional)
PayForward LLC	OTC and flex card benefits.	2024: June 1, 2024, through December 31, 2026, with no automatic renewal	27200 Tourney Road Valencia, CA 91355 310.904.9763	Medicare Advantage Supplemental Benefit

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Prest & Associates Inc. a/k/a ExamWorks	Independent review organization for medical management.	2002: Perpetual term	401 Charmany Drive Unit 305 Madison, WI 53719 800.358.5129	External Review Consultant Services
Prime Therapeutics LLC	Pharmacy benefit management administrator.	2010: 3-year initial term with automatic 1-year renewal	1305 Corporate Center Drive Eagan, MN 55121-1204 800.858.0723	Pharmacy Benefit Management Services (BCBSNE has an ownership interest.) RX Service Level Agreements
Service Quality Measurement Group Inc. ("SQM")	Third party member survey software.	2017: 1-year initial term with automatic month-to-month renewal	7400 No. Mineral Drive Suite 600 Coeur d'Alene, ID 83815 888.972.0844	Survey Software
Simplify Healthcare Technology	Source for provider credentialing and reimbursement data.	2020: 3-year initial term with automatic 1-year renewal	600 N. Commons Drive Suite 110 Aurora, IL 60504 844.720.6678	Provider Network Credentialing

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Solventum Health Information Systems f/k/a 3M Health Information Systems, Inc.	Provides our inpatient grouper software, outpatient grouper/price software analytics for reimbursement, and the calculation of our value-based program performance (hosted).	2022: 3-year initial term with automatic 3-year renewal	575 West Murray Blvd. Murray, UT 84123 801.265.2000	Data Analytics
Symphony Performance Health, Inc. d/b/a SPH Analytics	Vendor for Customer Service member satisfaction surveys.	2023: 3-year initial term with automatic 1-year renewal	11605 Haynes Bridge Road Suite 400 Alpharetta, GA 30009 866.460.5681	Survey Vendor
The Vitality Group, LLC	Group Wellness member portal for groups with 100+ members who are interested in wellness. We will utilize their platform in combination with Health Fitness.	2020: 1-year initial term with automatic 1-year renewal	200 West Monroe Street Suite 1900 Chicago, IL 60606 312.224.7100	Wellness Provider
United Language Group ("ULG") f/k/a Via, Inc. (viaLanguage, Inc.)	Vendor producing translated materials.	2012: 2-year initial term with automatic 1-year renewal	700 SW Taylor Suite 300 Portland, OR 97205 855.786.4833	Translation Service

Subcontractors

Subcontractor Name	Description of Services	Inception of Subcontract Expiration	Address & Telephone	Task
Virta Health Corp.	Diabetic disease management consulting services.	2021: Perpetual term	501 Folsom Street 1st Floor San Francisco, CA 94105	Diabetes Management
Welltheos LLC d/b/a W3LL	Enhanced Direct Enrollment platform for Individual ACA line of business.	2021: Perpetual	1500 Stony Brook Road Cewit R&D Park Stony Brook, NY 11794 800.236.7941	Enrollment Services
WEX Health, Inc. d/b/a WEX f/k/a Discovery Benefits, LLC f/k/a Discovery Benefits, Inc.	Vendor partner offering FSA, HRA, HSA, COBRA and Telecommuter benefits.	2013: 1-year initial term with automatic 1-year renewal	4321 20th Avenue SW Fargo, ND 58103 866.451.3399	Administration of FSA, HRA, HSA, COBRA and Telecommuter benefits.

STATEWIDE COMMUNITY INVESTMENT & SUPPORT from Blue Cross and Blue Shield of Nebraska

Driven by Community

At Blue Cross and Blue Shield of Nebraska (BCBSNE), giving back is who we are. In 2024, we strengthened our commitment to Nebraska through impactful partnerships, awarding grants and donations to programs advancing health and economic vitality to local nonprofits.

We are proud to support our communities throughout the state under multiple avenues of contribution, including cybersecurity donations, teacher and student support through our *Healthy Home Team* grants, our *Nebraska Blue Foundation*, and general sponsorships.

In the last year, BCBSNE and the Nebraska Blue Foundation have provided more than over $1.8 million in financial support to nearly 200 agencies and schools throughout our state.

Nebraska Blue Foundation

To strengthen our company's legacy of investing in Nebraskans we created the *Nebraska Blue Foundation* in 2024. The foundation activates our mission of championing health and well-being for not only our members, but the **communities we serve.** The foundation has provided donations and grants to various community wellness and rural health organizations. In 2025, our inaugural grant cycle awarded $300,000 to 20 organizations focused on preventive care and senior services, helping Nebraskans live healthier, fuller lives. We recently launched our second grant cycle and will invest an additional $200,000 in projects focused on economic vitality and third places (spaces that strengthen social fabric of communities).

In addition to the grant cycles, the Foundation has made strategic investments into programs that address two challenges faced by the health care system in Nebraska – workforce and patient access:

- University of Nebraska-Kearney received $200,000 to complete the Douglas A. Kristensen Rural Health Education Building
- $75,000 was gifted to the Community Wellness Collaborative, specifically to provide CNA and phlebotomy students
- Project Access is led by Health Center Association of Nebraska (HCAN) and builds capacity for federally qualified health centers (FQHCs.) The Foundation will invest $600,000 over three years to support healthcare workforce pipeline building, operational efficiencies, capital improvements and initiatives to improve patient experience.

We are proud of the impact these investments are having on Nebraskans today – and for years to come.

Healthy Home Team
Launched in 2024, the Healthy Home Team initiative supports health and wellness projects in communities statewide. In its first year, the program awarded $500 grants to 100 high schools and a $5,000 grant to North Platte High School's food and essential item pantry.

Engaging our Employees

For more than 30 years, BCBSNE has raised funds for the **United Way of the Midlands (UWM),** a nonprofit dedicated to the educational, financial and health needs of the community. In 2024, employees supported the campaign by volunteering, pledging funds and participating in fundraising events. Team Blue raised over $363,600 through the campaign. Our partnership with UWM also includes BCBSNE's adopt-a-school partner, Conestoga Elementary School. Additionally, UWM recognized BCBSNE with a *Volunteer Organization of the Year* award in 2024. This award honors companies that consistently strive to improve the community through volunteerism.

BCBSNE employees also participated in **Food Bank for the Heartland's** Strike Out Hunger Campaign, taking first place for the most meals donated per employee in the wildcard division, contributing over 17,000 meals to individuals and families in the Heartland.

Our statewide support ranges across a gamut of opportunities to promote health, such as many agencies as noted on the previous page, offering flu shot clinics; coordinating National Walk at Lunch campaigns with our employers; and providing Nebraska schools donations of supplies, computers, and wellness related support. In 2024, we hit our stride by supporting a variety of events in the community, including Born & Raced in Nebraska's 10k series, Crofton Dam Race and Heat the Streets, to name a few.

Investing in the Future Workforce

In 2022, BCBSNE helped launch Ignite Nebraska, an apprenticeship program fueling the way toward a more equitable future. The State of Nebraska (DHHS and DOL) was a key partner in the creation of Ignite and continues to provide ongoing support to program participants. Through this development model, Ignite Nebraska's partners, like BCBSNE, work together to help apprentices succeed.

Since 2012, BCBSNE has been a proud employer partner of the Avenue Scholars program, which helps Omaha area students ages 18 to 25 prepare for and enter financially sustaining, high-demand careers. BCBSNE has hosted 125 Avenue Scholars during their internships.

In Summary

*What truly sets Blue Cross and Blue Shield of Nebraska apart is right there in our name—**"of Nebraska."** We're not just headquartered here; we live here, work here, and play here. Our roots run deep in the communities we serve, giving us a unique understanding of what matters most to Nebraskans. That local insight allows us to deliver more personalized, responsive and compassionate care. Because when you're "of Nebraska," you're not just part of a company—you're part of a community.*

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SCOPE OF SERVICE

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this solicitation for a service contract for the purpose of selecting a qualified bidder to provide Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans. A more detailed description can be found in Section V. The resulting contract may not be an exclusive contract as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will commence upon execution of the contract by the State and the Vendor through June 30, 2029.. The Contract includes the option to renew for two (2) additional one (1) year renewal periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

In the event that a contract with the awarded bidder(s) is cancelled or in the event that the State needs additional Vendors to supply the solicited services, this solicitation may be used to procure the solicited services for up to eighteen (18) months from the date the Intent to Award is posted, provided that 1) the solicited goods or services will be provided by a bidder (or a successive owner) who submitted a response pursuant to this solicitation, 2) the bidder's solicitation response was evaluated, and 3) the bidder will honor the bidder's original solicitation response, including the proposed cost, allowing for any price increases that would have otherwise been allowed if the bidder would have received the initial award.

ALL INFORMATION PERTINENT TO THIS SOLICITATION CAN BE FOUND ON THE INTERNET AT: https://das.nebraska.gov/materiel/bidopps.html.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the Solicitation, and the awarded solicitation response will be posted to a public website managed by DAS, which can be found at http://statecontracts.nebraska.gov and https://www.nebraska.gov/das/materiel/purchasing/contract_search/index.php.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all responses received regarding this Solicitation will be posted to the State Purchasing Bureau public website.

These postings will include the entire solicitation response. Bidder must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate file named conspicuously as "PROPRIETARY INFORMATION". The bidder should submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992). **THE BIDDER MAY NOT ASSERT THAT THE ENTIRE SOLICITATION IS PROPRIETARY. COST SHEETS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will determine, in its sole discretion, if the disclosure of the information designated by the Bidder as proprietary would 1) give advantage to business

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competitors and 2) serve no public purpose. The Bidder will be notified of the State's decision. Absent a determination by the State that the information may be withheld pursuant to Neb. Rev. Stat. § 84-712.05, the State will consider all information a public record subject to disclosure.

If the State determines it is required to release withheld proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, or solicitation response for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a solicitation response, specifically waives any copyright or other protection the contract, or solicitation response may have; and acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver are a prerequisite for submitting a solicitation response, and award of a contract. Failure to agree to the reservation and waiver will result in the solicitation response being found non-responsive and rejected.

Any entity awarded a contract or submitting a solicitation response agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or solicitation response, awards, and other documents.

This RFP and Bidder response to all attachments associated with this RFP, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties.

Blue Cross and Blue Shield of Nebraska (BCBSNE) acknowledges these Scope of Service requirements.

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GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State or other sources of testing standards, for measuring the effectiveness of products or goods and the means used for testing such performance

Addendum: A written correction or alteration to a document during the solicitation process (e.g., Questions and Answers, Revised Schedule of Events, Addendum to Contract Award)

Agency: All officers of the state, departments, bureaus, boards, commissions, councils, and institutions receiving legislative appropriations

Agent/Representative: A person authorized to act on behalf of another

Amend: To alter or change by adding, subtracting, or substituting

Amendment: A written correction or alteration to a document

Appropriation: Legislative authorization to expend public funds for a specific purpose; money set apart for a specific use

Automated Clearing House (ACH): Electronic network for financial transactions in the United States

Award: All purchases, leases, or contracts which are based on competitive solicitations will be awarded according to the provisions in the solicitation

Best and Final Offer (BAFO): In a competitive solicitation, the final offer submitted which contains Vendor's most favorable terms for price

Bid: See Solicitation Response

Bid Opening: The process of opening correctly submitted solicitation responses at the time and place specified in the written solicitation and in the presence of any bidder who wishes to attend

Bidder: A Vendor who submits a Solicitation Response

Breach: Violation of a contractual obligation by failing to perform or repudiation of one's own promise

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity

Business Day: Any weekday, except State-recognized holidays

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Cancellation: To call off or revoke a solicitation, purchase order, or contract without expectation of conducting or performing at a later time

Catalog/Non-Core: A printed or electronic list of products a Vendor may provide at a discounted rate or discount off list price to the State. Initial contract award(s) is not based on Catalog/Non-Core items

Central Processing Unit (CPU): Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software

Change Order: Document that provides amendments to an executed purchase order or contract

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose

Commodities: Any equipment, material, supply, or goods; anything movable or tangible that is provided or sold

Commodities Description: Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties

Confidential Information: See Proprietary Information

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement

Contract Administration: The management of the contract which includes and is not limited to contract signing, contract amendments and any necessary legal actions

Contract Award: Document that officially awards a contract to a bidder(s) as the result of a competitive solicitation or a vendor(s) in a contract that qualifies for an exception or exemption from the competitive bidding requirements of the State Procurement Act

Contract Management: The management of day-to-day activities at the agency which includes but is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Vendor

Contract Period: The duration of the contract

Contractor: See Vendor

Cooperative Purchasing: The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work

Cost Sheet: A required document that is completed by the vendor in the prescribed format to show the vendor's pricing to provide the commodities or perform the services requested.

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those commodities or services provided by a Vendor

Default: The omission or failure to perform a contractual duty

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract

Evaluation: The process of examining a solicitation response after opening to determine the bidder's responsibility, responsiveness to requirements, and to ascertain other characteristics of the solicitation response that relate to determination of the successful award

Evaluation Committee: Individual(s) identified by the agency that leads the solicitation to evaluate solicitation responses

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period; not to be confused with "Renewal Period"

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the Vendor. Vendor is responsible for all claims associated with damages during delivery of product.

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country

Goods: See Commodities

Installation Date: The date when the procedures described in "Installation by Vendor" and "Installation by State" as found in the solicitation or contract are completed

Interested Party: A person acting in their personal capacity or an entity entering into a contract or other agreement creating a legal interest therein

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Late Solicitation Response: A solicitation response received after the Opening Date and Time

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily provided by the Vendor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently

Mandatory: Required, compulsory, or obligatory

May: Discretionary, permitted; used to express possibility

Module (see System): A collection of routines and data structures that perform a specific function of software

Must: See Shall

National Institute for Governmental Purchasing (NIGP): National Institute of Governmental Purchasing – Source used for assignment of universal commodity codes to goods and services

Non-core: See Catalog

Non-Responsive Solicitation Response: Any solicitation response that does not comply with the requirements of the solicitation or cannot be evaluated against the other solicitation responses

Nonnegotiable: These clauses are controlled by state law and are not subject to negotiation

Opening Date and Time: Specified date and time for the opening of received, labeled, and sealed formal solicitation responses

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources

Outsourcing: The contracting out of a business process that an organization may have previously performed internally or for which an organization has a new need to an independent organization from which the process is purchased back

Payroll & Financial Center (PFC): Electronic procurement system of record

Performance Bond: An insurance agreement accompanied by a monetary commitment by which a third party (the surety) accepts liability and guarantees that the Vendor fulfills any and all obligations under the contract

Personal Property: See Commodities

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination

Point of Contact (POC): The person designated to receive communications and to communicate

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption

Program Error: Code in Licensed Software that produces unintended results or actions or that produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

Program Set: The group of programs and products, including the Licensed Software specified in the solicitation, plus any additional programs and products licensed by the State under the contract for use by the State

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract

Proposal: See Solicitation Response

Proprietary Information: Trade secrets, academic and scientific research work that is in progress and unpublished or other information that if released would give advantage to business competitors and service no public purpose. See Neb. Rev. Stat. § 84-712.05(3). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance:
A complaint about a governmental action or decision related to the solicitation or resultant contract under SPB's Protest Policy.

Quote: See Solicitation Response

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent used by the State as recommended by the Vendor

Release Date: The date of public release of the solicitation

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions; not to be confused with "Extension"

Request for Proposal (RFP): See Solicitation

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Responsible Bidder: A Vendor who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance

Responsive Bidder: A Vendor who has submitted a solicitation response which conforms to all requirements of the solicitation

Shall: An order/command; mandatory

Should: Expected; suggested, but not necessarily mandatory

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software

Solicitation: A formal invitation to receive quotes in the form of a Request for Proposal or Invitation to Bid

Solicitation Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Vendor will not withdraw the solicitation response

Solicitation Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations

Solicitation Response: An offer, quote, bid, or proposal submitted by a Vendor in response to a Solicitation

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract

Subcontractor: Individual or entity with whom the Vendor enters a contract to perform a portion of the work awarded to the Vendor

System (see Module): Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Vendor as functioning or being capable of functioning, as an entity

Termination:
Occurs when either Party, under a power created by agreement or law, puts an end to the contract prior to the stated expiration date; all obligations that are still executory on both sides are discharged but any right based on prior breach or performance survives

Third-Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and subcontractors or agents, and their employees. It shall not include any entity or person who is an interested party to the contract or agreement

Trade Secret: Information, including but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. § 87-502(4))

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or Vendor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office

Upgrade: Any change that improves or alters the basic function of a product of service

Vendor: An individual or entity lawfully conducting business with the State. or licensed to do so, who seeks to provide and contract for goods or services under the terms of a Solicitation and/or Contract

Vendor Performance Report: A report completed by the using agency and submitted to State Purchasing Bureau documenting products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications

Will: See Shall

Work Day: See Business Day

BCBSNE acknowledges the above glossary of terms.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

ACRONYM LIST

ACH – Automated Clearing House

ARO – After Receipt of Order

BAFO – Best and Final Offer

COI – Certificate of Insurance

CPU – Central Processing Unit

DAS – Department of Administrative Services

F.O.B. – Free on Board

ICT – Information and Communication Technology

ITB – Invitation to Bid

NIGP – National Institute for Governmental Purchasing

PA – Participating Addendum

RFP – Request for Proposal

SPB – State Purchasing Bureau

BCBSNE acknowledges the above acronym list.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

This solicitation is designed to solicit responses from qualified bidders who will be responsible for providing Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans at a competitive and reasonable cost.

Solicitation responses shall conform to all instructions, conditions, and requirements included in the solicitation. Prospective bidders are expected to carefully examine all documents, schedules, and requirements in this solicitation, and respond to each requirement in the format prescribed. Solicitation responses may be found non-responsive if they do not conform to the solicitation.

BCBSNE acknowledges these general requirements.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this solicitation reside with the State Purchasing Bureau. The point of contact (POC) for the procurement is as follows:

RFP Number: 122436 O5
Name: Brook Taylor, Procurement Contract Officer
Agency: State Purchasing Bureau
Address: 1526 K Street, Suite 130
Lincoln, NE 68508
Telephone: 402-471-6500
E-Mail: as.materielpurchasing@nebraska.gov

From the date the solicitation is issued until the Intent to Award is issued, communication from the bidder is limited to the POC listed above. After the Intent to Award is issued, the bidder may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this solicitation. The POC will issue any answers, clarifications, or amendments regarding this solicitation in writing. Only the SPB or awarding agency can award a contract. Bidders shall not have any communication with or attempt to communicate or influence any evaluator involved in this solicitation.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts or obligations;

2. Contact required by the schedule of events or an event scheduled later by the POC; and

3. Contact required for negotiation and execution of the final contract.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

The State reserves the right to reject a bidder's solicitation response, withdraw an Intent to Award, or terminate a contract if the State determines it to be in the best interest of the State

BCBSNE acknowledges these statements.

C. SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

NOTE: All ShareFile links in the Schedule of Events below, are unique links for each schedule step. Please click the correct link for the upload step you are requesting.

Schedule of Events		
ACTIVITY		**DATE/TIME**
1.	Release solicitation	June 9, 2025
2.	Last day to submit "Attachment A - Intent to Propose Form" **See Section I.H. for submission instructions.**	June 18, 2025
3.	Last day to submit written questions – Round 1 ShareFile link for uploading questions: https://nebraska.sharefile.com/r-rc57d4dcb9ffd4c33b80443517e6a3287	June 22, 2025
4.	State responds to Round 1 of written questions through solicitation "Addendum" to be posted to the Internet at: http://das.nebraska.gov/materiel/bidopps.html	June 26, 2025
5.	Last day to submit written questions – Round 2 ShareFile link for uploading questions: https://nebraska.sharefile.com/r-r9db21bad1e7347349072c5a14110b83e	July 6, 2025
6.	State responds to Round 2 of written questions through solicitation "Addendum" to be posted to the Internet at: http://das.nebraska.gov/materiel/bidopps.html	July 9, 2026

RFP 122436 O5
Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans Sections I - VI

Schedule of Events		
ACTIVITY		**DATE/TIME**
7.	Electronic Solicitation Opening – Online Via Webex IT IS THE BIDDER'S RESPONSIBILTY TO UPLOAD ELECTRONIC FILES BY OPENING DATE AND TIME. EXCEPTIONS WILL NOT BE MADE FOR TECHNOLOGY ISSUES. ShareFile Electronic Solicitation Submission Link: https://nebraska.sharefile.com/r-rff7db5fffc8c4fe59d2e4601cfc003db Join Webex Meeting https://sonvideo.webex.com/sonvideo/j.php?MTID=mf31ddcae5249bd04e07bddd8328f4576 Webinar number: 2497 360 3976 Webinar password: 2XAdm5dXE8N (29236539 when dialing from a phone or video system) Agenda: 122436 O5 Electronic Solicitation Opening Join by video system Dial 24973603976@sonvideo.webex.com You can also dial 173.243.2.68 and enter your webinar number. Join by phone +1-408-418-9388 United States Toll Access code: 2497 360 3976 Global call-in numbers	July 18, 2025 2:00 PM Central Time
8.	Review for conformance to solicitation requirements	July 18 - 24, 2025
9.	Evaluation period	July 24, 2025 - TBD
10.	"Vendor Demonstrations" (if required)	TBD
11.	Post "Notification of Intent to Award" to Internet at: https://das.nebraska.gov/materiel/bidopps.html	October 10, 2025
12.	Contract finalization period	October 10, 2025 - TBD
13.	Contract award	TBD
14.	Benefit plan year begins	July 1, 2026

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE acknowledges the schedule of events.

D. WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any solicitation provision must be submitted in writing to State Purchasing Bureau and clearly marked "Solicitation Number 122436 O5; Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should submit questions for any items upon which assumptions may be made when preparing a response to the solicitation. Any solicitation response containing assumptions may be deemed non-responsive and may be rejected by the State. Solicitation responses will be evaluated without consideration of any known or unknown assumptions of a bidder. The contract will not incorporate any known or unknown assumptions of a bidder.

Questions should be uploaded using the ShareFile link provided in the solicitation Schedule of Events, Section I.C.
It is recommended that bidders submit questions using the following format:

RFP Section Reference	RFP Page Number	Question

Written answers will be posted at https://das.nebraska.gov/materiel/bidopps.html per the Schedule of Events.

BCBSNE acknowledges these requirements.

E. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Nonnegotiable)

All bidders must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The bidder who is the recipient of an Intent to Award may be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at: https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf This should be accomplished prior to execution of the contract.

BCBSNE agrees with this requirement and will provide our Certificate of Letter of Good Standing upon request.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

F. ETHICS IN PUBLIC CONTRACTING

The State reserves the right to reject solicitation responses, withdraw an intent to award or award, or terminate a contract if an ethical violation has been committed, which includes, but is not limited to:

0. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
1. Utilizing the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
2. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity:
3. Submitting a solicitation response on behalf of another Party or entity; and
4. Colluding with any person or entity to influence the bidding process, submit sham solicitation responses, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the solicitation response, or prejudice the State.

The bidder shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Bidder shall have an affirmative duty to report any violations of this clause by the bidder throughout the bidding process and throughout the term of this contract for the awarded bidder and their subcontractors.

BCBSNE acknowledges these requirements. Regarding the subcontract requirement, BCBSNE is not proposing any subcontracted arrangement that is exclusive to the State of Nebraska contract.

G. DEVIATIONS FROM THE SOLICITATION

The requirements contained in the solicitation (Sections II through VI) become a part of the terms and conditions of the contract resulting from this solicitation. Any deviations from the solicitation in Sections II through VI must be clearly defined by the bidder in its solicitation response and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the solicitation, requirements, or applicable state or federal laws or statutes. “Deviation”, for the purposes of this solicitation, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this solicitation. The State discourages deviations and reserves the right to reject proposed deviations.

BCBSNE acknowledges this requirement. We have included RFP deviations in our response as EXHIBIT A.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

H. SECURE DATA

If Bidder intends to submit a proposal for this procurement, and wishes to access the secure data (e.g., claims, census, etc.) in connection with this procurement, please complete the Intent to Propose Form attached to this RFP. The Intent to Propose Form is to be emailed to mcasarez@segalco.com. Upon receipt of the Intent to Propose Form, Segal, the State's Health and Actuarial Consultant, will review its files for a current Global or Bid-Related NDA/Confidentiality Agreement. If there is a NDA/Confidentiality Agreement on file with Segal, Segal will send an email to the Bidder, with the existing, fully executed agreement on file to confirm it may be used in connection with this RFP. Once confirmed, Segal will send the data securely to the interested Bidder, using the designated data contact information in the Intent to Propose Form, as appropriate. If there is no NDA/Confidentiality Agreement on file with Segal, an NDA document will be issued to the interested Bidder for signature. **Verbiage is non-negotiable.** Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, the data will be securely released to the Offeror via Segal's Secure File Transfer (SFT) system. Bidders must register to use the SFT site in order to obtain the data.

Secure data will not be released until Bidder's Intent to Propose form is submitted and a signed NDA between the Vendor and Segal is in place.

BCBSNE acknowledges this requirement. BCBSNE's Intent to Propose form was submitted to the email address above on June 9, 2025, our signed NDA was submitted June 12, 2025, and data files were received on June 17, 2025. The State posted a revised pharmacy data file July 1, 2025.

I. SUBMISSION OF SOLICITATION RESPONSES

The State is only accepting electronic responses submitted in accordance with this solicitation. The State will not accept solicitation responses by mail, email, voice, or telephone, unless otherwise explicitly stated in writing by the State.

Pages may be consecutively numbered for the entire solicitation response or may be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.

The Technical Responses should not contain any reference to dollar amounts. However, information such as data concerning labor hours and categories, materials, subcontracts and so forth, shall be considered in the Technical Response so that the bidder's understanding of the scope of work may be evaluated. The Technical Response shall disclose the bidder's technical requirements in as much detail as possible, including, but not limited to, the information required by the Technical Response instructions.

It is the bidder's responsibility to ensure the solicitation response is received electronically by the date and time indicated in the Schedule of Events. Solicitation Responses must be submitted via ShareFile by the date and time of the opening per the Schedule of Events. No late solicitation responses will be accepted.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. The website can be found here: https://das.nebraska.gov/materiel/bidopps.html.

Emphasis should be concentrated on conformance to the solicitation instructions, responsiveness to requirements, completeness, and clarity of content. If the solicitation response is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the solicitation response as non-conforming.

BCBSNE acknowledges the above requirements.

The ShareFile link for uploading Solicitation Response(s) is provided in the Schedule of Events, Section I.C.

*****UNLESS OTHERWISE NOTED, DO NOT SUBMIT DOCUMENTS THAT CAN ONLY BE ACCESSED WITH A PASSWORD*****

1. **Bidders must submit responses via ShareFile using the solicitation submission link.**
   Note: Not all browsers are compatible with ShareFile. Currently Google Chrome, Internet Explorer, Microsoft Edge, Safari, and Firefox are compatible. After the bidder clicks the solicitation response submission link, the bidder will be prompted to enter contact information including an e-mail address. By entering an e-mail address, the bidder should receive a confirmation email confirming the successful upload directly from ShareFile.

   ShareFile link for uploading solicitation response(s) provided in the Schedule of Events, Section I.C.

   a. The Solicitation response and Proprietary information should be uploaded as separate and distinct files.

      i. If duplicated responses are submitted, the State will retain only the most recently submitted response.
      ii. If it is the bidder's intent to submit multiple responses, the bidder must clearly identify the separate submissions.
      iii. It is the bidder's responsibility to allow time for electronic uploading. All file uploads must be completed by the Opening date and time per the Schedule of Events. No late responses will be accepted.

      BCBSNE acknowledges the above instructions.

   b. ELECTRONIC SOLICITATION RESPONSE FILE NAMES
      The bidder should clearly identify the uploaded solicitation response files. To assist in identification the bidder should use the following naming convention:
      i. 122436 O5 Company Name

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

If multiple files are submitted for one solicitation response, add number of files to file names:
122436 O5 Company Name File 1 of 2
122436 O5 Company Name File 2 of 2

ii. If multiple responses are submitted for the same solicitation, add the response number to the file names:
122436 O5 Company Name Response 1 File 1 of 2

BCBSNE acknowledges the above instructions. We have named our proposal files according to this naming requirement.

The "Contractual Agreement Form" must be signed manually in ink or by DocuSign and returned by the opening date and time along with the bidder's solicitation response and any other requirements as stated in this solicitation in order for the bidder's solicitation response to be evaluated.

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing.

BCBSNE acknowledges this Contractual Agreement Form requirement. We have included our DocuSigned form within the SIGNED FORMS section of our TECHNICAL bid response.

J. SOLICITATION PREPARATION COSTS

The State shall not incur any liability for any costs incurred by bidder's in replying to this solicitation, including any activity related to bidding on this solicitation.

BCBSNE acknowledges the above requirement.

K. FAILURE TO COMPLY WITH SOLICITATION

Violation of the terms and conditions contained in this solicitation or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's solicitation response,
2. Withdrawal of the Intent to Award,
3. Withdrawal of the Award,
4. Negative documentation regarding Vendor Performance,
5. Termination of the resulting contract,
6. Legal action; and
7. Suspension or Debarment of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation. Such period to be within the sole discretion of the State.

BCBSNE acknowledges the above compliance requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

L. SOLICITATION RESPONSE CORRECTIONS

A bidder may correct a mistake in an electronically submitted solicitation response prior to the time of opening by uploading a revised and completed solicitation response.

1. If a corrected electronic solicitation response is submitted, the file name(s) date/time stamped with latest date/time stamp will be accepted. The corrected solicitation response file name(s) should be identified as:

    a. Corrected 122436 O5 Company Name Response #1 File 1 of 2,
    b. Corrected 122436 O5 Company Name Response #2 File 2 of 2, etc.

Changing a solicitation response after opening may be permitted if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

BCBSNE acknowledges the above instructions.

M. LATE SOLICITATION RESPONSES

Solicitation Responses received after the time and date of the opening will be considered late responses. Late responses will be considered non-responsive. The State is not responsible for responses that are late or lost regardless of cause or fault.

BCBSNE acknowledges the above requirements.

N. BID OPENING

The opening will consist of opening solicitation responses and announcing the names of bidders. Responses **WILL NOT** be available for viewing by those present at the opening. Responses will be posted to the State Purchasing Bureau website once an Intent to Award has been posted to the website. Once responses are opened, they become the property of the State of Nebraska and will not be returned.

BCBSNE acknowledges the above statement.

O. SOLICITATION REQUIREMENTS

The solicitation responses will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Solicitation responses not meeting the requirements may be rejected as non-responsive. The requirements are as follows:

1. Original Contractual Agreement Form signed manually in ink or by DocuSign;
2. Clarity and responsiveness;
3. Completed Corporate Overview;
4. Completed Sections II through IV;

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

5. Completed Technical Response, including Attachment C - Confirmations & Questionnaire;
6. Completed Attachment A - Intent to Propose Form;
7. Completed Attachment B - Business Associate Agreement;
8. Completed Attachment D - Performance Guarantee Sheet; and
9. Completed Cost Sheet.

BCBSNE confirms we have addressed the above solicitation requirements.

P. EVALUATION COMMITTEE

Solicitation Responses are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this Solicitation may result in the rejection of this response and further administrative actions.

BCBSNE acknowledges the above statements.

Q. EVALUATION OF SOLICITATION RESPONSES

All solicitation responses that are deemed responsive to the solicitation will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all responses in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview may include, but is not limited to:

    a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the Solicitation;
    b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
    c. whether the bidder can perform the contract within the specified time frame;
    d. the bidder's historical or current performance; and
    e. such other information that may be secured and that has a bearing on the decision to award the contract.

BCBSNE has addressed the above requirements within our completed CORPORATE OVERVIEW within the TECHNICAL RESPONSE.

In evaluating the corporate overview, the State may consider, past experiences with the vendor, references, the State's record of the vendor which may include, but is not limited to Vendor Compliance Request, Contract Non-Compliance Notice, vendor performance reports, and any information related to the vendor's historical or current character, integrity, reputation, capability, or performance with the State or a third-party.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

2. Technical Response; and

BCBSNE acknowledges the above statement and has included our completed TECHNICAL RESPONSE.

3. Cost Sheet.

BCBSNE acknowledges the above statement and has included our completed COST PROPOSAL.

Neb. Rev. Stat. § 73-808 allows the State to consider a variety of factors, including, but not limited to, the quality of performance of previous contracts to be considered when evaluating responses to competitive solicitations in determining a responsible bidder. Information obtained from any Contract Compliance Request or any Contract Non-Compliance Notice (See Terms & Conditions, Section H) may be used in evaluating responses to solicitations for goods and services to determine the best value for the State.

BCBSNE acknowledges the above statement.

Neb. Rev. Stat. § 73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in (a) of this paragraph and (ii) the management and daily business operations of the business are controlled by one or more persons described in (a) of this paragraph. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a solicitation response in accordance with Neb. Rev. Stat. § 73-107 and has so indicated on the Contractual Agreement Form under “Vendor must complete the following” requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the Vendor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service,
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions),

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

BCBSNE acknowledges the above statements.

R. BEST AND FINAL OFFER

Each bidder should provide its best offer with their original solicitation response and should not expect the State to request a best and final offer (BAFO).

The State reserves the right to conduct more than one BAFO. If requested by the State, the BAFO must be submitted on the BAFO Cost Sheet and in accordance with the State's instructions. Failure to submit a requested BAFO or failure to submit a BAFO in accordance with the State's instructions may result in rejection of the bidder's entire solicitation response. BAFOs may be scored and ranked by the Evaluation Committee.

BCBSNE acknowledges the above instructions.

S. REFERENCE AND CREDIT CHECKS

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a solicitation response, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a solicitation response, withdraw an intent to award, or rescind the award of a contract.

BCBSNE acknowledges the above requirements.

T. AWARD

The State reserves the right to evaluate solicitation responses and award contracts in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the solicitation responses, or at any point in the Solicitation process, the State of Nebraska may take one or more of the following actions:

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

1. Amend the solicitation;
2. Extend the date and time of a solicitation;
3. Waive deviations or errors in the State's solicitation process and in bidder responses that are not material, do not compromise the solicitation process or a bidder's response, and do not improve a Vendor's competitive position;
4. Accept or reject a portion of or all of a solicitation response;
5. Accept or reject all responses;
6. Withdraw the solicitation;
7. Elect to re-release the solicitation;
8. Award single lines or multiple lines to one or more Vendors; or,
9. Award one or more all-inclusive contracts.

The solicitation does not commit the State to award a contract. Once intent to award decision has been determined, it will be posted to the Internet at: https://das.nebraska.gov/materiel/bidopps.html

Any protests must be filed by a bidder within ten (10) business days after the intent to award decision is posted to the Internet. Grievance and protest procedure is available on the Internet at: https://das.nebraska.gov/materiel/docs/NE_DAS_Materiel_Purchasing_Agency-SPB_Policy_23_07_Protest_Policy.pdf

BCBSNE acknowledges the above statements.

U. LUMP SUM OR "ALL OR NONE" SOLICITATION RESPONSES

The State reserves the right to purchase item-by-item, by groups or as a total when the State may benefit by so doing. Bidders may submit a response on an "all or none" or "lump sum" basis but should also submit a response on an item-by-item basis. The term "all or none" means a conditional response which requires the purchase of all items on which responses are offered and bidder declines to accept award on individual items; a "lump sum" response is one in which the bidder offers a lower price than the sum of the individual responses if all items are purchased but agrees to deliver individual items at the prices quoted.

"LUMP SUM" OR "ALL OR NONE" RESPONSES SHOULD BE CLEARLY IDENTIFIED ON THE FIRST PAGE OF THE SOLICITATION AND COST SHEET (IF APPLICABLE)

BCBSNE acknowledges the above instructions.

V. REJECTION OF SOLICITATION RESPONSES

The State reserves the right to reject any or all responses, wholly or in part, in the best interest of the State.

BCBSNE acknowledges the above statement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

W. PRICES & COST CLARIFICATION

Discount and Price provisions are discussed in Sections III.F. and III.G. The State reserves the right to review all aspects of cost for reasonableness and realism as those terms are defined in (Neb. Rev. Stat. § 73-810 (1) (a) and (b) The State may request clarification of any solicitation where the cost component indicates a significant and unsupported deviation from industry standards or in areas where detailed pricing is required. Under Neb. Rev. Stat. § 73-810 (2), the State may reject a bid if the price is not reasonable or realistic.

BCBSNE acknowledges the above statements.

X. VENDOR DEMONSTRATIONS

The State may determine that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Corporate Overview, Technical Response, and Cost Sheets. The presentation process will allow the bidders to demonstrate their solicitation response offering, explaining and/or clarifying any unusual or significant elements related to their solicitation responses. Bidders' key personnel, identified in their solicitation response, may be requested to participate in a structured interview to determine their understanding of the requirements of this solicitation response, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their solicitation responses.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the solicitation responses received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

BCBSNE acknowledges the above statements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	**Exceptions Taken to Terms and Conditions Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	Initialed Initial **Provision A.** GENERAL, Item 1	*In addition to the list of documents the State has listed within A. GENERAL, Items 1a. through 1e., BCBSNE will require that our Administrative Services Agreement and the Business Associate Agreement also become part of the State of Nebraska's (the State's) contract.* *Please refer to* ***EXHIBIT B - Pharmacy Administrative Services Agreement****.* *Please refer to* ***SIGNED FORMS - Business Associate Agreement (Revised)****.*

The bidders should submit with their solicitation response any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the solicitation response as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

If a conflict or ambiguity arises after the Addendum to Contract Award has been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one (1) Party has a particular clause, then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

BCBSNE confirms we have completed the above table as required.

A. GENERAL

1. The contract resulting from this Solicitation shall incorporate the following documents:

- **a.** Solicitation, including any attachments and addenda;
- **b.** Questions and Answers;
- **c.** Bidder's properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;
- **d.** Addendum to Contract Award (if applicable); and
- **e.** Amendments to the Contract. (if applicable)

These documents constitute the entirety of the contract.

In addition to the list of documents included above in 1.a. – 1.e., Blue Cross and Blue Shield of Nebraska (BCBSNE) will require that our Administrative Services Agreement also becomes part of the contract with the State of Nebraska. In addition, we will require the Business Associate Agreement that we've included under the SIGNED FORMS section of our proposal.

We have included this as a deviation within EXHIBIT A - RFP Deviations.

Please refer to EXHIBIT B – Pharmacy Administrative Services Agreement.

Please refer to SIGNED FORMS – Business Associate Agreement (Revised).

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Unless otherwise specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State, shall always control over any terms and conditions or agreements submitted or included by the Vendor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

BCBSNE acknowledges the above requirements.

B. NOTIFICATION

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

BCBSNE acknowledges the above requirements.

C. BUYER'S REPRESENTATIVE

The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

BCBSNE agrees with the above statement.

D. GOVERNING LAW (Nonnegotiable)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations;

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

(5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

BCBSNE agrees with the above statements.

E. BEGINNING OF WORK & SUSPENSION OF SERVICES

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Vendor. The Vendor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part.

BCBSNE agrees with the above statements.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

BCBSNE agrees with the above statement.

G. CHANGE ORDERS OR SUBSTITUTIONS

The State and the Vendor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Vendor may not claim forfeiture of the contract by reasons of such changes.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.

No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any good or service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price.

*****Vendor will not substitute any item that has been awarded without prior written approval of SPB*****

BCBSNE agrees with the above statements.

H. RECORD OF VENDOR PERFORMANCE

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action.

BCBSNE agrees with the above requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

I. NOTICE OF POTENTIAL VENDOR BREACH

If Vendor breaches the contract or anticipates breaching the contract, the Vendor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

BCBSNE agrees with the above requirement.

J. BREACH

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time.

The State's failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies.

BCBSNE agrees with the above requirements.

K. NON-WAIVER OF BREACH

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

BCBSNE agrees with the above statement.

L. SEVERABILITY

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

BCBSNE agrees with the above statement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

M. INDEMNIFICATION

1. GENERAL

The Vendor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Vendor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Vendor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Vendor has indemnified the State, the Vendor shall, at the Vendor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Vendor, and the State may receive the remedies provided under this Solicitation.

3. PERSONNEL

The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Vendor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Vendor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

BCBSNE agrees with the above indemnification provisions.

N. ATTORNEY'S FEES

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

BCBSNE agrees with the above indemnification provisions, including reasonable attorneys' fees and costs.

O. PERFORMANCE BOND

The Awarded Bidder will be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond must be $2 million. The bond will guarantee that the Awarded Bidder will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the contract has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

BCBSNE agrees with the above requirement.

P. ASSIGNMENT, SALE, OR MERGER

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Vendor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Vendor's business. Vendor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Vendor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

BCBSNE agrees with the above requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE

The Vendor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(2), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

BCBSNE agrees with the above statements.

R. FORCE MAJEURE

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

BCBSNE agrees with the above statements.

S. CONFIDENTIALITY

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE agrees with CONFIDENTIALITY requirements.

T. EARLY TERMINATION

The contract may be terminated as follows:

1. The State and the Vendor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.

2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery to the Vendor. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract, in whole or in part, immediately for the following reasons:

- **a.** if directed to do so by statute,
- **b.** Vendor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business,
- **c.** a trustee or receiver of the Vendor or of any substantial part of the Vendor's assets has been appointed by a court,
- **d.** fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Vendor, its employees, officers, directors, or shareholders,
- **e.** an involuntary proceeding has been commenced by any Party against the Vendor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Vendor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Vendor has been decreed or adjudged a debtor,
- **f.** a voluntary petition has been filed by the Vendor under any of the chapters of Title 11 of the United States Code,
- **g.** Vendor intentionally discloses confidential information,
- **h.** Vendor has or announces it will discontinue support of the deliverable; and,
- **i.** In the event funding is no longer available.

Any early termination provision contained in the vendor's contract cannot be tied to financial provisions or penalties.

BCBSNE agrees with the above requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

U. CONTRACT CLOSEOUT

Upon termination of the contract for any reason the Vendor shall within thirty (30) days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data unless the Vendor is permitted to keep the information or data by contract or rule of law. Vendor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Vendor's routine back up procedures,
4. Cooperate with any successor Contactor, person, or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Contactor, person, or entity with the transfer of information or data related to this contract,
6. Provide any successor Contactor, person, or entity with historical data. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification,
7. Return or vacate any state owned real or personal property; and,
8. Return all data in a mutually acceptable format and manner.

Nothing in this section should be construed to require the Vendor to surrender intellectual property, real or personal property, or information or data owned by the Vendor for which the State has no legal claim.

BCBSNE agrees with the above requirements.

V. AMERICANS WITH DISABILITIES ACT

Vendor shall comply with all applicable provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131–12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub.L. 110–325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities.

BCBSNE confirms we comply with the Americans with Disabilities Act.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

III. VENDOR DUTIES

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

BCBSNE agrees with the above requirements.

Accept All Vendor Duties Within Section as Written (Initial)	**Exceptions Taken to Vendor Duties Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	Initialed Initial	*BCBSNE accepts the State's requirements listed within this Section III, VENDOR DUTIES, except for the deviations we've noted below within this table.*
	Provision A. INDEPENDENT VENDOR / OBLIGATIONS	*BCBSNE cannot agree to the requirements as written regarding subcontractors. As a full service insurance company and administrator, utilizing Prime Therapeutics as our pharmacy benefits manager (PBM), we are continually reviewing and updating our subcontractors. Any subcontractors utilized on the State's account will follow BCBSNE's specific subcontractor agreement. The contracts with these vendors include all necessary provisions required by BCBSNE and we do not offer customization to our subcontractor agreements based on employers' requirements.*

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	Provision I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES	*BCBSNE cannot agree to the language within this provision as written. We are recommending alternative language as follows:* *Data contained in membership files submitted to BCBSNE by the State are the property of the State. Once the files submitted to BCBSNE are entered into BCBSNE's proprietary systems, the data produced, extracted or reported from the BCBSNE systems is the property of BCBSNE ("BCBSNE Proprietary Data"). Any requests for disclosures to third parties or uses of BCBSNE Proprietary Data by the State shall require mutual consent of the parties here to. BCBSNE would require the execution of a non-disclosure agreement with another contractor to the extent the cooperation would require the exchange of data.*
	Provision J. INSURANCE REQUIREMENTS	*BCBSNE cannot agree to the following requirements surrounding subcontractor insurance coverage (no alternative language is proposed).* *BCBSNE requires subcontractors to carry adequate levels of corporate insurance; however, BCBSNE is not responsible for ensuring subcontractors maintain specific levels of insurance, nor do we provide worker's compensation insurance to any BCBSNE subcontractors. In the event an issue occurs with a subcontractor and the subcontractor does not have adequate insurance coverage, BCBSNE's corporate insurance will prevail.*
	Provision L. CONFLICT OF INTEREST	*BCBSNE cannot agree to the provision as written. We are recommending alternative language as follows:* *BCBSNE agrees that it shall not solicit State of Nebraska employees for the term of this agreement, provided that the foregoing provision will not prevent BCBSNE from employing any such person who contacts BCBSNE on his or her own initiative without any direct or indirect solicitation by, or encouragement from, BCBSNE, or in response to general advertisements not specifically directed at any employee of the State of Nebraska.*

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	Provision P. DISASTER RECOVERY / BACKUP PLAN	*BCBSNE cannot agree with the requirement of providing a copy of our recovery standards upon request (no alternative language is proposed).* *BCBSNE has comprehensive business continuity and disaster recovery plans; however, the plans contain competitively sensitive information (CSI) and personally identifiable information (PII); therefore, we do not provide copies to third parties.*
	Provision R. WARRANTY	*BCBSNE agrees with the first sentence of the provision as written by the State; however, we cannot agree to the remaining statements within the paragraph. We are recommending alternative language as follows:* *WARRANTY* *Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement.*
	Provision T. BUSINESS ASSOCIATE AGREEMENT	*BCBSNE cannot agree to the Business Associate Agreement as written. We have provided a signed version with our revisions, as well as a redlined version noting our revisions.* ***Please refer to the SIGNED FORMS section of our TECHNICAL PROPOSAL.***

A. INDEPENDENT VENDOR / OBLIGATIONS

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s).

The State reserves the right to require the Vendor to reassign or remove from the project any Vendor or subcontractor employee.

Vendor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Vendor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

BCBSNE cannot agree to the requirements as written above regarding subcontractors. As a full service insurance company and administrator, utilizing Prime Therapeutics as our pharmacy benefits manager (PBM), we are continually reviewing and updating our subcontractors. Any subcontractors utilized on the State's account will follow BCBSNE's specific subcontractor agreement. The contracts with these vendors include all necessary provisions required by

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE and we do not offer customization to our subcontractor agreements based on employers' requirements.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

B. FOREIGN ADVERSARY CONTRACTING PROHIBITION ACT CERTIFICATION (Nonnegotiable)

The Vendor certifies that it is not a scrutinized company as defined under the Foreign Adversary Contracting Prohibition Act, Neb. Rev. Stat. Sec. § 73-903 (5); that it will not subcontract with any scrutinized company for any aspect of performance of the contemplated contract; and that any products or services to be provided do not originate with a scrutinized company.

BCBSNE confirms we are not a scrutinized company as defined under the Foreign Adversary Contracting Prohibition Act.

C. EMPLOYEE WORK ELIGIBILITY STATUS

The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf
2. The completed United States Attestation Form should be submitted with the Solicitation response.
3. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Vendor understands and agrees that lawful presence in the United States is required, and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

BCBSNE agrees with the requirements above.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

It is the policy of BCBSNE to comply with the provisions of the Immigration Reform and Control Act of 1986 without discrimination against any individual based on an individual's national origin or citizenship status. BCBSNE is required as a federal contractor to participate in E-verify. E-verify is completed the same time as the I-9 form. If an employee's eligibility is not confirmed by the E-verify process, BCBSNE follows the E-verify tentative non-confirmation process as defined by the government. If the employee is not able to establish eligibility through the E-verify tentative nonconfirmation process within the established deadlines, employment is terminated. Re-employment, at the manager's discretion, cannot be discussed until such time as the appropriate documentation is made available and the same or a suitable position is open.

D. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)

The Vendor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Vendors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Vendor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Vendor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Solicitation.

BCBSNE agrees with the above compliance requirements.

E. COOPERATION WITH OTHER VENDORS

Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract.

BCBSNE agrees with the above requirements.

BCBSNE will require the execution of a non-disclosure agreement with another contractor to the extent the cooperation would require the exchange of data.

F. DISCOUNTS

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the solicitation response. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

BCBSNE agrees with the above requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

G. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost sheet, once accepted by the State, shall remain fixed for the first three (3) years of the contract. Any request for a price increase subsequent to the initial three (3) years of the contract shall not exceed 3.5% of the price proposed for the period. Increases shall not be cumulative and will only apply to that period of the contract. The request for a price increase must be submitted in writing to the State Purchasing Bureau a minimum of 180 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

Vendor agrees there are NO additional fees (beyond those outlined in the Cost Sheet) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Cost Sheet. Under no circumstances will the State be liable to Vendor for fees not disclosed in Vendor's written proposal.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

BCBSNE agrees with the above requirements.

H. PERMITS, REGULATIONS, LAWS

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Vendor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Vendor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

BCBSNE agrees with the above requirements.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

BCBSNE does not agree to the language within this provision and have offered replacement language as follows here and in the Exception Table earlier within this Section III:

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Data contained in membership files submitted to BCBSNE by the State are the property of the State. Once the files submitted to BCBSNE are entered into BCBSNE's proprietary systems, the data produced, extracted or reported from the BCBSNE systems is the property of BCBSNE ("BCBSNE Proprietary Data"). Any requests for disclosures to third parties or uses of BCBSNE Proprietary Data by the State shall require mutual consent of the parties here to. BCBSNE would require the execution of a non-disclosure agreement with another contractor to the extent the cooperation would require the exchange of data.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

J. INSURANCE REQUIREMENTS

The Vendor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Vendor shall not commence work on the contract until the insurance is in place. If Vendor subcontracts any portion of the Contract the Vendor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Vendor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Vendor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Vendor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Vendor hereunder.

BCBSNE does not agree to the above requirements surrounding subcontractor insurance coverage. BCBSNE requires subcontractors to carry adequate levels of corporate insurance; however, BCBSNE is not responsible for ensuring subcontractors maintain specific levels of insurance, nor do we provide worker's compensation insurance to any BCBSNE subcontractors. In the event an issue occurs with a subcontractor and the subcontractor does not have adequate insurance coverage, BCBSNE's corporate insurance will prevail.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within three (3) years of termination or expiration of the contract, the Vendor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and three (3) years following termination or expiration of the contract.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

If by the terms of any insurance a mandatory deductible is required, or if the Vendor elects to increase the mandatory deductible amount, the Vendor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. **WORKERS' COMPENSATION INSURANCE**

The Vendor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Vendor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

BCBSNE agrees with the above requirements.

2. **COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

BCBSNE agrees with the above requirements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$300,000 each occurrence
Contractual	Included
Independent Vendors	Included
Abuse & Molestation	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice)	$10,000,000 per occurrence
Qualification Under Nebraska Excess Fund	$20,000,000 Aggregate
All Other Professional Liability (Errors & Omissions)	$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE confirms our corporate insurance coverage satisfies the State's required minimum amounts noted above.

3. EVIDENCE OF COVERAGE

The Vendor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

122436 O5
Department of Administrative Services
State Purchasing Bureau
Attn: Brook Taylor
1526 K Street, Suite 130
Lincoln, NE 68508
as.materielpurchasing@nebraska.gov

These certificates or the cover sheet shall reference the solicitation number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Vendor to maintain such insurance, then the Vendor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

BCBSNE confirms the above requirement regarding corporate insurance certificates and the information to be included on the certificates. We understand that the winning bidder will be required to provide these certificates upon bid award and prior to beginning work.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Vendor.

BCBSNE agrees with the above requirement.

K. ANTITRUST

The Vendor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

BCBSNE agrees with the above requirement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

L. CONFLICT OF INTEREST

By submitting a solicitation response, vendor certifies that no relationship exists between the vendor and any person or entity which either is, or gives the appearance of, a conflict of interest related to this solicitation or project.

Vendor further certifies that vendor will not employ any individual known by vendor to have a conflict of interest nor shall vendor take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, vendor shall provide with its solicitation response a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall solicitation response evaluation.

BCBSNE cannot agree to the provision as written above.

BCBSNE agrees that it shall not solicit State of Nebraska employees for the term of this agreement, provided that the foregoing provision will not prevent BCBSNE from employing any such person who contacts BCBSNE on his or her own initiative without any direct or indirect solicitation by, or encouragement from, BCBSNE, or in response to general advertisements not specifically directed at any employee of the State of Nebraska.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

M. SITE RULES AND REGULATIONS

The Vendor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Vendor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Vendor.

BCBSNE agrees with the above requirements.

N. ADVERTISING

The Vendor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

BCBSNE agrees with the above requirement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

O. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Nonnegotiable)

1. The State of Nebraska is committed to ensuring that all information and communication technology (ICT), developed, leased, or owned by the State of Nebraska, affords equivalent access to employees, program participants and members of the public with disabilities, as it affords to employees, program participants and members of the public who are not persons with disabilities.

2. By entering into this Contract, Vendor understands and agrees that if the Vendor is providing a product or service that contains ICT, as defined in subsection 3 below and such ICT is intended to be directly interacted with by the user or is public facing, such ICT must provide equivalent access, or be modified during implementation to afford equivalent access, to employees, program participants, and members of the public who have and who do not have disabilities. The Vendor may comply with this section by complying with Section 508 of the Rehabilitation Act of 1973, as amended, and its implementing standards adopted and promulgated by the U.S. Access Board.

3. ICT means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Vendor hereby agrees ICT includes computers and peripheral equipment, information kiosks and transaction machines, telecommunications equipment, customer premises equipment, multifunction office machines, software, applications, web sites, videos, and electronic documents. For the purposes of these assurances, ICT does not include ICT that is used exclusively by a Vendor.

BCBSNE agrees with the above requirements.

P. DISASTER RECOVERY/BACK UP PLAN

The Vendor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

BCBSNE does not agree with the above requirement of providing a copy of our detailed recovery standards.

BCBSNE has documented and implemented specific business continuity and disaster recovery plans; however, the plans contain competitively sensitive information (CSI) and personally identifiable information (PII); therefore, we do not provide copies to third parties. We can, however, make our recovery plan available for inspection on site at BCBSNE.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

Q. DRUG POLICY

Vendor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Vendor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

BCBSNE agrees with the above policy.

BCBSNE has a substance abuse policy that complies with the Drug Free Work Place Act of 1988 which requires federal contractors to establish a workplace free of illegal use of drugs and controlled substances. The BCBSNE Substance Abuse Policy prohibits the manufacture, distribution, dispensation, possession or use of any illegal drugs and controlled substances at any BCBSNE worksite and prohibits working under the influence of alcohol or illegal drugs. Failure to comply with this policy results in disciplinary action and/or immediate termination.

R. WARRANTY

Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

BCBSNE agrees with the first sentence above; however, we do not agree to the remaining statements within the above paragraph. Our recommended alternative is therefore the following:

WARRANTY
Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement.

In addition to including this in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

S. TIME IS OF THE ESSENCE

Time is of the essence with respect to Vendor's performance and deliverables pursuant to this Contract.

BCBSNE agrees with the above statement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

T. BUSINESS ASSOCIATE AGREEMENT(BAA)

Bidder will execute and be in full compliance with Attachment XX Business Associate Agreement (BAA) with the State. Contractor acknowledges that it is compliant with the Electronic Data Interchange ("EDI"), Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA") and will execute the appropriate Business Associate Agreement ("BAA") as provided by the State.

Bidder will execute (without modification) and remain in full compliance with the attached BAA with the State.

BCBSNE cannot agree to the Business Associate agreement as written. We have provided a signed version with our revisions, as well as a redlined version for review of our revisions..

In addition to including this deviation in the table at the beginning of this Section III, we have also included this within EXHIBIT A - RFP Deviations.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Payment clauses Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	**Exceptions Taken to Payment Clauses Within Section as Written (Initial)**	**Exceptions:** (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	Initialed Initial	*BCBSNE accepts the State of Nebraska's requirements listed within this Section IV except for the deviations we've noted below within this table.*
	Provision D. INSPECTION AND APPROVAL	*BCBSNE cannot agree to the provision as written by the State.* *BCBSNE agrees to allow inspections; however, such inspections shall not occur more than annually and are subject to 90 days' advance written notice. In addition, such inspections shall be subject to the terms of an audit agreement that will define the scope of the inspection and the confidentiality of data disclosed during the inspection.*
	Provision H: RIGHT TO AUDIT	*BCBSNE cannot agree with the second paragraph's requirements and is recommending the following alternative language:*

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

		Any audit initiated and authorized by the State shall be undertaken at the State's expense. The State specifically agrees to reimburse BCBSNE for any reasonable expense incurred by BCBSNE in accordance with such audit, including, but not limited to, reimbursement for BCBSNE personnel providing support to such audit in excess of a total of 10 hours plus any copying expenses. *The State also specifically agrees that BCBSNE has the authority to disapprove of the vendor providing such audit, which authority shall not be unreasonably exercised, and to refuse access to membership and claims records by such vendor. The State, recognizing that patient-specific information is confidential, agrees that it and its auditor will enter into an audit agreement addressing confidentiality which will require that the State and its auditor will take reasonable steps to restrict access to this information to those persons who need to know this information for determining compliance with the Services agreement and for performing any necessary audit. The State also specifically agrees that BCBSNE will not accept contingent fee audit vendors.*

A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)

Pursuant to Neb. Rev. Stat. § 81-2403, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

BCBSNE agrees with the above statement.

B. TAXES (Nonnegotiable)

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

BCBSNE agrees with the above statement.

C. INVOICES

Invoices for payments must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment, including detailed disclosure of all invoice line items to the State and should not include Personal Health Information (PHI). Vendor agrees that all reporting submitted by Vendor must be reconciled to the billing. The information on where to submit invoices will be provided to the awarded bidder upon contract finalization.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

BCBSNE agrees with the above requirement for a 45-day grace period for monthly invoices. Please note this does not include the weekly claim reimbursement billings BCBSNE will submit to the State for paid claims issued by BCBSNE from our own account.

D. INSPECTION AND APPROVAL

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Vendor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

BCBSNE does not agree with the above requirement as written.

BCBSNE agrees to allow inspections, but such inspections shall not occur more than annually and are subject to 90 days' advanced notice. In addition, such inspections shall be subject to the terms of an audit agreement that will define the scope of the inspection and the confidentiality of data disclosed during the inspection.

In addition to including this in the table at the beginning of this Section IV, we have also included this within EXHIBIT A - RFP Deviations.

E. PAYMENT (Nonnegotiable)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

BCBSNE agrees with the above requirement.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

F. LATE PAYMENT (Nonnegotiable)

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

BCBSNE agrees with the above requirement.

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Vendor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Vendor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Vendor be paid for a loss of anticipated profit.

BCBSNE agrees with the above requirement.

H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)

The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice. Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

BCBSNE agrees to the above paragraph's nonnegotiable terms.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one (1) % of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Vendor, the Vendor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Vendor agrees to correct any material weaknesses or condition found as a result of the audit.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE does not agree with the above paragraph's requirements.

Any audit initiated and authorized by the State shall be undertaken at the State's expense. The State specifically agrees to reimburse BCBSNE for any reasonable expense incurred by BCBSNE in accordance with such audit, including, but not limited to, reimbursement for BCBSNE personnel providing support to such audit in excess of a total of 10 hours plus any copying expenses.

The State also specifically agrees that BCBSNE has the authority to disapprove of the vendor providing such audit, which authority shall not be unreasonably exercised, and to refuse access to membership and claims records by such vendor. The State, recognizing that patient-specific information is confidential, agrees that it and its auditor will enter into an audit agreement addressing confidentiality which will require that the State and its auditor will take reasonable steps to restrict access to this information to those persons who need to know this information for determining compliance with the Services agreement and for performing any necessary audit. The State also specifically agrees that BCBSNE will not accept contingent fee audit vendors.

In addition to including this in the table at the beginning of this Section IV, we have also included this within EXHIBIT A - RFP Deviations.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

V. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this Solicitation.

A. PROJECT OVERVIEW

The State of Nebraska ("State") employs approximately 17,500 individuals and 13,600 are enrolled in health plans. Enrolled members include active employees, pre-65 retirees, COBRA participants, and their dependents. Members are primarily located throughout the State of Nebraska. The State allows both Union and non-Union employees to be enrolled in one of the three (3) State health plans. The State currently has the following self-insured medical and prescription drug plans:

- Regular Plan
- Consumer Focused Health Plan (with Health Savings Account Eligibility)
- WellNebraska (with or without incentive)

The State's objective is to secure competitive and transparent pricing for pharmacy benefit management (PBM) services while maintaining and enhancing the quality of the pharmacy benefit plan and maximizing employee satisfaction. The State also seeks clinical and utilization management programs that will effectively reduce costs and waste while ensuring the highest standard of patient care.

The State currently has Contract 89546 O4 for Administrative and Support Services for the State of Nebraska Employee Health Care Benefits and Pharmacy Benefit Plans. This includes the administration of the Health Savings Account program and a Specialty Pharmacy Program.

Information about the current health plans offered to plan members is available at:
http://das.nebraska.gov/benefits.html

Health Plans (Plan Options: Regular, Consumer Focused, and WellNebraska) can be found at: https://das.nebraska.gov/personnel/wellness/health-and-perscription-benefits.html

The State's Plan Year runs from July 1 to June 30. Note that it is the expectation of the State that work on this contract will begin immediately upon award, with a focus on implementation and Open Enrollment (OE) support (i.e., development of OE documents).

PBM Fees will not be paid until the benefit plan year begins on July 1, 2026.

BCBSNE acknowledges these statements.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

B. ENROLLMENT

The following is a table representing State active employees, pre-65 retirees, COBRA participants, and their dependents participation in each health plan by tier, as of February 2025. This may not be an exact match to the Census Data:

Plan/Tier	Regular PPO	Wellness PPO with incentive	Consumer Focused Health Plan (HDHP)	Wellness without Incentive	Total
Employee Only	1,079	4,289	1,137	306	6,811
Employee/Spouse	345	1,400	193	74	2,012
Employee/Child(ren)	227	1,432	193	86	1,938
Family	293	2,136	286	171	2,886
Total	**1,944**	**9,257**	**1,809**	**637**	**13,647**

BCBSNE acknowledges the above enrollment from February 2025.

C. PROJECT OBJECTIVES

The State of Nebraska is looking to provide high quality, cost-effective benefits to its active employees, pre-65 retirees, COBRA participants, and their dependents. The State is soliciting offers for the administration of its self-insured prescription drug plan.

Bidders are required to offer comprehensive PBM services with a full range of customer (client and member) services including, but not limited to:

1. Claims Adjudication

Confirmed

2. Member Enrollment and Eligibility Maintenance

Confirmed

3. ID Card Production and Distribution

Confirmed

4. Formulary Management and Rebate Pass-Through

Confirmed

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

5. Clinical and Utilization Management

Confirmed

6. Retail Pharmacy Network Management

Confirmed

7. Specialty and Mail Order Pharmacy

Confirmed

8. Patient and Provider Education

Confirmed

9. Systematic Prospective, Concurrent and Retroactive Drug Utilization Review

Confirmed

10. Auditing Rights

Confirmed

11. Account Management Services (including standard/custom reporting and online systems)

Confirmed

12. Member Services (including call center, website portal and mobile app)

Confirmed

13. Claims data sharing with State, healthcare and data analytics vendors

Confirmed

Please note that the State is concurrently conducting a procurement for medical administration services. This RFP is only for PBM services, and any information provided by respondents which pertains to the medical administration RFP or any other service (unless explicitly requested within the RFP), will not be considered in evaluation of this RFP. This includes attempts by Bidders to provide PBM fees that are contingent upon the additional award of business in connection with the medical administration RFP.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

BCBSNE is quoting our preferred PBM, Prime Therapeutics. Prime is a BCBS PBM and provides pharmacy benefit management only with Blue Plans. Prime does not provide pharmacy administration with other administrators or carriers. BCBSNE can provide medical administration without Prime pharmacy administration but cannot offer Prime administration without BCBSNE medical administration. As a result, our pharmacy administrative proposal is contingent upon medical administration being provided by BCBSNE.

D. SUBROGATION REQUIREMENT

Contractor shall enforce the State's right to seek recovery based on subrogation or other theories from third parties, or other insurance carriers, who have caused injury or illness to a covered person or damages to the plan, except when said third party is the State of Nebraska. Contractor shall provide subrogation recovery service at no additional charge to the State. Contractor may engage a subcontractor to perform specialized services for recovery of funds or discovery of overpayment or fraud. If any subrogation services are subcontracted by contractor, approval of subcontractors and contract terms must be obtained from the State prior to contractor entering into an agreement with any such subcontractor(s). Such subcontractors may be reimbursed based on a reasonable basis other than percent of recovery, but cost of such subcontractors shall be the responsibility of Contractor and shall not be deducted from the subrogated amount. The Contractor shall obtain the approval of the State for any subrogation claim that is less than 100% of the State's loss and shall obtain the State's approval of all settlements. In the event that the State is a party to litigation regarding any such claims, settlement or release of such claims must be approved by the State. This authority regarding recoveries from third parties or their carriers includes participation in consolidated or class action lawsuits alleging such injuries, if authorized by the State. Any recovery from consolidated or class action suits will be apportioned among all insured and self-insured plans or pools in like manner. The proration may be based on number of covered persons, number of injured persons, claims volume, or any other basis determined by contractor and approved by the State. Recoveries made in the same plan year as the original claim payments are made, will be applied to the State's claims liability by immediate credit to the State. Recoveries made in subsequent years will be credited in total to the State's claim liability at the time recovery is made. The State agrees to cooperate with all such recovery efforts.

BCBSNE confirms agreement with the above subrogation requirements. BCBSNE does not subcontract our subrogation investigations and instead utilizes our in-house subrogation team for pursuing recoveries. BCBSNE confirms we will not charge the State fees based on a percentage of recoveries.

E. **PRESCRIPTION DRUG PLAN DESIGN**

At a minimum, the Contractor must duplicate the plan designs and level of coverage presently offered to the State's covered member population.

BCBSNE has proposed plans matching the current benefits wherever possible; however, we do have certain deviations that we have noted in our response within the TECHNICAL RESPONSE, BENEFIT PLANS. Each deviation includes a recommended alternative, if available.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

F. **PLAN REQUIREMENTS**

The Contractor must adhere to the following Plan Requirements. These requirements will also explicitly apply to any subcontractors used by the Bidder to deliver services to the State.

1. Provide services to all members (active employees, pre-65 retirees, COBRA participants, and their dependents) enrolled on the program effective date.

Confirmed

2. Agree that members who are not actively at work due to disablement on program effective date will be covered.

Confirmed

3. Agree that the State owns its data (its financial and operational data, and its member data), may use it for any business purposes it deems necessary, and that such data will be considered proprietary and will not be shared or utilized by Contractor for any purpose other than the provision of services under the agreement, except at the request of the State's Director of Administrative Services, and with full knowledge and express written consent.

Confirmed

4. Acknowledges the State will neither recognize the appointment of any agent, general agent or broker nor authorize any payment or remuneration of any kind by the Contractor to a party not approved in writing by the State.

Confirmed

5. Advise and assist the State in the preparation of forms and other documentation necessary to fulfill reporting and disclosure requirements.

Confirmed

6. Agrees it will not render or administer services (including wellness) offshore, and all work performed will be in the contiguous United States.

Confirmed

7. Comply with and adhere to relevant federal and state laws and regulations.

Confirmed

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

8. Monitor Federal and State legislation affecting the plan and report to the State on those issues in a timely fashion and prior to the effective date of any mandated plan changes.

Confirmed

9. Assume responsibility for any and all costs associated with any investigation necessary to ensure that claims are adjudicated properly.

Confirmed; however, BCBSNE reserves the right to pass on any costs and fees associated with a member of the State's group health plan(s) utilizing out of network services that result in the Provider's engagement of the Independent Dispute Resolution process under the Consolidated Appropriations Act.

10. Follow the specified eligibility rules established by the State.

Confirmed

11. Agree to all requirements as outlined in Attachment C - Confirmations & Questionnaire, Confirmations tab.

Not confirmed. We have noted the provisions where we are unable to confirm the request within the Confirmations tab of Attachment C.

12. Assign a dedicated Account Management Team (AMT) who shall be accountable and responsible to the State for proactive management of all aspects of the Contractor's performance to the State and its members. The Contractor shall not change assignment of the Account Executive on the AMT, without written notice provided to the State with a minimum of fourteen (14) business days prior to such change. The State reserves the right to request assignment of a new Account Executive, and the Contractor shall make such change within 30 calendar days of receipt of written notice from the State. A member of the AMT must respond to any outreach from the State of Nebraska within one (1) business day.

Confirmed

13. Provide a mutually agreed upon annual score card so the State can assess Contractor's performance.

Confirmed

14. Provide claim line detail for ALL claims as described in this RFP.

Confirmed

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

15. Provide robust, accurate, timely, and comprehensive data and reporting to the State. The State and its healthcare consultants must have the ability to access a reporting portal to download all reports. This provision includes State specific utilization data for State members, upon request.

Confirmed: BCBSNE confirms the State and its healthcare consultant will have access to online standard reporting. Customized reporting will be coordinated by the State's assigned Client Consultant.

Access to our online reporting tool will be through Blue Health Intelligence (BHI) / Whyzen (our vendors). This system has no demo site, but upon notification of sale, our Client Consulting team can set up training sessions on how to access the system and create reports. There will be an option provided for the users that allows them to select reporting output that includes PHI, or to select reporting output that is de-identified.

While the online reporting tool will be available to the employer, the State's assigned Client Consultant would also be available to work with the State's benefits team on customized reporting requests at no additional cost.

16. Provide data feeds (ex. eligibility file) to the State's vendor partners, as requested. The cost for providing data feeds must be included in the Contractor's administrative fees. Contractor agrees to waive any charges to the State or the State's vendors such as a set-up fee, a programming fee or a monthly fee, for establishing a connection with a third party vendor for real-time, bidirectional data integration, including non-standard data integration formats.

Confirmed: Outbound data feeds to the State's vendor partners will be submitted based on BCBSNE's standard data extract layout. We confirm no fees will be charged to the State.

17. The Contractor must perform and present to the State, on a quarterly or as requested basis, the State's current plans and service performance, recent issues/challenges encountered, potential savings opportunities, and topics of concern and suggestions for resolution, at no additional cost to the State.

Confirmed

18. Attend an annual performance or "stewardship" meeting within 180 days after contract year-end at which time the Contractor will, as directed by the State, summarize activities and performance for the year ended.

Confirmed

19. Participate in an Annual Vendor Summit to discuss strategic opportunities for the State's overall health management program.

Confirmed

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

20. Provide final Summary Plan Documents (SPD), written and electronic, including SPD language for any clinical programs to be implemented, to the State prior to the initial Open Enrollment period and subsequent open enrollments. SPDs are subject to the final approval of the State.

BCBSNE confirms we will provide a first draft of an electronic SPD to the State for review within 90 calendar days of receiving final benefit sign-off from the State for our Client Profile (our internal tool that documents all benefits); however, BCBSNE does not print hard copies of an employer's SPDs for an entire population. Limited printing based on 10% of total enrolled subscribers will be available upon request from the State.

The timing prior to the State's open enrollment period will be dependent, in part, upon the final sign-off date from the State and any revisions that the State may wish to implement after reviewing our initial electronic draft. BCBSNE will do everything possible to provide the State with a final electronic SPD after the State's final review so that the State may have time to initiate any printing, if required.

We understand the State posts electronic benefit documents on its public website for its subscribers and members.

21. Agree to provide an opportunity for the State to review and approve all communication materials (including letters, brochures, electronic, website, etc.) prior to being sent to members and/or to providers.

Confirmed

22. Complete implementation prior to the State's Annual Open Enrollment period each May.

Confirmed

23. Agree that no external communications material that mentions the State's benefit plans may be circulated without written approval from the State.

Confirmed

24. Attend and participate in the annual Human Resource Information Group (HRIG) in April of each year. The Contractor may be asked to participate in the informational meetings across the State directly following the HRIG. If requested by other State agencies, the Contractor may participate in agency specific health fair(s).

Confirmed

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

25. Offer a program to prevent and detect internal and external fraud and fraudulent practices.

Confirmed

26. Administer run-out claims for 12 months following termination of the contract. The cost of run-out administration must be included in bidder's proposed administration fees.

Confirmed

27. Provide complete banking arrangements for claims processing, including the printing and issuing of checks and/or electronic funds transfer.

Confirmed: For our self-funded employers, BCBSNE initially issues claims from our own account, then subsequently sends net paid claim reimbursement requests to the self-funded employer, typically on a weekly basis. This process differs from many other administrators since we do not issue checks directly from an employer's bank account. Once a reimbursement request is submitted to an employer via automated clearing house funds request, BCBSNE requests electronic reimbursement within 24 hours.

For fees and unreimbursed net paid claims for a given month, BCBSNE sends a month-end invoice. In addition to the unreimbursed net claims, invoices will include such items as billed administration fees and fees for any additional programs the employer may have purchased.

Due to our proposed weekly frequency of claims billings to the State, BCBSNE will not require a deposit.

28. No covered State members shall lose or gain coverage as a result of vendor change. Any and all transition-of-care-related issues must be expressly waived for the initial enrollment for covered eligibles and their dependents that have already satisfied the limitations under the existing plan, unless otherwise specified in the eligibility rules established by the State.

Confirmed

29. Complete formulary disruption and retail network disruption analyses as detailed in the Questionnaire.

Confirmed

30. **Attachments:** Complete all RFP attachments:

- **a.** Attachment A – Intent to Propose
- **b.** Attachment B – Business Associate Agreement (BAA)
- **c.** Attachment C – Confirmations & Questionnaire
  - **i.** Completed Formulary Disruption Analysis as requested in Questionnaire Tab D.3

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

ii. Completed Network Disruption Analysis as requested in Questionnaire Tab F.14

d. Attachment D – Performance Guarantees

e. Cost Sheet

Confirmed. BCBSNE has included the above responses within our proposal.

G. BUSINESS REQUIREMENTS

1. Contractor must be currently providing self-funded PBM administration services to at least one public sector group health plan with a minimum of 15,000 lives.

Confirmed

2. Contractor must have a minimum of five (5) years of self-funded PBM administration group experience.

Confirmed

3. Contractor must be licensed to offer employer-sponsored, network-based self-funded PBM plan solutions in all 50 states and U.S. territories where State members currently reside.

Confirmed

4. Contractor must not have any bankruptcy filings within the last 5 years; and Offeror's senior officers, board members, or directors must not have any felony convictions.

Confirmed

H. DELIVERABLES

Provide the following third-party administration services for the State's prescription drug coverage as listed in this RFP:

We are confirming we are offering all deliverables listed below. Further details on this list are provided in our Deliverables and Due Dates response within the TECHNICAL RESPONSE.

1. Claims Adjudication
2. Member Enrollment and Eligibility Maintenance
3. ID Card Production and Distribution
4. Formulary Management and Rebate Pass-Through
5. Clinical and Utilization Management
6. Retail Pharmacy Network Management
7. Specialty and Mail Order Pharmacy
8. Patient and Provider Education
9. Systematic Prospective, Concurrent and Retroactive Drug Utilization Review

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

10. Auditing Rights
11. Account Management Services (including standard/custom reporting and online systems)
12. Member Services (including call center, website portal and mobile app)
13. Claims data sharing with State, healthcare and data analytics vendors

Please refer to the TECHNICAL RESPONSE section, Deliverables & Due Dates, for information addressing the above deliverables.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

VI. SOLICITATION RESPONSE INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Corporate Overview and Technical Response portions of the solicitation response. The solicitation Cost Sheet template should be completed by bidders and submitted as a separate attachment with their solicitation response. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their solicitation response; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Solicitation responses are due by the date and time shown in the Schedule of Events. Content requirements for the Corporate Overview and, Technical Response are presented separately in the following subdivisions:

A. SOLICITATION RESPONSE SUBMISSION

1. CORPORATE OVERVIEW

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

******ATTN State of Nebraska******

Due to the RFP instructions indicating that the Corporate Overview is to be positioned on its own, please refer to the CORPORATE OVERVIEW section of our proposal for our responses to the following items a. through n.

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, (including whether the Bidder is in good standing in the state in which it is formed or incorporated), year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized. The Bidder should also provide this information for the branch or local office or other subordinate element that will perform or assist in performing the work on this contract.

b. FINANCIAL STATEMENTS

The bidder should provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 21 report. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size,

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

The bidder should state and describe if it recently experienced any workforce realignments and/or recent merger or acquisition activity. Include in this description, any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous twelve (12) months. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's solicitation response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past (three) (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past (three) (3) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past (three) (3) years, so declare.

If at any time during the past (three) (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response.

The bidder should address the following:

i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:

a) The time period of the project,
b) The scheduled and actual completion dates,
c) The bidder's responsibilities,
d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
e) Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.

iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified. For each team member listed, identify whether this staff member will be 100% dedicated/designated to the State account. If the member is not 100% dedicated/designated to the State, please indicate the percentage of time the staff member will designate to the State account as well as the number of other clients with which the staff member has responsibilities. At a minimum, the specific professionals should include:

a) Implementation Coordinator/Manager
b) Account Executive
c) Eligibility Coordinator/Manager
d) Pharmacist
e) Member Service Manager
f) Government/Legislative Liaison

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

The bidder to note any positions bidder will need to hire if awarded this contract.

The bidder will provide an organization chart, including names and titles, of Account Team and key personnel that will be responsible for the State account.

j. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- **a)** name, address, and telephone number of the subcontractor(s),
- **b)** specific tasks/types of services provided for each subcontractor(s),
- **c)** number of years the Bidder's company has utilized the subcontractor,
- **d)** contractual relationship between subcontractor and Bidder's company,
- **e)** indication of general financial model such as shared savings, PMPM, fee for service, etc.,
- **f)** percentage of performance hours intended for each subcontract; and
- **g)** total percentage of subcontractor(s) performance hours.

Confirm that, if awarded a contract with the State, you will agree in the contract to notify the State of changes to this subcontractor list throughout the term of any awarded contract and that the State will have the ability to pre-approve any subcontractor that provides services directly to the State or its members.

k. PENDING LITIGATION

The bidder will state whether there is any concluded or pending litigation against the Bidder or Bidder's affiliates, subsidiaries, employees related to a contract engagement; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the firm's performance in a contract under this RFP.

l. BANKRUPTCY

The Bidder will state whether, in the last ten years, Bidder or any of its affiliates or subcontractors has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details.

m. FINANCIAL RATINGS

Indicate the most recent Financial Rating, Financial Rating Modifiers and the Financial Rating Effective Date you have received by the following organizations. Indicate all changes that have occurred in the last 12 months for each of these ratings.

Docusign Envelope ID: B4A5F5E3-EA4B-4BED-9315-88752C431B02

a) A.M. Best
b) Standard & Poor's
c) Moody's
d) Fitch

The Bidder should indicate if its rating has changed within the past 12 months for any of the rating agencies.

n. OTHER MAJOR CHANGES

The Bidder should indicate any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

2. TECHNICAL RESPONSE

The Technical Response section of the solicitation response should consist of the following subsections:

a) Understanding of the project requirements;
b) Proposed development approach;
c) Technical requirements;
d) Completed Attachment C – Confirmations & Questionnaire;
e) Completed Formulary Disruption Analysis as requested in Questionnaire Tab D.3;
f) Completed Network Disruption Analysis as requested in Questionnaire Tab F.14;
g) Completed Attachment D – Performance Guarantees;
h) Detailed project work plan; and
i) Deliverables and due dates.

We have provided our TECHNICAL RESPONSE in the layout requested within our TECHNICAL PROPOSAL (see Table of Contents) based on the State's specific sections noted above. Please note there is conflict with the State's Round 2, item #15, addendum response which states separate documents are not required for a., b., and c. above; however, we are following the request as specifically written to ensure compliance.

UNDERSTANDING OF THE PROJECT REQUIREMENTS

The following paragraphs highlight BCBSNE's understanding of the main requirements of the State of Nebraska (the State), as noted throughout this PBM RFP within the scope of work. While our confirmation of our understanding is mentioned at a broad level below, other sections of our proposal offer details on how BCBNSE is prepared to address the State's goals for this pharmacy benefits administrative services RFP.

While we have acknowledged all RFP requests within our document titled ***RFP SECTIONS I. – VI. (Initialed),*** the following summarizes certain requirements specifically:

Section III. Vendor Duties

BCBSNE has addressed all Section III Vendor Duties requirements within ***RFP SECTIONS I. – VI. (Initialed),*** including, but not limited to, vendor obligations, corporate insurance requirements, our disaster backup plan, ownership of data, and all responses to legal and regulatory requirements the State and its contractor must satisfy.

Our response clearly documents deviations and, where available, our recommended alternatives for the State to consider.

Section IV. Payment

BCBSNE understands the payment terms and conditions documented and requested by the State. BCBSNE has addressed all Section IV Payment requirements within ***RFP SECTIONS I. – VI. (Initialed),*** including, but not limited to, invoice requirements, late payments, loss of appropriations, and audit rights.

BCBSNE has confirmed we will accept the State's invoice payment grace period of 45 days, which is offered in lieu of BCBSNE's standard monthly invoice payment grace period of 15 calendar days. Our response to the Payment section includes our deviations and, where available, our recommended alternatives for the State to consider.

Section V. Project Description & Scope of Work

BCBSNE acknowledges the State has key goals bidders should address in providing administrative services and supporting programs for its three benefit plan options. Items below include, but are not limited to, the State's documented requirements in Section V:

- High-quality, cost effective pharmacy benefits and timely administration of all claims
- Formulary management
- Enrollment and eligibility maintenance
- Clinical and utilization management
- Retail pharmacy network management
- Specialty and Mail Order pharmacies
- Member communication strategies to the State's population the work to ensure members are taking full advantage of the programs and services
- Creation of member communication materials with prior approval from the State
- Superior account management delivered by a dedicated account team
- Customer service
- Comprehensive prospective, concurrent, and retroactive drug utilization review programs
- Auditing rights
- Claims data sharing
- Client analytics and reporting requirements, including regular presentations to the State on its program performance
- Prescription drug plan designs based on the existing benefit offerings
- Preparing plan documents (benefit booklets/SPDs) on an electronic basis prior to all Open Enrollments (current and renewal)
- All other deliverables noted

Section VI. Solicitation Response Instructions

We have included a complete ***CORPORATE OVERVIEW*** response noting BCBSNE's corporate information as requested, a summary of our corporate experience, our personnel management approach, our subcontractors.

In Summary:

- We confirm our understanding of the State's goals and requirements of its self-funded prescription drug administrative services RFP. Our proposal is designed to meet and exceed these objectives, ensuring a successful partnership.

- The following required sections of this *TECHNICAL RESPONSE* will document how we are going to achieve the State's goals:
    - *Developmental Approach*
    - *Technical Requirements*
    - *Attachment C1 Questionnaire*
    - *Formulary Disruption Analysis*
    - *Pharmacy Network Disruption Analysis*
    - *Operational Performance Guarantees*
    - *Detailed Project Work Plan*
    - *Deliverables and Due Dates*

Developmental Approach

Blue Cross and Blue Shield of Nebraska (BCBSNE), in partnership with Prime Therapeutics (Prime), is proud to offer the State of Nebraska (the State) a comprehensive and competitive prescription drug administration program designed to manage costs while ensuring broad access and clinical excellence.

Pharmacy Network

At the core of this offering is Prime's **Network A**, a national open pharmacy network that includes over 65,500 retail locations. This expansive network features major national chains, regional grocers, pharmacy services administrative organizations (PSAOs), and independent pharmacies, ensuring members have convenient access to their medications across the country.

To further enhance value and convenience, BCBSNE and Prime offer the **Extended Supply Network (ESN)**, which allows members to fill extended-day (up to 90-day) prescriptions at retail pharmacies as an alternative to mail order. With over 64,500 participating locations, the ESN provides members with flexibility and familiarity while delivering greater savings through more aggressive pricing than traditional retail networks. Members benefit from the ability to obtain long-term medications from their trusted local pharmacies, while the State benefits from improved cost management and adherence outcomes. To ensure cost efficiency, 90-day prescriptions are limited to ESN pharmacies, while non-ESN locations are restricted to 30–34 day supplies.

Formulary Options

In addition to network flexibility, BCBSNE and Prime offer **two formulary options** tailored to the State's cost and clinical goals.

- **PDL10**, the standard formulary, provides broad access to safe, medically necessary medications, with preferred agents selected through rigorous clinical evaluation by Prime's National Pharmacy and Therapeutics (P&T) Committee.
- For clients seeking deeper savings, **PDL25** is a research-backed, six-tier biosimilar formulary that promotes cost-effective prescribing through competitive rebates, exclusion of duplicative or unnecessary drugs, and encouragement of lower-cost alternatives such as generics and over-the-counter options. PDL25 is designed to deliver integrated drug management, improved health outcomes, and substantial financial savings.

Net Savings Guarantee

As part of our commitment to delivering measurable value, Blue Cross and Blue Shield of Nebraska (BCBSNE), in partnership with Prime Therapeutics, is offering the State of Nebraska a **Net Savings Guarantee** for the first year of the pharmacy benefit program, from **July 1, 2026, through June 30, 2027.** This guarantee will apply if the following formulary and pharmacy programs

- *Formulary PDL25*
- *FlexAccess*
- *GuidedHealth*
- *MedsYourWay Retail*
- *IntegratedRx Options*
- *Advanced Fraud, Waste & Abuse, and*
- *HighTouchRx.*

Should the State not achieve a specified guaranteed net savings during this period, BCBSNE and Prime will provide a financial penalty to the State based on a structured penalty range.

For additional information on this savings guarantees, please refer to our ***PROPRIETARY RESPONSE*** for details on this guarantee.

Specialty Pharmacy

To support members with complex or rare conditions, BCBSNE and Prime offer an **exclusive specialty pharmacy program through Accredo**, a nationally recognized specialty pharmacy provider. Accredo delivers high-touch, personalized care through Therapeutic Resource Centers (TRCs), where pharmacists, nurses, and clinicians specialize in specific disease states. These teams provide 24/7 clinical support, medication education, adherence coaching, and coordination of care, including lab monitoring and physician collaboration.

Accredo's advanced adherence programs and clinical protocols ensure members receive the right medication at the right time, improving outcomes and reducing waste. The program also includes flexible onboarding options, allowing for initial retail fills when clinically appropriate, and offers financial assistance and social support services to help members navigate their treatment journey.

Clinical Programs

Our integrated clinical offering delivers programs that coordinate across both medical and pharmacy benefit management goals to achieve better outcomes and lower total cost of care. BCBSNE and Prime work collaboratively (made possible through aligned incentives and ability to share data) to understand our member and physician needs completely and engage the member and physician with information in meaningful ways that can lead to improved health outcomes and lower total cost of care.

Our suite of clinical programs is described below:

GuidedHealth® Clinical Programs

GuidedHealth is one of Prime's foundational clinical products that drives total drug management through improved care and outcomes, increased safety, and ultimately decreased total cost of care. GuidedHealth, our answer to effective retrospective drug utilization review (DUR) accomplishes this by helping members and prescribers make better medication management decisions. Utilizing integrated data and cutting-edge analytics, our next-generation clinical engine and population health database - GH360 - provides a holistic view of each member's clinical events and opportunities. Prescribers are then prioritized for quarterly outreach which could include enhanced member health, increased drug savings and/or improved quality metrics.

GuidedHealth's extensive suite of retrospective DUR programs identifies potential misuse and abuse, close gaps in care, improve adherence, and discontinue unsafe medication use. Potential intervention opportunities are identified by reviewing medical and pharmacy claims history for specific prescribing patterns in targeted diseases such as asthma, diabetes, high cholesterol, and others. Physicians are then identified for an intervention to encourage more appropriate utilization. GuidedHealth program examples designed for specific populations include:

- **Adherence**
  - Integrated - Asthma (requires medical claims)
  - Integrated - Cholesterol (requires medical claims)
  - Integrated - COPD (requires medical claims)
  - Integrated - Depression (requires medical claims)
  - Integrated - Diabetes (requires medical claims)
  - Integrated - Hypertension (requires medical claims)
  - Integrated - Schizophrenia (requires medical claims)
- **Asthma Inhaled Corticosteroid**
- **Concurrent Use**

    - Opioids Antipsychotics
    - Opioids Benzodiazepines
    - Opioids Gabapentinoids
- **Controlled Substance Alert**
- **Drug Disease Interaction**
    - Anticholinergics in Dementia
    - Antipsychotics in Dementia
    - FDA MedWatch (requires medical claims)
- **Duration of Therapy**
    - Proton Pump Inhibitor (PPI)
- **Gaps in Care (requires medical claims)**
    - Asthma
    - Cholesterol in Cardiovascular Disease
    - COPD
    - Depression
    - Diabetes
    - Epilepsy
    - Hypertension
- **Off Label Use (requires medical claims)**
- **Opioid Programs**
    - Opioid High Dose (dose >= 50 MME (no regard for number of providers)
    - Opioid Multiple Prescribers (3+ prescribers and 3+ pharmacies (no regard for dose)
- **Polypharmacy**
    - CNS (drug list overlaps with Poly Psych/Poly Psych Peds, do not select both)
- **Statin Use in Diabetics - (aka Gaps in Care Cholesterol in Diabetes)**
- **Triple Therapy Alert**

Controlled Substance Retrospective DUR

We offer a controlled substance retrospective DUR alert program through GuidedHealth. The goal of the program is to reduce overuse of controlled substances by identifying members whose pharmacy claims history suggests patterns of potential misuse or abuse. This is accomplished by notifying physicians of this potential activity to inform decisions and encourage action. More specifics on program rules include:

- **Concurrent Use: Opioids-Benzodiazepines** – discourages long-term combination use of opioids and benzodiazepines
- **Concurrent Use: Opioids-Gabapentin** – discourages long-term combination use of opioids and gabapentin

- **Opioid Alert** – discourages overprescribing opioids in members demonstrating patterns associated with excessive use by monitoring morphine milligram equivalent dose (MME) per day and number of unique prescribers
- **Triple Therapy Alert** – based on a combination of an opioid, a benzodiazepine, and a muscle relaxant from two or more prescribers, on a long-term basis
- **Controlled Substance Alert** - utilizes internally developed proprietary rules to identify potential at- risk members by examining a member's controlled substance use pattern and calculating a "usage score." The parameters factoring into the "usage score" include the number of controlled substances claims during a specified time period, the number of different physicians, and the number of different dispensing pharmacies associated with those claims. This "usage score" serves as a benchmark for identifying members for this retrospective DUR program and potential intervention.
- Controlled substances are defined as all prescription drugs in Drug Enforcement Administration (DEA) controlled substance classes II-V including, but not limited to the following: narcotic analgesics, stimulants, benzodiazepines, barbiturates, sedative-hypnotics, androgens and anabolic steroids.
- Members with pharmacy or medical claims for cancer are excluded as they likely have a reason for the high utilization of controlled medications.

Concurrent DUR Program

Concurrent DUR is an important element in our overall clinical program management offering, which screens prescriptions at the point of sale for potential drug problems. If a DUR edit flags a claim in the claims system, a message is displayed online for the pharmacist to identify the potential conflict before the member receives the medication. Concurrent DUR edits fall into numerous screening categories that may include:

Drug-to-drug interaction – Checks for interaction between drugs based on the sensitivity level of the interaction

- **Drug-to-sex caution –** Identifies drug contraindications based on a member's sex
- **Duplicate therapy –** Checks for use of multiple drugs from the same therapeutic category
- **Duplicate prescription –** Checks for ingredient duplications (based on exact Generic Product Indicator)
- **Drug-to-age caution –** Identifies contraindications for specified age groups. A priority level may also be specified based on contraindication
- **Dosage/duration –** Compares the dosage on the claim to the recommended dosage for the member's age group and then determines whether to send a

response*

- **Drug regimen compliance –** Checks to make sure the member is not underutilizing a drug. Reviews member claims history to determine if he or she has received the same drug and if he or she is receiving the new refill within a certain number of days since it was last filled
- **Drug-inferred health state –** Determines if the submitted drug or a profile drug conflicts with inferred health state (e.g., pregnancy)
- **Additive Toxicity –** Calculates the daily dose of acetaminophen (APAP) across all active prescriptions and identifies claims above the FDA maximum dose (intended to help prevent the dispensing of unsafe daily doses of APAP)

Utilization Management Programs

Managing the use of certain drugs is a key part of reining in the rising cost of care. Our utilization management (UM) programs offer the insight you need for greater control of why, how much and how often certain drugs are prescribed. Our UM programs give health care professionals guidance that supports appropriate drug use, keeping costs down for everyone, and improving member health and safety.

We offer three primary types of UM programs, including restricted access (step therapy), pre-authorizations, and quantity limits described as follows:

- **Restricted access programs** take a "step" approach to providing members a drug to help treat their condition. The program requires members to try another drug that may be safer, more clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. This encourages usage of clinically appropriate and/or lower-cost medications.
- **Quantity limit programs** promote safe and effective drug use and reduce waste by limiting certain prescriptions to a pre-determined quantity limit or duration.
- **Pre-authorization programs** prevent misuse, overuse or inappropriate use by requiring members to meet certain criteria before particular drugs are covered. While cost savings may be achieved through these programs, they are recommended to enhance drug safety and member health.

Generic Programs

We recognize the value of promoting generics where appropriate. Increasing generic drug prescribing rates is one of the most efficient ways to reduce drug costs. Our comprehensive generic programs help increase generic utilization rates and build awareness of cost savings for generic products including:

- **Benefit Design** – We work closely with employer groups based on their specific goals and can recommend benefit drivers that encourage members to choose generic drugs where available (e.g., cost share differentials that drive members to generic alternatives whenever possible and Dispense as Written where members pay the difference between the cost of the generic and the brand when there is a generic equivalent).
- **Generic Reporting** – We offer several generic-focused reports designed to identify current and future opportunities including:

  - **Generic Opportunity Report** – Using a predictive modeling tool, we can help analyze current generic utilization, target a specific growth strategy and map out the benefit plan changes to help meet your goals.
  - **Top Prescriber Reports** – To increase generic drug prescribing rates, physician prescribing reports can provide summarized and detailed information about the generic and brand name prescribing habits of providers and serve as a diagnostic tool from which actionable interventions are identified.

- **Generic Drug Alerts** – When a drug becomes available as a generic, these targeted member mailings can be sent to members who have recently taken that brand drug.
- **Generic Substitution at Home Delivery** – The home delivery facility actively substitutes generic medications whenever appropriate by law.
- **Generic-promoting Website** – Prime's member-facing pharmacy benefit website, MyPrime.com, offers drug pricing tools, formulary search capabilities and generic equivalent information for any drug being researched.
- **MAC Program** – Our competitive Maximum Allowable Cost (MAC) program provides an incentive to pharmacists to dispense generic drugs. If a pharmacist knows he or she is being reimbursed at the MAC level, the pharmacist will be less likely to dispense a more expensive brand name drug.

We offer superior clinical programs designed to improve total health outcomes. Our clinical philosophy is tied directly to safety, quality, and cost considerations. Using a variety of educational initiatives and incentive programs, we encourage healthy and cost-efficient behavior among pharmacies, physicians, and members.

HighTouch Rx

Only 2% of members account for 50% of all drug spend and these members are using specialty drugs. To manage your specialty costs, Our HighTouchRx® program targets the small percentage of members with complex specialty drug therapy and determines the interventions.

Our HighTouchRx, which began in 2022, has delivered over $50 million in hard dollar savings in the first 18 months. HighTouchRx provides a dedicated rules development team using machine learning to run members' integrated medical and pharmacy data, outputting actionable member specific specialty drug therapy savings opportunities. These savings opportunities are worked by specialist pharmacists who perform provider outreach, ensuring member share is the lowest possible, rebates are optimized and most cost-effective specialty drug therapy is recommended.

HighTouchRx harnesses Prime's 18 million+ members medical and pharmacy drug claims data, integrating it, applying machine learning and dedicated pharmacist plus data scientist team to continuously identify and update specialty drug savings opportunities. With over 2500 specialty drug savings opportunities across both benefits, HighTouchRx delivers integrated value. HighTouchRx savings opportunities are developed to ensure no negative rebate impact, member share is held whole or savings, and channel optimization. The member level savings opportunity interventions are targeted at the provider, ranked by level of impact with pharmacist checks to ensure member share and rebates are optimized. High-touch outreach is conducted by specially trained pharmacists, partnered with BCBSNE, with cost-effective therapy as the goal.

A pharmacist takes the savings opportunity reviews of high-cost members, verifies the member's status, and makes prescriber therapy recommendations such as dose optimization, eliminating duplicate therapies, weight-based dosing, constant drug therapy surveillance to identify high-cost drug therapy outliers for prescriber validation, off-label use, duration of therapy, and identifying medical drug billing issues. Seeing the whole picture of the member ensures that the therapy is optimized for the member without causing issues and extra costs elsewhere.

Prime HighTouchRx product savings opportunity and successful intervention results received a managed care pharmacy program Platinum Award at the October 2023 national Academy of Managed Care Pharmacy (AMCP) conference.

IntegratedRx - Oncology

The timing of starting an oral oncology medication following a diagnosis is critical. As found in Prime's IntegratedRx pilot, in collaboration with an oncology clinic, we found multiple members in a similar scenario:

- **Member profile:** A member struggled for months to get his abiraterone prescription from a pharmacy. He spent hours on the phone with multiple pharmacies to determine how to transition to a specialty pharmacy — and went without medication for a month.
- **Action:** The pilot program improved coordination between the pharmacy and the insurer and created less confusion for the member.
- **Results:** The member now receives his medication directly from the practice. The process is designed to be streamlined, simple and stress-free.

Dose optimization is an important aspect of Prime's Oncology management program. With Prime's IntegratedRx-Oncology program, members can receive their medicine through their clinic's integrated pharmacy, where the provider and pharmacist are part of the same team, allowing for direct lines of communication. This end-to-end coordination across the entire treatment pathway helps improve adherence, shorten time to dispense, and creates a better member and provider experience from the first fill to the last fill. The program also helps reduce waste because the provider and pharmacist can communicate when additional dosages are filled.

Findings from the IntegratedRx Oral Oncology Program include:

- Better pharmacy average wholesale price (AWP) discounts
- Improved time-to-medication
- Improved patient satisfaction

IntegratedRx - Oncology also offers an Oral Oncology Waste Reduction program enhancement that aims to optimize waste reduction opportunities for oral oncolytics. This feature focuses on these key areas:

- Coordination between timing of drug refills and provider appointments
- Appropriate timing of prescription refills and renewal requests
- Patient education and toxicity monitoring
- Enhanced communication

In Summary

Together, BCBSNE and Prime bring a powerful combination of national scale, clinical expertise, and local service to help the State of Nebraska manage pharmacy benefit costs while delivering exceptional care to its members. This partnership is built on a shared commitment to innovation, transparency, and member well-being.

TECHNICAL REQUIREMENTS

BCBSNE has identified key technical areas that will be addressed during implementation. A high-level summary is provided below. In addition, BCBSNE is forming a ***Technology Advisory Committee***, consisting of BCBSNE technology leaders, large employers, and brokers/consultants. ***We would like to offer the State of Nebraska a seat at the table to gain key insights and recommendations for our technology efforts.***

1. **Eligibility Submission**
   - Establishment of membership submission requirements with the State of Nebraska's (the State's) payroll system.
   - Usage of the BCBSNE ***eExchange*** standard 834 file layout and data exchange.
   - Integration with BenefitFocus, BCBSNE's vendor, for eligibility submission.

2. **Final Benefit Determination for the State's Pharmacy Plan Options**
   - Obtain final benefit confirmation from the State adhering to the timing identified on the **Implementation Timeline** within the ***Detailed Project Work Plan***.
   - Ensure timing requirements are documented and communicated to the State for final benefit sign-off to facilitate ID card mailing and delivery for its July 1, 2026, effective date.

3. **Employee Engagement App Setup**
   - Establish implementation of an Employee Engagement App if purchased by the State.

4. **Outbound Data Feeds**
   - Obtain requirements from the State on all outbound pharmacy data feeds.
   - Establish setup and timing of outbound data feeds to the State's vendors using BCBSNE's standard claim data extract and eligibility file information, as needed.
   - Require full disclosure from the State regarding its vendors for BCBSNE approval.

5. **Client Reporting Needs**
   - Establish the State's client reporting needs to determine if report development is required for any customization.
   - Support of customization will be coordinated by the State's assigned Client Consultant.

6. **State-Specific Website**
    - Create a State-specific member website and clearly communicate the availability to the State's population beginning with the State's initial open enrollment, then maintaining the site to house all benefit documents and other member communications.
    - This site is separate from (a) the secure member portal that will be available to the State's members, and (b) the employer portal that will be available to the State's benefits team.

7. **Member Services Advocate Logistics**
    - Identify logistics for including a Member Services Advocate onsite at the State.
    - Determine office location, equipment, and other necessary arrangements.

ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

SOLICITATION NUMBER - 122436 O5

Bidder: NAME

Instructions for Completing this Questionnaire Workbook
• Provide succinct yet informative responses.
• Bidder should complete all questions in this Questionnaire.

ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

SOLICITATION NUMBER - 122436 O5

Bidder: Blue Cross and Blue Shield of Nebraska (Prime Therapeutics, LLC)

All Bidders must comply with the following conditions regarding the RFP. Confirm your capability to meet each of the following with a response of Confirmed or Not Confirmed. If your response varies by the plan option(s) you are quoting, please explain. If a Bidder takes exception to any of these confirmations, it must be clearly noted. These confirmations will also explicitly apply to any subcontractors used.

Confirmations		Vendor Response
A.	**GENERAL**	**Response (Confirmed/Not Confirmed)**
A.1	PBM agrees the State has the right to terminate the contract for any reason without penalty of any kind upon ninety (90) days-notice. The State will receive all rebates accrued during the tenure of the contract.	Confirmed
A.2	PBM agrees the State reserves the right to audit the State's PBM claim records, and any other financial records as they pertain to the pharmacy benefit program, whenever the State deems it appropriate, using whatever methodology and vendor they choose. Such claim audits may be performed by the State's personnel or by outside auditors selected by the State.	Confirmed.
A.3	PBM agrees if selected as a finalist, to provide a signature ready contract and that your responses to the RFP, including all attachments, will be included as an attachment to the contract. The State reserves the right to negotiate additional changes to the final contract.	Confirmed
A.4	PBM agrees it shall provide a fully pass-through network, meaning it will bill the State the same as it reimburses network pharmacies for retail, mail order, and specialty drug claims. The PBM shall also pass-through 100% of Rebates to the State. All business practices, processes, and sources of revenue must be fully disclosed upon request.	Confirmed
A.5	PBM agrees the State reserves the right to carve-out specialty and mail order drug fulfillment and/or utilization management if it determines it is financially advantageous to do so.	Confirmed
A.6	PBM agrees to develop a member satisfaction survey approved by the State to be sent to each plan member, conduct the survey, and collect and report respondent results on an annual basis at no additional cost to the State.	Confirmed
A.7	PBM agrees to provide easy-to-access management reports approved by the State in Excel or in a format that can be exported to Excel at least quarterly and as otherwise requested by the State.	Confirmed
A.8	PBM agrees to abide by all Federal and State laws and requirements throughout the contract term.	Confirmed.
A.9	PBM will not render or administer services off-shore, and all work performed will be in the contiguous United States.	Confirmed.
B.	**CONTRACT DEFINITIONS**	**Response (Confirmed/Not Confirmed)**
B.1	Contract Definitions	
	a. AWP (Average Wholesale Price) –The actual reported "AWP" from Medi-Span for the specific NDC-11 on the Day of Service for all channels (i.e., Retail, Mail, and Specialty). Claims will not use an average AWP or pre-settlement AWP, nor will the AWP be externally calculated, altered, or adjusted. Claims at Mail and Specialty pharmacies will use the AWP of the actual package size and NDC-11 used to dispense (not the package size of the prescription dispensed or alternative package sizes).	Confirmed.
	b. Brand Drug - For adjudication purposes, a drug that is approved by the U.S. Food and Drug Administration (FDA) and is distributed under an FDA Application Type of new drug application (NDA) or biologic license application (BLA), and which is not an Authorized Generic and which is not a House Generic. In instances where the Brand or Generic status of a drug, as determined by the Contractor relying on an independent published source, differs from this definition, the Contractor may rely on its standard drug classification system for operational purposes of claim adjudication. All Brand Pricing Guarantees will be reconciled based on Medi-Span multi-source code field M, N, or O, excluding House Generics, as defined herein, and shall mean drugs or devices for which the Medi-Span Multisource Code field contains "M" (co-branded product), or "N" (single source brand), or "O" (originator). If the multi-source code in Medi-Span is "O", and there is a DAW code of 3, 4, 5, 6, or 9, the drug shall be considered a generic.	Confirmed
	c. Biosimilar - A FDA-approved type of biological product that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from its respective FDA-approved biological reference product, under Section 351(k) of the Public Health Service Act, as added by the Biologics Price Competition and Innovation Act of 2009.	Confirmed
	d. Claim - Prescription drugs, over the counter (OTC) products, drug products, medical supplies, or medical devices that are processed and paid through PBM's adjudication system or otherwise transmitted/processed by the PBM in accordance with State's applicable benefit plan design. Bidder agrees its financial bid is based on approved and Paid Claims only and will exclude all rejected, withdrawn, denied and/or reversed Claims.	Confirmed.
	e. Compound Drug - A medication that requires compounding by pharmacists because it is not available from a pharmaceutical manufacturer in the prescribed form or strength. Compound drugs consist of two or more solids, semi-solids, or liquids where at least one of which is a Covered Product.	Confirmed.
	f. Covered Product – The prescription drugs, supplies, and other items that are covered under the Benefit or treated as covered pursuant to a coverage determination appeal.	Confirmed.

	Confirmations	Vendor Response
	g. Generic Drug - For adjudication purposes, a drug that is approved by the U.S. Food and Drug Administration (FDA) and is distributed under an FDA Application Type of abbreviated new drug application (ANDA), or which is an Authorized Generic or which is processed as a House Generic. In instances where the Brand or Generic status of a drug, as determined by the Contractor relying on an independent published source, differs from this definition, the Contractor may rely on its standard drug classification system for operational purposes such as claim adjudication. All Generic Pricing Guarantees will be reconciled based Medi-Span multi-source code filed of Y or House Generic, as defined herein.	Confirmed
	h. Authorized Generic Drug - Any drug sold, licensed, or marketed under a new drug application (NDA) approved by the Food and Drug Administration (FDA) under section 505(c) of the Federal Food, Drug, and Cosmetic Act (FFDCA) that is marketed, sold or distributed under a different labeler code, product code, trade name, trademark, or packaging (other than repackaging the listed drug for use in institutions) than the Brand Drug.	Confirmed.
	i. House Generic Drug - A drug with the multi-source code field in Medi-Span of O when there is a DAW code of 5.	Confirmed
	j. Ingredient Cost - The total cost for a Covered Product on a Paid Claim, excluding Administrative Fees, Copay, Dispensing Fees, POS Rebates, government-imposed service fees, and taxes, in accordance with the terms of the Plan.	Confirmed.
	k. MAC – maximum allowable cost.	Confirmed.
	l. Rebates – Compensation or remuneration of any kind received or recovered from a pharmaceutical manufacturer or rebate aggregator attributable to the purchase or utilization of covered drugs by eligible persons, including, but not limited to, incentive rebates categorized as mail order purchase discounts; credits; rebates, regardless of how categorized; market share incentives; promotional allowances; commissions; educational grants; market share of utilization; drug pull-through programs; implementation allowances; clinical detailing; rebate submission fees; and administrative or management fees. Rebates also include any fees that PBM receives from a pharmaceutical manufacturer for administrative costs, formulary placement, and/or access.	Confirmed
	m. Manufacturer Administrative Fees - Those fees received by PBM or PBM's Affiliate(s) from pharmaceutical manufacturers or intermediaries pursuant to a contract between PBM or PBM's Affiliate(s) and a drug manufacturer to manage placement of Covered Products on PBM's Formulary and administering, invoicing, allocating and collecting Rebates that are attributable to Covered Products dispensed to Members.	Confirmed.
	n. Formulary – The list of clinically appropriate Covered Products covered by the State, organized into different tiers or levels indicating potential member cost share for each Covered Product.	Confirmed.
	o. Copay – The portion of the charge for each Covered Product dispensed to a Member that is the responsibility of such enrollee (e.g., copayment, coinsurance, cost sharing, and/or deductibles under initial coverage limits and up to annual out-of-pocket thresholds) as provided under the Benefit.	Confirmed.
	p. Paid Claims – Defined as all transactions made on eligible members that result in a payment to pharmacies or members from the State or State member copays. (Does not include reversals and adjustments.) Each unique prescription that results in payment shall be calculated separately as a paid claim.	Confirmed.
	q. Member – All eligible employees and their eligible dependents enrolled under the State prescription benefit program.	Confirmed.
	r. Market Check – An evaluation of prescription drug pricing based on benchmarks derived from existing market PBM agreements of comparable plans.	Confirmed.
	s. 340B Claim - A Claim identified by the submission of "20" in the Submission Classification Code field 420-DK and/or a Claim submitted by a pharmacy owned by a covered entity, as defined in Section 340B(a)(4) of the Public Health Services Act, whose 340B status is coded as "39" in the NCPDP DataQ database. Claims incurred at a PBM owned, operated, or affiliated mail or specialty pharmacy are not included in this definition.	Confirmed.
	t. GCN – A five-character numeric figure that represents the clinical formulation; it is specific to active ingredient list, route of administration, dosage form, and drug strength.	Confirmed.
	u. GPI or GP14 - Generic Product Identifier reported by Medi-Span. It is a 14-character hierarchical classification that identifies drugs from their primary therapeutic use down to the unique interchangeable product regardless of manufacturer or package size.	Confirmed.
	v. U&C Price (Usual and Customary) – The actual retail price charged by a Participating Pharmacy for a specified drug if purchased in a cash transaction on the date the drug is dispensed, as reported to Supplier by the Participating Pharmacy.	Confirmed.
	w. ZBD Claim (Zero Balance Due) – Any claim for which the Member is response under the applicable Benefit Plan for the full amount of the Claim's Gross Drug Cost and State is responsible for no portion of the Claim's Gross Drug Cost.	Confirmed.
B.2	Minimum Brand and Minimum Generic Discount Guarantees for both mail and retail shall be defined as follows: (1 – Aggregate Ingredient Cost/Aggregate AWP)	Confirmed.
	a. Aggregate Discounted Ingredient Cost prior to application of plan specific copayments will be the basis of the calculation.	Confirmed.
	b. Aggregate AWP will be sourced from Medi-Span.	Confirmed.
	c. Dispensing Fees are not included in the Aggregate Ingredient Cost.	Confirmed.

Confirmations		Vendor Response
	d. Zero Balance Due claims will be included in the guaranteed measurement for AWP, ingredient cost, achieved discounts or dispensing fee calculations at the discounted cost before copay.	Confirmed.
	e. All guarantee measurements shall be calculated prior to the Copay being applied. Entire dollar-for-dollar shortfalls, prior to the application of Copay, will be reimbursed to the State without any adjustments to remove zero balance due or excess copayment claims.	Confirmed.
	f. Both the Aggregate Ingredient Cost and Aggregate AWP from the actual date of claim adjudication will be used.	Confirmed.
	g. Aggregate AWP will be the date sensitive, 11-digit NDC of the actual product dispensed at both retail and mail and specialty.	Confirmed.
	h. Non-MAC, MAC, single-source, and multiple source generic products are to be included in the generic guarantee measurement (regardless of the exclusivity period and/or number of manufacturers) and excluded from brand guarantee measurement.	Confirmed.
	i. Compounds, OTC claims, and claims with ancillary charges will be excluded from the guarantee measurements for retail and mail order components.	Partially confirmed. We exclude compound, long term care (LTC) pharmacy, home infusion (HI) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, claims for products not included on the formulary, claims for products dispensed subject to grandfathering, claims for products approved through medical exception processes, U.S. territory (TER) pharmacy, 340B, Medicare/Medicaid, out-of-network, member-submitted (e.g., direct member reimbursement), coordination of benefits (COB), subrogation, invalid, usual and customary (U&C) claims and specialty (as defined by the BCBSNE specialty drug file) claims from discount and dispensing fee rates. Compound, long term care (LTC) pharmacy, home infusion (HI) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, claims for products not included on the formulary, claims for products dispensed subject to grandfathering, claims for products approved through medical exception processes, U.S. territory (TER) pharmacy, 340B, Medicare/Medicaid, out-of-network, member-submitted (e.g. direct member reimbursement), coordination of benefits (COB), subrogation, invalid, vaccine claims are excluded from rebate guarantees. We also exclude products with government-mandated reimbursement, emergency use protocols, or those related to Covid-19 (e.g., testing, vaccines, and treatments) from guarantee reconciliation.
	j. The guarantee measurement must exclude the savings impact from DUR programs, formulary programs, utilization management programs, and/or other therapeutic interventions.	Confirmed.
	k. Measurement will be performed annually via independent audit utilizing date-sensitive AWP derived from a single, nationally recognized price source for all claims.	Confirmed.
B.3	PBM agrees to provide upon request any proprietary algorithms, hierarchy or other logic employed to define a prescription drug as generic or brand.	Confirmed.
C.	**FINANCIAL - GENERAL**	**Response (Confirmed/Not Confirmed)**
C.1	PBM will invoice the State weekly for claims and once monthly for administrative services.	Confirmed. The State will be invoiced monthly with weekly claim reimbursement requests.
C.2	PBM agrees to bill administration fee on a fixed-fee, per Member per month basis.	Confirmed.
C.3	There are NO additional fees (beyond those outlined in the financial section) required to administer the services outlined in this Proposal. Any mandatory fees, including clinical and formulary programs fees, must be clearly outlined in the Financial Section.	Confirmed.
C.4	All fees include the cost of claims incurred/filled during the effective dates of this contract regardless of when they are actually processed and paid (run-out).	Confirmed.
C.5	PBM agrees to review and negotiate the pricing applied to newly introduced generic drugs annually.	Confirmed.
C.6	PBM agrees to adjudicate prescription claims for compound medications with the same dispensing fees and logic associated with traditional claims.	Confirmed.
C.7	All pricing will be effective and guaranteed for the term of the agreement and will not include adjustments for claims volume shifts amongst the various provider channels (e.g., mail utilization rates decline or 90-day retail utilization increases).	Confirmed
C.8	Confirm all pricing will be effective and guaranteed for the term of the agreement and will not be modified or amended if the State's membership decreases by 20% or less.	Confirmed.
C.9	All applicable administrative fees will be on a per member per month basis.	Confirmed.
C.10	Each distinct pricing guarantee (including rebates) will be measured and reconciled on a component (e.g. retail brand, retail generic, retail 90 brand, retail 90 generic, mail order brand, mail order generic, specialty brand drugs at participating retail pharmacies, specialty brand drugs at the PBM's Specialty Pharmacy, specialty generic drugs at retail, specialty generic drugs at PBM's Specialty Pharmacy) basis only and guaranteed on a dollar-for-dollar basis with 100% of any shortfalls recouped by the State. Surpluses in one component will not be utilized to offset deficits in another component.	We confirm this with the exception of rebate guarantees, Retail and ESN generic discount guarantees and Specialty discount guarantees. BCBSNE will reconcile rebates in aggregate and will reconcile discount guarantees on a component basis, with ESN and Retail generics reconciled in aggregate. We will not offset between channels. BCBSNE is offering an Overall Effective Discount (OED) for specialty discounts. We will not offset between rebate and discount guarantees.
C.11	PBM will provide a financial reconciliation report within 60 days after the end of each measurement period, and the report will include the contractual and actual discounts and dispensing fees for each component (e.g., retail brands, retail generics, mail brands, mail generics, specialty drugs via Participating Retail Pharmacies, specialty drugs via the PBM's Specialty Pharmacy).	Confirmed
C.12	PBM agrees that any shortfall between the actual result and the minimum guarantee will be paid, dollar-for-dollar, to the State within 90 days of the end of the measurement period.	Confirmed

	Confirmations	Vendor Response
C.13	PBM ’s financial reconciliation that occurs after the end of the measurement period will use the lower of the AWP pricing at the point of adjudication or the retroactive AWP pricing, if the pricing source the PBM uses issues retroactive AWP pricing for that annual reconciliation time period.	Confirmed
C.14	PBM agrees to the use of a single, consistent Maximum Allowable Cost (MAC) list for each drug (NDC-level). PBM agrees to share the MAC list with the State for pricing verification on a quarterly basis, and whenever new drugs are added or upon request.	Partially Confirmed. BCBSNE agrees to share MAC lists quarterly or upon request. However, BCBS of NE does not utilize a single MAC list for all pharmacies within a given channel. This is because every pharmacy contracted in the network may have different contracted economics. The distinct MAC lists by chain are in use to optimize the value that the chain is contracting, and as a result, BCBS of NE is passing through.
C.15	All pricing submitted will NOT be contingent on participation in any proposed clinical management programs, group medical or behavioral health programs proposed by you or any other vendor other than programs that are requested by the State. Further, the pricing guaranteed in the Financial Section of this RFP reflects a) the PBM’s broadest national network and b) the PBM’s proposed formulary, without mandated utilization management unless otherwise authorized or requested by the State.	Confirmed.
C.16	All pricing will NOT be contingent on specific utilization patterns. For instance, pricing terms contingent on limited utilization in a specific geographic location (e.g., Nebraska) is unacceptable.	Partially Confirmed. There are no credits or adjustments required for the Rebate guarantees offered with PDL25, which offers an exclusive biosimilar strategy. Because the originator products will be excluded on the formulary, we forecast +95% of volume will shift to low cost biosimilar products, that have a list price that is ~85% less than the originator. Under PDL20 Rebate offer, a co-preferred originator/biosimilar strategy is assumed. The co-preferred assumes 99% of volume remaining with originator and 1% moving to biosimilar. In the event that the distribution of originators vs biosimilar differs from forecasts for the PDL20 (co-preferred), BCBS of NE reserves the right to amend the Specialty Rebate guarantee for PDL20 only.
C.17	PBM will NOT implement or administer or allow any program that results in the conversion from lower discounted ingredient cost drug products to higher ingredient cost drug products without the prior written consent of the State or its designee.	Confirmed.
C.18	PBM agrees to annual Market Checks conducted by an independent third party (of the State’s choosing) to ensure the State is receiving market competitive pricing terms within the industry based on its volume and membership and will improve pricing in the event that the State’s contract terms are less than market competitive.	Confirmed
C.19	PBM agrees to implement new pricing to commence at the beginning of the following plan year. Acceptance of the new pricing will NOT result in extension of the contract, unless requested by the State.	Confirmed
C.20	Mail order pricing and rebates will apply to all claims that adjudicate at mail regardless of days’ supply.	Confirmed.
C.21	PBM agrees that mail order and specialty drug dispensing fees will remain constant throughout the contract term and will not be increased for any increases in postage charges.	Confirmed.
C.22	PBM will guarantee Retail/Mail Order unit cost equalization, meaning that Mail Order unit costs prior to member cost sharing, dispensing fees, and sales taxes charged to the State will be no greater than the unit cost for the same NDC-11 at Retail.	Not confirmed. BCBSNE/Prime do not own a mail order pharmacy and typically do not require use of mail order. We allow members to choose best pharmacy provider for them and have focused contracting efforts to allow members to choose best option at comparable costs to the plan. This allows independent and retail pharmacies to provide services in Nebraska vs. sending to out of state pharmacy mail order pharmacy unless the member determines that is more convenient for them. We cannot guarantee that home delivery unit costs prior to member cost sharing, dispensing fees and sales taxes for the same NDC-11 will be no greater than those at retail. Due to differences in pharmacy contracts and applicable state legislation, home delivery pricing may not always be at or better than retail pricing.
C.23	PBM agrees to produce a date-sensitive comparison report showing unit costs charged to the State at a GCN-level, and reimburse the State on a dollar-for-dollar basis for all instances where mail order unit costs exceed retail unit’s costs. Report and reconciliation will be provided on an annual basis.	Not confirmed. BCBSNE/Prime do not own a mail order pharmacy and typically do not require use of mail order. We allow members to choose best pharmacy provider for them and have focused contracting efforts to allow members to choose best option at comparable costs to the plan. This allows independent and retail pharmacies to provide services in Nebraska vs. sending to out of state pharmacy mail order pharmacy unless the member determines that is more convenient for them. We cannot guarantee that home delivery unit costs prior to member cost sharing, dispensing fees and sales taxes for the same NDC-11 will be no greater than those at retail. Due to differences in pharmacy contracts and applicable state legislation, home delivery pricing may not always be at or better than retail pricing.
C.24	The State will be notified of any switch in the AWP source at least 180 days prior to the change. In the event that the AWP source change is not determined by a third party to be price neutral for the State, the State will have the right to terminate the contract with no penalty.	Confirmed.
C.25	PBM will be responsible for collecting any outstanding member cost shares for prescriptions dispensed through the mail order facility. The PBM will not invoice the State for any uncollected member cost shares.	Confirmed.
C.26	The State will have the ability to adjust “refill-too-soon” limits at both retail and mail without any modifications to the guaranteed pricing.	Confirmed.
C.27	PBM agrees to provide weekly and/or monthly data transmissions to any other relevant State vendors at no charge, and two full, annual electronic claims files, in NCPDP format, at NO charge. PBM will also interact/exchange data with all vendors as required at no additional charge.	Confirmed. BCBSNE's standard data layout extract will be provided at no charge to the State's vendors.
D.	**FINANCIAL - REBATES**	**Response (Confirmed/Not Confirmed)**
D.1	Guaranteed rebates per brand will be based on all Brand prescriptions dispensed, not only on formulary prescriptions dispensed.	Confirmed

	Confirmations	Vendor Response
D.2	Rebates are guarantees on a minimum (i.e., not fixed) basis, and the PBM will pass through 100% of the rebates through to the State.	Confirmed.
D.3	Over-performance of minimum rebate guarantees will not be used to offset performance guarantee shortfalls in any other pricing guarantees.	Confirmed. Rebate guarantees are measured in aggregate, however.
D.4	Rebates will not be withheld for execution of any contract amendments. The State is entering into a three-year agreement and needs no annual renewals/amendments signatures for payment of rebates.	Confirmed
D.5	PBM will reconcile rebate guarantees to verify that the State is receiving the guaranteed rebates and provide rebate payments and reports listing detailed rebate utilization and calculations to the State quarterly, within sixty (60) calendar days of the quarter's close, without a request being made by the State.	Confirmed.
D.6	PBM will provide the annual rebate report within 180 days of the end of each contract year. Any shortfall between the actual result and the minimum rebate guarantees will be paid, dollar-for-dollar, to the State within 180 calendar days of the end of the contract year.	Confirmed
D.7	All rebate revenue earned by the State will be paid to the State regardless of its termination status as a client. Lag rebates will continue to be paid to the State after termination until 100% of earned rebates are paid.	Confirmed
D.8	PBM agrees to produce an auditable quarterly report demonstrating pass-through rebates. PBM will **attach a sample of the report** they intend to use as part of their response.	Confirmed. BCBSNE and Prime do not release detailed rebate reporting. Rebate payments will occur quarterly on the month-end invoices. If awarded the business, we will provide a sample report demonstrating pass through of rebates.
E.	**FORMULARY MANAGEMENT**	**Response (Confirmed/Not Confirmed)**
E.1	PBM agrees to provide written notification to the State or its designee at least 90 days in advance when a Formulary drug is targeted to be moved to or from the Formulary drug list. PBM must provide a detailed disruption and financial impact analysis at the same time. No greater than five percent (5%) of Members will be disrupted by any formulary deletions or all deletions in total, on an annual basis.	Confirmed. We will provide 90 days' notice prior to formulary changes. Typically, we implement positive changes 90 days after P&T and negative changes 180 days after P&T. If we identify impacted members, a clinical manager provides a disruption report. We strive to minimize member disruption year over year with our formularies. We remove products only when they are no longer Medicare eligible, no longer available on the market or deemed unsafe for use. While we do not guarantee that no more than five percent (5%) of members will be disrupted by any formulary deletions or all deletions in total on an annual basis, we focus on maintaining minimal member disruption with our formularies.
E.2	PBM agrees to send timely notification letters to affected Members and their prescribing physicians of drug formulary changes or other changes where there is a negative impact to Member at no additional fee.	Confirmed
E.3	PBM agrees to remove drugs from coverage or the Formulary at most two times per year (7/1 and 1/1) and no greater than five percent (5%) of participants will be disrupted by any formulary deletions or all deletions in total, on an annual basis (except where a Generic drug is replacing a Brand drug).	Confirmed.
F.	**PHARMACY NETWORK MANAGEMENT**	**Response (Confirmed/Not Confirmed)**
F.1	PBM will not withhold any financial recoveries from audits performed on the contracted pharmacy network including mail order and specialty pharmacies. Any recoveries will be disclosed and credited to the State.	Confirmed.
F.2	PBM agrees that it will not remove any participating network pharmacies that impact greater than 2% of the State's prescriptions without communicating to the State at least sixty (60) days in advance of the scheduled change. If the change is not agreeable to the State, the State will have the right to terminate the agreement without penalty.	Confirmed.
F.3	PBM agrees to provide network geo-access reporting to the State upon request and to maintain targeted access levels throughout the contract term and such access shall include independent pharmacies throughout the State and nationally.	Confirmed.
F.4	PBM agrees to not introduce any new drug or therapeutic category limitations to any participating network pharmacies during the term of the contract.	Confirmed.
G.	**AUDITING & AUDIT RIGHTS**	**Response (Confirmed/Not Confirmed)**
G.1	PBM agrees that all financial pricing components (discounts, dispensing fees, rebates) are subject to independent, electronic audit utilizing date sensitive AWP information on an NDC level from a nationally recognized pricing source (e.g., MediSpan).	Confirmed.
G.2	The State or its designee will have the right to audit annually, with an auditor of its choice, (for both claims and rebates), with full cooperation of the selected PBM, the claims, services and pricing and/or rebates, including the manufacturer or aggregator rebate contracts held by the PBM, to verify compliance with all program requirements and contractual guarantees with no additional charge from the PBM.	Confirmed with the following modifications/requirements: • 60 day written notice • One audit of rebates is allowed per year • Pharmacy rebate audits of the Group Purchasing Organization (GPO) can be conducted virtually • Manufacturer selection must be done no later than six weeks prior to the onsite audit • Auditor must be an approved independent third party that • has a separate stand-alone audit division • carries commercially reasonable insurance coverage for professional malpractice • is approved by BCBSNE and the GPO • executes a mutually acceptable confidentiality agreement with the GPO • Auditor may review the number of manufacturer agreements necessary up to 50% of the total rebate amounts for two calendar quarters during the 24-month period immediately preceding the audit for pharmacy rebate.
G.3	The State or its designee will have the right to audit up to 36 months of claims data at no additional charge from the PBM.	Confirmed.
G.4	The State or its designee will have the right to audit, with an auditor of its choice, at any time provided the State gives 90-days advance notice.	Confirmed.

	Confirmations	Vendor Response
G.5	PBM will provide complete claim files and documentation (i.e., full claim files, financial reconciliation reports, inclusion files, and plan documentation) to the auditor within 30 days of receipt of the audit data request as long as a non-disclosure agreement is in place between the auditor and the PBM.	Confirmed.
G.6	PBM agrees to a 30-day turnaround time to provide the full responses to all of the sample claims and claims audit findings.	Confirmed.
G.7	PBM agrees to financial guarantees for turnaround times for each stage of the audit process.	Confirmed.
G.8	PBM will correct any errors that the State, or its representative, brings to the PBM's attention whether identified by an audit or otherwise.	Confirmed.
G.9	The State or its designee will have the right to audit up to 12 pharmaceutical manufacturer contracts during an on-site rebate audit.	Confirmed.
G.10	The State's right to audit shall survive the termination of the agreement between the parties for a period of 3 years.	Confirmed.
G.11	The State will not be held responsible for time or miscellaneous costs incurred by the PBM in association with any audit process including, all costs associated with provision of data, audit finding response reports, or systems access, provided to the State or its designee by the PBM during the life of the contract. Note: This includes any data required to transfer the business to another vendor and money collected from lawsuits and internal audits.	Confirmed.
H.	**HIPAA COMPLIANCE**	**Response (Confirmed/Not Confirmed)**
H.1	PBM certifies that all personnel/staff in PBM's organization have completed their initial HIPAA training and will continue to complete HIPAA training on an annual basis.	Confirmed.
H.2	PBM will provide a copy of their **most recently completed HIPAA assessment** with their RFP submission.	Please refer ***EXHIBIT Y - HIPAA Assessment.***
H.3	In the event of a privacy violation or data breach, PBM will provide any required remedies to resolve the violation/breach.	Confirmed.
H.4	PBM agrees to hold the State harmless for any HIPAA Violations made by the PBM and its Network Pharmacists.	Not confirmed. Prime agrees to hold the State harmless with regard to HIPAA violations made by Prime. However, we do not have control over contracted pharmacies.
I.	**PLAN DESIGN**	**Response (Confirmed/Not Confirmed)**
I.1	PBM agrees to duplicate the plan features and level of coverage presently offered to the State's covered member population.	Confirmed.
I.2	PBM will ensure its proposal is issued in accordance with the specifications and information, including the full Summary Plan Descriptions (SPD) of each plan offered by the State, referenced in this RFP. PBM is required to review each plan SPD provided online at the State of Nebraska website for plan design and coverage provisions.	Confirmed. We have proposed benefit plans based on the State's current offerings.
I.3	All deviations of your ability to administer the current plan designs and coverage provisions must be CLEARLY identified. The State reserves the right to modify and/or change plan designs on an annual basis at no additional cost to the State. All deviations from the plan design requirements will be scored accordingly.	Confirmed. We have identified minimal deviations within the PROPOSED BENEFITS & DEVIATIONS section of our TECHNICAL PROPOSAL.
J.	**IMPLEMENTATION, OPEN ENROLLMENT, AND COMMUNICATION**	**Response (Confirmed/Not Confirmed)**
J.1	PBM shall provide an implementation plan assuming a December 1, 2025, contract award. At a minimum, the Implementation Project Plan must provide specific details on the following: a. Identification and timing of significant responsibilities and tasks b. Names, titles, and experience of key implementation staff and time dedicated to the State during implementation c. Identification and timing of the State's responsibilities d. Transition requirements with the incumbent vendors e. Staff assigned to attend and present (if required) at Open Enrollment f. Data and timing requirements from current vendors to ensure transition of care and transfer of any open-refill, prior authorization, or other necessary files	Since BCBSNE's proposal for pharmacy administration requires medical administration with BCBSNE (Prime does not stand alongside other administrators/carriers), we confirm our proposal includes an implementation plan using a December 1, 2025, bid award date as instructed. Please refer to the ***TECHNICAL RESPONSE, Detailed Project Work Plan*** , for a copy of our implementation timeline.
J.2	Confirm implementation will be completed prior to the State's Annual Open Enrollment period in May 2026. The implementation plan(s) shall also define responsibilities assigned to the contractor and responsibilities assigned to the State. Failure to provide this information may be grounds to reject a proposal.	Confirmed.
J.3	After J.2, please add: Confirm that, if awarded the business, you will be prepared to start implementation work as of the contract award date due to the lead time needed for open enrollment.	Confirmed.
J.4	PBM must provide a dedicated implementation manager whose sole account is the State, who in coordination with the dedicated account manager and account management team, will effectively manage the implementation of this program. The dedicated implementation manager must continue to support the State a minimum of 60 days after the Go Live date of July 1, 2026, should the State desire. Such support includes, but is not limited to: weekly calls with the State and the designated Account Management team; maintenance of issue tracking logs; and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to the State.	Confirmed.
J.5	The State requires that the PBM will be available and participate in the State's Open Enrollment communications campaign.	Confirmed.

	Confirmations	Vendor Response
J.6	PBM shall provide detailed information on its procedures and time frame to prepare for annual Open Enrollment. The State will offer an annual Open Enrollment period during which time covered members may switch their plan of coverage. The successful contractor shall provide staff to assist State HR Personnel and Administrative Services – State Employee Benefits with annual Open Enrollment meetings in various locations throughout the State. The successful contractor shall have certificate books ready for distribution prior to the State's annual Open Enrollment; State will provide plan designs electronically to Contractor 30 days prior to annual Open Enrollment. Describe your company's timelines and deadlines for Open Enrollment (system updates due to plan changes or file formats, new divisions, manual work arounds, dates for last pre-OE updates, OE file updates, etc.).	Confirmed. BCBSNE will follow a structured and collaborative process to prepare for the State of Nebraska's Open Enrollment period. The BCBSNE's/Prime's Account Team will play a pivotal role by attending both on-site and virtual meetings, as needed. In the lead-up to these Open Enrollment meetings with the State's employees, the team will work closely with the State to finalize meeting agendas and ensure that benefit booklets are available online for employees to review 30 days prior to the Open Enrollment period. This preparation is guided by the Implementation Timeline, which outlines all key dates to ensure that benefits are fully finalized with the State. Additionally, the BCBSNE/Prime Account Team will provide valuable input on the State's Open Enrollment presentations and offer recommendations on specific member communications. This ensures that employees have a clear understanding of their benefit plan options. By working collaboratively with the State, BCBSNE aims to facilitate a smooth and informative Open Enrollment process for all employees.
J.7	PBM shall incur all costs for printing and distribution of all communications, including but not limited to:	
	a. Identification Cards (ID) printed	Confirmed.
	b. Booklets electronic copy provided	Confirmed.
	c. Certificates electronic copy provided	Confirmed.
	d. Summary Plan Descriptions (SPDs) electronic copy provided	Confirmed.
J.8	PBM shall incur all costs for additional open enrollment materials, including but not limited to:	
	a. Additional custom printing	Confirmed.
	b. Web hosting	Confirmed.
J.9	When customized printing is required, the PBM shall present a proof to the State for approval in a timely manner.	Confirmed.
J.10	PBM agrees that if they become the successful contractor that no external communications material that mentions the State's benefit plans may be circulated without written approval from the State. The State reserves the right to review, edit, or customize any communication from the PBM to its membership.	Confirmed.
J.11	PBM shall provide detailed information on how it will communicate to the members. PBM must provide sample communication materials such as certificate of coverage booklets, up-to-date-provider network directories, request letters for clinical programs, and sample EOBs.	Confirmed. Please refer to the following exhibits: ***EXHIBIT F - Sample Pharmacy Communication Materials*** ***EXHIBIT G - Sample Benefit Booklet*** ***EXHIBIT H - Sample Pharmacy Network Directory (Broad Network)*** ***EXHIBIT I - Sample Request Letters for Clinical Programs*** ***EXHIBIT J - Sample EOB***
J.12	PBM shall provide members access to written or electronic EOB statements at no cost to the State or member.	Confirmed.
J.13	PBM shall produce ID cards and/or temporary proof of benefit letters in "real time". Identification cards will be subject to final approval by the State.	Upon enrollment, physical ID cards, along with welcome kit information, are sent out and delivered to subscribers. Physical ID cards are guaranteed to be mailed from our vendor within 30 days of receipt of a clean eligibility file from the State. If the State provides email addresses for subscribers at initial enrollment, subscribers will receive a email from BCBSNE and they will be able to access their temporary ID card digitally until the physical ID card is received. BCBSNE will obtain approval from the State on ID Cards.
J.14	PBM agrees that 100% of ID cards will be distributed within 10 business days of being notified of the new or changed enrollment by the State.	Physical ID cards are guaranteed to be mailed within 30 days of receipt of clean eligibility file. If the State provides email addresses for subscribers at the initial enrollment, subscribers will receive a welcome email from BCBSNE and they will be able to access their temporary ID card digitally until the physical ID card is received.
J.15	PBM agrees that replacement ID cards must be mailed within ten (10) business days of notification.	Confirmed.
J.16	Confirm that ID cards will be subject to final approval by the State.	Confirmed.
J.17	PBM agrees to in-person meetings with the State as required to discuss plan performance, present utilization and financial results, etc. at PBM's expense. At a minimum, the State expects that the Account Executive and Clinical Pharmacist attend these meetings.	Confirmed.
J.18	Confirm you will provide a dedicated 24-hour toll-free customer service phone line available during Open Enrollment as well as throughout the year.	Confirmed.
K.	**VENDOR ACCOUNTABILITY AND PERFORMANCE GUARANTEES**	**Response (Confirmed/Not Confirmed)**
K.1	Minimum performance standards are included in Part I - Attachment D – State of Nebraska Health Insurance Performance Standards. PBM must provide these standards measured on State specific data. Confirm agreement.	Not confirmed. We have offered modified guarantees as shown within our response.
K.2	The State requires that 30% of the Administrator's annual PBM Fees be placed at risk annually as a financial penalty for failure to meet the **administrative performance guarantees** in accordance with Part I - Attachment D, as established by the State of Nebraska. All penalties will be assessed based on these pre-established guarantees against actual State-specific performance results annually, not the bidder's book of business. Confirm agreement.	Confirmed.
K.3	The State requires that 30% of the Administrator's PBM Fees be placed at risk as a financial penalty for **network discount guarantees** provided by the PBM. All penalties will be assessed based on the State-specific annual performance results only. Confirm agreement.	Confirmed.

ATTACHMENT C - CONFIRMATIONS & QUESTIONNAIRE

SOLICITATION NUMBER - 122436 O5

Bidder: Blue Cross and Blue Shield of Nebraska (Prime Therapeutics, LLC)

	Questionnaire Section	Section	Response
A	**EXPERIENCE AND REFERENCES**	**Experience**	**RESPONSE**
A.1	Provide three references of clients. At least one reference should include a Public Sector group with at least 15,000 lives.	Experience	
	Reference #1:	Experience	
	a. Company Name	Experience	**HDR, Inc.**
	b. Contact Person	Experience	Abbey Kohler
	c. Title	Experience	Vice President Compensation and Benefits Director
	d. Telephone #	Experience	402-399-1487
	e. E-mail Address	Experience	Abbey.Kohler@hdrinc.com
	f. Total Membership	Experience	18,500 members
	g. Tenure (Years)	Experience	36 Years
	Reference #2:	Experience	
	a. Company Name	Experience	**Bryan Health System**
	b. Contact Person	Experience	Tim Bartlett
	c. Title	Experience	Total Rewards Director
	d. Telephone #	Experience	402-481-0879
	e. E-mail Address	Experience	Tim.Bartlett@bryanhealth.org
	f. Total Membership	Experience	11,350 members
	g. Tenure (Years)	Experience	Two years
	Reference #3:	Experience	
	a. Company Name	Experience	**Educators Health Alliance (EHA)**
	b. Contact Person	Experience	Trish Guinan
	c. Title	Experience	Executive Director, Nebraska State Education Association
	d. Telephone #	Experience	402-475-7611 or 800-742-0047
	e. E-mail Address	Experience	Trish.Guinan@nsea.org
	f. Total Membership	Experience	96089 members
	g. Tenure (Years)	Experience	32 Years
A.2	For your entire book of business, provide the total year-end national group members. Please also provide statistics for your Public Sector clients.	Experience	Prime response: At the end of 2024, Prime provided pharmacy benefits to the following number of members, across our entire book of business we covered 39,023,435 members. • Public sector membership = 3,291,712 • Non public sector membership = 35,731,723
	Total Covered Lives (excluding non-insured discount programs)	Experience	Prime provided pharmacy benefits to the following number of members, across our entire book of business we covered: 2023: • Members: 39,305,579 members • Public sector membership: 3,382,303 • Non-public sector membership: 35,923,276 2024: • Members: 39,023,435 • Public sector membership: 3,291,712 • Non-public sector membership: 35,731,723
	2024	Experience	39,023,435
	2023	Experience	39,305,579
	Public Sector Covered Lives (excluding non-insured discount programs)	Experience	
	2024	Experience	3,291,712
	2023	Experience	3,382,303
	Number of Public Sector Clients	Experience	
	2024	Experience	26
	2023	Experience	30
	Number of Public Sector Clients with 15,000+ lives	Experience	
	2024	Experience	19
	2023	Experience	20
A.3	Explain your revenue model	Experience	We derive the majority of our earned revenue from services we provide, rather than exchanging drug formulary status for manufacturer rebates or other incentives. We do not accept any monies from manufacturers for using or selling data, educational grants, co-promotional programs or pricing margins. To maintain the integrity of our clinical approach, we refuse all manufacturer funding for clinical programs. The administrative fee and miscellaneous clinical program fees serve as Prime's only revenue sources to produce margins.
A.4	Do you consider your solution a transparent PBM model?	Experience	Confirmed. We are a trusted, truly transparent pharmacy solutions partner delivering savings, simplicity and support to our clients and members. We demonstrate true transparency by not steering people to our pharmacies or pursuing the highest margins, instead doing what is right for our clients and their employees by passing value back to those we serve. We will provide relevant information to The State, subject to a confidentiality agreement and make available our SOC 1 Type II report and bridge letter upon request and with a signed NDA. Our approach is built on transparency, conflict-free operations, and a commitment to integrity and ethical interactions, setting a new standard for the industry.
	a. If yes, how long have you offered a transparent PBM model?	Experience	Prime has offered a transparent PBM model since our inception.
	b. Do you have accounts that are not a transparent PBM model?	Experience	Confirmed.
	c. If yes, what percentage of your book of business in on a non-transparent PBM model?	Experience	We do not track this metric at this time.
A.5	What has your average trend (claim inflation rate) been for the last 4 years, by year, for middle and enterprise market segments.	Experience	Overall trend rates for the last four years are as follows: • 2021: 1% • 2022: 10% • 2023: 11.6% • 2024: 7.7% These figures represent the overall trend rates across all segments, as specific breakdowns for middle and enterprise market segments are not provided in the available data.
A.6	Does your firm participate in the business model of "claw backs" for any commercial / public plans? Please elaborate.	Experience	No. We do not participate in the business model of "clawbacks." We exist to help people get the medicine they need to feel better and live well. We start everything we do with savings, not profit. Unlike other PBMs that emphasize transactional margins to grow their profit, we focus on lowering the net cost of drugs and the overall cost of care. We make formulary decisions by considering long-term health costs and using evidence-based UM criteria to address appropriate drug use. We tailor our recommendations to clients rather than upselling programs or benefits that contribute to our bottom line, such as automatic refills or 90-day supplies of specialty drugs. We do not own our home delivery and specialty pharmacies, so we can truly address access, outcomes and costs. All of this means that our better starting point produces better results for our members and clients. We dedicate ourselves to defining this model so that more people can benefit from advances in pharmacy.
B	**ACCOUNT MANAGEMENT**	**Acct Mgmt**	**RESPONSE**
B.1	Confirm that the proposed account management team has at least three (3) years working with Public Sector group pharmacy drug benefit plans having at least 15,000 employees.	Acct Mgmt	Confirmed.
B.2	Confirm you will provide an Account Executive and a backup account staff member that will handle ALL service matters related to the operation of the program.	Acct Mgmt	Confirmed.
B.3	Confirm you will respond to all State inquiries within one (1) business day.	Acct Mgmt	Confirmed. Our Account Team will acknowledge all requests within 24 hours.
B.4	The State may require that the PBM's Account team to attend The State's Board meetings at the PBM's expense. Confirm understanding.	Acct Mgmt	Confirmed.
B.5	How do you assess the Account Team's performance and quality of service? Provide a sample of an annual score card or template used.	Acct Mgmt	Our Account Team staff will be thoroughly and continuously reviewed based on our internal BCBSNE performance review criteria, as well as feedback and scoring from the State's benefit staff via an annual Account Team satisfaction survey. Please refer to ***EXHIBIT Q - Account Team Performance Assessment.***
C	**MEMBER SERVICES**	**Member Svcs**	**RESPONSE**
C.1	The State requires a dedicated toll free number and Customer Service for this contract. This line should be dedicated solely for the use of State members.	Member Svcs	Confirmed.
	a. Confirm member service representatives are available 24 hours a day, 365 days a year.	Member Svcs	Confirmed.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response
	b. Where will this unit be located?	Member Svcs	All departments at BCBSNE are based out of our corporate headquarters located in Omaha, NE. Our Member Services advocates (representatives) are allowed to work remotely and are proudly based right here in Nebraska, serving members from over 40 counties across the state. This local presence allows us to deliver personalized, community-informed support with a deep understanding of the people we serve. Our advocates aren't just voices on the phone—they're neighbors, committed to making a difference in the lives of fellow Nebraskans.
C.2	Describe the process members use to transfer from the interactive voice response unit (IVR) to speak to a live representative.	Member Svcs	When a member calls, they are asked to confirm if they are a member or a provider calling by pressing 1 or 2 respectively. Members would hear a message (updated monthly) to help remind users of certain topics relevant to the State (Myblue Web Portal, Flu Shot reminder, etc.). As an example, we then ask the member to select one of the follow options to understand what they need help with: To utilize our quick self-service options, such as hearing claim status, deductible information, or TO order new ID cards and more, press 1 For information about your prescription medication benefits or Prescription claims press 2 For information about your dental benefits or Dental claims press 3 If you have questions about your medical benefits press 4 If you have questions about a medical claim press 5 If you are calling about your myblue account, or to update your personal information press 6 To repeat these options press 8 We ask the member to enter their 9 digit ID number and Date of Birth. If the member does not have their ID available, they can move on to a Representative. If they enter their ID/date of birth, that information will be passed to the Representative for quicker authentication. Average time is around 2 minutes from opening message through if ID/date of birth is entered.
C.3	Describe your clinical pharmacist support to members, hours available, and how members reach a pharmacist.	Member Svcs	Members have access to BCBSNE Customer Service to support inquiries related to medical and prescription drug benefits. Depending on the situation, the BCBSNE Customer Service reps have access to BCBSNE staff to support responses if clinical intervention is needed. Additionally, members have access to home delivery and specialty pharmacy support through the customer service of those entities. Members have access to BCBSNE Member Services to support any needs related to medical and prescription drug benefits. Our Member Services team collaborates with internal teams as needed, including clinical pharmacists, to support member inquiries or issues. BCBSNE's nurse care managers can also assist members with questions related to prescription drug benefits as the nurses have direct access to pharmacists for consultations.
C.4	Confirm all member services calls are recorded and are accessible for the purposes of resolving member issues.	Member Svcs	Confirmed.
C.5	Describe the system by which the Member Service unit tracks and documents calls.	Member Svcs	All calls (100%) are recorded via our phone system. The notes from the interaction are documented within our CRM (Customer Relationship Management) system. We are able to locate calls and listen to the audio recordings to review the interactions between our callers and the Representatives. Our Member Service Advocates also document notes.
	a. Describe the process to review the findings of the call tracking and documentation process with the State.	Member Svcs	Our quality assurance program involves a dedicated team that listens to a random sampling of calls and reviews the associated documentation to ensure comprehensive performance evaluation. Each call and its documentation are reviewed against predefined criteria, focusing on adherence to protocols, accuracy, communication skills, problem-solving abilities, and customer satisfaction. Detailed feedback is provided through one-on-one coaching sessions, aimed at continuous improvement and skill enhancement. Regular training sessions and performance analysis help us maintain high standards and adapt to evolving best practices, ensuring exceptional service delivery and customer satisfaction. In addition to the quality assurance program, we review call trends, listen to call recordings and review documentation of the calls to ensure accuracy and resolution.
	b. Confirm this system is able to produce State-specific member service statistics.	Member Svcs	Yes, we will be able to produce State-specific member service statistics in relation to ASA (Average Speed of Answer), abandon rate, first call resolution and inquiry timeliness.
C.6	Describe your appeals procedures for denied claims or authorizations and time frames that a member would follow.	Member Svcs	A request for an internal appeal must be submitted on our designated appeal request form within six (6) months of the date the claim was processed or the date the adverse benefit determination was made. The form is available at www.nebraskablue.com. Members can also contact the Member Services department at the number found on the back of their I.D. card for appeal assistance. BCBSNE will provide the claimant a notice of receipt of the request within 3 days. The claimant may submit additional information for consideration, if needed. If the adverse benefit determination was based on a medical judgment, including a medical necessity or investigative determination for denied Prior Authorizations (PAs) or pre-certifications, BCBSNE will consult with health care professionals to discuss the medical judgment and make the appeal determination. The appeal determination will be made by individuals who were not involved in the original determination. **PRE-SERVICE (NON-URGENT)** Written notice of the appeal determination is provided within 30 calendar days. The member must appeal the internal appeal (1st level appeal) and file an external appeal (2nd level appeal) within 4 months after receiving the 1st level appeal decision. Written notice of the external (2nd level) appeal decision will be provided within 45 calendar days from the date the Independent Review Organization (IRO) receives the appeal.
C.7	Describe the escalation process for Member Service satisfaction and complaints.	Member Svcs	At BCBSNE, we are committed to delivering exceptional service and ensuring every customer concern is addressed promptly and thoroughly. Our escalation and complaint processes are designed with the customer at the center, ensuring transparency, accountability, and timely resolution. **Escalation Process:** We have a dedicated team of experienced professionals who are readily available to support escalated issues. When a situation requires additional attention, our escalation process ensures the following: **Immediate Acknowledgment:** Escalations are acknowledged promptly to reassure the customer that their concern is being prioritized. **Tiered Support:** Issues are escalated through clearly defined levels of expertise, ensuring the right resources are engaged at the right time. **Proactive Communication:** Customers are kept informed throughout the resolution process with regular updates and clear timelines. **Resolution Ownership:** A designated escalation manager oversees the issue from start to finish, ensuring accountability and follow-through. **Complaint Handling Process:** We view complaints as valuable opportunities to improve. Our complaint process includes: **Centralized Logging:** All complaints are logged to ensure visibility and traceability. **Thorough Investigation:** Each complaint is reviewed and investigated by the appropriate team to determine root cause and corrective actions. **Timely Follow-Up:** We follow up with customers to communicate findings, resolutions, and any steps taken to prevent recurrence. **Continuous Improvement:** Complaint data is analyzed regularly to identify trends and drive service enhancements. Our goal is to not only resolve issues but to build trust and long-term satisfaction through responsive, respectful, and effective support. Written notice of the appeal determination will be provided to the claimant within 60 calendar days.

OVERFLOW RESPONSES

POST-SERVICE
Written notice of the appeal determination will be provided to the claimant within 60 calendar days.
The member must appeal the internal appeal (1st level appeal) and file an external appeal (2nd level appeal) within 4 months after receiving the internal (1st level) appeal decision.
Written notice of the external (2nd level) review decision will be provided within 45 calendar days from the date the IRO receives the appeal.

EXPEDITED APPEAL (Urgent Care)
In the case of an urgent care claim, an expedited appeal may be requested orally or in writing. The request must meet urgent criteria to be reviewed in an expedited timeframe. An expedited appeal will be reviewed, determined and notice provided to the claimant within 72 hours after receipt.
Final time frames may vary from the above since they would be dependent upon the type of appeal endorsement that is added to the insured policy or self-funded plan.

If any appeals require the use of an independent review organization (IRO), BCBSNE does not pass the IRO's fees onto our clients.

	Questionnaire Section	Section	Response
C.8	Describe the State of Nebraska specific website you will have available by July 1, 2026, through which members can, at a minimum, access and view eligibility, plan benefits, pharmacy and formulary information, locate a pharmacy, price a prescription specific to the State's plan design, order a mail order refill, track a mail order shipment, and order a replacement card. This website will be linked to the State's internet home page.	Member Svcs	BCBSNE will provide the State with its own website for posting benefit documents and other member communications. Our member portal, MyNebraskaBlue, will also contain a single sign on to Prime's website, MyPrime.com. MyPrime.com enables members to manage their prescription drug benefit online by providing members with personalized information on medicine costs and coverage based on their benefit plan. Members can easily compare costs for medicines and find the nearest pharmacy in their network. It is a mobile optimized website and will automatically adjust to accommodate the mobile device in use. The mobile website supports all major platforms and form factors. Through our mobile-optimized website, we leverage tools and technology with operational excellence to educate and empower members through the following: • Search for medicines - perform medicine searches by drug name or condition • Find a pharmacy - search for home delivery or retail pharmacies, which can be found through a city, state or zip code search • Pricing - select a retail or home delivery pharmacy to view pricing information • Download a temporary card containing basic pharmacy benefit information • Review drug interactions - access the medicine details page for clear coverage information, generic equivalents, information on therapeutic alternatives and more • View status of coverage determination requests in real-time • View claims history - review details including cost, plan paid and out-of-pocket expenses and date range • Review plan information - learn about home delivery and specialty pharmacy options as well as frequently asked questions and definitions • We offer condition - specific educational resources for select chronic conditions with others in our future digital roadmap • Contact member services by a provided phone number or a "contact us" email link We monitor member feedback and continue to seek opportunities to enhance MyPrime.com to provide better experience to our members.
C.9	Describe your drug cost look-up tool on your member website that provides both the plan copay and full drug cost?	Member Svcs	Through our user-friendly pharmacy benefit management website, MyPrime.com, members can calculate estimated drug costs and price shop by location: **Calculate Drug Cost and Coverage:** The Drug Cost and Coverage feature allows members to calculate estimated costs for any generic or brand product, as well as access retail, specialty, and home delivery pricing. For a member who has logged into the secure member area of our website, the Drug Cost and Coverage feature uses plan-specific cost information specifically based on the member's coverage and pharmacy benefit plan. When a member enters a drug, form, quantity, strength and package size, the Drug Cost and Coverage feature returns the amount the member would typically expect to pay at that time. This estimate is based on the member's copay and other benefit design features. **Shop Prices by Location:** Members can also price shop by location by selecting a pharmacy based on address or ZIP code. The feature automatically prices at the member's last used pharmacy, but another pharmacy can be easily selected to view prices. In addition, within the checkout process, our mail order pharmacy partner provides both the member's insurance cost share price (including copayments, coinsurance, deductibles, etc.) and the MedsYourWay discount price to ensure the member is offered the best pricing possible as part of the MedsYourWay offering.
C.10	Describe your mobile app features, availability, and capabilities.	Member Svcs	We mobile-optimized the MyPrime website for our members. All features are available regardless of device/platform used to access the site.
D	**FORMULARY AND REBATE MANAGEMENT**	**Formulary**	**RESPONSE**
D.1	Provide a copy of your current proposed formulary (both a detailed file in Excel and an abbreviated PDF version). Provide a listing of any excluded drugs along with the preferred clinical alternatives.	Formulary	Please see PDL25.xlsx; PDL10.xlsx full formulary listings. For alternatives, please see our formulary disruptions. See ***EXHIBIT R - Formulary Files PDL25 and PDL10.***
D.2	If requested by the State, the PBM agrees to grandfather the current formulary (preferred) list and respective copayments for up to 90 days following the contract effective date with no impact on the minimum rebate guarantees. Confirm agreement.	Formulary	Confirmed.
D.3	Complete and submit a formulary disruption analysis based on your proposed formulary and the provided claims data with drug exclusions that allows for prior authorization for medical necessity. Results to be included are the number of members that will require a change as well as the number of prescriptions associated with the formulary change. An Excel file that lists the specific drugs that will be negatively impacted (excluded or higher-cost tier) along with the total number of scripts and members impacted for each of these drugs should also be provided. Please provide a summary of your formulary disruption analysis using the table below:	Formulary	Formulary disruption information is included in our ***TECHNICAL RESPONSE - 5-Formulary Disruption Analysis.*** This disruption analysis has been performed on our PDL25 and PDL10 formularies.
	a. No Change:	Formulary	
	# Members impacted	Formulary	PDL10: 23,390 PDL25: 23,280
	% of Total Members	Formulary	PDL10: 87.2% PDL25: 77.1%
	Number of Scripts Impacted	Formulary	PDL10: 337,624 PDL25: 325,356
	% of Total Scripts (including all brands and generics)	Formulary	PDL10: 95.5% PDL25: 92.2%
	b. Positive (higher-cost tier to lower tier):	Formulary	
	# Members impacted	Formulary	PDL10: 2,181 PDL25: 2,371
	% of Total Members	Formulary	PDL10: 8.1% PDL25: 7.9%
	Number of Scripts Impacted	Formulary	PDL10: 10,520 PDL25: 9,782
	% of Total Scripts (including all brands and generics)	Formulary	PDL10: 2.9% PDL25: 2.8%
	c. Negative (lower tier to higher-cost tier):	Formulary	
	# Members impacted	Formulary	PDL10: 1,240 PDL25: 547
	% of Total Members	Formulary	PDL10: 4.0% PDL25: 1.8%
	Number of Scripts Impacted	Formulary	PDL10: 4,704 PDL25: 2,112
	% of Total Scripts (including all brands and generics)	Formulary	PDL10: 1.3% PDL25: 0.6%
	d. Moving from covered to not covered/Excluded:	Formulary	
	# Members impacted	Formulary	PDL10: N/A PDL25: 3,977
	% of Total Members	Formulary	PDL10: N/A PDL25: 13.2%
	Number of Scripts Impacted	Formulary	PDL10: N/A PDL25: 15,598
	% of Total Scripts (including all brands and generics)	Formulary	PDL10: N/A PDL25: 4.4%
D.4	Are any generic drugs considered "non-preferred" on your proposed formulary (i.e., subject to the "non-preferred" copay)? If yes, please describe in detail and provide examples.	Formulary	**The PDL10 formulary** highlights preferred agents based on a thorough evaluation of each drug's comparative clinical efficacy, safety, uniqueness, and cost. BCBSNE and the Prime National Pharmacy and Therapeutics (P&T) Committee, which includes practicing physicians and pharmacists with expertise in their respective fields, conduct these evaluations. PDL10 is a three-tier formulary: generic (1), preferred (2), and non-preferred (3). Our PDL25 formulary stands as our research-backed recommended formulary and serves as a key tool for delivering integrated drug management, improved health outcomes, and substantial savings for clients. As a six-tier biosimilar formulary, it offers a balanced mix of medications with configurable drug categories and outlier drug options, helping you select the mix that suits your members' needs best. PDL25 is a six-tier formulary: preferred generics (1), non-preferred generics (2), preferred brands (3), non-preferred brands (4), preferred specialty (5), non-preferred specialty (6). **The PDL25 formulary** facilitates potential savings by: • Encouraging the use of preferred brands through competitive rebates utilizing differentiated preferred and non-preferred drugs • Excluding unnecessary drugs (e.g., brands with effective generic equivalents) • Recommending alternative therapies like over-the-counter drugs to reduce costs • Managing high costs associated with increasing brand and generic drug prices.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response
D.5	Do your manufacturer agreements contain provisions that limit the amount the manufacturer can raise the AWP price of prescription drugs each year? If yes, please describe:	Formulary	Confirmed. The majority of our contracts include price protection, enabling us to insulate clients from the impact of price increases by securing additional rebates on products when drug cost inflation exceeds the negotiated threshold. We reset approximately 74% of price protection contracts annually, and we manage contracts that reset both annually and over an extended period. As drug prices rise, we obtain equivalent value in the rebate. The specific percentage of contracts containing an AWP escalation provision remains proprietary and confidential, but we can confirm that a majority of contracts accessed today contain some form of price protection.
D.6	What reporting will you provide to the State to demonstrate such manufacturer price limit agreements provide meaningful benefits to the State?	Formulary	We provide comprehensive reporting that demonstrates the impact and benefits of manufacturer price limit agreements. Our reporting system tool verifies submitted claims and conducts eligibility checks according to manufacturer agreements using claims data. We specify eligible claims in a standard report and send them to our subcontractor for invoice processing each quarter. BCBSNE allocates rebates definition of terms from The State, we can allocate rebates for specific lines of business. As we receive payments, we allocate them on a scheduled basis until we close the quarter, and we deposit rebate payments directly via ACH. We provide full disclosure, showing every source of revenue and expense. In addition, we deliver quarterly reporting on year-to-date performance against guarantees—including Minimum Brand Effective Rate Guarantees, Minimum Generic Effective Rate Guarantees, Maximum Brand Aggregate Dispensing Fee Guarantees, and Generic Aggregate Dispensing Fee Guarantees—within 30 days after quarter end. Our clinical product reporting projects performance, projected savings, and ROI, which we can deliver at both the plan and group level. This reporting highlights detailed program outcomes, savings, and medical cost avoidance, with robust filtering capabilities by line of business, employer group, and contract IDs.
D.7	Describe the process you will use to substitute biosimilar drugs for original brand specialty drugs and include a description of reporting you will provide to demonstrate plan cost savings of the biosimilar relative to the net of rebate brand specialty drug, and conversely the net of rebate brand cost relative to the biosimilar if the brand specialty drug remains on the formulary after biosimilar availability.	Formulary	We evaluate each biosimilar and its reference product individually, considering clinical, regulatory, and financial factors to determine the optimal substitution strategy. We conduct rigorous clinical evaluations, manage formularies and implement utilization management tools such as step therapy, prior authorization, and benefit design adjustments. We may initially include both the innovator and biosimilar products on the formulary to build market familiarity and access improved discounts, or in certain categories such as oncology, we may recommend excluding the innovator in favor of biosimilars. We tailor our flexible and consultative approach to client needs and market dynamics. To demonstrate plan cost savings, we provide analytics and reporting that compare the net cost of biosimilars to the net of rebate cost for brand specialty drugs. We track market share shifts, rebate impacts, and overall ingredient cost pricing. When both the brand and biosimilar remain on the formulary, we validate the lowest net cost opportunity by comparing the net of rebate costs for each product in our reporting. We provide all data in the account reconciliation and support clients with tools and proactive consultation to address potential savings and management challenges by drug class, disease state or line of business.
D.8	Do you have a formulary appeal process in place to address member concerns regarding formulary alternatives or provider indications of medical necessity? If yes, explain the process:	Formulary	Yes. When your chosen formulary does not cover a specific drug, the drug will be denied at the point of service; however, the State employees and their family can initiate a coverage exception. We conduct our initial review process using the same approach as other proprietary utilization management clinical programs, utilizing specific provider submission forms, established clinical criteria, and expert review. The program requires that members fail two formulary alternatives, with documentation in the member's medical record that alternatives were not tolerated, were contraindicated, ineffective or caused other adverse harm. If we deny an initial coverage exception, both the member and provider have the right to appeal and BCBSNE manages the appeal process. The State may also apply additional strategies to steer and protect against non-formulary utilization, such as non-preferred drug cost share tiering, benefit exclusions, member-pay-the-difference programs, and ultimately retain authority on upheld appeal determinations. Our process-focused approach for coverage exceptions supports appropriate drug utilization as part of our integrated drug management strategy. We will follow the contract exclusion appeal rights as described in C.6 above.
D.9	When do formulary changes typically occur?	Formulary	Formulary changes typically occur twice per year. This includes majority of negative changes (e.g., drug exclusions, tier increases, utilization management edits) and major additions of novel new drugs. Minor positive formulary updates, such as new NDCs for formulary drugs, may be added as frequently as weekly.
D.10	Do you agree to limit formulary deletions up to twice per year on 01/01 and 07/01?	Formulary	Confirmed.
D.11	Explain how the State and affected members will be notified about formulary changes	Formulary	We post formulary publications and formulary changes on the nebraskablue.com website on a quarterly basis. Additionally, single sign-on is available from the NebraskaBlue member portal to MyPrime.com to support real time formulary information that also includes costs and alternatives. When formulary updates are made, letters are sent to affected members with notification 30-60 days before the change takes effect. Members are also allowed to continue to fill their medication at the same cost and coverage for 45 days after the change to provide additional time for provider discussion, if necessary. We update physicians and other stakeholders through online postings. If we identify impacted members, we provide disruption reports. This information can be shared prior to member notifications so there is transparency to the changes effecting The State employees and dependents.
E	**CLINICAL MANAGEMENT PROGRAMS AND CAPABILITIES**	**CM**	**RESPONSE**
E.1	Confirm that you are proposing to administer the State's clinical and other programs as outlined below. Please specify if any additional fees apply in your response below and in your response to the Financial Section of this document.	CM	Please see below.
	a. Prior Authorization	CM	Confirmed. No additional fees are charged for our PA program.
	b. Step Therapy	CM	Confirmed. No additional fees are charged for our step therapy program.
	c. Drug Quantity Limits	CM	Confirmed. No additional fees are charged for our quantity limit program.
	d. Medication Therapy Management	CM	Confirmed. GuidedHealth is an optional program with a $0.50 PEPM fee.
	e. Specialty Pharmacy Program	CM	Confirmed. Our specialty pharmacy program delivers a high-touch, member-focused solution designed to support complex specialty conditions and treatments. We require specialty pharmacies in our network to administer clinical programs through regular contact with members and physicians, including education on medication administration and use, adherence support, quality-of-life assessments, disease progression monitoring, and medication reconciliation. Specialty providers must meet dispensing thresholds for products on our Specialty Fee Schedule/Drug List, as applicable with state regulations. Our exclusive specialty pharmacy option offers the scale to manage large employer groups and industry-leading access to specialty drugs, with expert pharmacy staff providing ongoing monitoring and interventions. Members benefit from competitive drug-level pricing, care management, shipping with no dispensing fees, and access to financial assistance programs. Our partnerships with pharmaceutical manufacturers enable greater rebates, price protection, and Care Centered Contracts, ensuring the lowest net cost and improved outcomes. We integrate medical and pharmacy data to provide actionable insights through tools like Insights+, enabling dynamic monitoring and reporting on integrated specialty drug spend. Our programs include utilization management, benefit design consultation, rebate management, and clinical programs such as GuidedHealth. We also offer a comprehensive specialty network, including access to limited distribution drugs, and maintain ongoing oversight of network providers to ensure quality and compliance.
	f. Diabetic Supplies Program	CM	Confirmed. We offer a preferred diabetic supply strategy designed to help lower the cost of care for The State and your employees. This includes working with The State on a member transition plan to move members to preferred diabetic supplies, such as providing access to free glucose meters from the preferred vendor(s), ensuring members continue to receive the necessary diabetes supplies. We can accommodate a wide variety of customization for diabetic supplies, including supporting various benefit designs and formulary positions based on your needs. Options such as waiving copays for certain supplies can be implemented. Additionally, rebates are available for certain Part B products, including test strips and meters, and these rebates are passed through to The State. No additional fees are charged for our diabetic supplies program.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response	OVERFLOW RESPONSES
	g. Vaccine Administration	CM	Our Vaccine Administration network, can be customized for The State and provides members with access to low-cost vaccines at over 60,000 participating retail pharmacies nationwide. The program includes optional vaccinations such as influenza, pneumonia, HPV, diphtheria/tetanus combinations, shingles, Haemophilus influenza type B (Hib), Hepatitis A, B and/or combinations, MMR, measles, mumps, rubella and/or combinations, polio, rabies, rotavirus, tetanus, COVID-19, and varicella (chickenpox). Benefit design determines which vaccines are covered at retail pharmacies, with commonly covered vaccines including influenza, pneumonia, and shingles. Plan/employer cost includes the vaccine product, dispensing fee, and administration fee per vaccine. Members with vaccine coverage under the pharmacy benefits present ID cards at the pharmacy and pay the applicable cost share. A trained clinician administers the vaccination on site according to state regulations. Clients can select which vaccines to cover under the benefit design. No major retailers are excluded from the vaccine network. Administration fees vary: Prime Medicare Vaccine Admin Fee is $20, Prime Commercial Vaccine Admin Fee is $15, Prime Walgreens Vaccine Admin Fee (Commercial and Medicare) is $19, ESI Vaccine Admin Fee (except Flu and COVID-19) is $20, ESI Flu Vaccine Admin Fee is $15, and ESI COVID-19 Admin Fee is $20. Vaccine claims are priced online at the point of sale and processed according to HIPAA transaction standards D.0 from CMS and NCPDP. Contracted pharmacies are required to submit vaccine claims online in compliance with NCPDP D.0 claims processing standards. The contract rates for vaccine-pharmacy reimbursement consist of the average wholesale price (AWP) of the product, less the applicable discount, plus the dispensing fee, plus the vaccine administration fee.	Immunizations administered at network retail pharmacies include the cost of the vaccine product, the dispensing fee, and a contracted administration fee per vaccine. We have an existing program in place to support pharmacists in the administration of vaccines using NCPDP industry standards for claims adjudication. Prime has taken steps to create claims processing ease and to minimize adverse member and client impact related to the administration of vaccines. Our system can pay administrative fees that are submitted in conjunction with the vaccine drug charge by the same provider or join with administrative fees sent separately by another provider to the vaccine drug claim submitted by the pharmacy. Claims with only administrative fees are adjudicated through a manual process, allowing a claims examiner to attach the appropriate vaccine drug claim to the administrative fee and then re-adjudicate the claim to determine if there is additional member responsibility due. Claims are linked using the date of service and NDC number. Administrative fee-only claims must have the drug name or NDC included to ensure the proper vaccine drug claim is linked.
E.2	How will the State be kept informed of changes to clinical management rules?	CM	Clinical program updates can be provided to the State through their assigned Account Executive team on a quarterly basis.	
E.3	Provide a sample client management report that details clinical rule activity and savings.	CM	Please refer to ***EXHIBIT M - Sample Rx Preauthorization Report*** and ***EXHIBIT S - Sample Guided Health Report.***	
E.4	Provide a sample of your client clinical management performance report.	CM	Please refer to ***EXHIBIT M - Sample Rx Preauthorization Report*** and ***EXHIBIT S - Sample Guided Health Report.***	
E.5	Describe your PA, step therapy and quantity level limit program capabilities. Please attach a list of drug categories for which such programs can be applied.	CM	Managing the use of certain drugs is a key part of controlling the rising cost of care. Our utilization management (UM) programs offer the insight you need for greater control of why, how much, and how often certain drugs are prescribed. Our UM programs work by giving health care professionals guidance that supports appropriate drug use. This helps keep costs down for everyone and improves member health and safety. In 2024, Prime's step therapy programs avoided commercial claims costs of $0.14 per member per month (PMPM), quantity limit programs avoided commercial claims costs of $0.82 PMPM, and prior authorization avoided commercial claims costs by $2.36 PMPM. We offer three primary types of UM programs, including prior authorization, step therapy, and quantity limits, described: • Prior authorization programs are designed to effectively manage high-cost medications that have a potential for misuse, overuse, or inappropriate use and that could pose clinical, economic, or safety concerns (or a combination of these). Prior authorization programs require members to meet certain criteria before particular drugs are covered. • Step therapy programs take a "step" approach to providing members with a drug to help treat their condition. This means that members may first need to try a first-line drug before coverage is provided for a second-line drug. A first-line drug is usually a generic drug (or preferred brand if generics are not available) and represents a more cost-effective alternative for the member and The State. • Quantity limits programs promote safe and effective drug use and reduce waste by limiting certain prescriptions to a pre-determined quantity limit or duration.	
E.6	Provide your book-business prior authorization rate of denials for the following therapeutic categories: GLP-1, SGL-2, Specialty-Inflammatory; Specialty-Dermatology; Migraine.	CM	GLP-1: 40% SGL-2: 75% Specialty-Inflammatory (includes arthritis, psoriasis and gastrointestinal disorders; includes medically administered products): 75% Specialty-Dermatology: 11% Migraine: 32%.	
E.7	Does your firm use AI (artificial intelligence) for prior authorization approvals? If so, please provide a detailed explanation.	CM	Our Utilization Management and Care Management teams utilize AI and other technologies as tools to support clinical reviews. While these technologies enhance and support efficiency in the review, they are not used to determine authorizations for medical necessity. AI and other automated technologies are utilized in the precertification process in coordination with Bennet as a benefit determination resource.	
E.8	Briefly describe your drug utilization review (DUR) process and indicate which point-of-sale edits can be overwritten and which are "hard" rejects. Include a list of your point-of-sale edits.	CM	Our pharmacy claims system automatically screens each prescription at the point of sale using concurrent DUR to identify potential drug-therapy problems. If we detect an issue, we return an alert to the dispensing pharmacy. We categorize alerts by severity: hard rejects, soft rejects, and message-only (informational) edits. Hard reject edits identify a conflict and reject the claim; pharmacists cannot override these and must call our Pharmacy Help Desk if we allow processing. Soft reject edits indicate potential concerns and pharmacists may override them if they deem the prescription safe and necessary. Information-only edits are messages on paid claims, allowing pharmacists to use professional judgment; most alerts fall into this category. We save extract (record-only) edits for future reporting, but do not send them to pharmacists at the point of sale. Our point-of-sale edits include, but are not limited to: • Drug-to-drug interaction • Duplicate therapy • Duplicate prescription • Drug-to-age caution • Dosage/duration • Drug regimen compliance • Drug-inferred health state • Additive toxicity • OpMisuse™ – opioid misuse monitoring.	We also include additional claim system edits such as eligibility override, member eligibility, submission validation, member location, pharmacy networks, care facility, physician networks, physician validation, physician specialty, compounds, plan NDC list, plan GPI list, maintenance, DEA class, maximum day supply/quantity, refill limits, OTC edit, third party exception, route of administration, dosage form, Medicaid, packaging exceptions, FDA therapeutic equivalence, therapeutic category, brand/generic, preferred formulary, pricing, accumulators, DUR, specialty, other coverage messaging, generic substitution, low-income cost sharing, extended day supply pricing and rejection messaging. We typically apply retail and home delivery edits as message-only or hard edits with an external override required, except for DUR edits. We can set DUR edits as hard reject, soft reject (override at pharmacy), or message-only. Most DUR edits are message-only, where we pay the claim and send an informational message to the pharmacy. We will customize the exact settings for our claims system edits specifically for The State.
E.9	Provide your detailed utilization management program list, including specific drugs names in each program.	CM	BCBSNE includes a variety of pharmacy information at the following link: https://www.nebraskablue.com/Providers/Pharmacy-Management	
E.10	Provide a sample DUR report you produce and make available to clients.	CM	We offer various reporting options for concurrent and retrospective drug utilization review (DUR). Our dashboard reporting captures activities pertaining to claims identified by concurrent DUR edits. Program-specific analysis measures the overall clinical effectiveness of our concurrent DUR programs and includes the following reporting metrics: • **Conflict Code Claims:** The number of paid claims with a concurrent DUR conflict code. • **Rejected Claims:** The number of rejected claims due to a concurrent DUR conflict code. • **Post-Reject Paid Claim Savings:** The difference in plan paid cost between the rejected claim and the subsequent paid claim. • **Reject or Reversed Walk Away and Walk Away Savings:** The number of claims and/or associated plan costs that were initially rejected or reversed without a subsequent paid claim within 14 calendar days from the original rejected or reversed claim. • **Total Savings:** The sum of post-reject paid claim savings, reject walk away savings, and reversed walk away savings. For retrospective DUR, we perform an evaluation of every program, with timing determined by the unique implementation calendar of each program. Each program has a predefined, standard measurement period, but most are conducted using three to six months of pharmacy claims data, post DUR intervention. For the program implemented, we generate a results report that includes a summary of the program implementation details (such as number of enrollees identified, number of physician letters mailed, mail date) and the specific utilization parameter(s) impacted by the program. These utilization results may include the discontinuation rate of drug therapy, the initiation rate of drug therapy, changes in prescription volume pre- and post-mailing, and/or changes in drug costs. A separate report summarizes results of the physician survey, providing physician feedback on the usefulness of the program materials and any actions taken as a result of the mailing. On-demand, self-service reporting for outcomes and savings related to GuidedHealth programs/interventions is available through Prime Drug Management (PDM) web,	GuidedHealth's web-based data portal. PDM web displays the value of specific prescriber and member engagements and outreach, including drug savings, medical cost avoidance, and outcomes. Reporting includes a summary of activities that classify and quantify drug therapy opportunities and the associated interventions completed during the reporting time period. Summary views provide both drug savings and medical cost avoidance associated with the successful resolution of the identified drug therapy opportunities. The PDM web portal has a variety of views including a summary, program-level and member-level detail, and includes statistics such as: • Opportunities identified and engaged • Opportunities resolved • Associated value (impact on drug costs, outcomes, and medical cost avoidance) • Details by reported population. Program outcomes are measured by: • The percentage of resolved drug therapy opportunities, for example, new start or discontinuation of drug therapy • Drug savings • Medical cost avoidance. In addition to PDM web reporting, GuidedHealth offers additional reports on a regular cadence for use by our clients, such as Core Detail File, High-Level Member Summary, and Clinical Adherence Registry. The setup, frequency, and delivery method vary and are separate from PDM web reporting.

	Questionnaire Section	Section	Response
E.11	What was your overall average DUR savings as a percentage of plan cost in 2024? Please break-out savings by category (e.g. refill-too-soon, age restriction, etc.)	CM	At this time, this percentage of plan cost is not a metric we provide in our current reports. Overuse, drug safety and preferred use programs are intended to decrease pharmacy spend. Under use programs may increase pharmacy spend; however, total cost of care may be lowered by resolving therapeutic opportunities, which can help prevent future medical events, resulting in the potential avoidance of medical costs. All savings are provided on a program-by-program basis. Cost savings will vary by specific program and member population. Total cost of care savings across Prime's book of business of up to $2 PMPM, with a return on investment (ROI) of up to 30:1 on combined pharmacy and medical cost avoidance.
E.12	Briefly summarize the DUR edits that detect fraud and/or abuse.	CM	We apply DUR edits to detect fraud and abuse, identifying issues such as duplicate claims, duplicate therapy, refills too soon and non-matched IDs. Our edits screen prescriptions at the point-of-service to identify potential issues like inappropriate pharmacy intervention, concerns regarding prescribing patterns, and member overutilization. We implement additional edits to address opioid misuse, such as more than 100mg morphine equivalents for over 60 consecutive days, prescriptions from more than two physicians, and dispensing by more than two pharmacies, as well as additive toxicity, including total daily doses of acetaminophen that exceed FDA maximum recommendations. We analyze each prescription against the member's active profile and notify the pharmacist of redundant or suspicious activity to help prevent misuse, abuse, and fraud.
E.13	Describe the "look-back" period (% of prescription days that must elapse) utilized for the refill-too-soon edit and indicate whether it includes only the previous claim or cumulative historical claims. Provide separately for retail and mail order.	CM	For both retail and mail order, we base the refill-too-soon edit on a client-defined percentage of the days' supply previously dispensed for the same medication. This percentage typically ranges between 65% and 75%, and we recommend 75% for mail order, which equates to slightly more than a three-week supply. Our system calculates the days' supply used by referencing the fill date and days' supply of the most recent historical claim for the same medication (GPI-14, or Rx number). If a member submits a claim before using the required percentage of the previous supply, we reject the claim as refill too soon. We apply a cumulative "Refill Too Soon Cumulative" edit, which identifies excessive amounts of medication on hand accumulated over time, not just the most recent claim. This approach helps us prevent stockpiling and overutilization by considering the member's entire claims history across all pharmacy channels adjudicated through our system.
E.14	Can the State customize the above look back period?	CM	Yes.
E.15	In addition to point-of-sale edits, describe any other tools or programs that are available to detect, prevent, and resolve fraud and/or abuse? Indicate whether such programs are optional and whether they entail a separate fee.	CM	We utilize a comprehensive Fraud, Waste, and Abuse (FWA) program that includes pharmacy audits, daily claims review, member, physician, and pharmacy investigation programs, member complaints and referrals from our Fraud Tip Hotline, retrospective and concurrent drug utilization review (DUR), pharmacy FWA watch lists, internal monitoring, auditing, and data testing, high-dollar claims adjudication, formulary development, and a conflicts of interest policy. Our FWA analytics suite incorporates rules-based algorithms and statistical/predictive models to identify claims with the highest probability of being incorrectly billed. We also conduct daily claim reviews, implement dynamic prior authorization reviews, review CII refills and partial fills, and monitor for step therapy manipulation. Additional improvement programs include increased pharmacy communication and education, increased transparency through published audit guidelines, pre-contracting reviews for high-risk pharmacies, and recommendations for system edits and RxClaim enhancements based on audit findings. We offer an optional Advanced FWA product that investigates potential opioid fraud by members and prescribers, which may entail a separate fee.
E.16	Do you require a DEA or other identifier to be indicated to fill a controlled substance drug? If yes, how is the requirement enforced?	CM	Prescribers must have a valid Drug Enforcement Administration (DEA) number to write controlled substance prescriptions. Our integrated claims system uses the DEA number and/or National Provider Identifier (NPI) to identify and validate prescribing physicians through a physician file. National Technical Information Services (NTIS) and the HCIdea file through the National Council for Prescriptions Drug Programs (NCPDP) update this file quarterly. Dispensing pharmacists enter the appropriate prescriber identifier number and qualifier into the ID field on our claims system, and the system validates these identifiers during claims adjudication. This process allows us to fill controlled substance prescriptions only from authorized prescribers.
E.17	Provide your standard prior authorization criteria for GLP-1 diabetes drugs.	CM	Due to the length of the policy information, we have included the link to our GLP-1 prior authorization/policy here: Link 1: https://medicalpolicy.nebraskablue.com/Policy/386/13 Link 2: https://medicalpolicy.nebraskablue.com/
E.18	Describe your services to encourage drug adherence and list therapeutic categories targeted.	CM	We design tailored programs to address barriers to drug adherence and help members take their medications as prescribed. Our approach directly targets challenges such as forgetfulness, pharmacy access, side effects, cost, and confusion about treatment plans. We prioritize prevalent, high-cost chronic conditions including high blood pressure, diabetes, high cholesterol, and multiple sclerosis, and promote benefit designs with low-cost options to improve adherence. Every $1 decrease in member cost share increases adherence by 0.4%. Our services include: • Providing personalized educational materials and ensuring members have access to affordable medicines • Coordinating evidence-based care for physicians • Offering program choices for employers to encourage member adherence, resulting in healthier members and lower costs Key strategies and programs to optimize adherence: • GuidedHealth® delivers actionable information using data and analytics to identify opportunities for improved medication management. • Medication therapy management actively supports members vulnerable to non-adherence through engagement with retail pharmacists, Prime pharmacists, and contracted long-term care pharmacists. • We offer 90-day supplies through home delivery, the extended supply network (ESN), and 90DayMyWay® for 90-day fills, which can increase adherence by 7-10%. • Our specialty pharmacy provides coordinated care, specialized education, and 24/7 access to experts for members on critical specialty medicines. We target therapeutic categories including high blood pressure, diabetes, high cholesterol, and multiple sclerosis.
E.19	Describe your policies for lost medication, vacation supplies, and overseas supplies for prescription early refills.	CM	We follow these policies for lost medication, vacation supplies, and overseas supplies for prescription early refills **Lost or stolen medication:** If a member reports a medication as lost, stolen or broken, we first track the shipment to validate delivery confirmation. If we cannot confirm delivery, we issue a complimentary replacement for non-controlled medications. For controlled medications, we contact the prescriber for authorization before issuing a replacement. We record all incidents in our customer relationship management system. When we identify suspicious or repeat requests, we may require a signature upon delivery to prevent abuse. If a member reports medication as damaged, we replace it based on their report and provide a prepaid return mailer for the damaged product. We log and destroy returned medications, and if a member fails to return the medication, we may deny future replacements. We self-insure for lost medications and reship them, within reason, at no cost to the member or plan. If we recognize a pattern of lost medications, we work with you to develop solutions, such as requiring a signature or arranging retail pharmacy overrides. **Vacation and overseas supplies:** We manage early refill requests, including those for extended trips or vacations, according to plan specifications. If the plan allows it, we override and process early refills for members. We may permit early refills of controlled medications if state law and prescriber approval allow. We use standard usage percentages to determine refill eligibility, ensuring the member has used most of the medication before we process a new fill. Early refill requests may lead to claim rejections or DUR holds, but we can apply overrides for defined exceptions, such as travel. If a member needs a vacation or overseas supply or reports lost medication, we dispense early in accordance with the State's plan design and ship the medication via overnight delivery if the member is without medication. We store all early refill and emergency prescription claims in the member's system file for review.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response
E.20	Do you monitor individual physician prescribing patterns? If yes, what action is taken with physicians who have a high degree of non-compliance to improve their compliance?	CM	Yes. We monitor individual physician prescribing patterns and provide detailed reporting at the physician level, including benchmarks for pre-defined metrics. Our reports include the Top Prescriber Report, Controlled Substance Prescriber Outlier Report and GuidedHealth Reports, which identify physicians with higher than usual member opportunities in areas such as adherence, controlled substance overutilization, and generic prescribing. Normative comparisons are based on internal book of business benchmarks. To address non-compliance, we implement a multi-level intervention program. Provider compliance mailings are sent to physicians who frequently prescribe non-formulary products with generic alternatives, requesting prescribing of formulary or generic medications and offering supporting clinical and financial data. For more significant non-compliance, we send therapeutic alternative letters to both physicians and members, identifying specific members and recommending formulary or generic alternatives. These interventions are supported by clinical guidelines and best practices, and outcomes are measured by reviewing physician prescribing patterns against peers and benchmarks. We also provide targeted education, satisfaction surveys and web-based information to support improvement in compliance. Program components and communications are customized to The State's objectives and needs.
E.21	Briefly describe methods you currently have in place to influence prescribing behavior, if any. Can the State opt-in/out of these programs?	CM	We utilize GuidedHealth drug utilization review (DUR) interventions to alert physicians about potential drug therapy problems and opportunities for more appropriate prescribing. These interventions are supported by clinical guidelines, medical literature, and best practices, and include retrospective DUR programs aimed at improving care quality or addressing safety issues. Physicians receive notifications, such as letters with lists of potentially impacted members and claims history, or direct provider notifications within the member's medical record, to review and address potential drug therapy problems. Additionally, we provide new drug product and formulary information to physicians through newsletters and online platforms to support appropriate prescribing guidelines. The State may opt in or opt out of these programs based on your preferences and requirements.
E.22	Provide a copy of any physician score card or other reporting that is provided to clients.	CM	A physician score card is not available.
E.23	Describe your firm’s relationship with pharmaceutical and biotechnology companies.	CM	We collaborate directly with manufacturers of high-cost therapies to secure lower costs for these unique therapies, using alternative payment arrangements or outcomes guarantees. Our rebate contracting and value-based analytical teams execute these types of arrangements. We coordinate with specialty pharmacies and pharmaceutical manufacturers to manage the unique distribution, payment/reimbursement, and administration models each therapy requires. We also partner with manufacturers to demonstrate therapy effectiveness and related quality outcomes, especially for innovative and high-cost products such as gene-based therapies, providing a "safety net" for clients covering complex therapies. We access both our own rebate contracts and those held by third parties, including Ascent Health Services LLC and Synergie Medication Collective, and our internal teams manage rebate reporting and payment. We maintain a minority stake in Ascent and conduct value-based contracting directly with manufacturers, with all functions managed internally.
E.24	Provide aggregate net PMPM trend for commercial clients (> 1000 lives) by year for the last five (5) years.	CM	Aggregate net PMPM trend for commercial clients by year (where available): 2024: $115.84 PMPM, 5.66% trend 2023: $109.64 PMPM, 4.14% trend 2022: $105.28 PMPM, 5.61% trend 2021: No supporting evidence found 2020: No supporting evidence found
F	**NETWORK ACCESS AND MANAGEMENT**	**Network**	**RESPONSE**
F.1	Confirm that your proposal is based on your broadest network.	Network	Confirmed.
F.2	What is the current number of retail pharmacies in your network?	Network	Network A is a national open network with more than 65,500 retail pharmacies, including major national pharmacy chains, national retailers, regional/local grocers, pharmacy services organizations and many independent pharmacies. Network A offers excellent coverage, allowing The State to provide your employees with uncompromising access by excluding chains or PSAO pharmacy options outside of your geographic region and service area.
F.3	List any pharmacy chains excluded from your proposed retail pharmacy network.	Network	All national, regional and local pharmacy chains are included in our proposal retail pharmacy network. Prime can develop a custom network excluding selected pharmacies desired by the State while adhering to state laws (e.g., "Any Willing Provider" states). If The State desires to exclude a pharmacy, there are two practical ways to "carve out" a particular pharmacy (chain or independent) from the network. The most common approach is through benefit plan design, where a benefit discourages members from visiting a particular pharmacy. In this scenario, members pay 100% when filling prescriptions at the excluded pharmacy. The other approach is done through creating a custom network where the network excludes a pharmacy or group of pharmacies. BCBSNE will work with the State to understand your needs and provide a network option that works for you and your employees.
F.4	Confirm you will notify plan participants, in writing, with at least 45 days advance notice (or as much time as is feasible if the terminating Pharmacy gives the Contractor less than 45 days’ notice), in the event that the contract for a participant's network pharmacy (or pharmacy chain) terminates for any reason. For the purposes of this requirement, plan participant shall mean a member who has had a prescription filled within the last 90 calendar days or a member has an active refill on file with the affected pharmacy.	Network	Confirmed with modifications. Prime provides BCBSNE with notice of any Prime-initiated pharmacy termination and initiates member communications. Our member communication will include the next closest in-network pharmacy to enable the member to quickly find an in-network pharmacy. Our termination clauses require 90 days’ notice to the pharmacy, which enables BCBSNE and Prime to provide notice to The State and your employees. In the interest of member safety or at the direction of a state or federal agency, Prime reserves the right to terminate the pharmacy immediately or with less than 90 days’ notice.
F.5	Perform and provide a GeoAccess analysis based on your contracted pharmacy network using the Census File provided. The access standards in the table below will be utilized in the analysis.	Network	Please refer to ***EXHIBIT T - Pharmacy GeoAccess Report.***
	a. Urban / Suburban Enrolls	Network	See below
	Pharmacy - 2 in 5 miles	Network	For the urban member group, out of the 6,616 members, 100% have access. For the suburban member group, out of the 7,942 members, 99.5% have access. Please see Geo Access Analysis.pdf for further information.
	b. Rural Enrollees	Network	See below
	Pharmacy - 1 in 15 miles	Network	For the rural member group, out of the 17,155 members, 94% have access. Please see Geo Access Analysis.pdf for further information.
F.6	Confirm you will be responsive to requests by the State to recruit additional pharmacies for the network, on a general, regional, or specific basis.	Network	We confirm our willingness to contract with any pharmacies that agree to the terms and conditions in the Pharmacy Participation Agreement and meet our credentialing criteria. The State and your employees can request network pharmacy additions through your BCBSNE account team, by calling the contact center or by sending an email through MyPrime.com. Prime also receives requests for pharmacy additions from various other sources, including non-participating pharmacies and our analysts who identify a non-participating pharmacy with significant utilization for The State. Once we identify a pharmacy for possible addition to the network, we direct the pharmacy to complete a credentialing application. If the pharmacy meets the credentialing criteria, we send the Pharmacy Participation Agreement, and we typically add the pharmacy within five to seven business days after receipt of the signed agreement. We respond to requests to recruit additional pharmacies for the network on a general, regional, or specific basis, provided the pharmacies meet our contracting and credentialing requirements.
F.7	What is the process to add a pharmacy to your network?	Network	The State and members can request network pharmacy additions through the BCBSNE account team by calling the Contact Center or sending an email via MyPrime.com. Non-participating pharmacies or Prime analysts may also submit requests when they identify significant utilization at a non-participating pharmacy. Once identified, Prime directs the pharmacy to complete an online credentialing application on Prime’s website or through Prime’s delegate. The pharmacy submits demographic information, attestation, ownership, service model, and copies of its current Full Schedule Drug Enforcement Agency (DEA) license, state pharmacy license(s), insurance coverage, pharmacist’s license(s) and completed fraud, waste and abuse (FWA) attestations. High-risk pharmacies may need to provide additional information such as dispensing records and wholesale invoices, and in some cases, must undergo an on-site inspection. Credentialing staff verify the application, and if the pharmacy meets criteria, they send a Pharmacy Participation Agreement. Once the pharmacy signs the agreement, Prime typically adds the pharmacy within five to seven business days if engaging directly or within three to four weeks if engaging through a delegate.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response	OVERFLOW RESPONSES
F.8	Describe how you would work with the Plan Sponsor to maximize State of Nebraska employee prescriptions filled at pharmacies owned and operated by businesses in the State of Nebraska.	Network	We can bring The State specific (domestic) pharmacies into our network, including those owned and operated by businesses in the State of Nebraska. Our approach includes establishing custom pharmacy networks and hierarchies to ensure appropriate network priority and pricing in our claims system for accurate claims adjudication. We will work with The State to determine the optimal network configuration and benefit design to encourage utilization of Nebraska-owned pharmacies, including the ability to implement a different copay structure for in-house or domestic pharmacies. Additionally, we can support custom arrangements such as "No bill No pay" for employees, and set up pricing based on The State's strategies, whether that is 100% submitted or a larger discount. Our team will partner with The State to select pharmacy networks that help manage drug costs while providing members with choice and access, and we have an established process for creating custom pharmacy networks to meet your goals and objectives.	
F.9	Confirm you will have a network of retail pharmacies that have agreed to discount their charges for 90-day supplies of maintenance medications. PBM must provide this network through the entire term of the contract, including term extensions.	Network	Confirmed. We provide a network of retail pharmacies that discount their charges for days' supplies between 84- and 90-day supplies of maintenance medications. Members can obtain a 90-day supply at select local pharmacies through our Extended Supply Networks (ESNs) or by using our home delivery pharmacy. Our extended supply network includes approximately 55,300 retail pharmacy locations nationwide, which offer the same cost-saving benefits as direct home delivery and enable face-to-face pharmacist consultation. We ensure the availability of this network throughout the contract term, including any extensions, subject to the terms and conditions of our agreements.	
F.10	Confirm you agree to apply MAC pricing to Retail Pharmacy 90-Day Network. The MAC price must be the same MAC as the Retail Network or better on an individual drug basis.	Network	Not confirmed. We cannot guarantee that Maximum Allowable Cost (MAC) prices will be the same between retail, home delivery, and specialty pharmacies due to pharmacy contracts. Large pharmacy chains have generic effective rate (GER) contracts, which require us to meet specific GER targets with those pharmacies, resulting in price differences. Therefore, we do not agree to apply the same or better MAC pricing for the Retail Pharmacy 90-Day Network as compared to the Retail Network on an individual drug basis.	
F.11	Describe in detail any program available to identify and leverage low priced generic drugs available through on-line pharmacies, and how the State and members can take advantage of such pricing.	Network	We deliver a comprehensive suite of programs that identify and promote the use of low-priced generic drugs, including those available through our home delivery (mail order) pharmacy, which functions as an online pharmacy channel. Our home delivery pharmacy actively substitutes generic medications whenever it is appropriate and lawful. The system notifies pharmacists when it detects an equivalent generic medication, and pharmacists review prescriptions to ensure appropriate substitution. Members receive clear educational materials with each prescription order, which notify them of any generic substitution, and the prescription label specifically identifies the brand-name drug for which we made the substitution. Our member-facing pharmacy benefit website, MyPrime.com, offers drug pricing tools, formulary search capabilities, and generic alternative information in an easy-to-use format. Members can research formulary alternatives, view personalized drug lists, and compare pricing for generics versus brand drugs. The website automatically displays generic equivalents to brand drugs when available, helping members and the State identify and use lower-cost options. We design benefit offerings that encourage generic utilization, such as cost-share differentials and mandatory generic programs, where members pay the difference if they choose a brand drug over an available generic. Additionally, we send targeted member mailings and online messages to alert members and pharmacists when a generic becomes available, further promoting cost-effective choices. Through these integrated programs, both The State your employees can leverage the lowest net cost options for prescription drugs, maximizing savings and improving access to affordable medications.	
F.12	Provide the number of participating retail pharmacies that were terminated from the network in the past 24 months: +when the termination is initiated by the PBM. ++when the termination is initiated by a pharmacy.	Network		
	Termination Rates by Your Organization+:	Network	See below	
	# of Pharmacies	Network	424	
	% of Pharmacies	Network	0.007%	
	Reason for Terminations	Network	Breach, Common Ownership, Disciplinary Action, Drug Shortages, Exclusion/Preclusion, FWA, Mail Order Threshold, No License, No Response, Other, Specialty	
	Termination Rates by Pharmacy++:	Network	See below	
	# of Pharmacies	Network	4	
	% of Pharmacies	Network	0.00006%	
	Reason for Terminations	Network	Voluntary, Withdrawal of Application.	
F.13	Confirm you will notify the State prior to anticipated major changes to the network. The State reserves the right to accept or decline proposed changes to the network and set the effective date of such changes.	Network	Confirmed for voluntary changes by the network pharmacies. For instances where Prime terminates pharmacies due to FWA, we will notify The State when there may be an access issues for your employees.	
F.14	Using the Claims Repricing Data File that contains pharmacy utilization representative of the Rx utilization experience for the State's membership, for each pharmacy listed, please indicate if the pharmacy is in the network (i.e., a participating provider) for the plan you are proposing	Network	Please refer to ***TECHNICAL RESPONSE - 6-Network Disruption Analysis*** .	
F.15	Confirm you agree to pass through 100% of State-related audit recoveries identified through PBM's internal daily and ongoing retail network pharmacy audit compliance procedures.	Network	Confirmed. We will return 100% of audit recoveries to The State including those identified through our internal daily and ongoing retail network pharmacy audit compliance procedures.	
F.16	PBM must implement measures to recover overpayments made to pharmacies or members and employ a mechanism to ensure the State receives credit for these overpayments. Details of threshold recovery levels will be finalized at the time of contract award. Confirm agreement.	Network	We have established processes to identify and recover overpayments made to pharmacies through our pharmacy audit activities. When we discover billing errors with a financial impact, we assign a recovery amount and primarily recover funds through daily claim adjustments. We recoup funds via claim adjustments, pharmacy remittance offsets, or receipt of a paper check from the pharmacy. We will return 100% of all collected funds to The State as a credit on your monthly invoice, ensuring The State receives credit for these overpayments. We continue to request payment from pharmacies until they make a payment, and, if necessary, we transfer collection efforts to a collection agency. The recovery timeline begins once the audit is final and all audited pharmacies have the right to appeal within 30 days. We agree to implement these measures and will finalize specific threshold recovery levels at contract award.	
F.17	List the specific network management processes currently in place to avoid fraud and abuse.	Network	We have implemented a comprehensive set of network management processes to prevent fraud and abuse, including: • Daily claims audits, quarterly audit profiles, historical (desktop) and onsite claim audits to monitor, detect, and assist with the recovery of erroneous, invalid, and/or fraudulent claims. All network pharmacies are subject to potential audit and/or investigation. • Fraud, Waste, and Abuse (FWA) analytics using rules-based algorithms and statistical or predictive models to identify claims with the highest probability of being incorrectly billed. The output is prioritized for review and stored for results monitoring and descriptive analytics. • Pharmacy audits and daily claims review, member, physician and pharmacy investigation programs, member complaints and referrals from our Fraud Tip Hotline, retrospective and concurrent drug utilization review (DUR), pharmacy FWA watch lists, internal monitoring, auditing, and data testing, high-dollar claims adjudication, Medication Therapy Management (MTM) Program, formulary development, and conflicts of interest policy. • Credentialing procedures for independent pharmacies in high-risk areas, stronger credentialing criteria for compound pharmacies, increased auditing and monitoring, and system edits to prevent abusive behavior. • Quality-driven, transparent pharmacy auditing services to providers, with a focus on quality measures, identification of errors, compliance with regulatory and contractual requirements, and educational opportunities for network providers. • Maintenance of a Pharmacy Watch List of non-contracted pharmacies that have been terminated, investigated, or otherwise identified as high risk, which is used during credentialing and re-credentialing. • Ongoing FWA trend monitoring and education, including participation in industry anti-fraud organizations and regular review of state, federal, and industry FWA alerts. • Remediation actions such as corrective action plans, payment suspension, financial recoupment, and termination from network participation for non-compliance or confirmed fraud.	
G	**MAIL ORDER**	**Mail Order**	**RESPONSE**	

	Questionnaire Section	Section	Response
G.1	Please describe locations of all of your Mail Order facilities nationwide.	Mail Order	Our home delivery pharmacy partner has 14 fulfillment centers in the following locations: • Kent, WA • Manchester, NH • Brooklyn, NY • Austin, TX • Phoenix, AZ • Indianapolis, IN • Miami, FL • Orlando, FL • College Station, TX • Corona, CA • Wixom, MI • Houston, TX • Chicago, IL • Richmond, CA
G.2	Confirm prescriptions purchased via mail order will never be more expensive than those obtained via retail pharmacies.	Mail Order	Not confirmed. BCBSNE/Prime do not own a mail order pharmacy and typically do not require use of mail order. We allow members to choose best pharmacy provider for them and have focused contracting efforts to allow members to choose best option at comparable costs to the plan. This allows independent and retail pharmacies to provide services in Nebraska vs. sending to out of state pharmacy mail order pharmacy unless the member determines that is more convenient for them. We cannot confirm that prescriptions purchased via mail order will never be more expensive than those obtained via retail pharmacies. Due to pharmacy contracts and applicable state legislation, we cannot always guarantee mail pricing to be at or better than retail. MAC prices may differ between retail, home delivery and specialty pharmacies, in addition, prices can vary due to contractual requirements such as GER targets with large pharmacy chains.
G.3	Confirm you will not repackage prescriptions or otherwise change the NDC for any prescription or OTC products dispensed at mail order.	Mail Order	Confirmed.
G.4	Confirm you will communicate via a telephone call or email any delays beyond two days in the delivery of prescriptions to the member.	Mail Order	Confirmed.
G.5	Confirm you will send prescription orders to members that do not provide appropriate payments with their prescription order, up to three (3) times the Plans highest copayment for each enrollee. After the ceiling is reached, the Contractor may implement standard accounts receivable policies and procedures.	Mail Order	Not confirmed. A valid payment method and payment are required at the time of checkout. If payment is denied, members must update their payment method during the checkout process. Home delivery pharmacies do not ship medications until checkout is completed and payment is made. Carrying a balance is not permitted.
G.6	Confirm you will arrange and pay for a short-term retail supply of a delayed or incorrectly processed mail order prescription caused by your organization. In addition, PBM agrees not to charge the State's members for expedited delivery of the mail order prescription if the prescription delay is caused by PBM's organization.	Mail Order	Confirmed.
G.7	In the event of a natural disaster or national emergency, PBM will continue to fill all prescription requests, proactively obtaining any necessary overrides to facilitate this process, and provide members with expedited delivery to convenient locations. Confirm agreement.	Mail Order	Confirmed.
G.8	Confirm you will assure that 100% of mail order prescriptions will be imaged and entered when received at mail service (including Specialty prescriptions). PBM will be able to electronically track 100% of all mail order prescriptions (Including Specialty) throughout the filling process, on a timely basis, from the point of prescription is received until it is shipped to the member.	Mail Order	We confirm that all home delivery and specialty pharmacies will image and enter prescriptions when received. In addition, we are able to track 100% of all home delivery and specialty scripts. with modifications. Please note specialty prescriptions must be dispensed from a contracted specialty pharmacy.
G.9	Confirm you will contact prescribers and/or members via a telephone call or email within 24 hours, for 100% of incomplete mail order prescriptions (including Specialty) that require additional information.	Mail Order	We confirm that we will contact prescribers and/or members via a telephone call or email within 24 hours for 100% of incomplete home delivery and specialty pharmacies. Please note, specialty prescriptions must be dispensed from a contracted specialty pharmacy.
G.10	Confirm PBM will provide both email and telephone voicemail capabilities to communicate to members their mail order has been received and the date the order has been shipped to members.	Mail Order	Confirmed with modification. Transparency is a key goal to ensuring a positive member experience with Amazon Pharmacy. Similar to the Amazon.com retail experience, with Amazon Pharmacy, after placing an order, members can track the status of their order from checkout through delivery via text or email, depending upon their preferred method of communication. They can also view the status through their Amazon Pharmacy account dashboard. Amazon Pharmacy has enhanced the member's ability to track their orders through a tracking breakdown that features a view into exactly what is happening with their prescription and timing on when the next step is expected to be completed. The order tracking break down displays a variety of status checks that provides details around timing, delivery, prescription requests, prior authorization status and things like out of stock resolution. For example, the order status tracker will display when a prescription was requested from the doctor with a note that indicates the date the prescription is expected to be received. It indicates what actions Amazon will be taking to continue supporting the member, (e.g., Amazon will continue to outreach to your doctor and additional two times). Once the prescription is received, the member will receive an email or text in the communication channel they prefer. The status will also be updated real-time within the order tracker as well. Amazon Pharmacy will also alert members of status changes to proactively notify them of order placement, shipment, and delivery. These communications include delivery details and a link to visit their pharmacy dashboard. Members can also identify individual order details to confirm their delivery address. Members can also contact Amazon Pharmacy, Customer Service to receive prescription status updates.
G.11	Confirm you will have the capability to accept early refill orders and suspend or "queue" these orders in your system until the earliest refill date for processing.	Mail Order	Confirmed with modification. To ensure appropriate dispensing, our home delivery pharmacy partner will notify the member if a prescription refill is being requested too soon, and the member will receive a rejection when such a medication is added to their cart. The member will still see their insurance price and the date when the next refill will be available. In the event a member requires an appropriate override, our home delivery pharmacy partner will support plan coordination and, where necessary, an override request.
G.12	Confirm you will have the capability to accept major credit cards and store credit card number(s) by member account for future mail order prescriptions. You must have the capability to advise members 30 days in advance of the date their credit card number expiration date.	Mail Order	Confirmed with modification. Our home delivery pharmacy partner alerts the member during checkout if their credit card has expired. However, they do not notify members 30 days in advance of the credit card expiry date.
G.13	If requested, confirm PBM will provide members with checks (or electronic method) for monies owed to them instead of maintaining credits at your mail facility.	Mail Order	We confirm that Prime will issue refunds to members, when appropriate, rather than maintaining credits at our mail facility. Refunds are processed as part of our standard procedures for correcting processing errors or when monies are owed to members.
G.14	What is your standard floor limit for accepting prescription orders from members without the correct payment?	Mail Order	Amazon does not have a floor limit because all payments are required at the time of checkout.
G.15	The State shall have the right to advise you in writing to change the floor limit for all members or just those with unpaid balances after 120 days of dispensing. Confirm agreement.	Mail Order	Not confirmed. All payments are required at the time of checkout. If a payment is denied upon checkout, the member can update the payment live, while in the Amazon Pharmacy digital experience. Amazon Pharmacy does not ship medications until the member finishes checking out and paying for their order.
G.16	Confirm you will disclose any limits on the number of days supply that can be filled through the bidder's mail order facilities, such as controlled substances.	Mail Order	Confirmed with modifications. In states where nurse practitioners or physician assistants cannot prescribe or have limited prescription abilities, our home delivery pharmacy partner follows state guidelines. We can dispense a 30-day supply of C3-C5 controlled substances, but we do not dispense C2 medications.
H	**SPECIALTY PHARMACY**	**Specialty**	**RESPONSE**
H.1	Please provide location information on Specialty Pharmacy if different than Mail Order Facility.	Specialty	We offer a nationwide network of specialty pharmacy facilities, servicing all 50 states, the District of Columbia, Puerto Rico and most other U.S. territories. The primary specialty pharmacy facilities are located in: • Tempe, AZ • New Castle, DE • Orlando, FL • Whitestown, IN • Warrendale, PA • Memphis, TN. These locations serve as national distribution hubs and are supported by a network of 21 local branch pharmacies across the country. The specialty pharmacy locations are distinct from our home delivery pharmacies and all addresses are confidential.
H.2	Is your specialty pharmacy part of a specialty pharmacy network?	Specialty	Confirmed.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response	OVERFLOW RESPONSES
H.3	Do you own a specialty pharmacy?	Specialty	Confirmed. We own our own specialty pharmacy, Prime Therapeutics Specialty Pharmacy; however, this pharmacy will not be used for our offer to the State of Nebraska. We will instead provide access to Accredo with exclusive discounts. We have no ownership in Accredo Specialty Pharmacy.	
H.4	Provide your definition of a specialty drug.	Specialty	We define specialty drugs as certain pharmaceuticals, biotech, or biological drugs used in the management of chronic or genetic disease, including but not limited to a drug that may be administered orally, by injection, or infusion and typically has one or more of several characteristics, including frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes; intensive member training and compliance assistance to facilitate therapeutic goals; limited or exclusive product availability/distribution; special handling and/or administration requirements and distribution or purchase arrangements from the manufacturer that may require more support or member educational services than commonly required for pharmaceutical products obtained from retail pharmacies, including those without limitation. Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high-cost medications also have one or more of the following characteristics: injected or infused, though some may be taken by mouth; unique storage or shipment requirements; additional education and support required from a healthcare professional; and typically, not stocked at retail pharmacies.	
H.5	Attach a current copy of your specialty drug list.	Specialty	Please see ***EXHIBIT U - Specialty Drug List.***	
H.6	Describe how you notify clients of the pricing terms for new specialty drugs including how far in advance such notice is provided.	Specialty	Specialty Committee meetings are held monthly to evaluate new or existing drugs based on standard documented criteria for inclusion in the Drug Management List. The Specialty Committee includes clinical pharmacists from specialty clinical programs, account management and operations. Drugs are reviewed for inclusion on the specialty drug list shortly after Food and Drug Administration (FDA) approval. To receive notice of potential drugs that may be reviewed by the Medical Business Committee, State of Nebraska can sign up for our Drug Pipeline Updates. These updates include the Specialty Pipeline Update, a monthly email that summarizes new specialty drug approvals, new indications for approved specialty products, and news items related to specialty products. The drug pipeline includes drugs that have received FDA approvals.	
H.7	Describe how you implement a separate plan design for specialty drugs that would include generic, preferred brand, and non-preferred brand tiers?	Specialty	Prime helps find and focus on the biggest savings. We have designed a comprehensive management strategy to address all aspects of cost and care, including benefit design consultation. Through benefit design, we use proven tools to guide your employees toward preferred and/or lower-cost drugs, leading to reduced spending and improved outcomes. We evaluate benefit design opportunities, including placing a maximum on copays for preferred specialty drugs and separate tiers for preferred and non-preferred specialty drugs. • We will work with The State to evaluate the best benefit design to ensure members get the medicines they need while helping The State manage your drug spend. To maximize value, we recommend a six-tier formulary and benefit design, including a preferred and non-preferred specialty tier. • In addition, we will model the benefit design option that is right for you and your employees. Ensuring a member's benefit design is consistent across benefits is important. We will consult with on how best to develop benefit design to ensure drugs are managed under the right benefit and the member has the appropriate level of cost share. Our research shows that high out-of-pocket (OOP) costs may cause members to skip filling their specialty drug prescriptions. Plan designs should include OOP maximums to help keep treatment affordable and retain a tiered design to drive use of the lowest-cost option whenever one is available. We recommend a benefit design like the one provided below:	For Closed Formularies (like managed formularies) For Open Formularies 6 – Tier Copay: 6 – Tier Mixed: Tier 1 Preferred Generic $10 Tier 1 Preferred Generic $10 Tier 2 Non-Preferred Generic $30 Tier 2 Non-Preferred Generic $30 Tier 3 Preferred Brand $50 Tier 3 Preferred Brand $50 Tier 4 Non-Preferred Brand $100 Tier 4 Non-Preferred Brand 50% ($75-$250)* Tier 5 Preferred Specialty $250 Tier 5 Preferred Specialty $250 Tier 6 Non-Preferred Specialty $300 Tier 6 Non-Preferred Specialty 50% ($75-$250)*
H.8	Are your proposed rebate guarantees for your retail/mail program contingent upon the State's purchase of your specialty drug program? Please do not provide actual rebate guarantees in your response.	Specialty	Confirmed.	
H.9	Do you utilize courier services for specialty product delivery? If yes, detail these services and procedures and detail how courier service vehicles maintain temperature control.	Specialty	Yes. Our specialty pharmacy partner utilizes courier services for specialty product delivery. All packages are shipped via third-party courier, enabling in-transit tracking and delivery confirmation. Our specialty pharmacy system can deliver to the member's home, physician's office, or any other approved alternate location, and requires signatures on all deliveries to locations other than the member's home, except for commercial locations where carrier protocols already require a signature. We have partnered with a third-party delivery solutions vendor, ParcelShield which has a national presence and contracts with over 900 couriers across the United States. This partnership allows us to proactively monitor all shipments and take additional actions when needed, including contacting members for alternative delivery arrangements, using cold storage for refrigerated shipments, and leveraging courier services to ensure successful delivery. These capabilities help reduce drug waste and improve delivery success. For temperature-sensitive shipments, we use insulated containers and gel-packs (frozen or refrigerated as required) to maintain the required temperature range throughout the delivery process. The configuration of gel packs is determined by evaluating the medication's temperature profile and forecasted temperatures for the shipping route, ensuring product integrity upon arrival.	
H.10	Please describe your quantity limit rules for specialty drugs and include a list of the quantity limits by drug.	Specialty	Yes. We have a standard list of drugs with quantity limits. In additional we have a program available to administer drug limitations when new types of specific drugs enter the market. Once we identify the drugs along with the quantity limit and logic for administration, we implement system changes promptly. We recommend applying quantity limits rather than dose optimization. The criteria we use to support specific quantity limits follow FDA-approved labeling, scientific literature, and nationally recognized guidelines. We approve benefit coverage for quantity limit drugs up to the pre-defined quantity limit and process at the pharmacy point of sale. When a prescription exceeds the pre-defined quantity limits, the system rejects the claim and sends a message to the pharmacist stating that the prescription quantity exceeded the limit for that medication. When a quantity limit or drug exclusion rejection occurs, we automatically route the order in question to the exceptions area, where one or more of the following events occurs: notification to the member regarding the prescription status, outreach to us for approval, and/or faxing related documents to the physician in support of obtaining needed approval. The member will receive a telephone call and/or written correspondence describing the program prior to the program's implementation. The prescribing physicians may request a prior authorization exception to override the edit. We review established criteria to determine whether to grant the member additional quantities per month. If we approve the prior authorization request, we enter an authorization into the claims system for up to one year.	
H.11	Provide the customer and member service operation hours of your specialty pharmacy program.	Specialty	Members have direct access to the specialty Contact Center Monday through Friday, from 7 a.m. – 10 p.m., Central Time (CT), and Saturdays, from 7 a.m. – 4 p.m., CT. Additionally, members can consult with a nurse for select therapies or a specialty pharmacist 24 hours a day, seven days a week. After-hours calls are routed to an answering service, with live agents managing these calls through on-call customer service lead personnel and clinical staff, who are accessible 24 hours a day for medical interventions and emergency refills. All non-emergency calls are logged, and a specialty patient care advocate contacts each caller the following business day.	
H.12	Provide a concise description of your member service pharmacist support for specialty drugs, including how many pharmacists provide member support, the hours of their availability and any specialized expertise they hold.	Specialty	Accredo is staffed 24/7 by 500 condition-specific pharmacists who are specially trained in therapy management and clinical support. These pharmacists are organized in 15 condition-specific Specialty Drug Therapeutic Resource Centers and focus on individualized counseling and education to improve members' health outcomes. In total, our specialty pharmacy partner employs 2,381 clinical pharmacists, of which 2,105 are full-time, 276 are part-time, and 7 are subcontracted employees. Pharmacists and nurses offer counseling to members or caregivers by telephone, addressing medication use, therapy expectations, adverse effects, and adherence. Members have access to specialty-trained pharmacists and nurses 24 hours a day, seven days a week, ensuring continuous clinical support for specialty drugs	

	Questionnaire Section	Section	Response
H.13	Provide a concise description of the member support services your organization provides to members who utilize oncology specialty drugs.	Specialty	We provide a comprehensive suite of member support services for individuals utilizing oncology specialty drugs. Our specialty pharmacy offers 24/7 access to pharmacists and nurses, ensuring members can receive assistance at any time. Members benefit from individualized counseling and education delivered by over 500 condition-specific pharmacists and more than 600 field nurses, including in-home care and education. Our clinical support model includes proactive outreach, one-on-one interactions, and ongoing consultations through the Oncology Specialty Clinical Care Management program. This program promotes safe and effective medication use, educates on dosing and side effect management, and addresses barriers to adherence. Members have access to digital tools such as a specialty pharmacy website, a mobile app with health trackers and dose reminders, and text-based adherence programs like MitiGap. Additional support includes nutrition counseling, depression screening, and social work services to address social, emotional, and economic needs. Financial assistance teams proactively identify and help members access copay support programs. Education on home infusion options and therapy management protocols is provided, and members are regularly monitored for side effects and adherence. Our holistic approach ensures members receive comprehensive, personalized support throughout their oncology treatment journey.
H.14	Provide a brief recommendation of how you would propose to collaborate with the State's medical carriers to optimize patient care and utilization of specialty drugs.	Specialty	One of the advantages of working with BCBSNE and Prime is our ability to integrate your medical and pharmacy claims in real-time. This integration provides a holistic view of member care. Our approach includes evidence-based utilization management strategies such as step therapy, prior authorization and site of care optimization to ensure appropriate use of specialty drugs and direct members to the most cost-effective and clinically appropriate therapies. We propose implementing high-touch clinical support programs, including pharmacist and nurse outreach, to improve adherence, manage adverse effects, and provide ongoing patient education. Our analytics-driven solutions, such as HighTouchRx and MedDrive, identify actionable opportunities for cost savings and improved outcomes by targeting high-cost therapies and optimizing drug selection based on clinical and financial value. We also support value-based contracting and outcomes-based agreements with pharmaceutical manufacturers to align incentives and ensure that drug spend is tied to measurable improvements in patient health. Through these collaborative efforts, we can help The State to achieve optimal member care, reduce unnecessary spend and improve overall health outcomes for your employees.
H.15	Please indicate any specialty drug categories for which you recommend clients limit coverage to the pharmacy benefit only.	Specialty	We do not have a standard recommendation to limit coverage of specific specialty drug categories to the pharmacy benefit only. Our approach is to evaluate specialty medications based on clinical appropriateness, cost-effectiveness, and plan sponsor preferences. Specialty medications are generally prescribed for complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis, and are reviewed for inclusion on the Specialty Drug Management List shortly after FDA approval. We work with BCBSNE or The State to define specialty coverage parameters and incorporate drugs into the specialty program accordingly. Clients with a custom list may review and determine coverage for new or existing specialty drugs.
H.16	Describe what procedures or management tools your organization has in-place to manage the use of manufacturer coupons for high cost drugs.	Specialty	We capture coupon information submitted by the pharmacy on an incoming claim based on the NCPDP D.0 telecommunication standard. During business integration, we discuss client-specific requirements regarding adjudication processes for coupon processing. Our strategies to manage manufacturer coupons for high-cost drugs include member education on the hidden costs of drug coupons, formulary management to remove targeted products, benefit design adjustments such as increasing copay differentials or assessing fees to discourage coupon use, utilization management through step therapy or prior authorization to prevent automatic processing of coupon-available products, and benefit exclusion for targeted products and categories. Additionally, we implement tailored incentive programs to make generic and biosimilar drugs more appealing than branded drugs with coupons, including member education, financial incentives, and technology integration for real-time communication and cost transparency. Our FlexAccess program provides an automated manufacturer copay assistance solution with significant savings, lower vendor fees, and broad pharmacy options. We track and analyze data to assess the impact of these programs and continuously optimize based on real-world results. There is no cost for these programs.
H.17	Can the State limit the days supply for any/all specialty drugs to 30 days?		Yes.
H.18	Are there any specialty drugs where the initial script should be limited to less than 30 days? If so, please indicate which drugs.		Yes. High-cost drugs may cause adverse side effects that result in discontinuation of therapy for some members. Prime's Split Fill program minimizes drug waste and reduces health plan costs by identifying high-cost drugs associated with early discontinuation or dose modifications. Each drug is evaluated using evidence-based criteria to determine the frequency and duration of the split fill requirements. With this program, members will not have to pay for a full supply of the drug until the drug has been shown to be effective and tolerated for that member's treatment. Split fill impacts members who are new to therapy for select drugs. Upon filling their prescription at the pharmacy, the member receives a partial fill at a prorated copay. Around day 11, a pharmacy specialist connects with the member to assess any side effects from treatment. If no issues are reported, the remainder of the fill is dispensed, and the member is billed for the balance of the cost. If issues are identified, the pharmacy recommends changes and works with the doctor to get a new prescription. The member is not billed for the remaining balance. Exact process may vary from pharmacy to pharmacy. Please see ***EXHIBIT V - Oncology Split Fill List*** for further information.
H.19	Describe any available programs to maximize available manufacturer copay assistance from specialty drug manufacturers.	Specialty	We deliver a differentiated, market-disruptive omnichannel, variable copay card/coupon solution that maximizes available manufacturer copay assistance for specialty drugs. Our solution, FlexAccess, unlocks access to specialty copay card/coupon programs across multiple dispensing channels, including both retail and specialty pharmacy settings. We leverage manufacturer copay card assistance and integrate proprietary program logic through a vendor, seamlessly incorporating variable copay plan design into our claim logic. This approach enables members to access financial assistance for more specialty drugs and through more dispensing sites than other copay card/coupon solutions currently available. Our program returns 80% of shared savings to clients, providing a greater share than other similar programs on the market. FlexAccess covers all specialty pharmacy dispensing sites, as well as retail and home delivery, and offers a broader drug class, including HIV. Members typically pay $0-$35 in copays, which we count toward accumulators. We proactively contact members for easy enrollment, minimizing abrasion and enhancing the employee experience. Our specialty pharmacy partners work with patients to identify and address the need for financial assistance, proactively assisting more than one-third of members in obtaining copay assistance from manufacturers and foundations. Dedicated teams within the Contact Center and Patient Access Teams educate patients on available copay assistance programs and guide them through the enrollment process, ensuring members receive the help they need.
H.20	Do you report on outcomes for specialty drug management programs (ROI, Clinical Results, etc.)?	Specialty	We provide outcome reporting for specialty drug management programs, including ROI and clinical results. We deliver physician prescribing reports/scorecards, group-level and plan-level reporting, and detailed program impact metrics. For example, our HighTouchRx program generated over $30 million in hard dollar savings in its first year, with quarterly reports on the number of savings opportunity outreaches, success rates, hard dollar savings per successful case and total savings. GuidedHealth reporting summarizes activities, drug savings, medical cost avoidance, and outcomes, offering the ability to filter data by line of business, employer group, and contract IDs. We measure program outcomes by the percentage of resolved drug therapy opportunities, drug savings, and medical cost avoidance. We also track and report adherence, providing access to population-level dashboards and detailed opportunity data files. We make these reports available at group level to ensure transparency and actionable insights for The State .
H.21	What is your firm's average prior authorization approval rated for Specialty drugs?	Specialty	Our overall approval rate for specialty drugs is 76%. For 2024, our overall approval rate for specialty drug approval was 76.59%, with a denial rate of 23.41%. For 2023, our specialty Commercial approval rate was 78.4%.
H.22	Would you agree with the statement that Auto e-PA systems tend to drive unnecessary utilization? Please explain.	Specialty	We disagree that auto e-PA systems inherently drive unnecessary utilization. Our electronic prior authorization (ePA) platform incorporates robust clinical review criteria, dynamic decisioning, and integration with industry-leading software to ensure approval only for appropriate requests. We apply auto-determination to a small subset of submissions—currently about 5% of all submissions, representing approximately 10% of approvals—where criteria are clear and unambiguous. The majority of requests follow branched logic pathways, clinical review, and integration with claims and provider data to validate necessity and appropriateness. Our team configures the system to tailor criteria and decision trees for specific client needs and regulatory requirements, with ongoing oversight from our Clinical UM and Clinical Criteria Teams. This approach maintains clinically appropriate utilization aligned with best practices, rather than simply increasing utilization due to automation.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response	OVERFLOW RESPONSES
I	**CYBER SECURITY / INFORMATION SAFETY & SECURITY**	**Eligibility**	**RESPONSE**	
I.1	Describe your proposed process for the secure transmission of data to and from the State, Proposers (including subcontractors), and members. Include quality controls and describe how errors in the exchange of files will be communicated to the State. Confirm there is no additional cost for these features.	Security	We will exchange data with The State, proposers (including subcontractors) and members using secure file transfer protocols, primarily SFTP via Axway Secure Transport and NDM via IBM Sterling Connect Direct. Axway Secure Transfer and Progress MOVEit deliver multi-protocol, directory-based Internet file transfer solutions that support HTTP/s, SSH (sFTP), and AS2. These solutions provide strong audit trails and multiple layers of protection, including encryption, secure connections, authenticated partner access, and integrity checks. We monitor data transmission through an early warning system and programmable alerts that help us identify missing, incomplete or erroneous files. Our combined group and membership stage process reviews required data fields for quality control and forwards only valid records for loading. If we reject files or records, we immediately report this to designated State personnel and provide detailed load status reports that include rejected records, reasons, and error codes. We coordinate corrective actions promptly and perform regular file reconciliation exchanges to maintain ongoing data accuracy. The State will not incur any additional costs for these secure transmission and quality control features.	
I.2	Describe how you manage employee confidentiality/privacy barriers and compliance with HIPAA and the Health Information Technology for Economic and Clinical Health Act (HITECH) including how often assessments are performed and by whom. Please attach a copy of your Information Security Policy and Procedures.	Security	All workforce members are required to sign confidentiality agreements prior to starting work at Prime and must reaffirm these agreements annually. They must also understand and comply with the Code of Conduct, which includes adherence to policies and procedures designed to comply with state and federal privacy laws and regulations, including HIPAA. Annual attestation to the Code is required. Our information security program consists of policies, standards, procedures, and guidelines to protect the confidentiality, integrity, and availability of client data. The framework is based on the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF), incorporating ISO 27001, NIST, HIPAA and PCI standards. Policies are reviewed annually and updated as necessary and are accessible to employees and contractors. Prime's Privacy Program is designed to comply with HIPAA and HITECH requirements. Policies and procedures were updated to incorporate HITECH changes in 2009 and are regularly updated as new laws and regulations become available. The regulatory change management program tracks new or proposed laws, assesses organizational impact, and leads implementation of necessary changes. Our privacy team conducts regular internal HIPAA risk assessments and risk analysis for operations, including review of sensitive data management through systems, to ensure compliance with HIPAA Privacy and Security Standards. Operational areas are selected based on interaction with PHI/PII, incident trends, industry trends, and risk. Privacy partners with Compliance and Internal Audit to conduct additional risk assessment activities throughout the year. Periodically, external consultants are engaged to assess compliance with HIPAA rules.	
I.3	What is your policy regarding staff working from home or remotely? What safeguards are in place to monitor quality (including retrospective claims reviews) and HIPAA compliance?	Security	Prime's Hub + Home™ program is a hybrid work solution in which employees work remotely, with the option to book a meeting room onsite at our Prime Landing location in Eagan, MN or at select other Prime offices. This strategy, which results in a connected community, allows us to offer outstanding service to clients and members. Currently, about 97% of our workforce works remotely. Our information security program consists of policies, standards, procedures and guidelines to protect the confidentiality, integrity, and availability of our clients' data. Our information security framework and policies are based on the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF), which incorporates industry standards of ISO 27001, NIST, HIPAA, and Payment Card Industry (PCI). The policies are reviewed annually and updated as necessary and can be accessed by employees and contractors. Our policies include, but are not limited to: • Enterprise Security Policy • Information Security Incident Management Policy • Disaster Recovery Policy • Mobile Computing and Storage Device Policy • Physical and Environmental Policy • User Access Management Policy • Information Classification Policy • Data Transmission and Email Policy • Storage Media Handling Policy • Monitoring System Access and Use Policy • Human Resources Security Policy • External Parties Access Policy • Cryptographic Controls Policy • Acceptable Use Policy	• Network Security Policy • System Security Policy • Secure Development Policy • Malicious Code Policy • Vulnerability Management Policy.
I.4	Describe your disaster recovery/contingency and business continuity plans.	Security	Dedicated departments manage internally our Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP), and we regularly conduct exercises to ensure preparedness. We have practiced comprehensive BCP and IT DR plans for over ten years to support full disaster recovery and minimize service interruptions for clients and members during natural disasters or other disruptive events. Our BCP addresses all critical business functions, including loss of facility, IT systems, staff and critical vendor disruption, and we update and test it annually. We maintain thirty-three BCPs covering operational areas, along with an IT DRP for data centers and departments. Our recovery strategy restores critical functions within two hours and achieves near-normal operations within 24 hours of a disaster declaration. Key personnel declare disasters following established procedures. We write our DRP and BCP to mirror each other for consistency, and we exercise business-critical applications and services annually. Our data center strategy utilizes an Active-Active system architecture where possible, with redundant hardware, network circuits, secondary data centers, and offsite backups. We ensure operational continuity with geographically dispersed offices and cross-trained staff. We retain data records for 11 years in geographically distinct locations and perform full system backups, rotating them to off-site storage. Our plans comply with government and CMS guidance. If a disaster occurs, our communication protocols, coordinated by relevant departments and corporate communications, ensure timely notification to internal and external audiences. Upon request or termination, we return or securely destroy client records as required and provide certificates of destruction when requested. We test DR and BCP plans annually, using scenarios that address likely risks such as facility, IT, staffing and vendor interruptions. While we have not implemented these plans in the last five years, our preparedness activities have enabled seamless operations during events such as Hurricane Helene in 2024.	
I.5	During the last 12 months, how many times and what percent of time has your system been "down"? System down-time percent is determined by the ratio of planned system availability when inquiry operators could not access the system to perform their functions, to the total planned system availability time. Disregard down-time for planned system maintenance.	Security	Over the last 12 months, Prime experienced two instances of unexpected downtime, and the system remained available 99.987% of the time. Both figures exclude planned system maintenance windows. Unscheduled downtime continues to be exceedingly rare and we maintain robust incident review and improvement processes to minimize recurrence.	
I.6	Confirm you will notify the State, in writing, immediately upon identifying system-related issues. This may include but is not limited to, issues with programming, data transfers, telephone systems, etc. Confirm you will also make every effort to resolve the issue(s) within 48 hours regardless of the time or date, to minimize any disruption to members.	Security	We immediately notify The State in writing when we identify any system-related issues, including but not limited to programming, data transfer, or telephone system issues. Our Client Engagement and Account Management teams promptly identify and communicate problems, contacting designated State representatives via phone or email once they confirm an issue. We track all issues in our system within one business day, categorizing them by type, root cause, and responsible operational area. We make every effort to resolve such issues within 48 hours of identification, regardless of the time or date, to minimize disruption to members. We provide regular status updates throughout the resolution process and assign escalation and priority to ensure timely remediation.	
I.7	Have you ever had a HIPAA breach? If so, please provide explanation including correction/revision of processes and procedures, mitigation of effect of breach and any remuneration made.	Security	We have encountered privacy incidents, including unauthorized disclosures or breaches involving member PHI. We identify, respond to, and report each incident in accordance with the Breach Notification Rule. Our workforce members promptly report any suspected violations to the Privacy Team as required. Over the past five years, we have managed incidents such as a ransomware attack, mailing errors, third-party coding mistakes, exploited vulnerabilities in vendor systems, and unauthorized access to email accounts. For each incident, we restore systems, add quality checks, update security safeguards, correct coding errors, disable compromised credentials, and collaborate with vendors for remediation. Our privacy department investigates all reported violations, recommends corrective actions—which may include retraining, process changes, and performance counseling—and oversees sanctions where appropriate. If the risk meets notification thresholds under HITECH or client agreements, we typically notify the client within one business day of discovery, with further notifications as contractually required. When breaches occur, we accept financial responsibility per Business Associate Agreement terms, including reimbursement for all costs or expenses incurred by The State.	
J	**ELIGIBILITY**	**Eligibility**	**RESPONSE**	

	Questionnaire Section	Section	Response
J.1	Confirm you can accept and receive weekly data transfers and process within two (2) business days of receipt.	Eligibility	Yes, BCBSNE can accept and receive weekly data transfers utilizing our standard HIPAA 834 file format. We process clean and complete files within 48 hours of receipt from BenefitFocus, our vendor who initially scrubs the data prior to submitting it to BCBSNE. Please note the State will send one weekly eligibility file applicable to the medical and pharmacy membership to BCBSNE, and BCBSNE will then submit the eligibility information to Prime.
J.2	Describe your process to update a member's eligibility information after a file is uploaded, including the process of working error reports generated, how you handle manual updates, and the process for correcting data in the event of a data feed with "bad data."	Eligibility	With BCBSNE's eligibility submission option, eExchange, the State will utilize an electronic 834 HIPAA-secure file format which is submitted on a weekly basis and is available within 24 hours on BCBSNE's system. This fast, secure, and accurate method of transmitting membership data is available free of charge to employers. Once the file has been processed and loaded, employers receive a final report documenting all changes and exceptions applicable to the file submission. **Eligibility files are submitted once a week and should be a full population file for individual member updates.** Once the file has been submitted and processed, specified State individuals will receive an automated notice to log into the secure file location where they can access a file summary report. This report provides details on how the file processed, such as identifying changes, additions or terminations, as well any errors that should be reviewed.
J.3	Describe if eligibility is processed in real time with the claims system. If not, please provide the delay time.	Eligibility	With BCBSNE's eExchange eligibility system, timely updates are processed by BCBSNE upon receipt. Once the file has been processed and loaded, employers receive a final report documenting all changes and exceptions applicable to the file submission.
J.4	Will your organization allow the State to have direct access to your eligibility systems for review and input purposes?	Eligibility	With our eExchange system, the State will submit a weekly 834 file for its membership. Direct access to eligibility systems for review and input purposes is not available with this particular method.
K	**REPORTING**	**Reporting**	**RESPONSE**
K.1	Provide a sample of your standard reporting package and note frequency. Confirm the standard reporting package will be sent to the State within 30 days of end of reporting period. At minimum, reports should include below:	Reporting	
	a. Monthly: Eligibility report showing updates and changes	Reporting	See SRP example within ***EXHIBIT K - Sample Client Reporting.***
	b. Quarterly: Formulary updates and changes	Reporting	Please refer to ***EXHIBIT L - Formulary Change Templates.*** Updates are submitted semi-annually rather than quarterly.
	c. Quarterly: Cost and trend summary	Reporting	See SRP and SSRS examples within ***EXHIBIT K - Sample Client Reporting.***
	d. Quarterly: Drug utilization review summary	Reporting	See SRP and SSRS examples within ***EXHIBIT K - Sample Client Reporting.***
	e. Quarterly: Prior Authorization and other clinical reporting	Reporting	Please refer to ***EXHIBIT M - Sample Rx Preauthorization Report.***
	f. Quarterly: Adherence by therapeutic category	Reporting	Please refer to ***EXHIBIT N - Sample Rx Adherence Report.***
	g. Quarterly: Specialty drug cost and utilization	Reporting	See SRP and SSRS examples within ***EXHIBIT K - Sample Client Reporting.***
K.1	h. Quarterly & Annual: Performance guarantee reconciliation	Reporting	See ***EXHIBIT O - Sample Rx Operational Performance Guarantees Summary.***
K.2	Are these reports available online currently? If not, how will they be provided to the State?	Reporting	We will have available our reporting platform called "Whyzen" powered by our vendor BHI. Individuals authorized by the State will each be provided a separate login. Each login will have access to readily available reporting and an environment to save individually customized reports. Initial training will be conducted to get acclimated to the tool and ongoing support will be provided by the BCBSNE Client Consulting team indefinitely.
K.3	Confirm that you are able to customize reports, and this is included in your quoted fees.	Reporting	Confirmed
K.4	Describe how your organization monitors and provides reporting on contractual Performance Guarantees. Provide a sample Performance Guarantee report.	Reporting	See ***EXHIBIT O - Sample Rx Operational Performance Guarantees Summary.*** This sample is the general layout which will be expanded to accommodate the State's operational guarantees.
K.5	Confirm that your organization will provide claim line detail for ALL claims on a monthly basis throughout the contract term based on a mutually agreeable file format	Reporting	BCBSNE will provide our master claims extract file on a monthly basis to the State and the State's approved third-party vendors.
K.6	Confirm that your organization will provide this data in a mutually agreed upon format by the 15th calendar day of the month following the subject month.	Reporting	If this question is referring to the claim data in K.5., yes, we will sent it by the 15th calendar day of the following month.
K.7	Confirm that your organization will report pharmacy rebates to the State on a quarterly basis.	Reporting	Confirmed. We will provide total rebate summary amounts on our invoicing.
L	**CONSOLIDATED APPROPRIATIONS ACT 2021 (CAA)**	**CAA**	**RESPONSE**
L.1	How is your firm prepared to support the State of Nebraska Health and Pharmacy plan in satisfying the requirements of the Transparency in Coverage (TiC) final rule, and the Consolidated Appropriations Act 2021 (CAA)?	CAA	Prime will fully support your compliance with the Transparency in Coverage (TiC) final rule and the Consolidated Appropriations Act 2021 (CAA). Our internet-based, self-service tool fully complies with TiC and CAA regulations. We provide supporting files to help you complete your required CAA reporting and maintain processes that ensure compliance with all relevant federal mandates. We respond promptly to information requests, filings and external reporting. Our regulatory change management team actively monitors these regulations and partners with compliance, legal, and operational teams to identify, interpret, and implement new or emerging requirements. We support gag clause attestations, RxDC reporting and PBM compensation disclosures, and we deliver all necessary documentation and files within specified federal deadlines.
L.2	Is your firm compliant with the TiC and CAA legislation and requirements? Explain your Yes or No answer.	CAA	Confirmed. We are compliant with the Transparency in Coverage (TiC) and Consolidated Appropriations Act (CAA) legislation and requirements. We provide supporting files for client compliance with TiC and CAA reporting requirements and have confirmed the availability of an internet-based, self-service tool that meets these regulations which were effective 1/1/2024.
L.3	Are you able to support the plan sponsor with the RxDC reporting provision of the CAA? Explain your Yes or No answer.	CAA	Confirmed. Prime will provide the data it has available in accordance with its duties as a pharmacy benefit manager (PBM), in a standard format and frequency in accordance with federal and state regulations. The State will receive files from Prime Secure File Transfer Protocol (SFTP) and report to the regulatory body. All fees associated with this assistance are currently waived. However, we retain the right to charge assistance fees at a future date.
L.4	Will you provide Health Plan specific RXDC reporting (versus Aggregate Reporting).	CAA	Confirmed. Prime will provide the State with Carrier Account Group (CAG)s with Paid Claims files to assist in the creation of the Market Segment File (MSF), which contains prescription drug data points specific to the health plan. Prime will generate individual report-ready files for each supported data file (D3-D8*) and Carrier Account Group (CAG)/Drug Name summary file for data validation. These files are health plan specific and not aggregate. The State will be responsible for the submission of final reports.
L.5	Please share a sample RXDC report from a similarly sized employer.	CAA	Please refer to ***EXHIBIT P - Sample RXDC D3-D8 Reports*** for a sample output.
L.6	Do you see any risks or challenges that your firm anticipates in complying with the CAA?	CAA	No. We are tracking several provisions of the No Surprises Act, which Congress signed into law as part of the Consolidated Appropriations Act, 2021 (CAA) on December 27, 2020, as well as the Federal Transparency Rule. These provisions, affecting the Commercial/Qualified Health Plan (QHP) line of business, generally do not clearly include or exclude pharmacy benefits in scope. We have engaged with our trade group, the Pharmaceutical Care Management Association (PCMA), to provide feedback to federal agencies regarding several of these provisions. PCMA has also submitted comments and recommendations to federal agencies seeking clarifications and answers to questions that implementation guidance needs to address, as appropriate. Please note that although the No Surprises Act provides effective dates for some requirements as noted below, federal agencies may grant additional time to comply through the rulemaking process or enforcement discretion. We are monitoring for further guidance or rulemaking that would provide the necessary details to either 1) confirm pharmacy benefits are not included in these provisions, or 2) initiate solution development. We are tracking these relevant provisions of the No Surprises Act and Federal Transparency Rule and are implementing processes, as needed, to maintain compliance. Additionally, as needed, we will incorporate language in good faith regarding the Federal No Surprises Act and Final Transparency Rule. Our member-facing website, MyPrime.com, displays real-time cost-sharing information in accordance with the Transparency in Coverage ruling. We continuously monitor legislation to ensure our website remains compliant. We are also updating MyPrime.com to allow members to search using an NDC code in addition to the current search capabilities, filter and refine searches, view their accumulator amounts, and provide search results for up to 20 pharmacies in a single search. We will provide average rebate information (financial) for each rebatable product that The State can use in the historical net price calculation for the transparency rule.

OVERFLOW RESPONSES

	Questionnaire Section	Section	Response
L.7	How will your firm communicate updates or changes to the CAA compliance regulations to the plan sponsor (Rx and Transparency related)?	CAA	For CAA RxDC reporting, our RxDC workgroup reviews reporting requirements and technical specifications to produce timely and accurate reporting to support client filings, providing reports to the client in advance of submission deadlines or upon request. For PBM compensation disclosures, our legal and business areas work closely to review and respond to disclosure requests, working directly with the client to address all requirements. The regulatory change management team collaborates with government affairs, legal, PBM compliance and business teams to identify and review new or emerging requirements, ensuring The State are informed and supported throughout the compliance process.
L.8	How frequently will your firm review and update its' understanding of the CAA to ensure ongoing compliance for plan sponsor clients?	CAA	We conduct updates and reviews as new or emerging requirements are identified and we work directly with you to support compliance as regulations evolve.
L.9	Have you conducted any internal audits or assessments to verify compliance with the CAA? If so, can you share the results or findings?	CAA	Confirmed. Prime provides supporting files for your compliance with the Transparency in Coverage and Consolidated Appropriations Act (CAA) reporting requirements. We perform regular audits to ensure compliance with applicable standards, including 508c and WCAG 2.2 AA. Additionally, our Operational Compliance team conducts regular audits and our Internal Audit and Compliance areas conduct audits and assessments that may evaluate security controls for targeted applications based on their annual audit schedule. We can provide semi-annual or annual reports of reviewed claims and associated accuracy ratings upon request.
L.10	Can you provide documentation or evidence of your compliance with the CAA as both a PBM, and as an employer, particularly regarding any specific provisions that are relevant to our business relationship?	CAA	Prime will provide The State with a CAGs with Paid Claims file to assist in the creation of the Market Segment File (MSF). The MSF contains the data points Prime needs from the clients to generate the D3 – D8 files for you. This is prescription drug data points only. These files will be sent to the client SFTP. Once received, client may upload the files to the CMS HIOS Portal. Prime will also provide a Narrative Response which clients will upload to the CMS HIOS Portal.
L.11	Additional consideration will be given to the PBM offering a letter of attestation of compliance with CAA as a covered service provider as defined under ERISA. This letter must be from a company, other than your firm, with expertise in healthcare fiduciary responsibilities.	CAA	N/A
M	**340B PROGRAM**	**340B**	**RESPONSE**
M.1	Describe your firm's experience working with 340B organizations, including contract/ambulatory pharmacy and specialty pharmacies. Please describe the in-house staff that support 340B functions and describe their experience.	340B	Prime's home delivery and specialty pharmacy partners provide the reporting and business intelligence tools necessary to support a 340Bpharmacy program. For traditional medications, when a pharmacy identifies the claim as 340B, we accept the claim and store the indicator within our data warehouse. Pharmacies that provide the current NCPDP D.0 340B claim identifiers—Basis of Cost Determination Code 08 and Submission Clarification Code 20—at the point of sale are utilized to identified eligible claims. Using that information, Prime can produce special or custom reports for the 340B program. Prime complies with all applicable laws regarding claims identifiers and 340B parity. **Home Delivery Pharmacies** Our home deliver partner includes contract pharmacy services to improve member outcomes and support the covered entity in maximizing savings and reducing program costs via an innovative virtual inventory model. We work closely with our clients to understand the specific needs of their programs and accommodate existing processes to optimize the benefits of a 340B program, while remaining in full compliance with all applicable laws and regulations. **Specialty Pharmacies** Our specialty pharmacy partner created the most advanced specialty offering in the industry. Their Therapeutic Resource Centers (TRC) and advanced adherence programs optimize health outcomes. Their virtual inventory model reduces costs to maximize value. Our specialty pharmacy partner achieves operational excellence and delivers superior account management services, resulting in high patient and client satisfaction rates. Our specialty pharmacies work with multiple 340B vendors, including large 340B administrators such as Verity, Macro Helix, PSG and Sentry, and can connect to any administrator. These vendors manage the virtual inventory process for the covered entity. These existing relationships help streamline the implementation of contract pharmacies. After covered entity clients go live, our dedicated 340B Account Management, Physician Engagement and Concierge teams support them.
M.2	How do you monitor duplicate discounts (e.g. Both 340B and rebates) to prevent commercial payer conflicts? What is the process for monitoring and addressing potential errors or compliance issues as it relates to 340B and rebates?	340B	Prime will review and analyze rejected claims from Pharma for validity. If we feel claims are rejected in error, we will dispute those claims with pharmaceutical manufacturers on your behalf. If there was a "claw back" from a pharmaceutical manufacturer after rebates were paid, we will apply these adjustments with the next payment cycle, if not earlier and in compliance with the agreement with The State. Pharmaceutical manufacturers require a comprehensive review of 340B claims when working through disputes. This involves identifying non-340B claims where rebates were withheld but also identifying 340B claims where rebates were paid, and understanding the net impact to determine any aggregate over or under payment. We establish claim submission guidelines and payment methodologies within our contracts for any 340B participating providers. Additionally, pharmacies are instructed to submit the 340B clarification code on claims as defined by state guidance. Our rebate team establishes contracts with most manufacturers that require that 340B claims be excluded from rebate calculations. Prime's rebate reporting to manufacturers excludes claims from some types of entities that are historically identified as 340B covered entities, such as Federally Qualified Health Center (FQHC) and Indian Tribal facilities with the understanding that nearly all their prescriptions are 340B eligible. Manufacturers are required to challenge rebate reports to exclude additional 340B claims from rebates. They also work closely with pharmaceutical drug manufacturers and our network team to identify 340B pharmacies. Once a pharmacy is identified as 340B, we have rebate edits in place in our rebate invoice system to avoid rebating on 340B claims. Additionally, pharmacies are instructed to submit the 340B clarification code on claims.
M.3	How do you track and report 340B transactions during the claims adjudication process?	340B	We identify 340B transactions during adjudication by requiring contracted 340B pharmacies to submit claims with marked indicators, such as Submission Clarification Code 20 and basis of cost code 08 where allowed by applicable laws. Our claims processing system stores these indicators to flag 340B claims. We configure pharmacy networks linked to benefit plans to mandate these codes where applicable and not prohibited, enabling us to distinguish and manage 340B claims separately from non-340B ones. Our rebate reporting platform then verifies eligibility through a series of checks against manufacturer agreements before extracting and performing further eligibility assessments, including submission date verification. As long as pharmacies pharmacies submit claims with SCC 20, we can report on 340B claims in the same manner as all other pharmacy claims.
M.4	How do you help clients maximize 340B savings and revenue for employee health plans while maintaining compliance? Please list examples of successful collaboration with organizations, specific to States and large employer groups, if able, to maximize 340B savings with the employee health benefit.	340B	Our networks are designed to support Nebraska regulations to all pharmacies to participate in the network if they met the terms and conditions including reimbursement. BCBSNE is currently in discussions with health systems in Nebraska to provide additional options for large employer groups like the State of Nebraska. Additional details will be provided upon completion of these negotiations.

OVERFLOW RESPONSES

BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx
Excluded	3977	15598	4.4%
Negative Tier Change	547	2112	0.6%
No Disruption	23280	325356	92.2%
Positive Tier Change	2371	9782	2.8%
TOTAL	**3,977**	**352,848**	**100%**

Disclaimers:

**Positive/Negative Tier Change based on brand drugs only*

**Exclusions include both brands and generics*
**Any claim reversals removed from the analysis*
**Unidentified & Inactive NDC's removed from the analysis*

**Vaccines & COVID Test Kits removed*

**R3/Z3 Claims Exlcuded*

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	LANTUS SOLOSTAR	DIABETES	288	1244	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	SYMBICORT	ASTHMA/COPD	233	795	FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 45/21, TRELEGY AER 100MCG, DULERA AER 50-5MCG, FLUTIC/SALME AER 100/50, WIXELA INHUB AER 100/50, BUDES/FORMOT AER 160-4.5
Excluded	HUMIRA PEN	AUTOIMMUNE	71	618	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	INSULIN LISPRO	DIABETES	127	579	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	VYVANSE	ADHD	131	436	LISDEXAMFETA CAP 40MG, LISDEXAMFETA CHW 40MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	SYMBICORT	ASTHMA/COPD	152	424	FLUTIC/SALME INH 113/14, FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 45/21, TRELEGY AER 100MCG, WIXELA INHUB AER 250/50, FLUTIC/SALME AER 250/50, BUDES/FORMOT AER 80-4.5, BREZTRI AERO AER SPHERE
Excluded	VYVANSE	ADHD	140	400	LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	INSULIN LISPRO KWIKPEN	DIABETES	102	386	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG KWIK INJ 200/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	VYVANSE	ADHD	110	371	LISDEXAMFETA CAP 50MG, LISDEXAMFETA CHW 50MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	66	337	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	SPRAVATO 84MG DOSE	DEPRESSION	16	316	Medical Drug, Check Medical Benefit
Excluded	VYVANSE	ADHD	62	283	LISDEXAMFETA CAP 70MG, LISDEXAMFETA CHW 60MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	VYVANSE	ADHD	74	274	LISDEXAMFETA CAP 60MG, LISDEXAMFETA CHW 60MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	LINZESS	GASTROINTESTINAL	77	207	MOVANTIK, SYMPROIC, TRULANCE
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	86	203	Available OTC, Products not covered on Pharmacy Benefit
Excluded	YAZ	ESTROGENS & PROGESTINS	67	182	DROSPIRENONE TAB ETHY EST, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, NORTREL TAB 7/7/7, LUTERA TAB, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, BLISOVI 24 TAB FE 1/20, AUROVELA TAB 1.5/30, OCELLA TAB 3-0.03MG, NORTREL TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35, NIKKI TAB 3-0.02MG
Excluded	VYVANSE	ADHD	73	157	LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	TRADJENTA	DIABETES	39	157	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, TRIJARDY XR TAB
Excluded	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	25	146	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	LINZESS	GASTROINTESTINAL	34	145	MOVANTIK, SYMPROIC, TRULANCE
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	47	128	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	122	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	ADDERALL XR	ADHD	39	122	AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 36MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	ELURYNG	ESTROGENS & PROGESTINS	39	120	ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	VEOZAH	OTHER NON-CATEGORIZED	21	113	PREMARIN VAG CRE 0.625MG
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	37	107	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	CONCERTA	ADHD	34	106	METHYLPHENID TAB 36MG ER, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 60MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 10MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 40MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	LINZESS	GASTROINTESTINAL	43	98	MOVANTIK, SYMPROIC, TRULANCE
Excluded	ENILLORING	ESTROGENS & PROGESTINS	39	96	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	APRISO	GASTROINTESTINAL	18	96	MESALAMINE CAP 0.375GM, MESALAMINE TAB 800MG DR, MESALAMINE TAB 1.2GM, MESALAMINE SUP 1000MG, MESALAMINE ENE 4GM, MESALAMINE CAP 400MG DR, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG DR
Excluded	XIIDRA	OPHTHALMIC	29	93	RESTASIS EMU 0.05% OP
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	24	92	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GUAIFENESIN/CODEINE	ALLERGY	66	89	Available OTC, Products not covered on Pharmacy Benefit

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					INCASSIA TAB 0.35MG, DEBLITANE TAB 0.35MG, SHAROBEL TAB 0.35MG, ERRIN TAB 0.35MG, CAMILA TAB 0.35MG, LYLEQ TAB 0.35MG, LYZA TAB 0.35MG, NORA-BE TAB 0.35MG, NORLYDA TAB 0.35MG, JENCYCLA TAB 0.35MG. HEATHER TAB 0.35MG,
Excluded	SLYND	ESTROGENS & PROGESTINS	22	89	NORLYROC TAB 0.35MG, NORETHINDRON TAB 0.35MG
					METHYLPHENID TAB 54MG ER, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CAP 60MG, METHYLPHENID CAP 40MG ER, METHYLPHENID CAP 50MG, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW
Excluded	CONCERTA	ADHD	26	88	40MG ER, QUILLIVANT SUS 25MG/5ML
					TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA
Excluded	LANTUS	DIABETES	18	87	FLEX INJ 100UNIT, LEVEMIR INJ
					ARNUITY ELPT INH 50MCG, ASMANEX 60 AER 220MCG, ASMANEX HFA AER 50MCG,
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	35	85	QVAR REDIHAL AER 40MCG
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	32	85	cap0.5 gm, 1 gm
Excluded	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	35	82	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	CODEINE/GUAIFENESIN	ALLERGY	74	81	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	69	76	Meter Coupon Program available for Contour Next Gen Meter and FreeStyle
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	61	74	Available OTC, Products not covered on Pharmacy Benefit
					NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	28	74	TAB
					METHYLPHENID TAB 27MG ER, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 15MG ER, LISDEXAMFETA CAP 40MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	CONCERTA	ADHD	27	70	25MG/5ML
Excluded	QELBREE	ADHD	16	69	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 2MG ER
Excluded	EPINEPHRINE	ALLERGY	54	67	EPINEPHRINE INJ 0.15MG, AUVI-Q INJ 0.3MG
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HADLIMA PUSH INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ
Excluded	STELARA	AUTOIMMUNE	14	67	100MG/ML, ZEPOSIA CAP 0.92MG
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML,
Excluded	HUMIRA PEN	AUTOIMMUNE	6	64	SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	MOTEGRITY	GASTROINTESTINAL	9	62	MOVANTIK, SYMPROIC, TRULANCE
Excluded	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	36	61	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
					METHYLPHENID TAB 18MG ER, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	CONCERTA	ADHD	23	60	25MG/5ML
Excluded	COMBIGAN	OPHTHALMIC	16	60	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
					CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH
Excluded	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	26	58	VERIO, ONETOUCH ULTA BLUE TEST STRIPS
					CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH
Excluded	ONETOUCH ULTRA 2	DIABETES	52	57	VERIO, ONETOUCH ULTA BLUE TEST STRIPS
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	17	56	cap0.5 gm, 1 gm
Excluded	TRIAZOLAM	SLEEP DISORDERS	35	53	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	VICTOZA	DIABETES	18	53	MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5
					BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER,
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	19	52	VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
					TESTOSTERONE GEL 1%(50MG), METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL
Excluded	TESTIM	ANDROGENS	13	52	30MG/ACT
					LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER TAB, NORTREL TAB 7/7/7, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28 TAB 0.15/30, NIKKI TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, NECON TAB 0.5/35, KELNOR TAB 1/35,
Excluded	YASMIN 28	ESTROGENS & PROGESTINS	17	50	WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
					METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG,
Excluded	TRADJENTA	DIABETES	15	46	TRIJARDY XR TAB
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	10	44	100MG ER, CHLORZOXAZON TAB 500MG
Excluded	LEVALBUTEROL TARTRATE HFA	ASTHMA/COPD	24	43	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER
					AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS
Excluded	ADDERALL XR	ADHD	14	43	25MG/5ML
					NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE
Excluded	HALOETTE	ESTROGENS & PROGESTINS	22	42	TAB
Excluded	LUBIPROSTONE	GASTROINTESTINAL	21	42	MOVANTIK, SYMPROIC, TRULANCE
					TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA
Excluded	INSULIN GLARGINE SOLOSTAR	DIABETES	17	42	FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	16	42	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	DIABETES	6	40	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
					AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	ADDERALL XR	ADHD	28	39	25MG/5ML
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	12	37	XR TAB

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 40MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG
Excluded	ADDERALL XR	ADHD	15	36	ER, QUILLIVANT SUS 25MG/5ML
Excluded	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	17	35	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	17	35	DICYCLOMINE CAP 10MG
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	13	35	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	VYVANSE	ADHD	19	34	LISDEXAMFETA CAP 10MG, LISDEXAMFETA CHW 10MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	7	34	VERAPAMIL CAP 180MG SR, VERAPAMIL TAB 240MG ER, VERAPAMIL CAP 240MG SR, VERAPAMIL TAB 80MG, CARTIA XT CAP 180/24HR, FELODIPINE TAB 10MG ER, TAZTIA XT CAP 360MG/24, TIADYLT CAP 360MG/24, NIFEDIPINE CAP 10MG, NIFEDIPINE TAB 60MG ER
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	18	33	Available OTC, Products not covered on Pharmacy Benefit
Excluded	LUBIPROSTONE	GASTROINTESTINAL	11	33	MOVANTIK, SYMPROIC, TRULANCE
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	33	ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	CEPHALEXIN	ANTI-INFECTIVE	28	32	CEPHALEXIN CAP 500MG, CEFADROXIL CAP 500MG, CEFADROXIL SUS 500/5ML, CEPHALEXIN SUS 250/5ML, AZITHROMYCIN TAB 250MG, CEFDINIR CAP 300MG, CLINDAMYCIN CAP 150MG, AZITHROMYCIN SUS 200/5ML, CEFDINIR SUS 125/5ML, CEFIXIME CAP 400MG, CEFIXIME SUS 100/5ML, CEFPROZIL SUS 125/5ML, CEFPROZIL TAB 250MG, CEFUROXIME TAB 250MG, CLARITHROMYC TAB 250MG, LINEZOLID SUS 100/5ML, LINEZOLID TAB 600MG, XIFAXAN TAB 550MG
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	6	31	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	ACCU-CHEK GUIDE	DIABETES	17	30	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	27	29	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PRENATAL	VITAMINS & SUPPLEMENTS	12	28	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	10	28	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	HUMIRA PEN	AUTOIMMUNE	4	28	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	LIRAGLUTIDE	DIABETES	9	27	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 3/0.5, RYBELSUS TAB 3MG, MOUNJARO INJ 2.5/0.5, TRULICITY INJ 1.5/0.5
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	9	27	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	HUMIRA	AUTOIMMUNE	5	27	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	JENTADUETO XR	DIABETES	4	27	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	ONETOUCH VERIO REFLECT	DIABETES	23	25	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	T:SLIM X2 3 ML CARTRIDGE	DIABETES	11	25	Device, Check Medical Benefit
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	4	25	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	HYOSCYAMINE SULFATE SL	OTHER NON-CATEGORIZED	20	24	DICYCLOMINE CAP 10MG
Excluded	INSULIN GLARGINE MAX SOLOSTAR	DIABETES	10	24	HUMULIN N, HUMULIN R U-500, NOVOLIN N, SEMGLEE-YFGN, TOUJEO, TRESIBA
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	10	24	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	RASUVO	PAIN	5	24	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 20MG
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	24	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ADDERALL XR	ADHD	13	23	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CHW 10MG, METHYLPHENID CAP 10MG, METHYLPHENID CAP 10MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	TEMAZEPAM	SLEEP DISORDERS	4	23	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	TALTZ	AUTOIMMUNE	2	23	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	BD SWABS SINGLE USE	OTHER NON-CATEGORIZED	11	22	Obsolete NDC or Invalid NDC
Excluded	BIJUVA	ESTROGENS & PROGESTINS	6	22	ESTRA/NORETH TAB 0.5-0.1, PREMPHASE TAB, PREMPRO TAB, CLIMARA PRO DIS WEEKLY, DUAVEE TAB 0.45-20
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	4	22	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	RABEPRAZOLE SODIUM	PPIs	7	21	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	SAVELLA	PAIN	5	21	DULOXETINE CAP 30MG
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	20	20	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PIMECROLIMUS	DERMATOLOGICS	16	20	TACROLIMUS OIN 0.1%
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	11	20	ARNUITY ELPT INH 50MCG, ASMANEX 30 AER 110MCG, ASMANEX HFA AER 50MCG, QVAR REDIHAL AER 40MCG
Excluded	INSULIN GLARGINE SOLOSTAR	DIABETES	9	20	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	BEVESPI AEROSPHERE	ASTHMA/COPD	6	20	BREZTRI AERO AER SPHERE, DULERA AER 50-5MCG, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25, BREO ELLIPTA INH 200-25, COMBIVENT AER 20-100, FLUTIC/SALME INH 55/14, TRELEGY AER 200MCG, FLUTIC/SALME AER 100/50
Excluded	CODEINE/GUAIFENESIN	ALLERGY	15	19	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ZORYVE	DERMATOLOGICS	11	19	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					LISDEXAMFETA CHW 20MG, LISDEXAMFETA CAP 20MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	VYVANSE	ADHD	5	19	25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	QELBREE	ADHD	5	19	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 1MG ER
Excluded	DRYSOL	DERMATOLOGICS	14	18	available OTC, Products not covered on Pharmacy Benefit
Excluded	METAXALONE	OTHER NON-CATEGORIZED	11	18	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	8	18	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	VYVANSE	ADHD	7	18	LISDEXAMFETA CHW 40MG, LISDEXAMFETA CAP 40MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	7	18	25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	DAYVIGO	SLEEP DISORDERS	3	18	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	BUPRENORPHINE	PAIN	3	18	BELSOMRA TAB 10MG
Excluded	KETOSTIX	DIABETES	13	17	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS 25MCG/HR, XTAMPZA ER CAP 18MG, BELBUCA MIS 75MCG
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	12	17	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SPRAVATO 56MG DOSE	DEPRESSION	11	17	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	QELBREE	ADHD	10	17	Covered under the medical benefit. BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER, VILAZODONE TAB 40MG
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	17	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 1MG ER
Excluded	ACTEMRA ACTPEN	AUTOIMMUNE	6	17	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	PIMECROLIMUS	DERMATOLOGICS	16	16	TYENNE INJ 162MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	16	TACROLIMUS OIN 0.1%
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	16	Available OTC, Products not covered on Pharmacy Benefit
Excluded	AMANTADINE HCL	PARKINSON	4	16	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	SAVELLA	PAIN	2	16	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	CALCITRIOL	VITAMINS & SUPPLEMENTS	2	16	DULOXETINE CAP 30MG
Excluded	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	15	CALCITRIOL CAP 0.25MCG, CALCITRIOL CAP 0.5MCG
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	15	15	Available OTC, NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	ALCOHOL PREPS	OTHER NON-CATEGORIZED	13	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	CODEINE/GUAIFENESIN	ALLERGY	13	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	VYVANSE	ADHD	9	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	6	15	LISDEXAMFETA CHW 30MG, LISDEXAMFETA CAP 30MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	PREVIDENT 5000 DRY MOUTH	OTHER NON-CATEGORIZED	6	15	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	INSULIN LISPRO JUNIOR KWIKPEN	DIABETES	4	15	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	UREA	DERMATOLOGICS	4	15	HUMALOG JR INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	OCALIVA	GASTROINTESTINAL	2	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	ESTROGENS & PROGESTINS	2	15	URSODIOL TAB 250MG, URSODIOL CAP 300MG, URSODIOL TAB 500MG
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	13	14	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	SODIUM CHLORIDE	ALLERGY	13	14	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	DRYSOL	DERMATOLOGICS	11	14	Device, Check Medical Benefit
Excluded	ZTLIDO	DERMATOLOGICS	7	14	available OTC, Products not covered on Pharmacy Benefit
Excluded	MIEBO	OTHER NON-CATEGORIZED	4	14	LIDOCAINE PAD 5%
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	14	RESTASIS EMU 0.05% OP
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	4	14	DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	14	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	RABEPRAZOLE SODIUM	PPIs	2	14	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	13	13	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	13	13	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, PEG-3350/KCL SOL /SODIUM, GAVILYTE-N SOL FLAV PK
Excluded	ACCU-CHEK GUIDE ME	DIABETES	13	13	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
Excluded	TRIAZOLAM	SLEEP DISORDERS	7	13	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	13	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
					FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON 20MG/ML, FLUVOXAMINE TAB 100MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	13	TAB
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HADLIMA PUSH INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, TYENNE INJ 162MG, ZEPOSIA CAP
Excluded	SIMPONI	AUTOIMMUNE	4	13	0.92MG
Excluded	BUPRENORPHINE	PAIN	3	13	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
					FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG, FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG, SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML,
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	3	13	SERTRALINE TAB 25MG
					PREGABALIN SOL 20MG/ML, PREGABALIN CAP 150MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER,
Excluded	LYRICA	ANTICONVULSANT	2	13	PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG
					LEVETIRACETA TAB 500MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN CAP 100MG, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, PREGABALIN CAP 150MG,
Excluded	KEPPRA	ANTICONVULSANT	2	13	TOPIRAMATE CAP ER 25MG, TOPIRAMATE TAB 25MG
					LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG, VIGABATRIN TAB 500MG, VIGADRONE POW
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	13	500MG
Excluded	GUAIFENESIN/CODEINE	ALLERGY	10	12	Available OTC, Products not covered on Pharmacy Benefit
					TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX OIN 0.1% OP, NEO/POLY/DEX SUS
Excluded	TOBRADEX	OPHTHALMIC	8	12	0.1% OP, NEO/POLY/BAC OIN /HC 1%OP, NEO-POLYCIN OIN HC 1%OP
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	12	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
					NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC
Excluded	NAPROXEN	PAIN	6	12	TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	ALREX	OPHTHALMIC	5	12	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%
Excluded	CORLANOR	OTHER NON-CATEGORIZED	5	12	IVABRADINE TAB 5MG
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	JENTADUETO XR	DIABETES	3	12	XR TAB
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	JENTADUETO	DIABETES	3	12	XR TAB
					TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	12	ER
					Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa
Excluded	ENBRACE HR	VITAMINS & SUPPLEMENTS	1	12	chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG,TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR
Excluded	TALTZ	AUTOIMMUNE	1	12	TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	PERTZYE	CYSTIC FIBROSIS	1	12	CREON CAP 24000UNT, ZENPEP CAP 3000UNIT
Excluded	NUPLAZID	ANTIPSYCHOTIC	1	12	QUETIAPINE TAB 25MG, CLOZAPINE TAB 25MG
					HYDROMORPHON TAB 2MG, OXYCODONE TAB 10MG, TRAMADL/APAP TAB 37.5-325, TRAMADOL HCL TAB 50MG, APAP/CODEINE TAB 300-60MG, HYDROCO/APAP SOL 5-217MG, HYDROCO/APAP TAB 10-325MG, HYDROMORPHON LIQ 1MG/ML, MORPHINE SUL TAB 30MG, OXYCOD/APAP TAB 10-325MG, OXYCODONE CON 100/5ML, OXYCODONE SOL 5MG/5ML, OXYMORPHONE TAB HCL 10MG, MORPHINE
Excluded	NUCYNTA	PAIN	1	12	SUL SOL 20MG/5ML
Excluded	OXYCODONE HYDROCHLORIDE	PAIN	11	11	OXYCODONE TAB 5MG
					CLOTRIM/BETA CRE DIPROP, CICLOPIROX GEL 0.77%, ECONAZOLE CRE 1%,
Excluded	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	CICLOPIROX CRE 0.77%, KETOCONAZOLE CRE 2%, CICLOPIROX SUS 0.77%
					ESTRADIOL CRE 0.01%, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG, ESTRADIOL TAB 1MG, DOTTI DIS 0.1MG, ESTRA/NORETH TAB 1-0.5MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, LYLLANA DIS 0.1MG, MIMVEY TAB 1-0.5MG, PREMARIN TAB
Excluded	FEMRING	ESTROGENS & PROGESTINS	5	11	0.3MG, PREMARIN VAG CRE 0.625MG, ESTRADIOL TAB 10MCG
Excluded	MINIMED RESERVOIR 3ML	DIABETES	4	11	Device, Check Medical Benefit
					LISDEXAMFETA CHW 60MG, LISDEXAMFETA CAP 60MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	VYVANSE	ADHD	4	11	25MG/5ML, AZSTARYS CAP 26.1-5.2
					AZELAIC ACID GEL 15%, METRONIDAZOL GEL 0.75%, METRONIDAZOL GEL 1%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, SOOLANTRA CRE 1%, ZILXI
Excluded	RHOFADE	DERMATOLOGICS	4	11	AER 1.5%
Excluded	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	MONTELUKAST CHW 4MG, ZAFIRLUKAST TAB 10MG
					PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	2	11	20MG/ML
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	11	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
					METHYLPHENID TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 2.5MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB
Excluded	AMPHETAMINE SULFATE	ADHD	1	11	5MG
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	1	11	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	QNASL	ALLERGY	1	11	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	10	10	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	9	10	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG,
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	7	10	TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	NUCYNTA	PAIN	5	10	APAP/CODEINE TAB 300-30MG, HYDROCO/APAP TAB 5-325MG, HYDROMORPHON TAB 2MG, OXYCOD/APAP TAB 5-325MG, OXYCODONE TAB 5MG, TRAMADL/APAP TAB 37.5-325, TRAMADOL HCL TAB 50MG, CODEINE SULF TAB 30MG, HYDROCO/APAP SOL 5-217MG, HYDROMORPHON LIQ 1MG/ML, MORPHINE SUL TAB 15MG, OXYCODONE CON 100/5ML, OXYCODONE SOL 5MG/5ML, OXYMORPHONE TAB HCL 10MG, MORPHINE SUL SOL 20MG/5ML
Excluded	DIFLUPREDNATE	OPHTHALMIC	5	10	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	VELPHORO	GASTROINTESTINAL	4	10	SEVELAM CARB TAB 800MG, CALC ACETATE CAP 667MG, CALC ACETATE TAB 667MG, LANTHANUM CHW 500MG, SEVELAM CARB POW 0.8GM, SEVELAM HCL TAB 800MG
Excluded	OXYCODONE HCL	PAIN	4	10	OXYCODONE TAB 5MG
Excluded	FEMRING	ESTROGENS & PROGESTINS	4	10	ESTRADIOL CRE 0.01%, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG, ESTRADIOL TAB 1MG, DOTTI DIS 0.1MG, ESTRA/NORETH TAB 1-0.5MG, ESTRADIOL DIS 0.1MG, LYLLANA DIS 0.1MG, PREMARIN TAB 0.3MG, MIMVEY TAB 1-0.5MG, PREMARIN VAG CRE 0.625MG, ESTRADIOL DIS 0.1MG, ESTRADIOL TAB 10MCG
Excluded	DICLOFENAC SODIUM ER	PAIN	2	10	DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN TAB 600MG, PIROXICAM CAP 20MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	10	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
Excluded	NORDITROPIN FLEXPRO	GROWTH HORMONES	2	10	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Excluded	DIOVAN	ANTIHYPERTENSIVE	1	10	VALSARTAN TAB 160MG, LOSARTAN POT TAB 50MG, IRBESARTAN TAB 150MG, OLMESA MEDOX TAB 20MG, CANDESARTAN TAB 8MG, TELMISARTAN TAB 40MG
Excluded	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	10	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	GOCOVRI	PARKINSON	1	10	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG
Excluded	PERFOROMIST	ASTHMA/COPD	1	10	ARFORMOTEROL NEB 15/2ML, IPRATROPIUM SOL 0.02%INH, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG
Excluded	PENTASA	GASTROINTESTINAL	1	10	BALSALAZIDE CAP 750MG, MESALAMINE CAP 0.375GM, MESALAMINE CAP 400MG DR, MESALAMINE ENE 4GM, MESALAMINE TAB 1.2GM, SULFASALAZIN TAB 500MG, SULFASALAZIN TAB 500MG DR, MESALAMINE TAB 800MG DR
Excluded	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	9	9	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	9	9	PREVALITE POW 4GM, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	8	9	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	CIPRO HC	OTHER NON-CATEGORIZED	7	9	CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SUS 1% OTIC, NEO/POLY/HC SOL 1% OTIC, NEO/POLY/HC SOL 1% OTIC
Excluded	RABEPRAZOLE SODIUM	PPIs	4	9	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	4	9	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	4	9	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	4	9	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	MITIGARE	OTHER NON-CATEGORIZED	2	9	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	HUMIRA	AUTOIMMUNE	2	9	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	9	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	BIJUVA	ESTROGENS & PROGESTINS	2	9	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 0.5MG, ESTRA/NORETH TAB 1-0.5MG, LYLLANA DIS 0.05MG, MIMVEY TAB 1-0.5MG, PREMPRO TAB 0.3-1.5, PREMPHASE TAB, PREMARIN TAB 0.625MG, ESTRING MIS 7.5/24HR, DOTTI DIS 0.05MG, YUVAFEM TAB 10MCG
Excluded	VIIBRYD	DEPRESSION	1	9	VILAZODONE TAB 10MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	TEMAZEPAM	SLEEP DISORDERS	1	9	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	9	Medical Drug, Check Medical Benefit
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	9	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	9	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG
Excluded	NARCAN	OTHER NON-CATEGORIZED	8	8	NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	PLENVU	OTHER NON-CATEGORIZED	8	8	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, GAVILYTE-N SOL FLAV PK, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	TRIAZOLAM	SLEEP DISORDERS	7	8	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	BUPRENORPHINE	PAIN	6	8	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	6	8	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	WEGOVY	WEIGHT LOSS	5	8	weight loss is optional coverage, check plan benefit
Excluded	ALCOHOL SWABS	OTHER NON-CATEGORIZED	5	8	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	5	8	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	8	QUETIAPINE TAB 100MG, QUETIAPINE TAB 50MG, QUETIAPINE TAB 300MG
Excluded	ZORYVE	DERMATOLOGICS	4	8	SELENIUM SUL LOT 2.5%
Excluded	VICTOZA	DIABETES	4	8	MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5
Excluded	CORLANOR	OTHER NON-CATEGORIZED	3	8	IVABRADINE TAB 7.5MG
Excluded	OSPHENA	ESTROGENS & PROGESTINS	2	8	ESTRADIOL CRE 0.01%, ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG, PREMPRO TAB, PREMPHASE TAB, PREMARIN TAB 0.625MG
Excluded	VIMPAT	ANTICONVULSANT	2	8	LACOSAMIDE TAB 200MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, DIVALPROEX TAB 125MG DR, PRIMIDONE TAB 50MG, CARBAMAZEPIN TAB 200MG, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, LAMOTRIGINE CHW 25MG, LEVETIRACETA TAB 500MG ER, DIVALPROEX TAB 250MG ER, DIVALPROEX CAP 125MG DR, PHENYTOIN EX CAP 100MG, PHENYTOIN CHW 50MG, VALPROIC ACD CAP 250MG, TOPIRAMATE CAP ER 25MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	2	8	VASCEPA CAP 1GM
Excluded	TRIMETHOPRIM	ANTI-INFECTIVE	2	8	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFUR MAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Excluded	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	8	BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 4MG, DIAZEPAM TAB 5MG
Excluded	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	verapamil hcl cap er 24hr 120 mg,180 mg, 240 mg (Verelan), verapamil hcl tab er 120 mg,180 mg, 240 mg, verapamil hcl tab 40 mg, 80 mg,120 mg
Excluded	REZDIFFRA	GASTROINTESTINAL	1	8	WEGOVY INJ 0.25MG, SAXENDA INJ 18MG/3ML
Excluded	PIFELTRO	HIV	1	8	NEVIRAPINE TAB 200MG, EFAVIRENZ TAB 600MG, ETRAVIRINE TAB 100MG, NEVIRAPINE TAB 400MG ER, INTELENCE TAB 25MG
Excluded	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	ADHD	1	8	amphetamine/ dextroamphetamine, amphetamine/ dextroamphetamine XR, armodafinil, atomoxetine, AZSTARYS, clonidine ER tablet, dexmethylphenidate ER, dextroamphetamine solution, dextroamphetamine, JORNAY PM, lisdexamfetamine, methylphenidate, methylphenidate ER (generic CONCERTA), modafinil, QUILLICHEW ER, QUILLIVANT XR SUSPENSION, SUNOSI
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	1	8	RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
Excluded	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	DIABETES	7	7	DEXCOM G6 RECEIVER, DEXCOM G7 RECEIVER
Excluded	WEGOVY	WEIGHT LOSS	6	7	weight loss is optional coverage, check plan benefit
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	6	7	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	MOMETASONE FUROATE	ALLERGY	5	7	FLUTICASONE SPR 50MCG
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	5	7	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	ACCU-CHEK GUIDE	DIABETES	4	7	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	TEMAZEPAM	SLEEP DISORDERS	3	7	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	PRECISION XTRA	DIABETES	3	7	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	OLOPATADINE HCL	ALLERGY	3	7	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	7	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	DIABETES	2	7	HUMALOG MIX INJ 50/50KWP, HUMALOG MIX INJ 75/25KWP, NOVOLIN INJ 70/30, NOVOLIN INJ 70/30 FP, NOVOLIN INJ 70/30 FP, NOVOLIN70/30 INJ RELION, NOVOLOG MIX INJ 70/30, NOVOLOG MIX INJ FLEXPEN, NOVOLOG RELI INJ 70/30, HUMULIN INJ 70/30KWP
Excluded	NICORETTE	OTHER NON-CATEGORIZED	1	7	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER- nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	COPAXONE	MULTIPLE SCLEROSIS	1	7	DIMETHYL FUM CAP 120MG DR, FINGOLIMOD CAP 0.5MG, GLATIRAMER INJ 40MG/ML, TERIFLUNOMID TAB 7MG, PLEGRIDY INJ PEN, BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, VUMERITY CAP 231MG, MAYZENT TAB 0.25MG, GLATOPA INJ 40MG/ML, REBIF INJ 22/0.5, REBIF REBIDO INJ 22/0.5, MAVENCLAD PAK
Excluded	NUTROPIN AQ NUSPIN 10	GROWTH HORMONES	1	7	10MG(10), ZEPOSIA CAP 0.92MG, KESIMPTA INJ 20/.4ML
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	6	6	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	FT LAXATIVE	OTHER NON-CATEGORIZED	6	6	SUCRALFATE TAB 1GM
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	6	6	Available OTC, Products not covered on Pharmacy Benefit
Excluded	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OPHTHALMIC	6	6	Available OTC, Products not covered on Pharmacy Benefit NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	5	6	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	4	6	ARNUITY ELPT INH 200MCG, ASMANEX 60 AER 220MCG, ASMANEX HFA AER 200 MCG, QVAR REDIHA AER 80MCG
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	6	TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	3	6	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	3	6	RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
Excluded	QELBREE	ADHD	3	6	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 2MG ER
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	3	6	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	2	6	CARTIA XT CAP 240/24HR, DILTIAZEM CAP 240MG ER, DILTIAZEM CAP 240MG CD, VERAPAMIL CAP 240MG SR, AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, VERAPAMIL TAB 80MG, DILTIAZEM TAB 60MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, NIFEDIPINE TAB 90MG ER, DILT-XR CAP 240MG, CARTIA XT CAP 300/24HR, DILTIAZEM CAP 300MG ER, TIADYLT CAP 300MG/24, DILTIAZEM CAP 300MG ER, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	LIRAGLUTIDE	DIABETES	2	6	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 3/0.5, RYBELSUS TAB 3MG, MOUNJARO INJ 2.5/0.5, TRULICITY INJ 1.5/0.5
Excluded	TRIMETHOPRIM	ANTI-INFECTIVE	2	6	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFUR MAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Excluded	AUTOSOFT 30 INFUSION SET/23"/13MM	DIABETES	2	6	Device, Check Medical Benefit
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	6	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	ADDERALL	ADHD	2	6	AMPHET/DEXTR TAB 20MG, DEXMETHYLPH TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 10MG/5ML, METHYLPHENID TAB 20MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	2	6	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	RABEPRAZOLE SODIUM	PPIs	2	6	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	PREVIDENT RINSE	OTHER NON-CATEGORIZED	2	6	DENTA 5000 CRE PLUS, FLUORIDEX PST 1.1%, SOD FLUORIDE SOL 0.2%MINT, SODIUM FLUOR CRE 5000 PPM, FLUORMX 5000 PST 1.1%, DENTAGEL GEL 1.1%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	6	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	6	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	6	cap0.5 gm, 1 gm
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	2	6	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	6	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	CALCIPOTRIENE	DERMATOLOGICS	1	6	CALCIPOTRIEN CRE 0.005%, TAZARETENE CRE 0.05%, TAZARETENE CRE 0.1%, TAZORAC TAZARETENE GEL 0.05%, TAZARETENE GEL 0.1%
Excluded	ENDOMETRIN	ESTROGENS & PROGESTINS	1	6	may be covered, check plan benefit booklet for coverage, progesterone cap 100 mg, 200 mg
Excluded	BUTRANS	PAIN	1	6	BELBUCA MIS 450MCG, TRAMADOL HCL TAB 50MG, TRAMADOL HCL TAB 200MG ER
Excluded	BUPRENORPHINE	PAIN	1	6	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	6	AMPHET/DEXTR CAP 30MG ER, DEXTROAMPHET CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 30MG, AZSTARYS CAP 39.2-7.8, JORNAY PM CAP 40MG ER
Excluded	SKYTROFA	GROWTH HORMONES	1	6	GENOTROPIN INJ 1MG, OMNITROPE INJ 5/1.5MG
Excluded	POTASSIUM CITRATE/CITRIC ACID	OTHER NON-CATEGORIZED	1	6	CYTRA-2 SOL, SOD CITRATE SOL CITR ACD, POT CITRA ER TAB 1620MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	6	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	NARCAN	OTHER NON-CATEGORIZED	5	5	NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	Available OTC, NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	ACCU-CHEK GUIDE	DIABETES	5	5	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	5	5	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	5	5	DICYCLOMINE CAP 10MG
Excluded	HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	5	5	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	SUFLAVE	OTHER NON-CATEGORIZED	5	5	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, GAVILYTE-N SOL FLAV PK, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
Excluded	PEG 3350	OTHER NON-CATEGORIZED	5	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	5	5	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	5	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	AZELEX	DERMATOLOGICS	4	5	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, TRETINOIN CRE 0.025%, TAZARETENE CRE 0.1%, TAZARETENE GEL 0.1%, CLINDAMY/BEN GEL 1.2-5%
Excluded	ZOLMITRIPTAN ODT	MIGRAINE	4	5	ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR 20MG/ACT
Excluded	KETOSTIX	DIABETES	4	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WEGOVY	WEIGHT LOSS	4	5	weight loss is optional coverage, check plan benefit
Excluded	VYVANSE	ADHD	4	5	LISDEXAMFETA CHW 10MG, LISDEXAMFETA CAP 10MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	RABEPRAZOLE SODIUM	PPIs	4	5	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NAPROXEN DR	PAIN	3	5	NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	MORPHINE SULFATE	PAIN	3	5	METHADONE SOL 10MG/5ML, METHADONE SOL 5MG/5ML, FENTANYL DIS 25MCG/HR, HYDROMORPHON LIQ 1MG/ML, OXYMORPHONE TAB HCL 5MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, METHADONE TAB 10MG, OXYCODONE TAB 5MG
Excluded	VERSABASE	OTHER NON-CATEGORIZED	3	5	No Formulary Alternative without diagnosis, Compound drug
Excluded	TRUSTEEL INFUSION SET/23"/6MM	DIABETES	3	5	Device, Check Medical Benefit
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	3	5	VASCEPA CAP 1GM
Excluded	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	5	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%, HALOBETASOL CRE 0.05%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	3	5	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	OLOPATADINE HCL	ALLERGY	3	5	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	5	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	NESINA	DIABETES	3	5	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	2	5	LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG, VIGABATRIN TAB 500MG, VIGADRONE POW 500MG
Excluded	BUPRENORPHINE	PAIN	2	5	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	5	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	COMBIGAN	OPHTHALMIC	2	5	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
Excluded	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	DIABETES	2	5	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	PLAN B ONE-STEP	ESTROGENS & PROGESTINS	2	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	RABEPRAZOLE SODIUM	PPIs	2	5	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	2	5	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	5	ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
Excluded	MINIMED QUICK SET INFUSION SET/43"/9MM	DIABETES	1	5	Device, Check Medical Benefit

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					TYENNE INJ 162MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG,
Excluded	ACTEMRA	AUTOIMMUNE	1	5	SIMPONI INJ 100MG/ML
Excluded	LUBIPROSTONE	GASTROINTESTINAL	1	5	MOVANTIK, SYMPROIC, TRULANCE
Excluded	VARISOFT INFUSION SET/23"/17MM	DIABETES	1	5	Device, Check Medical Benefit
Excluded	ULORIC	OTHER NON-CATEGORIZED	1	5	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	5	VASCEPA CAP 1GM
					OXYCODONE TAB 10MG, XTAMPZA ER CAP 18MG, HYDROCO/APAP TAB 10-325MG, FENTANYL DIS 25MCG/HR, OXYMORPHONE TAB HCL 10MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 30MG, METHADONE TAB 5MG, TRAMADOL HCL TAB
Excluded	HYDROCODONE BITARTRATE ER	PAIN	1	5	50MG
					METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ
Excluded	RASUVO	PAIN	1	5	1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 25MG
Excluded	PROGESTERONE MICRONIZED	OTHER NON-CATEGORIZED	1	5	No Formulary Alternative without diagnosis, Compound drug
Excluded	FLUNISOLIDE	ALLERGY	1	5	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
					PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	5	20MG/ML
					FELBAMATE TAB 600MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, CLOBAZAM TAB 20MG, DIVALPROEX TAB 250MG DR, DIVALPROEX TAB 250MG ER, GABAPENTIN CAP 100MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 250MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN EX CAP 100MG, RUFINAMIDE TAB 200MG, TOPIRAMATE CAP ER 25MG,
Excluded	FELBATOL	ANTICONVULSANT	1	5	TOPIRAMATE TAB 100MG, VALPROIC ACD CAP 250MG
Excluded	BD SHARPS CONTAINER HOME	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MOTEGRITY	GASTROINTESTINAL	4	4	MOVANTIK, SYMPROIC, TRULANCE
Excluded	DRYSOL	DERMATOLOGICS	4	4	available OTC, Products not covered on Pharmacy Benefit
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	KETONE	DIABETES	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	XDEMVY	OPHTHALMIC	4	4	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	4	4	CLINDAMYCIN LOT 10MG/ML
Excluded	CVS PREP PADS	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	4	4	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
					CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL
Excluded	CLEOCIN	OTHER NON-CATEGORIZED	4	4	0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	POW 100000
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	POW 100000
Excluded	EPINEPHRINE	ALLERGY	3	4	EPINEPHRINE INJ 0.15MG, AUVI-Q INJ 0.15MG
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, BRIMONIDINE GEL 0.33%, ZILXI AER
Excluded	METRONIDAZOLE	DERMATOLOGICS	3	4	1.5%
					BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER,
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	UREA	DERMATOLOGICS	3	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	COMBIGAN	OPHTHALMIC	3	4	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
					BETAMETH DIP CRE 0.05%, BETAMETH DIP LOT 0.05%, BETAMETH DIP OIN 0.05%,
Excluded	TACLONEX	DERMATOLOGICS	3	4	CALCIPOTRIEN CRE 0.005%
					ESTRA/NORETH TAB 0.5-0.1, PREMPHASE TAB, PREMPRO TAB, CLIMARA PRO DIS
Excluded	BIJUVA	ESTROGENS & PROGESTINS	3	4	WEEKLY, DUAVEE TAB 0.45-20
Excluded	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	2	4	Available OTC, Products not covered on Pharmacy Benefit
					NEBIVOLOL TAB 20MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 20MG,
Excluded	BYSTOLIC	ANTIHYPERTENSIVE	2	4	BISOPROL FUM TAB 10MG
Excluded	MINIMED QUICK SET INFUSION SET/23"/9MM	DIABETES	2	4	Device, Check Medical Benefit
					ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	4	TAB 50-325MG
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	4	MOVANTIK, SYMPROIC, TRULANCE
					LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 200MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, LEVETIRACETA TAB 250MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 100MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 50MG, VALPROIC
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	2	4	ACD CAP 250MG
Excluded	BUPRENORPHINE	PAIN	2	4	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	AUTOSOFT XC INFUSION SET/23"/9MM	DIABETES	2	4	Device, Check Medical Benefit
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	JENTADUETO	DIABETES	2	4	XR TAB
Excluded	AUTOSOFT XC INFUSION SET/23"/6MM	DIABETES	2	4	Device, Check Medical Benefit
					RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	2	4	TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
					FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG, FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG, SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML,
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	2	4	SERTRALINE TAB 25MG
					PREVALITE POW 4GM, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG,
Excluded	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	4	COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
					FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	4	20MG/ML, FLUVOXAMINE TAB 100MG
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	2	4	100MG ER, CHLORZOXAZON TAB 500MG
					ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG,
Excluded	NAPROXEN DR	PAIN	1	4	DIFLUNISAL TAB 500MG
Excluded	MINIMED QUICK SET INFUSION SET/32"/9MM	DIABETES	1	4	Device, Check Medical Benefit
					HYDROCORT ENE 100MG, MESALAMINE SUP 1000MG, BALSALAZIDE CAP 750MG,
Excluded	MESALAMINE	GASTROINTESTINAL	1	4	SULFASALAZIN TAB 500MG DR

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	CARTIA XT CAP 240/24HR, DILTIAZEM CAP 240MG ER, DILTIAZEM CAP 240MG CD, VERAPAMIL CAP 240MG SR, AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, VERAPAMIL TAB 80MG, DILTIAZEM TAB 60MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, NIFEDIPINE TAB 90MG ER, DILT-XR CAP 240MG, CARTIA XT CAP 300/24HR, DILTIAZEM CAP 300MG ER, TIADYLT CAP 300MG/24, DILTIAZEM CAP 300MG ER, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	LYRICA	ANTICONVULSANT	1	4	PREGABALIN CAP 200MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG
Excluded	LYRICA	ANTICONVULSANT	1	4	PREGABALIN CAP 150MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PRIMIDONE TAB 50MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG
Excluded	LIVALO	ANTIHYPERLIPIDEMIC	1	4	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, SIMVASTATIN TAB 20MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 10MG, PRAVASTATIN TAB 20MG, ROSUVASTATIN TAB 20MG, ROSUVASTATIN TAB 10MG, SIMVASTATIN TAB 5MG, SIMVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, LOVASTATIN TAB 20MG
Excluded	LAMICTAL XR	ANTICONVULSANT	1	4	LAMOTRIGINE TAB 200MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LEVETIRACETA TAB 250MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, VALPROIC ACD CAP 250MG
Excluded	LAMICTAL	ANTICONVULSANT	1	4	LAMOTRIGINE TAB 100MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN CAP 100MG, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 200MG ER, LEVETIRACETA TAB 250MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 150MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, PREGABALIN CAP 150MG, VALPROIC ACD CAP 250MG
Excluded	KYZATREX	ANDROGENS	1	4	TESTOSTERONE GEL PUMP 1%, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, METHYLTESTOS CAP 10MG
Excluded	ZETONNA	ALLERGY	1	4	azelastine nasal 0.1 %,fluticasone nasal
Excluded	KEPPRA XR	ANTICONVULSANT	1	4	LEVETIRACETA TAB 750MG ER, LEVETIRACETA TAB 750MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	4	VASCEPA CAP 1GM
Excluded	TRANDOLAPRIL/VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	4	AMLOD/BENAZP CAP 10-20MG, TRANDOLAPRIL TAB 2MG, VERAPAMIL TAB 120MG ER
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	1	4	COLESEVELAM TAB 625MG, COLESTIPOL TAB 1GM, GLIMEPIRIDE TAB 4MG, GLIP/METFORM TAB 5-500MG, GLIPIZIDE ER TAB 10MG, GLIPIZIDE TAB 10MG, GLYBURIDE TAB 5MG, METFORMIN TAB 1000MG, METFORMIN TAB 500MG ER, NATEGLINIDE TAB 60MG, PIOGLITA/MET TAB 15-500MG, PIOGLITAZONE TAB 30MG, FARXIGA TAB 10MG, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-1000, JANUVIA TAB 50MG, XIGDUO XR TAB 10-500MG
Excluded	RABEPRAZOLE SODIUM	PPIs	1	4	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	BETOPTIC-S	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Excluded	PRENATAL PLUS VITAMIN ANDMINERAL	VITAMINS & SUPPLEMENTS	1	4	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	FIASP PUMPCART	DIABETES	1	4	FIASP, HUMALOG, HUMULIN R, LYUMJEV, NOVOLIN R, NOVOLOG
Excluded	CETIRIZINE HYDROCHLORIDE	ALLERGY	1	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	OLOPATADINE HYDROCHLORIDE	ALLERGY	1	4	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	4	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	EXTENDED RESERVOIR 3.0 ML	DIABETES	1	4	Device, Check Medical Benefit
Excluded	EPINASTINE HCL	OPHTHALMIC	3	3	AZELASTINE DRO 0.05%
Excluded	EC-NAPROXEN	PAIN	3	3	NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	XIIDRA	OPHTHALMIC	3	3	RESTASIS EMU 0.05% OP
Excluded	CVS MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	TRIAZOLAM	SLEEP DISORDERS	3	3	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	ALMOTRIPTAN	MIGRAINE	3	3	RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 50MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR 20MG/ACT, ZOLMITRIPTAN TAB 5MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	DICYCLOMINE CAP 10MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	DICYCLOMINE CAP 10MG
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	3	3	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	3	3	SUCRALFATE TAB 1GM
Excluded	ALCOHOL SWABS	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	3	3	Device, Check Medical Benefit
Excluded	CODEINE/GUAIFENESIN	ALLERGY	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GOLYTELY	OTHER NON-CATEGORIZED	3	3	PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, GAVILYTE-N SOL FLAV PK, SODIUM/POTAS SOL MAGNESIU
Excluded	PIMECROLIMUS	DERMATOLOGICS	3	3	TACROLIMUS OIN 0.1%
Excluded	PIMECROLIMUS	DERMATOLOGICS	3	3	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	3	3	DEXCOM G6 RECEIVER, DEXCOM G7 RECEIVER
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	3	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	2	3	ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%,
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	3	SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
Excluded	DIFLUPREDNATE	OPHTHALMIC	2	3	MOVANTIK, SYMPROIC, TRULANCE
Excluded	YUPELRI	ASTHMA/COPD	2	3	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	XPHOZAH	OTHER NON-CATEGORIZED	2	3	SPIRIVA AER 1.25MCG, SPIRIVA CAP HANDIHLR
Excluded	XOPENEX HFA	ASTHMA/COPD	2	3	CALC ACETATE CAP 667MG, LANTHANUM CHW 500MG, SEVELAM CARB POW 2.4GM, SEVELAM CARB TAB 800MG, SEVELAM HCL TAB 800MG, VELPHORO CHW 500MG
Excluded	VYVANSE	ADHD	2	3	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER
Excluded	DAPAGLIFLOZIN PROPANEDIOL	DIABETES	2	3	LISDEXAMFETA CHW 50MG, LISDEXAMFETA CAP 50MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	FARXIGA TAB 10MG, JARDIANCE TAB 25MG, XIGDUO XR TAB 10-500MG, SYNJARDY TAB 12.5-500, SYNJARDY XR TAB 25-1000, GLYXAMBI TAB 25-5 MG
Excluded	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	2	3	TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	DICYCLOMINE CAP 10MG
Excluded	SYMLINPEN 60	DIABETES	2	3	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	2	3	TRULICITY INJ 4.5/0.5, RYBELSUS TAB 14MG
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	2	3	SUCRALFATE TAB 1GM
Excluded	BRINZOLAMIDE	OPHTHALMIC	2	3	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	RASUVO	PAIN	2	3	DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	3	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 15MG
Excluded	AMANTADINE HCL	PARKINSON	2	3	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	NASCOBAL	VITAMINS & SUPPLEMENTS	1	3	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	1	3	CYANOCOBALAM INJ 1000MCG
Excluded	MINIMED MIO ADVANCE INFUSION SET/23"/6MM	DIABETES	1	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MATZIM LA	ANTIHYPERTENSIVE	1	3	Device, Check Medical Benefit
Excluded	LEVSIN/SL	OTHER NON-CATEGORIZED	1	3	CARTIA XT CAP 240/24HR, DILTIAZEM CAP 420MG/24, DILTIAZEM CAP 300MG ER, TIADYLT CAP 420MG/24, AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, DILTIAZEM TAB 60MG
Excluded	KYZATREX	ANDROGENS	1	3	DICYCLOMINE CAP 10MG
Excluded	ALPHAGAN P	OPHTHALMIC	1	3	TESTOSTERONE GEL PUMP 1%, TESTOSTERONE GEL 1%(25MG), TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1.62%, TESTOST CYP INJ 100MG/ML, TESTOSTERONE SOL 30MG/ACT, METHYLTESTOS CAP 10MG
Excluded	DAPSONE	DERMATOLOGICS	1	3	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	ISOPROPYL ALCOHOL	OTHER NON-CATEGORIZED	1	3	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	VIIBRYD	DEPRESSION	1	3	Medical Drug, Check Medical Benefit
Excluded	AUTOSOFT 90 INFUSION SET/23"/6MM	DIABETES	1	3	VILAZODONE TAB 40MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 30MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	UCERIS	CORTICOSTEROIDS	1	3	Device, Check Medical Benefit
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	3	DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, BALSALAZIDE CAP 750MG, BUDESONIDE CAP 3MG DR, MESALAMINE CAP 0.375GM, MESALAMINE SUP 1000MG, MESALAMINE TAB 1.2GM, MESALAMINE TAB 800MG DR, SULFASALAZIN TAB 500MG, SULFASALAZIN TAB 500MG DR
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	VASCEPA CAP 1GM
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	TEMAZEPAM	SLEEP DISORDERS	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	TAFLUPROST	OPHTHALMIC	1	3	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	SPRYCEL	CANCER	1	3	LATANOPROST SOL 0.005%, LUMIGAN SOL 0.01% OP
Excluded	BRINZOLAMIDE	OPHTHALMIC	1	3	DASATINIB TAB 100MG, BOSULIF TAB 100MG, TASIGNA CAP 50MG
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	3	DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	GUARDIAN SENSOR 3	DIABETES	1	3	Medical Drug, Check Medical Benefit
Excluded	SKYTROFA	GROWTH HORMONES	1	3	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	3	GENOTROPIN INJ 1MG, OMNITROPE INJ 5/1.5ML
Excluded	BREO ELLIPTA	ASTHMA/COPD	1	3	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	RABEPRAZOLE SODIUM	PPIs	1	3	FLUTIC/SALME INH 113/14, FLUTIC/SALME INH 113/14, TRELEGY AER 200MCG, TRELEGY AER 200MCG, ADVAIR HFA AER 115/21, ADVAIR HFA AER 115/21, COMBIVENT AER 20-100, COMBIVENT AER 20-100, FLUTIC/SALME AER 250/50, FLUTIC/SALME AER 250/50, WIXELA INHUB AER 250/50, WIXELA INHUB AER 250/50, BUDES/FORMOT AER 160-4.5, BUDES/FORMOT AER 160-4.5, BREZTRI AERO AER SPHERE, BREZTRI AERO AER SPHERE
Excluded	CITRANATAL MEDLEY	VITAMINS & SUPPLEMENTS	1	3	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	FLUVASTATIN	ANTIHYPERLIPIDEMIC	1	3	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	ADZENYS XR-ODT	ADHD	1	3	SIMVASTATIN TAB 10MG, LOVASTATIN TAB 20MG, SIMVASTATIN TAB 5MG, PRAVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, ATORVASTATIN TAB 10MG, ROSUVASTATIN TAB 5MG
Excluded	FIRST-LANSOPRAZOLE	PPIs	1	3	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CAP 10MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 10MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, AZSTARYS CAP 26.1-5.2, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
					No Formulary Alternative without diagnosis, Compound drug

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	FENOFIBRATE CAP 67MG, FENOFIBRATE CAP 67MG, FENOFIBRATE TAB 145MG, FENOFIBRATE TAB 160MG, FENOFIBRATE TAB 48MG, FENOFIBRATE TAB 54MG, GEMFIBROZIL TAB 600MG
Excluded	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	FENOFIBRATE CAP 67MG, FENOFIBRATE CAP 67MG, FENOFIBRATE TAB 145MG, FENOFIBRATE TAB 160MG, FENOFIBRATE TAB 48MG, FENOFIBRATE TAB 54MG, GEMFIBROZIL TAB 600MG
Excluded	EQ GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	EASIVENT	OTHER NON-CATEGORIZED	2	2	Device, Check Medical Benefit
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	METAXALONE	OTHER NON-CATEGORIZED	2	2	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
Excluded	METAXALONE	OTHER NON-CATEGORIZED	2	2	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	2	2	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	MECLOFENAMATE SODIUM	PAIN	2	2	DICLOFENAC TAB 50MG DR, ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, OXAPROZIN TAB 600MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, SULINDAC TAB 200MG, NAPROXEN SOD TAB 275MG, KETOROLAC TAB 10MG, ETODOLAC ER TAB 500MG, INDOMETHACIN CAP 75MG ER, PIROXICAM CAP 20MG
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	2	MOVANTIK, SYMPROIC, TRULANCE
Excluded	ALPRAZOLAM ODT	ANXIETY	2	2	ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG, DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG, OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML, DIAZEPAM CON 5MG/ML
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	LIKMEZ	ANTI-INFECTIVE	2	2	METRONIDAZOL TAB 250MG, METRONIDAZOL TAB 500MG
Excluded	LIDOCAINE	OTHER NON-CATEGORIZED	2	2	No Formulary Alternative without diagnosis, Compound drug
Excluded	DEXLANSOPRAZOLE	PPIs	2	2	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	LANSOPRAZOLE	PPIs	2	2	OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	WEGOVY	WEIGHT LOSS	2	2	weight loss is optional coverage, check plan benefit
Excluded	INSULIN ASPART	DIABETES	2	2	NOVOLOG INJ 100/ML, NOVOLOG INJ RELION, NOVOLOG INJ FLEXPEN, NOVOLOG INJ PENFILL, FIASP FLEX INJ TOUCH, FIASP INJ 100/ML, HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, HUMALOG JR INJ 100/ML
Excluded	CVS GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	INPEN 100/GREY/NOVOLOG/FIASP	DIABETES	2	2	Device, Check Medical Benefit
Excluded	BUPRENORPHINE	PAIN	2	2	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	TOBREX	OPHTHALMIC	2	2	CIPROFLOXACN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, BACIT/POLYMY OIN OP, BACITRACIN OIN OP, GATIFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP, NATACYN SUS 5% OP, BESIVANCE SUS 0.6%
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	TESTOSTERONE	ANDROGENS	2	2	METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	2	2	DICYCLOMINE CAP 10MG
Excluded	TEMAZEPAM	SLEEP DISORDERS	2	2	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	2	HEMMOREX-HC SUP 25MG, HYDROCORT AC SUP 25MG, HYDROCORTISO CRE 2.5% HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%,
Excluded	HYDROCORTISONE	DERMATOLOGICS	2	2	TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	HM LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	2	2	Device, Check Medical Benefit
Excluded	SANCUSO	NAUSEA & VOMITING	2	2	ONDANSETRON TAB 4MG, ONDANSETRON TAB 8MG ODT
Excluded	GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	CLEOCIN	OTHER NON-CATEGORIZED	2	2	CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Excluded	RABEPRAZOLE SODIUM	PPIs	2	2	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	PREVIDENT FLUORIDE	OTHER NON-CATEGORIZED	2	2	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	2	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PIMECROLIMUS	DERMATOLOGICS	2	2	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PEG-3350/ELECTROLYTES/ASCORBATE	OTHER NON-CATEGORIZED	2	2	PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	2	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	2	2	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	2	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	BETIMOL	OPHTHALMIC	2	2	betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol solution
Excluded	NAPROXEN DR	PAIN	1	2	ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG, DIFLUNISAL TAB 500MG
Excluded	NALTREXONE HYDROCHLORIDE DIHYDRATE	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis, Compound drug
Excluded	MUPIROCIN	DERMATOLOGICS	1	2	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	BYSTOLIC	ANTIHYPERTENSIVE	1	2	NEBIVOLOL TAB 20MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 20MG, BISOPROL FUM TAB 10MG
Excluded	MORPHINE SULFATE ER	PAIN	1	2	MORPHINE SUL TAB 15MG ER, MORPHINE SUL TAB 15MG, XTAMPZA ER CAP 9MG, FENTANYL DIS 25MCG/HR, MORPHINE SUL TAB 30MG ER, TRAMADOL HCL TAB 100MG ER, NUCYNTA ER TAB 100MG, TRAMADOL HCL TAB 300MG ER

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					DEXAMETHASONE SOLUTION, fluorometholone suspension 0.1%, LOTEMAX OINTMENT, LOTEMAX SM GEL, loteprednol gel, loteprednol suspension,
Excluded	DUREZOL	OPHTHALMIC	1	2	prednisolone suspension 1%
					METHYLPHENID SOL 5MG/5ML, DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID TAB 10MG, PROCENTRA SOL
Excluded	METHYLIN	ADHD	1	2	5MG/5ML, ZENZEDI TAB 10MG
					AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 36MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW 30MG
Excluded	METHAMPHETAMINE HYDROCHLORIDE	ADHD	1	2	ER, QUILLIVANT SUS 25MG/5ML
					CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB,
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	2	BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
					DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	2	BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG
Excluded	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	DILTIAZEM CAP 420MG/24, TIADYLT CAP 420MG/24
Excluded	LUBIPROSTONE	GASTROINTESTINAL	1	2	MOVANTIK, SYMPROIC, TRULANCE
					FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%,
Excluded	DIFLUPREDNATE	OPHTHALMIC	1	2	LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	LIBERVANT	ANTICONVULSANT	1	2	DIAZEPAM GEL 10MG, VALTOCO SPR 5MG, NAYZILAM SPR 5MG
					ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG, DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG, OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML,
Excluded	ALPRAZOLAM ODT	ANXIETY	1	2	DIAZEPAM CON 5MG/ML
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG
Excluded	DEXLANSOPRAZOLE	PPIs	1	2	DR, NEXIUM GRA 5MG DR
					HYDROCORT CRE 2.5%, TRIAMCINOLON CRE 0.1%, FLUOCIN ACET OIN 0.025%, MOMETASONE CRE 0.1%, MOMETASONE SOL 0.1%, TRIAMCINOLON OIN 0.1%,
Excluded	DESOXIMETASONE	DERMATOLOGICS	1	2	BETAMETH DIP CRE 0.05%
					ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR
Excluded	ZOLMITRIPTAN ODT	MIGRAINE	1	2	20MG/ACT
Excluded	DAYVIGO	SLEEP DISORDERS	1	2	BELSOMRA TAB 10MG
Excluded	AUTOSOFT XC INFUSION SET/43"/9MM	DIABETES	1	2	Device, Check Medical Benefit
Excluded	BUPRENORPHINE	PAIN	1	2	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	1	2	CLINDAMYCIN LOT 10MG/ML
					LACOSAMIDE TAB 50MG, GABAPENTIN CAP 100MG, GABAPENTIN TAB 600MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, CARBAMAZEPIN TAB 200MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN CAP 100MG ER, FELBAMATE SUS 600/5ML, FELBAMATE TAB 600MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE TAB 25MG ER, LAMOTRIGINE
Excluded	VIMPAT	ANTICONVULSANT	1	2	CHW 25MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN SUS 300/5ML
					BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE
Excluded	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	2	TAB 4MG, DIAZEPAM TAB 5MG
					verapamil hcl cap er 24hr 120 mg,180 mg, 240 mg (Verelan), verapamil hcl tab er
Excluded	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	120 mg,180 mg, 240 mg, verapamil hcl tab 40 mg, 80 mg,120 mg
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	ALOGLIPTIN	DIABETES	1	2	XR TAB
Excluded	ULTICARE ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROL TAB 1MG, DICYCLOMINE SOL 10MG/5ML, METHSCOPOLAM TAB 2.5MG, DICYCLOMINE TAB 20MG, DICYCLOMINE
Excluded	CUVPOSA	OTHER NON-CATEGORIZED	1	2	CAP 10MG, METHSCOPOLAM TAB 5MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
					betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	2	solution
Excluded	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	2	HEMMOREX-HC SUP 25MG, HYDROCORT AC SUP 25MG, HYDROCORTISO CRE 2.5%
Excluded	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis, Compound drug
					KETOROLAC TAB 10MG, DICLOFENAC TAB 50MG DR, IBU TAB 800MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 375MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, DICLOFEN POT TAB 50MG, ETODOLAC CAP 300MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, NAPROXEN SOD TAB 550MG, OXAPROZIN
Excluded	SPRIX	PAIN	1	2	TAB 600MG, PIROXICAM CAP 10MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE/SULFUR	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-
Excluded	BRINZOLAMIDE	OPHTHALMIC	1	2	0.2%
Excluded	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	2	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
					BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2%
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	1	2	OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	SILHOUETTE INFUSION SET 23"/17MM	DIABETES	1	2	Device, Check Medical Benefit
					AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%,
Excluded	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	2	NEUAC GEL 1.2-5%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.025%
Excluded	GNP ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					ESZOPICLONE TAB 2MG, ZALEPLON CAP 5MG, ZOLPIDEM TAB 5MG, ZOLPIDEM ER
Excluded	RAMELTEON	SLEEP DISORDERS	1	2	TAB 6.25MG, BELSOMRA TAB 5MG
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	RABEPRAZOLE SODIUM	PPIs	1	2	DR, NEXIUM GRA 5MG DR
					TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE
Excluded	AMITIZA	GASTROINTESTINAL	1	2	SOL 10GM/15, CONSTULOSE SOL 10GM/15
Excluded	FOSAMAX PLUS D	BONE DENSITY	1	2	ALENDRONATE TAB 70MG, IBANDRONATE TAB 150MG, RISEDRONATE TAB 35MG
					Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa
Excluded	PRENATE MINI	VITAMINS & SUPPLEMENTS	1	2	chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
					DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 15MG ER, LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 40MG ER, METHYLPHENID CAP 40MG ER, METHYLPHENID TAB 20MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER,
Excluded	FOCALIN XR	ADHD	1	2	QUILLIVANT SUS 25MG/5ML
Excluded	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	2	AMIODARONE TAB 200MG, AMIODARONE TAB 100MG, PACERONE TAB 200MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	1	2	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
					FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG,
					FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG,
					PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG,
					SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML,
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	1	2	SERTRALINE TAB 25MG
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG,
					ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG,
					CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	20MG/ML, FLUVOXAMINE TAB 100MG
Excluded	FLUNISOLIDE	ALLERGY	1	2	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
					AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	1	2	2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
					PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG,
					FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML,
					ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON
Excluded	PAROXETINE HCL ER	DEPRESSION	1	2	20MG/ML
Excluded	PACERONE	ANTIARRHYTHMICS	1	2	AMIODARONE TAB 200MG, AMIODARONE TAB 100MG
					FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG,
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
					FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG,
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	2	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
					FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, TRELEGY AER 100MCG,
					FLUTIC/SALME AER 100/50, WIXELA INHUB AER 100/50, BUDES/FORMOT AER 80-
Excluded	ADVAIR HFA	ASTHMA/COPD	1	2	4.5, BREZTRI AERO AER SPHERE
Excluded	CAROSPIR	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, TRIAMTERENE CAP 50MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	2	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%,
					CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	2	POW 100000
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	2	100MG ER, CHLORZOXAZON TAB 500MG
					ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG,
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	PANTOPRAZOLE TAB 40MG
					DROSPIR/ETHI TAB 3-0.03MG, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB,
					RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER
					TAB, KELNOR TAB 1/35, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28
					TAB 0.15/30, LUTERA TAB, OCELLA TAB 3-0.03MG, NECON TAB 0.5/35, NIKKI TAB 3-
Excluded	NEXTSTELLIS	ESTROGENS & PROGESTINS	1	2	0.02MG, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
					ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG,
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	PANTOPRAZOLE TAB 40MG
Excluded	NEEVO DHA	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit
					ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%,
					ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ
					1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML,
					CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%,
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	1	SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
					NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG,
					NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC
					TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN
					SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC
Excluded	NAPROXEN DR	PAIN	1	1	TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
					NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG,
					NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC
					TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN
					SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC
Excluded	NAPROXEN	PAIN	1	1	TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	EPLERENONE	ANTIHYPERTENSIVE	1	1	SPIRONOLACT TAB 50MG
					DONEPEZIL TAB 5MG, MEMANTINE TAB HCL 5MG, MEMANTINE HC SOL 2MG/ML,
Excluded	NAMZARIC	OTHER NON-CATEGORIZED	1	1	DONEPEZIL TAB 10MG ODT
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	ALREX	OPHTHALMIC	1	1	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%
					CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.05%, TAZAROTENE CRE 0.1%,
Excluded	CALCIPOTRIENE	DERMATOLOGICS	1	1	TAZAROTENE GEL 0.05%, TAZAROTENE GEL 0.1%
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG,
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG,
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	MONTELUKAST CHW 4MG, ZAFIRLUKAST TAB 10MG
					KLOR-CON 8 TAB 8MEQ ER, POT CHLORIDE TAB 8MEQ CR, POT CL MICRO TAB
					20MEQ ER, POT CHLORIDE CAP 10MEQ ER, PHOSPHO-TRIN TAB K500, KLOR-CON
Excluded	EFFER-K	VITAMINS & SUPPLEMENTS	1	1	PAK 20MEQ, KLOR-CON M10 TAB 10MEQ ER
Excluded	MOMETASONE FUROATE	ALLERGY	1	1	FLUTICASONE SPR 50MCG
Excluded	MINIMED RESERVOIR 1.8ML	DIABETES	1	1	Medical Drug, Check Medical Benefit
Excluded	BUTRANS	PAIN	1	1	BELBUCA MIS 450MCG, TRAMADOL HCL TAB 50MG, TRAMADOL HCL TAB 200MG ER
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, BRIMONIDINE GEL 0.33%, ZILXI AER
Excluded	METRONIDAZOLE	DERMATOLOGICS	1	1	1.5%
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG,
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG,
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	DRONABINOL	NAUSEA & VOMITING	1	1	MEGESTROL AC SUS 40MG/ML, ONDANSETRON TAB 8MG
					ESZOPICLONE TAB 1MG, ZALEPLON CAP 5MG, ZOLPIDEM TAB 5MG, ZOLPIDEM ER
Excluded	DOXEPIN HYDROCHLORIDE	SLEEP DISORDERS	1	1	TAB 6.25MG, BELSOMRA TAB 10MG, BELSOMRA TAB 5MG
					METFORMIN TAB 1000MG, METFORMIN TAB 500MG, METFORMIN TAB 850MG,
Excluded	METFORMIN HYDROCHLORIDE	DIABETES	1	1	METFORMIN TAB 500MG ER, METFORMIN TAB 750MG ER
					BALSALAZIDE CAP 750MG, MESALAMINE CAP 0.375GM, MESALAMINE CAP 400MG
					DR, MESALAMINE ENE 4GM, MESALAMINE SUP 1000MG, MESALAMINE TAB 1.2GM,
					MESALAMINE TAB 800MG DR, SULFASALAZIN TAB 500MG, SULFASALAZIN TAB
Excluded	DIPENTUM	GASTROINTESTINAL	1	1	500MG DR
					CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB
Excluded	METAXALONE	OTHER NON-CATEGORIZED	1	1	100MG ER
					CYCLOBENZAPR TAB 5MG, CHLORZOXAZON TAB 500MG, METHOCARBAM TAB
Excluded	METAXALONE	OTHER NON-CATEGORIZED	1	1	500MG, ORPHENADRINE TAB 100MG ER
					ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG,
					DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG,
					OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML,
Excluded	ALPRAZOLAM ODT	ANXIETY	1	1	DIAZEPAM CON 5MG/ML
					CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB,
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
					AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA
					XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM
					CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL
					TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER,
					DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR,
					NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	ISOSORB DIN TAB 20MG
Excluded	MEPERIDINE HYDROCHLORIDE	PAIN	1	1	No Formulary Alternative without diagnosis

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					ETODOLAC CAP 200MG, IBUPROFEN TAB 600MG, NAPROXEN TAB 500MG, MELOXICAM TAB 15MG, DICLOFEN POT TAB 50MG, NABUMETONE TAB 500MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG,
Excluded	MEFENAMIC ACID	PAIN	1	1	DIFLUNISAL TAB 500MG
					AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	ISOSORB DIN TAB 20MG
Excluded	ME/NAPHOS/MB/HYO 1	ANTI-INFECTIVE	1	1	SMZ/TMP DS TAB 800-160, SULFATRIM PD SUS 200-40/5, CIPROFLOXACN TAB 500MG
					AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	ISOSORB DIN TAB 20MG
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
					AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	ISOSORB DIN TAB 20MG
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
					DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER
					amlodipine, diltiazem ER capsule (except 360mg), felodipine ER, nifedipine,
Excluded	DILTIAZEM HCL CD	ANTIHYPERTENSIVE	1	1	verapamil, verapamil ER
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG,
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
					DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN
Excluded	DICLOFENAC SODIUM ER	PAIN	1	1	TAB 600MG, PIROXICAM CAP 20MG
Excluded	LIDOCAINE HCL JELLY	DERMATOLOGICS	1	1	LIDOCAINE SOL 4%
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG,
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
					DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN
Excluded	DICLOFENAC SODIUM ER	PAIN	1	1	TAB 600MG, PIROXICAM CAP 20MG
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	1	1	Available OTC, Products not covered on Pharmacy Benefit
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG
Excluded	DEXLANSOPRAZOLE	PPIs	1	1	DR, NEXIUM GRA 5MG DR
Excluded	DESOXIMETASONE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	DESONIDE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
					OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	LANSOPRAZOLE	PPIs	1	1	DR, NEXIUM GRA 5MG DR
Excluded	DESONIDE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
					LAMOTRIGINE CHW 25MG, LACOSAMIDE SOL 10MG/ML, SUBVENITE TAB 25MG, TOPIRAMATE CAP 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, LEVETIRACETA SOL 100MG/ML, OXCARBAZEPIN SUS 300/5ML, PREGABALIN SOL 20MG/ML, TOPIRAMATE TAB 25MG, CARBAMAZEPIN TAB 200MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PRIMIDONE TAB 250MG,
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	RUFINAMIDE TAB 200MG, ZONISAMIDE CAP 25MG
					BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2%
Excluded	ALPHAGAN P	OPHTHALMIC	1	1	OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
					CIPROFLOXACN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, BACIT/POLYMY OIN OP, BACITRACIN OIN OP, GATIFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP,
Excluded	AZASITE	OPHTHALMIC	1	1	NATACYN SUS 5% OP, BESIVANCE SUS 0.6%
Excluded	DESONIDE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
					FLUOCIN ACET OIL 0.01% SC, ALCLOMETASON CRE 0.05%, ALCLOMETASON OIN
Excluded	DERMA-SMOOTHE/FS SCALP	DERMATOLOGICS	1	1	0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET SOL 0.01%
					LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 50MG ER, PRIMIDONE TAB 250MG, PREGABALIN SOL 20MG/ML, LEVETIRACETA TAB 750MG
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	ER, RUFINAMIDE TAB 400MG, LACOSAMIDE TAB 50MG, ZONISAMIDE CAP 50MG
					ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR
Excluded	ZOLMITRIPTAN	MIGRAINE	1	1	20MG/ACT
					AZITHROMYCIN TAB 250MG, AZITHROMYCIN TAB 250MG, AZITHROMYCIN TAB 500MG, CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 500MG, ERYTHROMYCIN TAB 250MG, ERYTHROM ETH SUS 200/5ML, ERYTHROMYCIN TAB
Excluded	ZITHROMAX	ANTI-INFECTIVE	1	1	333MG EC
Excluded	ZIRGAN	OPHTHALMIC	1	1	TRIFLURIDINE SOL 1% OP
Excluded	KRISTALOSE	OTHER NON-CATEGORIZED	1	1	LACTULOSE SOL 10GM/15, LINZESS CAP 145MCG, TRULANCE TAB 3MG
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	1	1	CLINDAMYCIN LOT 10MG/ML
Excluded	XOPENEX HFA	ASTHMA/COPD	1	1	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	1	1	CLINDAMYCIN LOT 10MG/ML
Excluded	KETONE TEST STRIPS	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
					DEXTROAMPHET CAP 5MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 10MG ER,
Excluded	XELSTRYM	ADHD	1	1	AZSTARYS CAP 26.1-5.2, JORNAY PM CAP 20MG ER
					DEXTROAMPHET CAP 15MG ER, AMPHET/DEXTR CAP 20MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, LISDEXAMFETA CAP 10MG, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP
Excluded	XELSTRYM	ADHD	1	1	26.1-5.2
					BELBUCA MIS 150MCG, METHADONE TAB 10MG, MORPHINE SUL TAB 15MG ER, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS
Excluded	BUPRENORPHINE	PAIN	1	1	25MCG/HR, BELBUCA MIS 75MCG
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	1	1	CLINDAMYCIN LOT 10MG/ML
Excluded	KETO-DIASTIX	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WHITE PETROLATUM	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WEGOVY	WEIGHT LOSS	1	1	weight loss is optional coverage, check plan benefit

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	KAZANO	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	KAPSPARGO SPRINKLE	ANTIHYPERTENSIVE	1	1	METOPROL SUC TAB 50MG ER, ATENOLOL TAB 50MG, METOPROL TAR TAB 25MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG, NEBIVOLOL TAB 5MG
Excluded	IVERMECTIN	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	VIVJOA	ANTI-INFECTIVE	1	1	FLUCONAZOLE TAB 150MG
Excluded	INVOKANA	DIABETES	1	1	JARDIANCE TAB 25MG, FARXIGA TAB 10MG, XIGDUO XR TAB 10-500MG, SYNJARDY TAB 12.5-500, SYNJARDY XR TAB 25-1000, GLYXAMBI TAB 25-5 MG
Excluded	VIMPAT	ANTICONVULSANT	1	1	LACOSAMIDE TAB 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, DIVALPROEX TAB 125MG DR, PRIMIDONE TAB 50MG, CARBAMAZEPIN TAB 200MG, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, LAMOTRIGINE CHW 25MG, LEVETIRACETA TAB 500MG ER, DIVALPROEX TAB 250MG ER, DIVALPROEX CAP 125MG DR, PHENYTOIN EX CAP 100MG, PHENYTOIN CHW 50MG, VALPROIC ACD CAP 250MG, TOPIRAMATE CAP ER 25MG
Excluded	BUPRENORPHINE	PAIN	1	1	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	VEREGEN	DERMATOLOGICS	1	1	IMIQUIMOD CRE 5%
Excluded	BUPRENORPHINE	PAIN	1	1	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	UREA	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	UREA	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	INSULIN GLARGINE	DIABETES	1	1	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	UPNEEQ	OPHTHALMIC	1	1	Talk to your pharmacist or doctor about clinically appropriate options
Excluded	INPEN 100/PINK/HUMALOG	DIABETES	1	1	Device, Check Medical Benefit
Excluded	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Excluded	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Excluded	TWIRLA	ESTROGENS & PROGESTINS	1	1	ZAFEMY DIS 150/35, XULANE DIS 150-35, NORELGE/ETHI DIS 150/35, NUVARING MIS, APRI TAB, DROSPIRENONE TAB ETHY EST, ETHY ETH EST TAB 1-35, LEVONOR/ETHI TAB 0.1-0.02, LEVONOR/ETHI TAB, NYLIA TAB 1/35, NYLIA TAB 7/7/7, NORETH/ETHIN TAB 1/20, NORGEST/ETHI TAB 0.25/35, NORGEST/ETHI TAB ESTRADIO, LOW-OGESTREL TAB
Excluded	BUPRENORPHINE	PAIN	1	1	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS 25MCG/HR, XTAMPZA ER CAP 18MG, BELBUCA MIS 75MCG
Excluded	TROPICAMIDE	OPHTHALMIC	1	1	ATROPINE SUL SOL 1% OP, CYCLOPENTOL SOL 1% OP
Excluded	TRINATAL RX 1	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	CORTISPORIN-TC	OTHER NON-CATEGORIZED	1	1	NEO/POLY/HC SUS 1% OTIC, CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SOL 1% OTIC
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	1	VASCEPA CAP 1GM
Excluded	BUPRENORPHINE	PAIN	1	1	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER, METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, ACITRETIN CAP 25MG, AZATHIOPRINE TAB 50MG, CALCIPOTRIEN CRE 0.005%, CYCLOSPORINE CAP 50MG MOD, HYDROXYCHLOR TAB 200MG, LEFLUNOMIDE TAB 20MG, SULFASALAZIN TAB
Excluded	TREXALL	OTHER NON-CATEGORIZED	1	1	500MG DR, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%
Excluded	HYPERSAL	ALLERGY	1	1	PULMOSAL NEB 7%, SODIUM CHLOR NEB 3%, NEBUSAL NEB 3%
Excluded	HYOSYNE	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	TRAVOPROST	OPHTHALMIC	1	1	LATANOPROST SOL 0.005%, LUMIGAN SOL 0.01% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, TIMOLOL MAL SOL 0.5% OP
Excluded	HYOSYNE	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis
Excluded	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ARZOL SILVER NITRATE APP LICATORS	DERMATOLOGICS	1	1	Check Medical Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	1	1	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	1	TIMOLOL MAL SOL 0.5% OP
Excluded	TEXACORT	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%
Excluded	TETRACAINE HYDROCHLORIDE	OPHTHALMIC	1	1	Medical Drug, Check Medical Benefit
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	HYDROCORT CRE 2.5%
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	PROCTOCORT- hydrocortisoneperianal cream 1%, CORTIFOAM- hydrocortisone acetateperianal foam 10% (90 mg/dose), HYDROCORTISONE-hydrocortisoneperianal cream 1%, hydrocortisone perianal cream2.5% (Anusol-hc)
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	TADALAFIL	OTHER NON-CATEGORIZED	1	1	optional coverage category: may be covered by some plans, check benefit booklet for coverage
Excluded	ANNOVERA	ESTROGENS & PROGESTINS	1	1	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	T:SLIM X2 3 ML CARTRIDGE	DIABETES	1	1	Medical Drug, Check Medical Benefit
Excluded	HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	1	1	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	COLISTIMETHATE SODIUM	CYSTIC FIBROSIS	1	1	Medical Drug, Check Medical Benefit
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	SUCRALFATE TAB 1GM
Excluded	BROMFENAC	OPHTHALMIC	1	1	DICLOFENAC SOL 0.1% OP, KETOROLAC SOL 0.5%, KETOROLAC SOL 0.4%
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	SUCRALFATE TAB 1GM
Excluded	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	1	AMPHET/DEXTR CAP 30MG ER, DEXTROAMPHET CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 30MG, AZSTARYS CAP 39.2-7.8, JORNAY PM CAP 40MG ER
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	1	1	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	HM MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	HEPARIN LOCK FLUSH	ANTICOAGULANT	1	1	Medical Drug, Check Medical Benefit

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	ZILXI AER 1.5%
Excluded	HALOETTE	ESTROGENS & PROGESTINS	1	1	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	1	Medical Drug, Check Medical Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	1	1	Device, Check Medical Benefit
Excluded	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	1	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	GUAIFENESIN/CODEINE PHOSPHATE	ALLERGY	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SIMPLE SYRUP	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	GUAIFENESIN/CODEINE	ALLERGY	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%, HALOBETASOL CRE 0.05%
Excluded	GNP TERBINAFINE HYDROCHLORIDE	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GNP MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAVELLA	PAIN	1	1	DULOXETINE CAP 30MG
Excluded	SAVELLA	PAIN	1	1	DULOXETINE CAP 30MG
Excluded	GNP GENTLE LAXATIVE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	1	1	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.025%
Excluded	RELISTOR	GASTROINTESTINAL	1	1	MOVANTIK TAB 25MG, SYMPROIC TAB 0.2MG, Trulance
Excluded	RELISTOR	GASTROINTESTINAL	1	1	MOVANTIK TAB 25MG, SYMPROIC TAB 0.2MG, Trulance
Excluded	FT MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	RECTIV	OTHER NON-CATEGORIZED	1	1	NITROGLYCERI OIN 0.4%
Excluded	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ADDERALL	ADHD	1	1	AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 5MG
Excluded	AMITIZA	GASTROINTESTINAL	1	1	TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15
Excluded	FT LAXATIVE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	CLENPIQ	OTHER NON-CATEGORIZED	1	1	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
Excluded	BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO	OTHER NON-CATEGORIZED	1	1	TALICIA CAP
Excluded	CIPRO HC	OTHER NON-CATEGORIZED	1	1	CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SUS 1% OTIC, NEO/POLY/HC SOL 1% OTIC, NEO/POLY/HC SOL 1% OTIC
Excluded	PRODIGY VOICE BLOOD GLUCOSE METER KIT	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	CIPRO	ANTI-INFECTIVE	1	1	CIPROFLOXACN TAB 500MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 400MG
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	PREVALITE	ANTIHYPERLIPIDEMIC	1	1	CHOLESTYRAM POW 4GM LITE, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	PRENATE ELITE	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	ALCOHOL PREP PADS	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FOCALIN	ADHD	1	1	DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Excluded	PREDNISONE INTENSOL	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PREDNISONE SOL 5MG/5ML, PRED SOD PHO SOL 5MG/5ML, METHYLPRED TAB 16MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG
Excluded	PREDNISOLONE SODIUM PHOSPHATE ODT	CORTICOSTEROIDS	1	1	DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PREDNISOLONE SOL 15MG/5ML
Excluded	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, LOTEPREDNOL SUS 0.2%
Excluded	PREDNISOLONE	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PRED SOD PHO SOL 5MG/5ML, PREDNISOLONE SOL 25MG/5ML, PREDNISONE PAK 10MG, PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, PREDNISONE SOL 5MG/5ML
Excluded	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, LOTEPREDNOL SUS 0.2%
Excluded	PRALUENT	ANTIHYPERLIPIDEMIC	1	1	REPATHA PUSH INJ 420/3.5, REPATHA SURE INJ 140MG/ML
Excluded	PIMECROLIMUS	DERMATOLOGICS	1	1	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PEG-3350/SODIUM SULF/NACLPOTASSIUM CL/NA ASCORBATE/ASCORBIC	OTHER NON-CATEGORIZED	1	1	PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
Excluded	FLAVOXATE HCL	OTHER NON-CATEGORIZED	1	1	OXYBUTYNIN TAB 5MG, TROSPIUM CHL CAP 60MG ER, TOLTERODINE TAB 2MG, SOLIFENACIN TAB 5MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					AMPHET/DEXTR TAB 5MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB
Excluded	ADDERALL	ADHD	1	1	5MG
Excluded	FIRST-OMEPRAZOLE	PPIs	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	1	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML
Excluded	FINACEA	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, SOOLANTRA CRE 1%, ZILXI
Excluded	PANCREAZE	CYSTIC FIBROSIS	1	1	AER 1.5%
Excluded	BIMATOPROST	OPHTHALMIC	1	1	CREON CAP 24000UNT, ZENPEP CAP 20000UNT
Excluded	FERROUS GLUCONATE	VITAMINS & SUPPLEMENTS	1	1	LUMIGAN SOL 0.01% OP, LATANOPROST SOL 0.005%
Excluded	ONETOUCH VERIO REFLECT	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ONETOUCH ULTRA 2	DIABETES	1	1	FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
Excluded	OLOPATADINE HYDROCHLORIDE	OPHTHALMIC	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	CEPHALEXIN	ANTI-INFECTIVE	1	1	AZELASTINE DRO 0.05% CEPHALEXIN CAP 250MG, CEFADROXIL CAP 500MG, CEFADROXIL SUS 250/5ML, CEPHALEXIN SUS 250/5ML, AZITHROMYCIN TAB 250MG, CEFDINIR CAP 300MG, CLINDAMYCIN CAP 150MG, AZITHROMYCIN SUS 200/5ML, CEFDINIR SUS 125/5ML, CEFIXIME CAP 400MG, CEFIXIME SUS 100/5ML, CEFPROZIL SUS 125/5ML, CEFPROZIL TAB 250MG, CEFUROXIME TAB 250MG, CLARITHROMYC TAB 250MG, LINEZOLID SUS 100/5ML, LINEZOLID TAB 600MG, XIFAXAN TAB 550MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	1	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	CAROSPIR	ANTIHYPERTENSIVE	1	1	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, TRIAMTERENE CAP 50MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	AMANTADINE HCL	PARKINSON	1	1	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	ESTROGEL	ESTROGENS & PROGESTINS	1	1	ESTRADIOL GEL 0.06%, PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.075MG, DOTTI DIS 0.075MG, ESTRADIOL DIS 0.075MG, ESTRADIOL DIS 0.075MG, ESTRING MIS 7.5/24HR, PREMARIN TAB 0.625MG, YUVAFEM TAB 10MCG
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	NYSTATIN	OTHER NON-CATEGORIZED	1	1	CLOTRIMAZOLE TRO 10MG
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	NICORETTE STARTER KIT	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER- nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	NICORETTE MINI	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER- nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	NICODERM CQ	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER- nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	1	ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG
Excluded	BENZOCAINE	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	1	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Negative Tier Change	NURTEC	MIGRAINE	90	418	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	UBRELVY	MIGRAINE	93	358	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	UBRELVY	MIGRAINE	38	145	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	QULIPTA	MIGRAINE	44	110	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	NP THYROID 60	THYROID AGENTS	31	108	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 90	THYROID AGENTS	25	88	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	37	75	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	NP THYROID 30	THYROID AGENTS	22	60	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 15	THYROID AGENTS	19	60	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 120	THYROID AGENTS	13	59	EUTHYROX TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG, SYNTHROID TAB 200MCG
Negative Tier Change	BYDUREON BCISE	DIABETES	8	54	OZEMPIC INJ 8MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5, MOUNJARO INJ 2.5/0.5
Negative Tier Change	CIMZIA	AUTOIMMUNE	9	44	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG,TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	LEVOBUNOLOL HCL	OPHTHALMIC	13	41	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Negative Tier Change	BENLYSTA	AUTOIMMUNE	4	30	Medical Drug, Check Medical Benefit
Negative Tier Change	UBRELVY	MIGRAINE	11	29	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	SUCRAID	ENZYME DEFICIENCIES	9	23	No Formulary Alternative without diagnosis
Negative Tier Change	QULIPTA	MIGRAINE	7	22	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	TESTOSTERONE ENANTHATE	ANDROGENS	10	21	DEPO-TESTOST INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	HYDROXYZINE PAMOATE	ANXIETY	4	21	BUSPIRONE TAB 10MG, HYDROXYZ HCL TAB 25MG, HYDROXYZ HCL SYP 10MG/5ML

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	20	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	EVAMIST	ESTROGENS & PROGESTINS	5	20	PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.1MG, DOTTI DIS 0.1MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, PREMARIN TAB 1.25MG, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG
Negative Tier Change	THYROID	THYROID AGENTS	6	17	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	AMOXICILLIN	ANTI-INFECTIVE	14	14	AMOXICILLIN SUS 250/5ML, AMOXICILLIN SUS 400/5ML, AMOXICILLIN CAP 250MG, AMOX/K CLAV SUS 200/5ML, AMOX/K CLAV TAB 250-125
Negative Tier Change	NATAZIA	ESTROGENS & PROGESTINS	4	14	DROS/ETH EST TAB LEVOMEFO, DROS/ETH EST TAB LEVOMEFO, OCELLA TAB 3-0.03MG, DROSPIR/ETHI TAB 3-0.03MG, DROSPIRENONE TAB ETHY EST, JASMIEL TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, LO-ZUMANDIMI TAB 3-0.02MG, NIKKI TAB 3-0.02MG, VESTURA TAB 3-0.02MG, SYEDA TAB 3-0.03MG, LORYNA TAB 3-0.02MG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	13	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	THYROID	THYROID AGENTS	4	12	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	12	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	ADEMPAS	PULMONARY HYPERTENSION	1	12	TADALAFIL TAB 20MG, AMBRISENTAN TAB 5MG, SILDENAFIL TAB 20MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, UPTRAVI TAB 400MCG
Negative Tier Change	TYBLUME	ESTROGENS & PROGESTINS	5	11	SRONYX TAB, PORTIA-28 TAB, LESSINA TAB, LUTERA TAB, AVIANE TAB, LEVORA-28 TAB 0.15/30, LEVONOR/ETHI TAB ESTRADIO, LEVONOR/ETHI TAB 0.1-0.02, AFIRMELLE TAB 0.1-0.02, AYUNA TAB, VIENVA TAB 0.1-20, DELYLA TAB 0.1-0.02, AUBRA EQ TAB 0.1-0.02, ORSYTHIA TAB, CHATEAL EQ TAB 0.15/30, KURVELO TAB 0.15/30, FALMINA TAB, MARLISSA TAB 0.15/30
Negative Tier Change	NITRO-BID	OTHER NON-CATEGORIZED	2	11	NITROGLYCERN SUB 0.4MG, NITROGLYCRN SPR 400MCG
Negative Tier Change	SPINOSAD	DERMATOLOGICS	8	10	MALATHION LOT 0.5%, PERMETHRIN CRE 5%
Negative Tier Change	PHENELZINE SULFATE	DEPRESSION	1	10	SELEGILINE TAB 5MG, TRANYLCYPROM TAB 10MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	10	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	DEXAMETHASONE	CORTICOSTEROIDS	7	9	METHYLPRED TAB 4MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PRED SOD PHO SOL 5MG/5ML
Negative Tier Change	TRIHEXYPHENIDYL HCL	PARKINSON	1	9	CARB/LEVO TAB 10-100MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	7	8	HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	QULIPTA	MIGRAINE	4	8	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	2	7	CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	PROCTOFOAM HC	OTHER NON-CATEGORIZED	6	6	Available OTC, PROCTOCORT- hydrocortisoneperianal cream 1%, CORTIFOAM-hydrocortisone acetateperianal foam 10% (90 mg/dose), HYDROCORTISONE-hydrocortisoneperianal cream 1%, hydrocortisone perianal cream2.5% (Anusol-hc)
Negative Tier Change	CROMOLYN SODIUM	OPHTHALMIC	6	6	KETOROLAC SOL 0.5%, AZELASTINE DRO 0.05%
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	4	6	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	6	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	PODOFILOX	DERMATOLOGICS	4	5	IMIQUIMOD CRE 5%
Negative Tier Change	MAXIDEX	OPHTHALMIC	4	5	prednisolone acetate ophth susp 1% (Pred forte)
Negative Tier Change	CALCIPOTRIENE	DERMATOLOGICS	3	5	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, TAZAROTENE CRE 0.05%, TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%
Negative Tier Change	THYROID	THYROID AGENTS	2	5	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	ALLERGY	4	4	PROMETH/COD SYP 6.25-10
Negative Tier Change	DEXAMETHASONE	CORTICOSTEROIDS	4	4	METHYLPRED TAB 4MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PRED SOD PHO SOL 5MG/5ML
Negative Tier Change	TRUQAP	CANCER	1	4	No Formulary Alternative without diagnosis
Negative Tier Change	DROXIA	BLOOD MODIFIERS	1	4	HYDROXYUREA CAP 500MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Negative Tier Change	DEXAMETHASONE INTENSOL	CORTICOSTEROIDS	3	3	PREDNISOLONE SOL 15MG/5ML, PREDNISONE TAB 2.5MG, METHYLPRED TAB 4MG, HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG
Negative Tier Change	NITRO-BID	OTHER NON-CATEGORIZED	2	3	NITROGLYCERN SUB 0.4MG, NITROGLYCRN SPR 400MCG
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	3	EUTHYROX TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG, SYNTHROID TAB 150MCG
Negative Tier Change	PREVYMIS	ANTI-INFECTIVE	1	3	VALGANCICLOV TAB 450MG, VALGANCICLOV SOL 50MG/ML
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	3	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	3	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	JYNARQUE	ENDOCRINE	1	3	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	2	2	HYDROCORT CRE 2.5%, CORTIFOAM AER 90MG
Negative Tier Change	CIMZIA STARTER KIT	AUTOIMMUNE	2	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	1	2	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	1	2	HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	ELMIRON	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis
Negative Tier Change	XYOSTED	ANDROGENS	1	1	DEPO-TESTOST INJ 200MG/ML, METHYLTESTOS CAP 10MG, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	1	EUTHYROX TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG, SYNTHROID TAB 137MCG
Negative Tier Change	THYROID	THYROID AGENTS	1	1	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	1	1	CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	OPILL	ESTROGENS & PROGESTINS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	METHYLPHENID TAB 27MG ER, METHYLPHENID TAB 20MG, AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 5MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, ZENZEDI TAB 10MG, AMPHET/DEXTR CAP 5MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, ATOMOXETINE CAP 80MG, CLONIDINE TAB 0.1MG ER, DEXTROAMPHET CAP 5MG ER, GUANFACINE TAB 4MG ER

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	1	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	1	TOLVAPTAN TAB 15MG, TOLVAPTAN TAB 30MG
Negative Tier Change	FIRDAPSE	AUTOIMMUNE	1	1	pyridostigmine 60 mg, pyridostigmine ER 100 mg, pyridostigmine sol 60 mg/5 mL
Negative Tier Change	CLEMASTINE FUMARATE	ALLERGY	1	1	MONTELUKAST TAB 10MG
Negative Tier Change	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 250MG, CLARITHROMYC TAB 500MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	1	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Negative Tier Change	CAPLYTA	ANTIPSYCHOTIC	1	1	ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 100MG, RISPERIDONE TAB 2MG, ARIPIPRAZOLE TAB 10MG ODT, ASENAPINE SUB 5MG, CLOZAPINE TAB 100/ODT, CLOZAPINE TAB 100MG, OLANZAPINE TAB 5MG ODT, PALIPERIDONE TAB ER 6MG, QUETIAPINE TAB 50MG ER, RISPERIDONE TAB 2MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	ODT, ZIPRASIDONE CAP 40MG, REXULTI TAB 2MG, VRAYLAR CAP 3MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	1	1	DESONIDE OIN 0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET CRE 0.01%, TRIAMCINOLON CRE 0.025%, FLUOCIN ACET SOL 0.01%, BETAMETH VAL LOT 0.1%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET OIL 0.01%BDY, TRIAMCINOLON LOT 0.025%
No Disruption	PANTOPRAZOLE SODIUM	PPIs	593	1767	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	564	1702	
No Disruption	JARDIANCE	DIABETES	361	1679	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	834	1663	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	567	1615	
No Disruption	OZEMPIC	DIABETES	351	1540	
No Disruption	OZEMPIC	DIABETES	401	1530	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	513	1389	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	442	1362	
No Disruption	OZEMPIC	DIABETES	239	1335	
No Disruption	JARDIANCE	DIABETES	282	1249	
No Disruption	MELOXICAM	PAIN	454	1161	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	369	1141	
No Disruption	PREDNISONE	CORTICOSTEROIDS	940	1114	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	540	1049	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	920	1044	
No Disruption	ELIQUIS	ANTICOAGULANT	220	1032	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	567	1019	
No Disruption	MOUNJARO	DIABETES	347	983	
No Disruption	OMEPRAZOLE	PPIs	390	958	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	313	953	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	834	927	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	611	922	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	283	907	
No Disruption	MOUNJARO	DIABETES	258	904	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	512	902	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	305	896	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	294	881	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	482	830	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	289	829	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	449	808	
No Disruption	OMEPRAZOLE	PPIs	280	797	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	313	778	
No Disruption	MELOXICAM	PAIN	306	759	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	289	736	
No Disruption	SERTRALINE HCL	DEPRESSION	238	715	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	243	706	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	250	693	
No Disruption	OMEPRAZOLE	PPIs	258	688	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	512	669	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	513	666	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	566	659	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	468	656	
No Disruption	OMEPRAZOLE	PPIs	189	643	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	195	638	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	266	627	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	609	
No Disruption	MOUNJARO	DIABETES	202	604	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	502	600	
No Disruption	MOUNJARO	DIABETES	255	587	
No Disruption	OMEPRAZOLE DR	PPIs	203	585	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	210	583	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	445	582	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	494	580	
No Disruption	CEFDINIR	ANTI-INFECTIVE	504	567	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	202	566	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	565	
No Disruption	MELOXICAM	PAIN	180	563	
No Disruption	MELOXICAM	PAIN	214	555	
No Disruption	XARELTO	ANTICOAGULANT	126	555	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	438	538	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	259	538	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	306	535	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	208	531	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	222	529	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	192	518	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	177	517	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	198	516	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	179	516	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	143	514	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	224	510	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	153	510	
No Disruption	DUPIXENT	AUTOIMMUNE	64	509	
No Disruption	SERTRALINE HCL	DEPRESSION	179	505	
No Disruption	MOUNJARO	DIABETES	98	501	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	349	495	
No Disruption	IBUPROFEN	PAIN	349	488	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	70	487	
No Disruption	ALPRAZOLAM	ANXIETY	119	485	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	188	484	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	441	478	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	167	475	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	324	470	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	148	469	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	183	464	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	181	458	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	192	452	
No Disruption	GABAPENTIN	ANTICONVULSANT	124	445	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	81	442	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	175	441	
No Disruption	SPRINTEC 28	ESTROGENS & PROGESTINS	132	438	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	346	423	
No Disruption	GABAPENTIN	ANTICONVULSANT	127	419	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	162	417	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOUJEO SOLOSTAR	DIABETES	94	417	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	108	415	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	376	414	
No Disruption	EMGALITY	MIGRAINE	65	413	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	355	411	
No Disruption	MOUNJARO	DIABETES	127	411	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	380	409	
No Disruption	OMEPRAZOLE	PPIs	188	405	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	162	402	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	119	402	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	119	401	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	119	400	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	305	398	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	156	397	
No Disruption	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	DIABETES	64	397	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	163	395	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	139	395	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	117	395	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	129	392	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	288	389	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	187	389	
No Disruption	OMEPRAZOLE	PPIs	172	389	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	106	385	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	146	380	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	351	378	
No Disruption	HUMALOG KWIKPEN	DIABETES	97	378	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	340	375	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	337	374	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	156	373	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	329	372	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	119	371	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	143	370	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	127	368	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	161	367	
No Disruption	AIMOVIG	MIGRAINE	55	365	
No Disruption	CEFDINIR	ANTI-INFECTIVE	331	361	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	138	361	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	165	359	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	181	356	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	167	356	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	293	354	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	106	353	
No Disruption	MELOXICAM	PAIN	175	352	
No Disruption	SERTRALINE HCL	DEPRESSION	136	352	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	306	351	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	152	351	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	135	351	
No Disruption	TOUJEO MAX SOLOSTAR	DIABETES	84	351	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	124	349	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	277	347	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	163	347	
No Disruption	OMEPRAZOLE DR	PPIs	270	346	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	109	345	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	158	344	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	173	341	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	93	339	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	249	337	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	128	336	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	124	336	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	95	334	
No Disruption	PREDNISONE	CORTICOSTEROIDS	266	333	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	286	328	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	125	327	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	144	326	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	270	325	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	183	325	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	153	325	
No Disruption	OMEPRAZOLE DR	PPIs	116	325	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	112	324	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	135	323	
No Disruption	REPATHA SURECLICK	ANTIHYPERLIPIDEMIC	52	323	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	89	321	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	87	320	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	123	317	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	183	315	
No Disruption	PREDNISONE	CORTICOSTEROIDS	256	313	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	304	312	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	270	309	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	216	305	
No Disruption	LORAZEPAM	ANXIETY	139	304	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	96	304	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	150	303	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	116	303	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	101	301	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	98	300	
No Disruption	TRINTELLIX	DEPRESSION	64	299	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	152	298	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	72	298	
No Disruption	BENZONATATE	ALLERGY	279	297	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	262	297	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	85	297	
No Disruption	OMEPRAZOLE	PPIs	100	296	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	82	295	
No Disruption	RYBELSUS	DIABETES	56	295	
No Disruption	GABAPENTIN	ANTICONVULSANT	87	294	
No Disruption	PREDNISONE	CORTICOSTEROIDS	265	293	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	133	293	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	99	293	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	121	292	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	117	292	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	72	291	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	120	290	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	120	288	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	243	287	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	111	287	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	100	286	
No Disruption	MUPIROCIN	DERMATOLOGICS	257	285	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	284	
No Disruption	JARDIANCE	DIABETES	84	284	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	112	283	
No Disruption	SERTRALINE HCL	DEPRESSION	97	283	
No Disruption	PAXLOVID	ANTI-INFECTIVE	278	281	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	113	281	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	120	276	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	104	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	78	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	101	275	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	142	273	
No Disruption	GABAPENTIN	ANTICONVULSANT	111	273	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	84	273	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	175	271	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	109	270	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	98	269	
No Disruption	TRI-SPRINTEC	ESTROGENS & PROGESTINS	77	268	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	97	267	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	154	265	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	217	264	
No Disruption	CEFDINIR	ANTI-INFECTIVE	204	263	
No Disruption	TRULICITY	DIABETES	60	263	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	109	262	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	102	262	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	DIABETES	99	258	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	225	257	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	193	256	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	93	256	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	214	255	
No Disruption	LO LOESTRIN FE	ESTROGENS & PROGESTINS	63	255	
No Disruption	DUPIXENT	AUTOIMMUNE	30	255	
No Disruption	ALPRAZOLAM	ANXIETY	96	252	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	220	251	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	211	251	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	82	251	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	93	250	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	83	250	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	185	249	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	95	247	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	158	245	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	216	243	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	72	243	
No Disruption	TRULICITY	DIABETES	62	243	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	75	241	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	68	241	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	214	240	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	183	240	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	61	239	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	191	236	
No Disruption	BUSPIRONE HCL	ANXIETY	76	235	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	76	235	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	68	234	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	122	233	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	112	233	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	111	233	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	74	233	
No Disruption	LATANOPROST	OPHTHALMIC	64	233	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	140	232	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	115	232	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	65	232	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	84	230	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	104	229	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	103	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	77	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	70	228	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	152	227	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	96	227	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	83	227	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	75	227	
No Disruption	IBUPROFEN	PAIN	195	226	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	84	225	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	64	225	
No Disruption	TRULICITY	DIABETES	46	223	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	195	222	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	88	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	76	221	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	107	220	
No Disruption	LATANOPROST	OPHTHALMIC	57	220	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	105	219	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	77	219	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	58	219	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	105	217	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	82	217	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	190	216	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	43	216	
No Disruption	MUPIROCIN	DERMATOLOGICS	182	215	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	83	215	
No Disruption	ALPRAZOLAM	ANXIETY	72	215	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	86	214	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	95	212	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	86	212	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	87	211	
No Disruption	ALPRAZOLAM	ANXIETY	74	211	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	73	211	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	98	210	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	79	209	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	124	208	
No Disruption	GABAPENTIN	ANTICONVULSANT	73	208	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	208	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	61	208	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	81	206	
No Disruption	TOPIRAMATE	ANTICONVULSANT	63	206	
No Disruption	ALPRAZOLAM	ANXIETY	42	206	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	139	205	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	49	205	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	111	204	
No Disruption	LORAZEPAM	ANXIETY	85	204	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	82	204	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	82	203	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	74	203	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	71	203	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	187	202	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	111	202	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	60	202	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	86	201	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	71	201	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	84	200	
No Disruption	GABAPENTIN	ANTICONVULSANT	81	200	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	170	199	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	159	199	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	93	199	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	75	199	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	199	
No Disruption	TOBRAMYCIN	OPHTHALMIC	188	198	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	100	198	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	73	197	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	50	197	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	195	196	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	117	196	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	32	196	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	176	195	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	169	195	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	130	195	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	195	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	56	195	
No Disruption	TOPIRAMATE	ANTICONVULSANT	74	194	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	189	193	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	101	193	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	50	193	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	192	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	65	192	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	59	192	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	192	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	119	191	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	57	191	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	85	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	77	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	73	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	70	190	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	70	190	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	67	190	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	65	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	57	190	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	56	190	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	90	189	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	84	188	
No Disruption	PREDNISONE	CORTICOSTEROIDS	174	187	
No Disruption	PREDNISONE	CORTICOSTEROIDS	167	187	
No Disruption	ASPIRIN LOW DOSE	PAIN	114	187	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	79	187	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	177	185	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	168	185	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	79	185	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	60	184	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	54	184	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	135	183	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	92	182	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	69	182	
No Disruption	ZAFEMY	ESTROGENS & PROGESTINS	58	182	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	116	181	
No Disruption	OMEPRAZOLE DR	PPIs	112	181	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	84	181	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	112	180	
No Disruption	RYBELSUS	DIABETES	59	180	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	85	179	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	79	179	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	54	179	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	74	178	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	152	177	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	44	177	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	92	176	
No Disruption	TOPIRAMATE	ANTICONVULSANT	67	176	
No Disruption	MILI	ESTROGENS & PROGESTINS	62	176	
No Disruption	MELOXICAM	PAIN	77	175	
No Disruption	LORAZEPAM	ANXIETY	61	175	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	52	175	
No Disruption	BENZONATATE	ALLERGY	158	174	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	135	174	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	56	174	
No Disruption	AUVELITY	DEPRESSION	36	174	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	57	173	
No Disruption	ALPRAZOLAM	ANXIETY	56	173	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	68	172	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	172	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	65	171	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	171	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	108	170	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	82	170	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	66	170	
No Disruption	TRINTELLIX	DEPRESSION	52	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	48	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	169	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	50	169	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	142	167	
No Disruption	GABAPENTIN	ANTICONVULSANT	68	167	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	55	167	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	54	167	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	51	167	
No Disruption	MELOXICAM	PAIN	62	166	
No Disruption	PREDNISONE	CORTICOSTEROIDS	141	165	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	96	165	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	75	165	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	109	164	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	69	164	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	68	164	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	62	164	
No Disruption	OTEZLA	AUTOIMMUNE	34	164	
No Disruption	BENZONATATE	ALLERGY	135	163	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	97	163	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	67	163	
No Disruption	NAPROXEN	PAIN	105	162	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	67	162	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	126	161	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	111	161	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	65	161	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	53	161	
No Disruption	ALPRAZOLAM	ANXIETY	49	161	
No Disruption	ALPRAZOLAM	ANXIETY	36	161	
No Disruption	BENZONATATE	ALLERGY	149	160	
No Disruption	PROMETHAZINE DM	ALLERGY	149	160	
No Disruption	PREDNISONE	CORTICOSTEROIDS	140	160	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	160	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	149	159	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	128	159	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	85	159	
No Disruption	ALPRAZOLAM	ANXIETY	67	159	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	66	159	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	159	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	69	158	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	68	158	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	63	158	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	55	158	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	52	158	
No Disruption	CRYSELLE-28	ESTROGENS & PROGESTINS	38	158	
No Disruption	PREDNISONE	CORTICOSTEROIDS	131	157	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	131	157	
No Disruption	GABAPENTIN	ANTICONVULSANT	64	157	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	45	157	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	99	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	156	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	156	
No Disruption	GABAPENTIN	ANTICONVULSANT	50	156	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	49	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	48	156	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	152	155	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	68	155	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	59	155	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	74	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	68	154	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	49	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	45	154	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	84	153	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	71	153	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	48	153	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	47	153	
No Disruption	BENZONATATE	ALLERGY	136	152	
No Disruption	ALPRAZOLAM	ANXIETY	73	152	
No Disruption	CLONAZEPAM	ANTICONVULSANT	64	152	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	36	152	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	131	151	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	117	151	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	99	151	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	38	151	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	62	150	
No Disruption	MELOXICAM	PAIN	69	149	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	61	149	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	55	149	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	53	149	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	50	149	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	76	148	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	73	148	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	53	148	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	44	148	
No Disruption	MUPIROCIN	DERMATOLOGICS	125	147	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	71	147	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	52	147	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	42	147	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	86	146	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	80	146	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	58	146	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	146	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	146	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	146	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	71	145	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	57	145	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	145	
No Disruption	TRULICITY	DIABETES	35	145	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	74	144	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	54	144	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	43	144	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	116	143	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	63	143	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	59	143	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	54	143	
No Disruption	IBUPROFEN	PAIN	105	142	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	142	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	68	142	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	142	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	48	142	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	32	142	
No Disruption	ENBREL SURECLICK	AUTOIMMUNE	24	142	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	78	141	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	141	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	26	141	
No Disruption	NAPROXEN	PAIN	91	140	
No Disruption	PREDNISONE	CORTICOSTEROIDS	66	140	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	59	140	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	55	140	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	42	139	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	36	139	
No Disruption	HUMALOG KWIKPEN	DIABETES	27	139	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	79	138	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	64	138	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	138	
No Disruption	CELECOXIB	PAIN	48	138	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	37	138	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	54	137	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	137	
No Disruption	XULANE	ESTROGENS & PROGESTINS	34	137	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	85	136	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	85	136	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	73	136	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	64	136	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	48	136	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	136	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	114	135	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	95	135	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	135	
No Disruption	CELECOXIB	PAIN	66	135	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	49	135	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	45	135	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	44	135	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	134	
No Disruption	TOPIRAMATE	ANTICONVULSANT	48	134	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	38	134	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	32	134	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	76	133	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	58	133	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	58	133	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	53	133	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	133	
No Disruption	JUNEL FE 1/20	ESTROGENS & PROGESTINS	43	133	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	42	133	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	39	133	
No Disruption	CLONAZEPAM	ANTICONVULSANT	37	133	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	133	
No Disruption	ALPRAZOLAM	ANXIETY	27	133	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	125	132	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	92	132	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	68	132	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	58	132	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	52	132	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	33	132	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	68	131	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	131	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	27	131	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	76	130	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	51	130	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	130	
No Disruption	JUNEL FE 1.5/30	ESTROGENS & PROGESTINS	39	130	
No Disruption	SYNJARDY XR	DIABETES	24	130	
No Disruption	IBUPROFEN	PAIN	91	129	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	59	129	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	121	128	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	90	128	
No Disruption	DIAZEPAM	ANXIETY	84	128	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	68	128	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	57	128	
No Disruption	CLONAZEPAM	ANTICONVULSANT	48	128	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	43	128	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	42	128	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	39	128	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	64	127	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	58	127	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	127	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	127	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	27	127	
No Disruption	DICLOFENAC SODIUM DR	PAIN	51	126	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	40	126	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	38	126	
No Disruption	PREDNISONE	CORTICOSTEROIDS	95	125	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	74	125	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	59	125	
No Disruption	GABAPENTIN	ANTICONVULSANT	36	125	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	106	124	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	124	
No Disruption	TOPIRAMATE	ANTICONVULSANT	56	124	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	62	123	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	49	123	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	44	123	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	123	
No Disruption	JARDIANCE	DIABETES	41	123	
No Disruption	TOPIRAMATE	ANTICONVULSANT	40	123	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	117	122	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	66	122	
No Disruption	XARELTO	ANTICOAGULANT	45	122	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	43	122	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	122	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	42	122	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	41	122	
No Disruption	CEFDINIR	ANTI-INFECTIVE	100	121	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	50	121	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	50	121	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	38	120	
No Disruption	CLONAZEPAM	ANTICONVULSANT	66	119	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	54	119	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	119	
No Disruption	GABAPENTIN	ANTICONVULSANT	46	119	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	37	119	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	119	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	36	119	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	86	118	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	60	118	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	42	118	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	33	118	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	87	117	
No Disruption	MONO-LINYAH	ESTROGENS & PROGESTINS	42	117	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	60	116	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	48	116	
No Disruption	LORAZEPAM	ANXIETY	48	116	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	47	116	
No Disruption	PREGABALIN	ANTICONVULSANT	42	116	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	42	116	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	39	116	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	25	116	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	105	115	
No Disruption	GABAPENTIN	ANTICONVULSANT	47	115	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	42	115	
No Disruption	GLIMEPIRIDE	DIABETES	38	115	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	115	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	115	
No Disruption	OMEPRAZOLE	PPIs	69	114	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	114	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	56	114	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	114	
No Disruption	BLISOVI FE 1/20	ESTROGENS & PROGESTINS	45	114	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	114	
No Disruption	PREDNISONE	CORTICOSTEROIDS	102	113	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	89	113	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	49	113	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	42	113	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	41	112	
No Disruption	RINVOQ	AUTOIMMUNE	21	112	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	15	112	
No Disruption	PREDNISONE	CORTICOSTEROIDS	98	111	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	95	111	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	91	111	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	64	111	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	53	111	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	46	111	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	42	111	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	42	111	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	40	111	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	111	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	34	111	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	33	111	
No Disruption	AVIANE	ESTROGENS & PROGESTINS	33	111	
No Disruption	PREGABALIN	ANTICONVULSANT	24	111	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	104	110	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	96	110	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	56	110	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	36	110	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	30	110	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	46	109	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	109	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	32	109	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	96	108	
No Disruption	IBUPROFEN	PAIN	79	108	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	108	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	52	108	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	108	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	35	108	
No Disruption	PREGABALIN	ANTICONVULSANT	32	108	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	89	107	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	58	107	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	47	107	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	43	107	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	107	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	37	107	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	37	107	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	33	107	
No Disruption	LATANOPROST	OPHTHALMIC	26	107	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	81	106	
No Disruption	CELECOXIB	PAIN	55	106	
No Disruption	MIRTAZAPINE	DEPRESSION	32	106	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	106	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	87	105	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	105	
No Disruption	PREGABALIN	ANTICONVULSANT	40	105	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	39	105	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	104	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	59	104	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	51	104	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	104	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	28	104	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	103	
No Disruption	OMEPRAZOLE	PPIs	72	103	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	53	103	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	46	103	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	38	103	
No Disruption	LORAZEPAM	ANXIETY	35	103	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	34	103	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	103	
No Disruption	ROPINIROLE HCL	PARKINSON	29	103	
No Disruption	CELECOXIB	PAIN	58	102	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	54	102	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	52	102	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	34	102	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	102	
No Disruption	GAVILYTE-G	OTHER NON-CATEGORIZED	101	101	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	53	101	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	48	101	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	47	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	101	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	101	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	39	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	101	
No Disruption	LETROZOLE	CANCER	31	101	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	101	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	101	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	81	100	
No Disruption	NAPROXEN	PAIN	62	100	
No Disruption	TOPIRAMATE	ANTICONVULSANT	54	100	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	100	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	38	100	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	100	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	18	100	
No Disruption	CEFDINIR	ANTI-INFECTIVE	93	99	
No Disruption	PREDNISONE	CORTICOSTEROIDS	85	99	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	73	99	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	45	99	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	42	99	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	40	99	
No Disruption	BUDESONIDE	ASTHMA/COPD	35	99	
No Disruption	ANASTROZOLE	CANCER	34	99	
No Disruption	CELECOXIB	PAIN	33	99	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	33	99	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	60	98	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	53	98	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	48	98	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	37	98	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	26	98	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	54	97	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	53	97	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	42	97	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	97	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	97	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	29	97	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	28	97	
No Disruption	APRI	ESTROGENS & PROGESTINS	26	97	
No Disruption	TRI-LINYAH	ESTROGENS & PROGESTINS	23	97	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	61	96	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	50	96	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	49	96	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	36	96	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	87	95	
No Disruption	OFLOXACIN	OPHTHALMIC	86	95	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	85	95	
No Disruption	NAPROXEN	PAIN	62	95	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	34	95	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	95	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	27	95	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	21	95	
No Disruption	AIMOVIG	MIGRAINE	16	95	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	84	94	
No Disruption	BENZONATATE	ALLERGY	83	94	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	62	94	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	40	94	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	94	
No Disruption	CLONAZEPAM	ANTICONVULSANT	21	94	
No Disruption	BENZONATATE	ALLERGY	86	93	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	42	93	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	41	93	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	40	93	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	37	93	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	35	93	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	34	93	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	29	93	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	26	93	
No Disruption	EPINEPHRINE	ALLERGY	78	92	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	70	92	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	50	92	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	49	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	40	92	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	39	92	
No Disruption	ALPRAZOLAM	ANXIETY	38	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	92	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	30	92	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	92	
No Disruption	PAROXETINE HCL	DEPRESSION	27	92	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	26	92	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	92	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	83	91	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	79	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	60	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	38	91	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	38	91	
No Disruption	ELIQUIS	ANTICOAGULANT	35	91	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	91	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	91	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	28	91	
No Disruption	ELINEST	ESTROGENS & PROGESTINS	24	91	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	77	90	
No Disruption	CEFDINIR	ANTI-INFECTIVE	77	90	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	64	90	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	47	90	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	36	90	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	33	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	31	90	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	90	
No Disruption	GABAPENTIN	ANTICONVULSANT	28	90	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	90	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	23	90	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	17	90	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	89	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	71	89	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	49	89	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	41	89	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	89	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	89	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	89	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	24	89	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	20	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	68	88	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	56	88	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	88	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	46	88	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	39	88	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	36	88	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	36	88	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	35	88	
No Disruption	LORAZEPAM	ANXIETY	29	88	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	28	88	
No Disruption	CLARAVIS	DERMATOLOGICS	26	88	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	88	
No Disruption	IBUPROFEN	PAIN	81	87	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	69	87	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	60	87	
No Disruption	BUSPIRONE HCL	ANXIETY	54	87	
No Disruption	MELOXICAM	PAIN	40	87	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	38	87	
No Disruption	SODIUM FLUORIDE 5000 PLUS	OTHER NON-CATEGORIZED	35	87	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	35	87	
No Disruption	CELECOXIB	PAIN	35	87	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	87	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	33	87	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	33	87	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	87	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	25	87	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	24	87	
No Disruption	TAMOXIFEN CITRATE	CANCER	21	87	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	18	87	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	81	86	
No Disruption	PREDNISONE	CORTICOSTEROIDS	76	86	
No Disruption	GABAPENTIN	ANTICONVULSANT	54	86	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	38	86	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	86	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	86	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	29	86	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	86	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	18	86	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	17	86	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	75	85	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	69	85	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	47	85	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	38	85	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	85	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	85	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	34	85	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	31	85	
No Disruption	CLONAZEPAM	ANTICONVULSANT	30	85	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	85	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	85	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	25	85	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	24	85	
No Disruption	ENSKYCE	ESTROGENS & PROGESTINS	21	85	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	21	85	
No Disruption	MUPIROCIN	DERMATOLOGICS	81	84	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	69	84	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	84	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	40	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	32	84	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	84	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	28	84	
No Disruption	TOPIRAMATE	ANTICONVULSANT	28	84	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	27	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	84	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	83	83	
No Disruption	OFLOXACIN	OPHTHALMIC	79	83	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	75	83	
No Disruption	PREDNISONE	CORTICOSTEROIDS	67	83	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	49	83	
No Disruption	INDOMETHACIN	PAIN	47	83	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	45	83	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	83	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	41	83	
No Disruption	OMEPRAZOLE	PPIs	34	83	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	32	83	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	32	83	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	83	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	30	83	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	18	83	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	75	82	
No Disruption	DENTA 5000 PLUS	OTHER NON-CATEGORIZED	48	82	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	44	82	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	38	82	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	32	82	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	82	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	29	82	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	82	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	27	82	
No Disruption	GLIMEPIRIDE	DIABETES	22	82	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	79	81	
No Disruption	CEFDINIR	ANTI-INFECTIVE	78	81	
No Disruption	PREDNISONE	CORTICOSTEROIDS	74	81	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	69	81	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	66	81	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	53	81	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	81	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	34	81	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	30	81	
No Disruption	RYBELSUS	DIABETES	28	81	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	27	81	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	25	81	
No Disruption	DICLOFENAC SODIUM DR	PAIN	24	81	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	81	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	22	81	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	81	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	20	81	
No Disruption	BENZONATATE	ALLERGY	75	80	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	70	80	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	70	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	65	80	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	60	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	55	80	
No Disruption	TOPIRAMATE	ANTICONVULSANT	43	80	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	42	80	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	80	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	35	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	32	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	31	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	80	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	80	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	26	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	24	80	
No Disruption	ALPRAZOLAM	ANXIETY	11	80	
No Disruption	BENZONATATE	ALLERGY	76	79	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	66	79	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	61	79	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	79	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	44	79	
No Disruption	CELECOXIB	PAIN	40	79	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	38	79	
No Disruption	OPZELURA	AUTOIMMUNE	36	79	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	34	79	
No Disruption	LATANOPROST	OPHTHALMIC	26	79	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	21	79	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	68	78	
No Disruption	MUPIROCIN	DERMATOLOGICS	61	78	
No Disruption	LORAZEPAM	ANXIETY	42	78	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	37	78	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	36	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	30	78	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	28	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	27	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	25	78	
No Disruption	LYUMJEV KWIKPEN	DIABETES	23	78	
No Disruption	TREMFYA	AUTOIMMUNE	17	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	78	
No Disruption	XOLAIR	LUNG DISORDERS	11	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	77	
No Disruption	CELECOXIB	PAIN	42	77	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	77	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	77	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	29	77	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	24	77	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	16	77	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	68	76	
No Disruption	OMEPRAZOLE DR	PPIs	59	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	76	
No Disruption	GABAPENTIN	ANTICONVULSANT	39	76	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	33	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	76	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	76	
No Disruption	OFLOXACIN	OPHTHALMIC	68	75	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	75	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	50	75	
No Disruption	XARELTO	ANTICOAGULANT	33	75	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	75	
No Disruption	ALPRAZOLAM	ANXIETY	29	75	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	75	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	27	75	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	26	75	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	24	75	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	24	75	
No Disruption	GABAPENTIN	ANTICONVULSANT	24	75	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	75	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	18	75	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	73	74	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	68	74	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	65	74	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	47	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	74	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	33	74	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	32	74	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	30	74	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	74	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	74	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	72	73	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	45	73	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	73	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	33	73	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	32	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	31	73	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	31	73	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	73	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	25	73	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	73	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	23	73	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	23	73	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	23	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	22	73	
No Disruption	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	8	73	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	65	72	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	72	
No Disruption	NABUMETONE	PAIN	26	72	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	24	72	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	22	72	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	72	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	21	72	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	69	71	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	59	71	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	58	71	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	57	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	51	71	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DIAZEPAM	ANXIETY	50	71	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	40	71	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	34	71	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	71	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	71	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	26	71	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	25	71	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	71	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	71	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	71	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	71	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	17	71	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	60	70	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	59	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	47	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	70	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	35	70	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	34	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	70	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	70	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	70	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	70	
No Disruption	JUNEL 1.5/30	ESTROGENS & PROGESTINS	23	70	
No Disruption	ALPRAZOLAM	ANXIETY	21	70	
No Disruption	SYNJARDY XR	DIABETES	15	70	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	70	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	68	69	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	69	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	69	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	38	69	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	69	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	69	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	28	69	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	69	
No Disruption	XARELTO	ANTICOAGULANT	20	69	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	20	69	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	69	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	17	69	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	58	68	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	68	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	31	68	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	31	68	
No Disruption	MELOXICAM	PAIN	28	68	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	26	68	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	68	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	68	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	25	68	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	68	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	68	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	22	68	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	68	
No Disruption	DUPIXENT	AUTOIMMUNE	11	68	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	52	67	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	67	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	42	67	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	33	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	28	67	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	27	67	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	21	67	
No Disruption	TRI-LO-MILI	ESTROGENS & PROGESTINS	18	67	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	67	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	67	
No Disruption	EPINEPHRINE	ALLERGY	55	66	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	49	66	
No Disruption	CELECOXIB	PAIN	34	66	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	32	66	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	28	66	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	27	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	24	66	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	66	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	66	
No Disruption	ROPINIROLE HCL	PARKINSON	16	66	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	14	66	
No Disruption	PREDNISONE	CORTICOSTEROIDS	62	65	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	60	65	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	51	65	
No Disruption	SF 5000 PLUS	OTHER NON-CATEGORIZED	41	65	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	37	65	
No Disruption	ALPRAZOLAM	ANXIETY	37	65	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	33	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	30	65	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	25	65	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	21	65	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	65	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	17	65	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	65	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	61	64	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	41	64	
No Disruption	LORAZEPAM	ANXIETY	40	64	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	37	64	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	64	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	36	64	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	36	64	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	32	64	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	25	64	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	24	64	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	24	64	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	64	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	64	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	20	64	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	20	64	
No Disruption	NEOMYCIN/POLYMYXIN/HC	OTHER NON-CATEGORIZED	56	63	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	63	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	30	63	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	29	63	
No Disruption	LETROZOLE	CANCER	26	63	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	63	
No Disruption	DICLOFENAC SODIUM DR	PAIN	23	63	
No Disruption	CELECOXIB	PAIN	18	63	
No Disruption	HAILEY FE 1.5/30	ESTROGENS & PROGESTINS	15	63	
No Disruption	TRI-MILI	ESTROGENS & PROGESTINS	12	63	
No Disruption	MORPHINE SULFATE ER	PAIN	11	63	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	61	62	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	51	62	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	34	62	
No Disruption	ATOMOXETINE	ADHD	31	62	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	62	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	29	62	
No Disruption	JUNEL 1/20	ESTROGENS & PROGESTINS	23	62	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	22	62	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	22	62	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	22	62	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	19	62	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	62	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	62	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	61	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	51	61	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	50	61	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	37	61	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	32	61	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	30	61	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	61	
No Disruption	LORAZEPAM	ANXIETY	27	61	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	27	61	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	27	61	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	26	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	26	61	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	25	61	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	24	61	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	23	61	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	61	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	61	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	61	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	20	61	
No Disruption	GLIPIZIDE	DIABETES	17	61	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	16	61	
No Disruption	BENZONATATE	ALLERGY	58	60	
No Disruption	PREDNISONE	CORTICOSTEROIDS	51	60	
No Disruption	CEFDINIR	ANTI-INFECTIVE	49	60	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	38	60	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	31	60	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	60	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	60	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	28	60	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	27	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	60	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	23	60	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	60	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	60	
No Disruption	KURVELO	ESTROGENS & PROGESTINS	19	60	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	19	60	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	18	60	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	18	60	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	60	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	16	60	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	60	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	55	59	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	48	59	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	59	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	32	59	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	59	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	30	59	
No Disruption	PREGABALIN	ANTICONVULSANT	28	59	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	27	59	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	24	59	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	23	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	22	59	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	18	59	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	59	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	17	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	59	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	59	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	59	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	55	58	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	51	58	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	49	58	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	58	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	31	58	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	58	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	58	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	24	58	
No Disruption	CLONAZEPAM	ANTICONVULSANT	24	58	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	24	58	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	58	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	20	58	
No Disruption	SKYRIZI PEN	AUTOIMMUNE	19	58	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	58	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	15	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	58	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	57	57	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	57	
No Disruption	PREDNISONE	CORTICOSTEROIDS	48	57	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	44	57	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	40	57	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	36	57	
No Disruption	GABAPENTIN	ANTICONVULSANT	34	57	
No Disruption	HYDROMORPHONE HCL	PAIN	34	57	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	28	57	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	26	57	
No Disruption	LORAZEPAM	ANXIETY	25	57	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	57	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	19	57	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	18	57	
No Disruption	TOPIRAMATE	ANTICONVULSANT	18	57	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	57	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	15	57	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	15	57	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	15	57	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	14	57	
No Disruption	SYNJARDY	DIABETES	14	57	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	13	57	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	57	
No Disruption	SPIRIVA HANDIHALER	ASTHMA/COPD	11	57	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	56	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	51	56	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	56	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	41	56	

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State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	36	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	56	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	34	56	
No Disruption	CLONAZEPAM	ANTICONVULSANT	32	56	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	56	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	25	56	
No Disruption	AUROVELA FE 1/20	ESTROGENS & PROGESTINS	22	56	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	21	56	
No Disruption	ZENATANE	DERMATOLOGICS	21	56	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	56	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	56	
No Disruption	ALPRAZOLAM ER	ANXIETY	14	56	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	56	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	52	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	55	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	39	55	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	39	55	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	36	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	55	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	55	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	32	55	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	32	55	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	30	55	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	30	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	55	
No Disruption	LORAZEPAM	ANXIETY	25	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	24	55	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	24	55	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	24	55	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	23	55	
No Disruption	OMEPRAZOLE	PPIs	22	55	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	55	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	21	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	55	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	20	55	
No Disruption	DICLOFENAC SODIUM DR	PAIN	20	55	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	18	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	55	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	NABUMETONE	PAIN	16	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	55	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	13	55	
No Disruption	SYNJARDY XR	DIABETES	12	55	
No Disruption	SOLIQUA 100/33	DIABETES	10	55	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	48	54	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	42	54	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	54	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	33	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	54	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	30	54	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	26	54	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	20	54	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	20	54	
No Disruption	MODAFINIL	SLEEP DISORDERS	19	54	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	17	54	
No Disruption	HYDROMORPHONE HCL	PAIN	16	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	54	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	15	54	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	15	54	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	54	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	54	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	54	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	48	53	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	45	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	42	53	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	53	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	53	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	31	53	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	53	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	28	53	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	28	53	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	28	53	
No Disruption	WIXELA INHUB	ASTHMA/COPD	26	53	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	23	53	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	21	53	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	20	53	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	53	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	19	53	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	17	53	
No Disruption	NARATRIPTAN HCL	MIGRAINE	16	53	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	53	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	48	52	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	47	52	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	47	52	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	44	52	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	41	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	52	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	52	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	33	52	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	52	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	27	52	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	27	52	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	27	52	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	21	52	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	20	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	19	52	
No Disruption	AMNESTEEM	DERMATOLOGICS	18	52	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	52	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	16	52	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	52	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	9	52	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	46	51	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	51	
No Disruption	TRETINOIN	DERMATOLOGICS	40	51	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	40	51	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	33	51	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	32	51	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	23	51	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	22	51	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	51	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	51	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	20	51	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	20	51	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	19	51	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	19	51	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	51	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	13	51	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	51	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	13	51	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	47	50	
No Disruption	IBUPROFEN	PAIN	46	50	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	45	50	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	45	50	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	39	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	37	50	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	50	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	34	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	34	50	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	32	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	50	
No Disruption	LORAZEPAM	ANXIETY	28	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	24	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	23	50	
No Disruption	DICLOFENAC SODIUM DR	PAIN	22	50	
No Disruption	WIXELA INHUB	ASTHMA/COPD	21	50	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	21	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	50	
No Disruption	DIAZEPAM	ANXIETY	19	50	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	50	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	17	50	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	12	50	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	50	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	50	
No Disruption	DOVATO	HIV	6	50	
No Disruption	SUTAB	OTHER NON-CATEGORIZED	49	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	48	49	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	41	49	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	37	49	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	49	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	32	49	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	32	49	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	31	49	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	26	49	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	49	
No Disruption	TRETINOIN	DERMATOLOGICS	24	49	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	49	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	19	49	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	18	49	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	18	49	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	17	49	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	15	49	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	13	49	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	49	
No Disruption	EMGALITY	MIGRAINE	8	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	46	48	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	45	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	44	48	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	43	48	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	40	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	25	48	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	24	48	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	23	48	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	22	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	18	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	48	
No Disruption	TOPIRAMATE	ANTICONVULSANT	16	48	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	48	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	14	48	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	14	48	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	14	48	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	13	48	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	13	48	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	48	
No Disruption	TRIKAFTA	CYSTIC FIBROSIS	5	48	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	47	
No Disruption	TOBRAMYCIN	OPHTHALMIC	43	47	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	41	47	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	47	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	34	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	32	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	31	47	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	30	47	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	28	47	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	47	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	47	
No Disruption	DIAZEPAM	ANXIETY	26	47	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	24	47	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	47	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	23	47	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	22	47	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	47	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	20	47	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	47	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	17	47	
No Disruption	LARIN FE 1/20	ESTROGENS & PROGESTINS	16	47	
No Disruption	GLIPIZIDE ER	DIABETES	16	47	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	14	47	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	14	47	
No Disruption	TRI-LO-MARZIA	ESTROGENS & PROGESTINS	13	47	
No Disruption	LARIN FE 1.5/30	ESTROGENS & PROGESTINS	13	47	
No Disruption	XELJANZ XR	AUTOIMMUNE	11	47	
No Disruption	METHOTREXATE	OTHER NON-CATEGORIZED	11	47	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	47	
No Disruption	MYFEMBREE	ESTROGENS & PROGESTINS	9	47	
No Disruption	ZALEPLON	SLEEP DISORDERS	9	47	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	44	46	
No Disruption	IBUPROFEN	PAIN	44	46	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	42	46	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	46	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	41	46	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	38	46	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	37	46	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	46	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	31	46	
No Disruption	PREDNISONE	CORTICOSTEROIDS	27	46	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	23	46	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	46	
No Disruption	CELECOXIB	PAIN	22	46	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	46	
No Disruption	ANASTROZOLE	CANCER	18	46	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	18	46	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	46	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	15	46	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	15	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	46	
No Disruption	MIRTAZAPINE	DEPRESSION	13	46	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	46	
No Disruption	STIOLTO RESPIMAT	ASTHMA/COPD	10	46	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	46	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	10	46	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	46	
No Disruption	PREGABALIN	ANTICONVULSANT	8	46	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	44	45	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	42	45	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	45	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	41	45	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	40	45	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	45	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	31	45	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	30	45	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	45	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	45	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	25	45	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	24	45	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	21	45	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	20	45	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	45	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	18	45	
No Disruption	ROPINIROLE HCL	PARKINSON	18	45	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	45	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	45	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	45	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	14	45	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	45	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	45	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	12	45	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	45	
No Disruption	HYDROXYUREA	CANCER	10	45	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	39	44	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	31	44	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	30	44	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	30	44	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	28	44	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	44	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	27	44	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	44	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	22	44	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	44	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	20	44	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	20	44	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	19	44	
No Disruption	MIRTAZAPINE	DEPRESSION	19	44	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	18	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	18	44	
No Disruption	LETROZOLE	CANCER	16	44	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	44	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	15	44	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	13	44	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	12	44	
No Disruption	ARMOUR THYROID	THYROID AGENTS	10	44	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	8	44	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	39	43	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	38	43	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	37	43	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	43	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	22	43	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	43	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	43	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	21	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	43	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	18	43	
No Disruption	XARELTO	ANTICOAGULANT	18	43	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	43	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	16	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	16	43	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	14	43	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	43	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	12	43	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	39	42	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	37	42	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	37	42	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	42	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	30	42	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	28	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	42	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	24	42	
No Disruption	HYDROXYZINE HCL	ANXIETY	24	42	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	22	42	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	42	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	19	42	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	19	42	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	19	42	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	18	42	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	42	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	16	42	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	16	42	
No Disruption	ARMOUR THYROID	THYROID AGENTS	15	42	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	13	42	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	42	
No Disruption	CYPROHEPTADINE HCL	ALLERGY	12	42	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	11	42	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	42	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	42	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	7	42	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	38	41	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	36	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	35	41	
No Disruption	PROCTO-MED HC	OTHER NON-CATEGORIZED	31	41	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	29	41	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	29	41	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	29	41	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	24	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	24	41	
No Disruption	IMIQUIMOD	DERMATOLOGICS	24	41	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	21	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	41	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	41	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	41	
No Disruption	MODAFINIL	SLEEP DISORDERS	18	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	41	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	41	
No Disruption	ATOMOXETINE	ADHD	17	41	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	17	41	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	17	41	
No Disruption	VENLAFAXINE HCL	DEPRESSION	16	41	
No Disruption	ALPRAZOLAM	ANXIETY	15	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	41	
No Disruption	ALPRAZOLAM	ANXIETY	13	41	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	13	41	
No Disruption	LOW-OGESTREL	ESTROGENS & PROGESTINS	13	41	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	41	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	41	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	41	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	10	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	41	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	10	41	
No Disruption	MIRTAZAPINE	DEPRESSION	6	41	
No Disruption	OFLOXACIN	OPHTHALMIC	38	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	38	40	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	35	40	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	35	40	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	34	40	
No Disruption	NYSTATIN	DERMATOLOGICS	34	40	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	30	40	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	29	40	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	26	40	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	25	40	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	40	
No Disruption	LETROZOLE	CANCER	22	40	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	21	40	
No Disruption	ALPRAZOLAM	ANXIETY	20	40	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	40	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	18	40	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	18	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	16	40	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	40	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	15	40	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	40	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	11	40	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	10	40	
No Disruption	ANASTROZOLE	CANCER	9	40	
No Disruption	BUPRENORPHINE HCL	PAIN	9	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	40	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	39	39	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	38	39	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	37	39	
No Disruption	CEFDINIR	ANTI-INFECTIVE	36	39	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	34	39	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	33	39	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	31	39	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	29	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	26	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	25	39	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	39	
No Disruption	ASPIRIN	PAIN	22	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	22	39	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	22	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	22	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	21	39	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	39	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	39	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	39	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	39	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	17	39	
No Disruption	ALPRAZOLAM	ANXIETY	16	39	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	39	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	15	39	
No Disruption	METHIMAZOLE	THYROID AGENTS	14	39	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	14	39	
No Disruption	GLIMEPIRIDE	DIABETES	11	39	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	10	39	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	10	39	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	9	39	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	8	39	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	8	39	
No Disruption	ALPRAZOLAM	ANXIETY	4	39	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	38	38	
No Disruption	LIDOCAINE VISCOUS	OTHER NON-CATEGORIZED	37	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	38	
No Disruption	IBUPROFEN	PAIN	36	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	38	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	34	38	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	31	38	
No Disruption	PREDNISONE	CORTICOSTEROIDS	29	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	29	38	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	26	38	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	26	38	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	24	38	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	23	38	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	22	38	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	21	38	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	38	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	38	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	19	38	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	38	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	16	38	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	38	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	15	38	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	15	38	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	14	38	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	38	
No Disruption	WIXELA INHUB	ASTHMA/COPD	14	38	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	14	38	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	38	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	13	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	12	38	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	12	38	
No Disruption	ASPIRIN LOW DOSE	PAIN	11	38	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	38	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	38	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	38	
No Disruption	NEXLIZET	ANTIHYPERLIPIDEMIC	9	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	38	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	38	
No Disruption	TOPIRAMATE	ANTICONVULSANT	6	38	
No Disruption	MORPHINE SULFATE ER	PAIN	6	38	
No Disruption	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	4	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	33	37	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	33	37	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	33	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	37	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	32	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	37	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	29	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	37	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	37	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	25	37	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	25	37	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	23	37	
No Disruption	DIAZEPAM	ANXIETY	23	37	
No Disruption	TRETINOIN	DERMATOLOGICS	22	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	21	37	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	21	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	37	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	17	37	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	37	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	15	37	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	37	
No Disruption	ALPRAZOLAM	ANXIETY	15	37	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	37	
No Disruption	LUMIGAN	OPHTHALMIC	14	37	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	37	
No Disruption	GLIMEPIRIDE	DIABETES	13	37	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	13	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	12	37	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	37	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	11	37	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	11	37	
No Disruption	DASETTA 1/35	ESTROGENS & PROGESTINS	10	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	10	37	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	37	
No Disruption	TREMFYA	AUTOIMMUNE	7	37	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	6	37	
No Disruption	REPATHA	ANTIHYPERLIPIDEMIC	6	37	
No Disruption	ORENCIA CLICKJECT	AUTOIMMUNE	6	37	
No Disruption	VERZENIO	CANCER	5	37	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	36	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	34	36	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	34	36	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	31	36	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	30	36	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	30	36	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	36	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	26	36	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	36	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	25	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	NAPROXEN	PAIN	23	36	
No Disruption	PREGABALIN	ANTICONVULSANT	21	36	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	21	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	36	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	19	36	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	36	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	17	36	
No Disruption	DICLOFENAC SODIUM DR	PAIN	16	36	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	14	36	
No Disruption	LETROZOLE	CANCER	14	36	
No Disruption	OMEPRAZOLE	PPIs	13	36	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	OMEPRAZOLE	PPIs	12	36	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	36	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	12	36	
No Disruption	TYRVAYA	OPHTHALMIC	11	36	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	36	
No Disruption	MIRTAZAPINE	DEPRESSION	11	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	36	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	36	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	36	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	7	36	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	35	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	32	35	
No Disruption	CEFDINIR	ANTI-INFECTIVE	31	35	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	31	35	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	CELECOXIB	PAIN	26	35	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	35	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	24	35	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	22	35	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	21	35	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	21	35	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PREDNISONE	CORTICOSTEROIDS	20	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	35	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	18	35	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	18	35	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	16	35	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	35	
No Disruption	PREGABALIN	ANTICONVULSANT	15	35	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	14	35	
No Disruption	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	OTHER NON-CATEGORIZED	14	35	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	13	35	
No Disruption	ALPRAZOLAM	ANXIETY	12	35	
No Disruption	GLIPIZIDE	DIABETES	12	35	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	11	35	
No Disruption	TRI-LO-ESTARYLLA	ESTROGENS & PROGESTINS	11	35	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	35	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	10	35	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	10	35	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	35	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	35	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	35	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	35	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	35	
No Disruption	BUPRENORPHINE HCL	PAIN	5	35	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	35	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	34	34	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	33	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	33	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	31	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	29	34	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	26	34	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	34	
No Disruption	PREDNISONE	CORTICOSTEROIDS	24	34	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	34	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	34	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	22	34	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	22	34	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	19	34	
No Disruption	MIRTAZAPINE	DEPRESSION	18	34	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	34	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	16	34	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	16	34	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	16	34	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	34	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	34	
No Disruption	GABAPENTIN	ANTICONVULSANT	15	34	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	14	34	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	14	34	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	14	34	
No Disruption	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	OTHER NON-CATEGORIZED	14	34	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	34	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	34	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	13	34	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	12	34	
No Disruption	NARATRIPTAN HCL	MIGRAINE	12	34	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	11	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	11	34	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	11	34	
No Disruption	ZOLMITRIPTAN	MIGRAINE	10	34	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	9	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	9	34	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	34	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	34	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	9	34	
No Disruption	ROPINIROLE HCL	PARKINSON	9	34	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	34	
No Disruption	SUNOSI	SLEEP DISORDERS	7	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	34	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	33	33	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	32	33	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	32	33	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	30	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	29	33	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	33	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	28	33	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	24	33	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	33	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	33	
No Disruption	ASPIRIN LOW DOSE	PAIN	23	33	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	23	33	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	33	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	22	33	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	33	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	33	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	20	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	17	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	16	33	
No Disruption	METHIMAZOLE	THYROID AGENTS	16	33	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	33	
No Disruption	PREGABALIN	ANTICONVULSANT	15	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	14	33	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	14	33	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	13	33	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	33	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	33	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	12	33	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	11	33	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	11	33	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	10	33	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	33	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	33	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	9	33	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	33	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	8	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	8	33	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	8	33	
No Disruption	HUMULIN N KWIKPEN	DIABETES	8	33	
No Disruption	MORPHINE SULFATE ER	PAIN	4	33	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PANTOPRAZOLE SODIUM	PPIs	32	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	OFLOXACIN	OPHTHALMIC	31	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	29	32	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	32	
No Disruption	AUVI-Q	ALLERGY	29	32	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	32	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	21	32	
No Disruption	ASPIRIN LOW DOSE	PAIN	21	32	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	20	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	20	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	20	32	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	20	32	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	19	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	32	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	16	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	14	32	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	14	32	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	14	32	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	14	32	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	32	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	13	32	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	32	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	12	32	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	11	32	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	32	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	32	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	10	32	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	10	32	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	10	32	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	10	32	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	32	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	9	32	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	32	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	32	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	8	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	32	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	32	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	7	32	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	32	
No Disruption	PRIMIDONE	ANTICONVULSANT	4	32	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	30	31	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	29	31	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	28	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	27	31	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	31	
No Disruption	INDOMETHACIN	PAIN	21	31	
No Disruption	CELECOXIB	PAIN	19	31	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	17	31	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	31	
No Disruption	GABAPENTIN	ANTICONVULSANT	16	31	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	31	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	31	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	15	31	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	14	31	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	14	31	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	31	
No Disruption	METHIMAZOLE	THYROID AGENTS	12	31	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	12	31	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	12	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	12	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	12	31	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	11	31	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	31	
No Disruption	LORAZEPAM	ANXIETY	11	31	
No Disruption	NORELGESTROMIN/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	31	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	11	31	
No Disruption	PREGABALIN	ANTICONVULSANT	10	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	10	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	31	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	8	31	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	8	31	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	8	31	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	7	31	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	31	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	31	
No Disruption	DICLOFENAC SODIUM DR	PAIN	6	31	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	31	
No Disruption	OFLOXACIN	OPHTHALMIC	29	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	29	30	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	30	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	27	30	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	26	30	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	26	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	30	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	30	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	21	30	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	20	30	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	19	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	30	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	17	30	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	30	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	17	30	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	17	30	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	16	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	30	
No Disruption	NAYZILAM	ANTICONVULSANT	16	30	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	16	30	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	15	30	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	30	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	30	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	14	30	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	13	30	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	12	30	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	30	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	30	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	11	30	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	10	30	
No Disruption	XARELTO	ANTICOAGULANT	10	30	
No Disruption	CELECOXIB	PAIN	9	30	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	30	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	30	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	9	30	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	9	30	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	30	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	7	30	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	30	
No Disruption	DUPIXENT	AUTOIMMUNE	5	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	30	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	30	
No Disruption	XYWAV	SLEEP DISORDERS	4	30	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	30	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	28	29	
No Disruption	TOPIRAMATE	ANTICONVULSANT	24	29	
No Disruption	TRETINOIN	DERMATOLOGICS	24	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	24	29	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	24	29	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	29	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	20	29	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	29	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	19	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	19	29	
No Disruption	CLONAZEPAM	ANTICONVULSANT	19	29	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	29	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	17	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	17	29	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	29	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	29	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	29	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	29	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	14	29	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	13	29	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	13	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	13	29	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	12	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	29	
No Disruption	CREON	CYSTIC FIBROSIS	11	29	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	11	29	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	29	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	29	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	29	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	10	29	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	10	29	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	9	29	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	9	29	
No Disruption	CELECOXIB	PAIN	9	29	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	29	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	7	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	29	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	29	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	29	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	29	
No Disruption	ENBREL	AUTOIMMUNE	5	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	29	
No Disruption	WAKIX	SLEEP DISORDERS	3	29	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	27	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	25	28	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	24	28	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	23	28	
No Disruption	ELLA	ESTROGENS & PROGESTINS	23	28	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	28	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	BAQSIMI TWO PACK	DIABETES	19	28	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	19	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	18	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	28	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	18	28	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	17	28	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	17	28	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	17	28	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	16	28	
No Disruption	BUDESONIDE	ASTHMA/COPD	16	28	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	15	28	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	28	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	14	28	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	28	
No Disruption	GLIPIZIDE ER	DIABETES	14	28	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	13	28	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	13	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	28	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	12	28	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	12	28	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	28	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	12	28	
No Disruption	PREGABALIN	ANTICONVULSANT	12	28	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	28	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	11	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	28	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	10	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	28	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	28	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	8	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	8	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	28	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	28	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	8	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	28	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	7	28	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	28	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	28	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	28	
No Disruption	BUPRENORPHINE HCL	PAIN	4	28	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	27	27	
No Disruption	CEFDINIR	ANTI-INFECTIVE	26	27	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	26	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	26	27	
No Disruption	FLUOROURACIL	DERMATOLOGICS	26	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	25	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	25	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	27	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	24	27	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	27	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	23	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	27	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	21	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	27	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	17	27	
No Disruption	NAPROXEN	PAIN	17	27	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	17	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	27	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	16	27	
No Disruption	MIRTAZAPINE	DEPRESSION	15	27	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	15	27	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	15	27	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	27	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	27	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	27	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	13	27	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	27	
No Disruption	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	DIABETES	13	27	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	12	27	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	27	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	27	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	27	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	27	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	27	
No Disruption	SRONYX	ESTROGENS & PROGESTINS	8	27	
No Disruption	JUNEL FE 24	ESTROGENS & PROGESTINS	8	27	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	27	
No Disruption	ORILISSA	ENDOCRINE	7	27	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	7	27	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	27	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	27	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	6	27	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	27	
No Disruption	HUMALOG	DIABETES	5	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	27	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	27	
No Disruption	MIRTAZAPINE	DEPRESSION	4	27	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	27	
No Disruption	ERLEADA	CANCER	3	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	25	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	25	26	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	25	26	
No Disruption	PROMETHAZINE/DEXTROMETHORPHAN	ALLERGY	25	26	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	23	26	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	23	26	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	22	26	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	26	
No Disruption	TRETINOIN	DERMATOLOGICS	22	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	22	26	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	21	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	26	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	20	26	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	20	26	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	20	26	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	20	26	
No Disruption	NYSTATIN	DERMATOLOGICS	20	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	19	26	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	26	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	19	26	
No Disruption	DIAZEPAM	ANXIETY	18	26	
No Disruption	JENCYCLA	ESTROGENS & PROGESTINS	16	26	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	16	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	26	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	26	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	26	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	14	26	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	14	26	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	13	26	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	26	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	13	26	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	12	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	11	26	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	11	26	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	11	26	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	10	26	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	10	26	
No Disruption	MIRTAZAPINE	DEPRESSION	10	26	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	9	26	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	9	26	
No Disruption	MORPHINE SULFATE ER	PAIN	9	26	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	9	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	26	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	26	
No Disruption	LARIN 1/20	ESTROGENS & PROGESTINS	8	26	
No Disruption	HAILEY 1.5/30	ESTROGENS & PROGESTINS	8	26	
No Disruption	GLIPIZIDE ER	DIABETES	8	26	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	8	26	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	26	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	26	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	26	
No Disruption	HUMULIN N	DIABETES	7	26	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	7	26	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	6	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	26	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	26	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	26	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	26	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	26	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	26	
No Disruption	RISPERIDONE ODT	ANTIPSYCHOTIC	2	26	
No Disruption	TRETINOIN	DERMATOLOGICS	24	25	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	23	25	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	25	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	23	25	
No Disruption	CEFDINIR	ANTI-INFECTIVE	23	25	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	23	25	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	25	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	19	25	
No Disruption	MORPHINE SULFATE	PAIN	18	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	25	
No Disruption	TRETINOIN	DERMATOLOGICS	17	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	25	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	15	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	15	25	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	25	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	14	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	14	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	13	25	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	13	25	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	25	
No Disruption	GLIMEPIRIDE	DIABETES	13	25	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	12	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	12	25	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	12	25	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	25	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	25	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	25	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	25	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	11	25	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	11	25	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	25	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	10	25	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	25	
No Disruption	TOPIRAMATE	ANTICONVULSANT	10	25	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	10	25	
No Disruption	ATOMOXETINE	ADHD	9	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	9	25	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	9	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	8	25	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	25	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	25	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HCL	ANTIHYPERTENSIVE	8	25	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	25	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	8	25	
No Disruption	ALPRAZOLAM	ANXIETY	8	25	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	25	
No Disruption	NORTREL 0.5/35 (28)	ESTROGENS & PROGESTINS	7	25	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	25	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	7	25	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	6	25	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	25	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	25	
No Disruption	HUMALOG JUNIOR KWIKPEN	DIABETES	6	25	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	25	
No Disruption	SERTRALINE HCL	DEPRESSION	4	25	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	25	
No Disruption	CLOBAZAM	ANTICONVULSANT	4	25	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	4	25	
No Disruption	XOLAIR	LUNG DISORDERS	4	25	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	25	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	22	24	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	22	24	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	22	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	24	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	24	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	20	24	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	20	24	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	24	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	24	
No Disruption	TRETINOIN	DERMATOLOGICS	19	24	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	19	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	24	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	18	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	24	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	18	24	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	18	24	
No Disruption	TACROLIMUS	DERMATOLOGICS	17	24	
No Disruption	SODIUM FLUORIDE 5000 PPM SENSITIVE	OTHER NON-CATEGORIZED	17	24	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	17	24	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	24	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	24	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	15	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	24	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	14	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	24	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	13	24	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	24	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	12	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	12	24	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	24	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	12	24	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	11	24	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	11	24	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	24	
No Disruption	GLIMEPIRIDE	DIABETES	11	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	24	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	10	24	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	10	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	24	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	9	24	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	9	24	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	24	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PREGABALIN	ANTICONVULSANT	8	24	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	8	24	
No Disruption	LORAZEPAM	ANXIETY	8	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	8	24	
No Disruption	LARIN 24 FE	ESTROGENS & PROGESTINS	8	24	
No Disruption	INCASSIA	ESTROGENS & PROGESTINS	8	24	
No Disruption	ALPRAZOLAM	ANXIETY	8	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	24	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	7	24	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	24	
No Disruption	SYMPROIC	GASTROINTESTINAL	7	24	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	24	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	6	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	24	
No Disruption	NABUMETONE	PAIN	6	24	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	24	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	5	24	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	24	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	24	
No Disruption	KELNOR 1/35	ESTROGENS & PROGESTINS	4	24	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	24	
No Disruption	IBRANCE	CANCER	2	24	
No Disruption	PREDNISONE	CORTICOSTEROIDS	23	23	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	23	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	CEFDINIR	ANTI-INFECTIVE	22	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	23	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	21	23	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	23	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	21	23	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	21	23	
No Disruption	TRETINOIN	DERMATOLOGICS	21	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	20	23	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	19	23	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	18	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	INDOMETHACIN	PAIN	15	23	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	23	
No Disruption	CLONAZEPAM	ANTICONVULSANT	14	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	23	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	23	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	23	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	13	23	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	23	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	13	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	12	23	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	12	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	23	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	23	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	23	
No Disruption	CAPECITABINE	CANCER	11	23	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	11	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	11	23	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	23	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	11	23	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	PREDNISONE	CORTICOSTEROIDS	10	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	23	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	10	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	10	23	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	23	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	10	23	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	10	23	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	10	23	
No Disruption	PIOGLITAZONE HCL	DIABETES	9	23	
No Disruption	GLIPIZIDE	DIABETES	9	23	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	23	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	9	23	
No Disruption	LESSINA	ESTROGENS & PROGESTINS	9	23	
No Disruption	SIMPESSE	ESTROGENS & PROGESTINS	8	23	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	23	
No Disruption	SYNJARDY	DIABETES	8	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	23	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	23	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	23	
No Disruption	NORTREL 7/7/7	ESTROGENS & PROGESTINS	7	23	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	7	23	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1"	OTHER NON-CATEGORIZED	7	23	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	23	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	6	23	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	6	23	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	23	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	6	23	
No Disruption	PULMOZYME	CYSTIC FIBROSIS	6	23	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	5	23	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	23	
No Disruption	FETZIMA	DEPRESSION	5	23	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	5	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	23	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	5	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	5	23	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	4	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	4	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	23	
No Disruption	MORPHINE SULFATE ER	PAIN	3	23	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	22	22	
No Disruption	PREDNISONE	CORTICOSTEROIDS	22	22	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	22	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	21	22	
No Disruption	IBUPROFEN	PAIN	20	22	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	22	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	20	22	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	19	22	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	19	22	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	18	22	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	18	22	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	17	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	22	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	15	22	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	15	22	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	15	22	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	15	22	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	22	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	14	22	
No Disruption	IMIQUIMOD	DERMATOLOGICS	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	22	
No Disruption	CELECOXIB	PAIN	13	22	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	13	22	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	12	22	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	22	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	12	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	22	
No Disruption	ZALEPLON	SLEEP DISORDERS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	22	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	10	22	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	9	22	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	22	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	9	22	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	9	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	9	22	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	8	22	
No Disruption	JOLESSA	ESTROGENS & PROGESTINS	8	22	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	22	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	8	22	
No Disruption	GLIPIZIDE	DIABETES	8	22	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	22	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	22	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	22	
No Disruption	GLIPIZIDE	DIABETES	7	22	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	6	22	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	22	
No Disruption	PREGABALIN	ANTICONVULSANT	6	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	22	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	6	22	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	22	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	6	22	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	22	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	5	22	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	22	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	22	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	22	
No Disruption	BUPRENORPHINE HCL	PAIN	5	22	
No Disruption	BLISOVI FE 1.5/30	ESTROGENS & PROGESTINS	4	22	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	22	
No Disruption	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	4	22	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	22	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	22	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	22	
No Disruption	XHANCE	ALLERGY	2	22	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	21	21	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	21	21	
No Disruption	EPINEPHRINE	ALLERGY	19	21	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	19	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	19	21	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	19	21	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	18	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	17	21	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	17	21	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	17	21	
No Disruption	CELECOXIB	PAIN	17	21	
No Disruption	CEFDINIR	ANTI-INFECTIVE	17	21	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	16	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	16	21	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	16	21	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	15	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	21	
No Disruption	IBUPROFEN	PAIN	15	21	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	15	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	15	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	21	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	14	21	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	14	21	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	21	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	21	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	21	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	13	21	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	21	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	21	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	21	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	12	21	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	12	21	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	21	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	12	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	11	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	11	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	21	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	11	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	11	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	10	21	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	10	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	21	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	21	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	10	21	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	10	21	
No Disruption	TRI-ESTARYLLA	ESTROGENS & PROGESTINS	10	21	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	21	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	21	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	9	21	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	9	21	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	9	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	8	21	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	8	21	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	8	21	
No Disruption	ANASTROZOLE	CANCER	8	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	21	
No Disruption	HEATHER	ESTROGENS & PROGESTINS	7	21	
No Disruption	TAMOXIFEN CITRATE	CANCER	7	21	
No Disruption	PREGABALIN	ANTICONVULSANT	7	21	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	6	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	21	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	21	
No Disruption	JULEBER	ESTROGENS & PROGESTINS	6	21	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	21	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	5	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	21	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	5	21	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	21	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	5	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	21	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	5	21	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	21	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	21	
No Disruption	PREGABALIN	ANTICONVULSANT	4	21	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	21	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	21	
No Disruption	FLUOXETINE DR	DEPRESSION	3	21	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	3	21	
No Disruption	VERZENIO	CANCER	3	21	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	3	21	
No Disruption	OFLOXACIN	OPHTHALMIC	20	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	20	20	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	20	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	19	20	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	19	20	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	19	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	18	20	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	18	20	
No Disruption	IBUPROFEN	PAIN	18	20	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	17	20	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	16	20	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	16	20	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	20	
No Disruption	PERMETHRIN	DERMATOLOGICS	15	20	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	20	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	20	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	20	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	14	20	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	14	20	
No Disruption	PREGABALIN	ANTICONVULSANT	14	20	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	20	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	20	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	20	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	13	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	12	20	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	12	20	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	20	
No Disruption	DOXEPIN HCL	DEPRESSION	11	20	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	20	
No Disruption	PREGABALIN	ANTICONVULSANT	11	20	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	10	20	
No Disruption	SSD	DERMATOLOGICS	10	20	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	20	
No Disruption	ATOMOXETINE	ADHD	10	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	20	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	20	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	20	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	20	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	9	20	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	9	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	8	20	
No Disruption	BUDESONIDE	ASTHMA/COPD	8	20	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	8	20	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	20	
No Disruption	CELECOXIB	PAIN	8	20	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	20	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	20	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	20	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	8	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	20	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	7	20	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	6	20	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	20	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	6	20	
No Disruption	MORPHINE SULFATE ER	PAIN	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	20	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	20	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	20	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	20	
No Disruption	SKYRIZI	AUTOIMMUNE	4	20	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	4	20	
No Disruption	ELMIRON	OTHER NON-CATEGORIZED	4	20	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	20	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	20	
No Disruption	AMANTADINE HCL	PARKINSON	4	20	
No Disruption	METHSCOPOLAMINE BROMIDE	OTHER NON-CATEGORIZED	3	20	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	3	20	
No Disruption	ROPINIROLE HCL	PARKINSON	3	20	
No Disruption	MORPHINE SULFATE	PAIN	1	20	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	19	19	
No Disruption	BENZONATATE	ALLERGY	19	19	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	18	19	
No Disruption	IBUPROFEN	PAIN	18	19	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	19	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	17	19	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	17	19	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	16	19	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	16	19	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	15	19	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	15	19	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	15	19	
No Disruption	LORAZEPAM	ANXIETY	14	19	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	14	19	
No Disruption	DICLOFENAC SODIUM DR	PAIN	13	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	19	
No Disruption	OMEPRAZOLE	PPIs	13	19	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	13	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	19	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	13	19	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	19	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	19	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	12	19	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	19	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	11	19	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	10	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	19	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	9	19	
No Disruption	ANASTROZOLE	CANCER	9	19	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	19	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	9	19	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	19	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	9	19	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	9	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	19	
No Disruption	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	OTHER NON-CATEGORIZED	9	19	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	19	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	19	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	8	19	
No Disruption	ARMOUR THYROID	THYROID AGENTS	8	19	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	8	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	19	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	8	19	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	19	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	19	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	7	19	
No Disruption	PAROXETINE HCL	DEPRESSION	6	19	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	19	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	19	
No Disruption	OMEPRAZOLE	PPIs	6	19	
No Disruption	PORTIA-28	ESTROGENS & PROGESTINS	6	19	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	19	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	19	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	19	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	5	19	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	19	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	19	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	5	19	
No Disruption	LETROZOLE	CANCER	4	19	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	19	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	4	19	
No Disruption	DIAZEPAM	ANXIETY	4	19	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	19	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	19	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	19	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	3	19	
No Disruption	TRIVORA-28	ESTROGENS & PROGESTINS	3	19	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	3	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	19	
No Disruption	SERTRALINE HCL	DEPRESSION	2	19	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	18	18	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	18	18	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	18	18	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	17	18	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	17	18	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	18	
No Disruption	CEFDINIR	ANTI-INFECTIVE	16	18	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	16	18	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	18	
No Disruption	NYSTATIN	DERMATOLOGICS	16	18	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	16	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	15	18	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	15	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	15	18	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	15	18	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	14	18	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	18	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	13	18	
No Disruption	CELECOXIB	PAIN	13	18	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	13	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	18	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	18	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	12	18	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	18	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	12	18	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	12	18	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	11	18	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	18	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	11	18	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	11	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	18	
No Disruption	SULFACETAMIDE SODIUM	DERMATOLOGICS	11	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	18	
No Disruption	HM ASPIRIN EC LOW DOSE	PAIN	10	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	18	
No Disruption	LO-ZUMANDIMINE	ESTROGENS & PROGESTINS	10	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	10	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	10	18	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	10	18	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	18	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	9	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	9	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	9	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	9	18	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	18	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	8	18	
No Disruption	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	OTHER NON-CATEGORIZED	8	18	
No Disruption	GLIPIZIDE ER	DIABETES	8	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	18	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	18	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	18	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	7	18	
No Disruption	DIAZEPAM	ANXIETY	7	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	TESTOSTERONE	ANDROGENS	7	18	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	18	
No Disruption	KLOR-CON M10	VITAMINS & SUPPLEMENTS	7	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	18	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	7	18	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	18	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	6	18	
No Disruption	PAROXETINE HCL	DEPRESSION	6	18	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	6	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	18	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	6	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	LETROZOLE	CANCER	6	18	
No Disruption	LARIN 1.5/30	ESTROGENS & PROGESTINS	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	18	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	6	18	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	18	
No Disruption	XOLAIR	LUNG DISORDERS	5	18	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	18	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	18	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	18	
No Disruption	VOLNEA	ESTROGENS & PROGESTINS	5	18	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	18	
No Disruption	LORAZEPAM	ANXIETY	5	18	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	18	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	5	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	18	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	18	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	18	
No Disruption	ZALEPLON	SLEEP DISORDERS	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	18	
No Disruption	SYNJARDY XR	DIABETES	4	18	
No Disruption	MIRTAZAPINE	DEPRESSION	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	4	18	
No Disruption	ENPRESSE-28	ESTROGENS & PROGESTINS	4	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	18	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	18	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	18	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	18	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	2	18	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	2	18	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	18	
No Disruption	IMBRUVICA	CANCER	2	18	
No Disruption	ORENCIA	AUTOIMMUNE	2	18	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	17	17	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	17	17	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	17	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	17	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	15	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	17	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	17	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	15	17	
No Disruption	BENZONATATE	ALLERGY	14	17	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	17	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	17	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	17	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	12	17	
No Disruption	TRETINOIN	DERMATOLOGICS	12	17	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	12	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	11	17	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	11	17	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	17	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	17	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	17	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	17	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	10	17	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	10	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	17	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	9	17	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	17	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	17	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	8	17	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	8	17	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	17	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	17	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	17	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	7	17	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	17	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	7	17	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	7	17	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	6	17	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	17	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	17	
No Disruption	CAPECITABINE	CANCER	6	17	
No Disruption	GLIPIZIDE	DIABETES	6	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	5	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	17	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	17	
No Disruption	CLARAVIS	DERMATOLOGICS	5	17	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	17	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	5	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	17	
No Disruption	TESTOSTERONE PUMP	ANDROGENS	5	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	17	
No Disruption	ALPRAZOLAM	ANXIETY	4	17	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	4	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	4	17	
No Disruption	DIAZEPAM	ANXIETY	4	17	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	4	17	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	4	17	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	17	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	17	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	17	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	17	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	17	
No Disruption	LORAZEPAM	ANXIETY	3	17	
No Disruption	OMEPRAZOLE DR	PPIs	3	17	
No Disruption	EXEMESTANE	CANCER	3	17	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	17	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	17	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	16	16	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	16	16	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	BENZONATATE	ALLERGY	16	16	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	16	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	15	16	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	15	16	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	15	16	
No Disruption	PREDNISONE	CORTICOSTEROIDS	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	16	
No Disruption	INDOMETHACIN	PAIN	14	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	13	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	13	16	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	13	16	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	12	16	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	16	
No Disruption	CLONAZEPAM	ANTICONVULSANT	11	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	16	
No Disruption	KLAYESTA	DERMATOLOGICS	11	16	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	11	16	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	11	16	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	10	16	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	10	16	
No Disruption	NYSTATIN	DERMATOLOGICS	10	16	
No Disruption	PAROXETINE HCL	DEPRESSION	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	9	16	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	9	16	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	16	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	9	16	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	9	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	9	16	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	16	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	8	16	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	16	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	16	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	8	16	
No Disruption	ALPRAZOLAM ER	ANXIETY	8	16	
No Disruption	ROPINIROLE HCL	PARKINSON	8	16	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	8	16	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	16	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	16	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	16	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	7	16	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	7	16	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	16	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	ZALEPLON	SLEEP DISORDERS	7	16	
No Disruption	DICLOFENAC POTASSIUM	PAIN	7	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	16	
No Disruption	OMEPRAZOLE DR	PPIs	6	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	6	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	16	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	16	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	5	16	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	5	16	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	16	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	16	
No Disruption	CRESEMBA	ANTI-INFECTIVE	5	16	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	5	16	
No Disruption	GLIPIZIDE ER	DIABETES	5	16	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	16	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	5	16	
No Disruption	AUROVELA 24 FE	ESTROGENS & PROGESTINS	4	16	
No Disruption	OMEPRAZOLE	PPIs	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	4	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	16	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	16	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	4	16	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	16	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	16	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	16	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	3	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HCL ER	ADHD	3	16	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	ALPRAZOLAM	ANXIETY	3	16	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	3	16	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	3	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	16	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	3	16	
No Disruption	MYFORTIC	IMMUNOSUPPRESSANTS	2	16	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	2	16	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	16	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	16	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	RINVOQ	AUTOIMMUNE	2	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	2	16	
No Disruption	PREGABALIN	ANTICONVULSANT	2	16	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	16	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	CEFDINIR	ANTI-INFECTIVE	15	15	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	14	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	IBUPROFEN	PAIN	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	14	15	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	13	15	
No Disruption	DIAZEPAM	ANXIETY	13	15	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	13	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	13	15	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	15	
No Disruption	NYSTATIN	DERMATOLOGICS	13	15	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	13	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	15	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	15	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	12	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	12	15	
No Disruption	NAPROXEN	PAIN	11	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	11	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	10	15	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	10	15	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	10	15	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	10	15	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	15	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	10	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	15	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	9	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	15	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	15	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	9	15	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	15	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	15	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	9	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	9	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	8	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	15	
No Disruption	NAPROXEN	PAIN	8	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	8	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	15	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	15	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	6	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	6	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	15	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	15	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	15	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	15	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	15	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	6	15	
No Disruption	GLIPIZIDE ER	DIABETES	6	15	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	15	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	6	15	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	6	15	
No Disruption	SYNJARDY XR	DIABETES	6	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	6	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	15	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	5	15	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	15	
No Disruption	ASPIRIN	PAIN	5	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	15	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	5	15	
No Disruption	GLYBURIDE	DIABETES	5	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	15	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	5	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	PREGABALIN	ANTICONVULSANT	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	15	
No Disruption	PAROXETINE HCL	DEPRESSION	4	15	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	15	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	4	15	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	15	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	15	
No Disruption	GLIPIZIDE	DIABETES	4	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	4	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	15	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	15	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	ACARBOSE	DIABETES	3	15	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	15	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	15	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	15	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	3	15	
No Disruption	ALPRAZOLAM	ANXIETY	3	15	
No Disruption	ROPINIROLE HCL	PARKINSON	3	15	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	15	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	15	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	15	
No Disruption	OMEPRAZOLE	PPIs	2	15	
No Disruption	XARELTO	ANTICOAGULANT	2	15	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	15	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	15	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	15	
No Disruption	BUTORPHANOL TARTRATE	PAIN	2	15	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	15	
No Disruption	TURQOZ	ESTROGENS & PROGESTINS	2	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	15	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	15	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	15	
No Disruption	BENZONATATE	ALLERGY	14	14	
No Disruption	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	DIABETES	14	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	14	14	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	14	
No Disruption	NYSTOP	DERMATOLOGICS	14	14	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	14	14	
No Disruption	GAVILYTE-C	OTHER NON-CATEGORIZED	14	14	
No Disruption	PREDNISONE	CORTICOSTEROIDS	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	EPINEPHRINE	ALLERGY	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	14	
No Disruption	BENZONATATE	ALLERGY	13	14	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	12	14	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	14	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NYSTATIN	DERMATOLOGICS	12	14	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	12	14	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	11	14	
No Disruption	OMEPRAZOLE	PPIs	11	14	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	11	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	11	14	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	11	14	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	14	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	11	14	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	11	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	VTAMA	DERMATOLOGICS	10	14	
No Disruption	TRINTELLIX	DEPRESSION	10	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	BD 3ML LUER-LOK SYRINGE/25G X 1"	OTHER NON-CATEGORIZED	10	14	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	9	14	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	14	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	14	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	14	
No Disruption	VALTOCO 10 MG DOSE	ANTICONVULSANT	9	14	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	9	14	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	8	14	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	14	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	8	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	7	14	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	7	14	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	14	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	14	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	7	14	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	7	14	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	14	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	14	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	14	
No Disruption	SULINDAC	PAIN	6	14	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	14	
No Disruption	SYNJARDY XR	DIABETES	6	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	6	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	14	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	14	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	6	14	
No Disruption	BUSPIRONE HCL	ANXIETY	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	14	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	14	
No Disruption	DICLOFENAC SODIUM DR	PAIN	5	14	
No Disruption	MIRTAZAPINE	DEPRESSION	5	14	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	5	14	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	14	
No Disruption	TESTOSTERONE	ANDROGENS	5	14	
No Disruption	ANASTROZOLE	CANCER	5	14	
No Disruption	LUMIGAN	OPHTHALMIC	5	14	
No Disruption	HAILEY FE 1/20	ESTROGENS & PROGESTINS	5	14	
No Disruption	HAILEY 24 FE	ESTROGENS & PROGESTINS	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	14	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	14	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	14	
No Disruption	GLIPIZIDE	DIABETES	5	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	14	
No Disruption	MODAFINIL	SLEEP DISORDERS	5	14	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	14	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	4	14	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	4	14	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	14	
No Disruption	QULIPTA	MIGRAINE	4	14	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	14	
No Disruption	ENBREL MINI	AUTOIMMUNE	3	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	14	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	14	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	3	14	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	14	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	14	
No Disruption	CREON	CYSTIC FIBROSIS	3	14	
No Disruption	LYUMJEV KWIKPEN	DIABETES	3	14	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	14	
No Disruption	OMEPRAZOLE	PPIs	3	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	3	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	14	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	14	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	14	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	14	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	DELSTRIGO	HIV	2	14	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	2	14	
No Disruption	DABIGATRAN ETEXILATE	ANTICOAGULANT	2	14	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	14	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	14	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	14	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	14	
No Disruption	NITROFURANTOIN MONOHYDRATE	ANTI-INFECTIVE	13	13	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	13	13	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	13	13	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	13	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	13	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	13	13	
No Disruption	BAQSIMI TWO PACK	DIABETES	13	13	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	13	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	13	13	
No Disruption	PROMETHAZINE DM	ALLERGY	13	13	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	13	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	12	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	12	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	13	
No Disruption	NYSTATIN	DERMATOLOGICS	12	13	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	13	
No Disruption	SSD	DERMATOLOGICS	11	13	
No Disruption	MELOXICAM	PAIN	11	13	
No Disruption	AZELASTINE HCL	OPHTHALMIC	11	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	11	13	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	11	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	11	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	13	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	10	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	10	13	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	13	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	9	13	
No Disruption	NYSTATIN	DERMATOLOGICS	9	13	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	NABUMETONE	PAIN	8	13	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	13	
No Disruption	LEUCOVORIN CALCIUM	CANCER	8	13	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	8	13	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	13	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	7	13	
No Disruption	MODAFINIL	SLEEP DISORDERS	7	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	13	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	13	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	7	13	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	7	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	7	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	13	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	7	13	
No Disruption	TESTOSTERONE	ANDROGENS	7	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	13	
No Disruption	OMEPRAZOLE	PPIs	6	13	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	6	13	
No Disruption	SUMATRIPTAN	MIGRAINE	6	13	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	6	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	13	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	13	
No Disruption	PAROXETINE HCL	DEPRESSION	6	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	13	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	5	13	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	GLIPIZIDE ER	DIABETES	5	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	13	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	13	
No Disruption	TAMOXIFEN CITRATE	CANCER	5	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	13	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	4	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	4	13	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	4	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	4	13	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	13	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	13	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	13	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	13	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	13	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	4	13	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	4	13	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	13	
No Disruption	ROPINIROLE HCL	PARKINSON	4	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	13	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	4	13	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	OMEPRAZOLE	PPIs	3	13	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	13	
No Disruption	BALZIVA	ESTROGENS & PROGESTINS	3	13	
No Disruption	MIRTAZAPINE	DEPRESSION	3	13	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	13	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	LUMIGAN	OPHTHALMIC	3	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	13	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	VERAPAMIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	13	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	13	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	13	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	13	
No Disruption	MORPHINE SULFATE ER	PAIN	2	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	13	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	2	13	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	13	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	13	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	13	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	13	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	PAIN	2	13	
No Disruption	HUMULIN R U-500 (CONCENTRATED)	DIABETES	2	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	13	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	1	13	
No Disruption	AVONEX PEN	MULTIPLE SCLEROSIS	1	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	13	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	13	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	13	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	13	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	12	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	12	12	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	12	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	12	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	12	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	12	
No Disruption	SERTRALINE HCL	DEPRESSION	11	12	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	11	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	11	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	11	12	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	11	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	12	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	11	12	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	12	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	10	12	
No Disruption	NYSTATIN	DERMATOLOGICS	10	12	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	10	12	
No Disruption	BAQSIMI ONE PACK	DIABETES	10	12	
No Disruption	ATOMOXETINE	ADHD	10	12	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	10	12	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	12	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	12	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	12	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	10	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	12	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	SSD	DERMATOLOGICS	10	12	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	12	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	9	12	
No Disruption	MODAFINIL	SLEEP DISORDERS	9	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	9	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	12	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	12	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	8	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	8	12	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	12	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	12	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	8	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	7	12	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	7	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	7	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	7	12	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	7	12	
No Disruption	OMEPRAZOLE	PPIs	6	12	
No Disruption	ACCU-CHEK FASTCLIX LANCETS	DIABETES	6	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	12	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	6	12	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	12	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	12	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	6	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	12	
No Disruption	PIOGLITAZONE HCL	DIABETES	6	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	12	
No Disruption	CAPECITABINE	CANCER	6	12	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	12	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	12	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	5	12	
No Disruption	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	OTHER NON-CATEGORIZED	5	12	
No Disruption	NOVOFINE PEN NEEDLE 32G X 6MM	DIABETES	5	12	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	SULINDAC	PAIN	5	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	BLISOVI 24 FE	ESTROGENS & PROGESTINS	5	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	12	
No Disruption	DAPSONE	ANTI-INFECTIVE	5	12	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	12	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	12	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	12	
No Disruption	ROPINIROLE HCL	PARKINSON	5	12	
No Disruption	ETODOLAC	PAIN	5	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	12	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	12	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	12	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	12	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	12	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	4	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	12	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	12	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	3	12	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	3	12	
No Disruption	ZONISAMIDE	ANTICONVULSANT	3	12	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	12	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	3	12	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	ANASTROZOLE	CANCER	3	12	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	PAIN	3	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	12	
No Disruption	SYNJARDY	DIABETES	3	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	12	
No Disruption	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	DIABETES	2	12	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	PHOSPHA 250 NEUTRAL	VITAMINS & SUPPLEMENTS	2	12	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	12	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	2	12	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	12	
No Disruption	EMGALITY	MIGRAINE	2	12	
No Disruption	HYDROXYUREA	CANCER	2	12	
No Disruption	GLYXAMBI	DIABETES	2	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	12	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	12	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	12	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	DIABETES	2	12	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	12	
No Disruption	PREGABALIN	ANTICONVULSANT	2	12	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	12	
No Disruption	PAROXETINE HCL	DEPRESSION	1	12	
No Disruption	BRIVIACT	ANTICONVULSANT	1	12	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	12	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	12	
No Disruption	LEVONEST	ESTROGENS & PROGESTINS	1	12	
No Disruption	TRIUMEQ	HIV	1	12	
No Disruption	IMBRUVICA	CANCER	1	12	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	12	
No Disruption	REVLIMID	CANCER	1	12	
No Disruption	NUBEQA	CANCER	1	12	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	12	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	1	12	
No Disruption	PAXLOVID	ANTI-INFECTIVE	11	11	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	11	11	
No Disruption	TACROLIMUS	DERMATOLOGICS	11	11	
No Disruption	XOFLUZA	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	LAGEVRIO	ANTI-INFECTIVE	11	11	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	11	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	11	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	11	
No Disruption	NYSTOP	DERMATOLOGICS	10	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	10	11	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	10	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	11	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	11	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	10	11	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	11	
No Disruption	TRETINOIN	DERMATOLOGICS	10	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	9	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	11	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	9	11	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	9	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	9	11	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	11	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	11	
No Disruption	LIDOCAINE	DERMATOLOGICS	8	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	8	11	
No Disruption	CELECOXIB	PAIN	8	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	11	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	8	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	11	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	8	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	11	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	7	11	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	7	11	
No Disruption	MIRTAZAPINE	DEPRESSION	7	11	
No Disruption	DENTAGEL	OTHER NON-CATEGORIZED	7	11	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	7	11	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	7	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	11	
No Disruption	MELOXICAM	PAIN	7	11	
No Disruption	LINEZOLID	ANTI-INFECTIVE	7	11	
No Disruption	CELECOXIB	PAIN	7	11	
No Disruption	IBUPROFEN	PAIN	7	11	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	7	11	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	11	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	7	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	11	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	7	11	
No Disruption	SSD	DERMATOLOGICS	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	6	11	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	11	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	6	11	
No Disruption	MODAFINIL	SLEEP DISORDERS	6	11	
No Disruption	NIKKI	ESTROGENS & PROGESTINS	6	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	6	11	
No Disruption	ANASTROZOLE	CANCER	6	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	6	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	11	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	6	11	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	6	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	11	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	6	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	11	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	11	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	6	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	6	11	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	5	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	11	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	5	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	11	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	5	11	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	11	
No Disruption	MORPHINE SULFATE	PAIN	5	11	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	11	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	11	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	11	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	5	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	5	11	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	5	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	11	
No Disruption	DOXAZOSIN	ANTIHYPERTENSIVE	4	11	
No Disruption	MIRTAZAPINE	DEPRESSION	4	11	
No Disruption	EASY TOUCH PEN NEEDLES/31G X 3/16"	DIABETES	4	11	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	4	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	11	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	11	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	11	
No Disruption	VENLAFAXINE HCL	DEPRESSION	4	11	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	4	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	11	
No Disruption	TAMOXIFEN CITRATE	CANCER	4	11	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	11	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	11	
No Disruption	PREGABALIN	ANTICONVULSANT	3	11	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	3	11	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	11	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	3	11	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	11	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	11	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	11	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	11	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	3	11	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	3	11	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	11	
No Disruption	ODACTRA	OTHER NON-CATEGORIZED	3	11	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	11	
No Disruption	ALPRAZOLAM	ANXIETY	2	11	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	11	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	11	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	11	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	11	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	11	
No Disruption	ULTICARE SHORT PEN NEEDLES/31G X 8MM	DIABETES	2	11	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	11	
No Disruption	SEREVENT DISKUS	ASTHMA/COPD	2	11	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	11	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	11	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	11	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	11	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	11	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	11	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	11	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	11	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	11	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	11	
No Disruption	OCELLA	ESTROGENS & PROGESTINS	1	11	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	11	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	11	
No Disruption	DIAZEPAM	ANXIETY	1	11	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	11	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	11	
No Disruption	LYBALVI	ANTIPSYCHOTIC	1	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	11	
No Disruption	JAKAFI	CANCER	1	11	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	11	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	11	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	11	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	11	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	11	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	11	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	11	
No Disruption	SERTRALINE HCL	DEPRESSION	1	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	10	
No Disruption	NAPROXEN	PAIN	10	10	
No Disruption	MUPIROCIN	DERMATOLOGICS	10	10	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	10	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	10	10	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	10	10	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	10	10	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	10	10	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	10	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	10	
No Disruption	GAVILYTE-N/FLAVOR PACK	OTHER NON-CATEGORIZED	10	10	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	10	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	9	10	
No Disruption	OFLOXACIN	OPHTHALMIC	9	10	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	9	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	9	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	10	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	10	
No Disruption	INDOMETHACIN	PAIN	9	10	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	9	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	8	10	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	10	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	10	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	8	10	
No Disruption	IMIQUIMOD	DERMATOLOGICS	8	10	
No Disruption	IBUPROFEN	PAIN	8	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	10	
No Disruption	PREGABALIN	ANTICONVULSANT	7	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	10	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	7	10	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	10	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	10	
No Disruption	CELECOXIB	PAIN	7	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	7	10	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	7	10	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	10	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	10	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	7	10	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	7	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	7	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	10	
No Disruption	OMEPRAZOLE DR	PPIs	6	10	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	6	10	
No Disruption	MIRTAZAPINE	DEPRESSION	6	10	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	ASPIRIN	PAIN	6	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	6	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	6	10	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	10	
No Disruption	CELECOXIB	PAIN	6	10	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	6	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	6	10	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	6	10	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	DIABETES	6	10	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	6	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	5	10	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	5	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	10	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	5	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	10	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	5	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	10	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	10	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	RAGWITEK	OTHER NON-CATEGORIZED	5	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	10	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	10	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	10	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NAPROXEN	PAIN	4	10	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	10	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	10	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	10	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	4	10	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	GLYBURIDE	DIABETES	4	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	10	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	4	10	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	10	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	3	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	10	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	3	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	10	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	10	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	10	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	10	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	3	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	10	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	10	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	10	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	GLIPIZIDE	DIABETES	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	HUMULIN R U-500 KWIKPEN	DIABETES	3	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	10	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	10	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	CALCITONIN-SALMON	BONE DENSITY	3	10	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	2	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	10	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	10	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	10	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	ACEBUTOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	FELBAMATE	ANTICONVULSANT	2	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	10	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	10	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	10	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	10	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	VENCLEXTA	CANCER	2	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	10	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	10	
No Disruption	NARATRIPTAN HCL	MIGRAINE	2	10	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	10	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	10	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	10	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	10	
No Disruption	LORAZEPAM	ANXIETY	1	10	
No Disruption	CELECOXIB	PAIN	1	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	10	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	10	
No Disruption	HEMLIBRA	HEMOPHILIA	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	10	
No Disruption	AUVI-Q	ALLERGY	9	9	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	9	9	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	9	9	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	9	9	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	9	9	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	9	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	9	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	9	9	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	9	9	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	9	9	
No Disruption	XOFLUZA	ANTI-INFECTIVE	9	9	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	9	9	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	9	9	
No Disruption	FLUOROURACIL	DERMATOLOGICS	9	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	9	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	9	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	8	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	8	9	
No Disruption	M-M-R II	VACCINES	8	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	9	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	8	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	8	9	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	8	9	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	8	9	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	9	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	9	
No Disruption	AUVI-Q	ALLERGY	7	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	7	9	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	7	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	9	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	7	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	9	
No Disruption	DESONIDE	DERMATOLOGICS	7	9	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	7	9	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	9	
No Disruption	CELECOXIB	PAIN	7	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	7	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	9	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	6	9	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	6	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	9	
No Disruption	ORILISSA	ENDOCRINE	6	9	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	6	9	
No Disruption	LORAZEPAM	ANXIETY	6	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	9	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	9	
No Disruption	PREGABALIN	ANTICONVULSANT	5	9	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	9	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	5	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	9	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	9	
No Disruption	IBUPROFEN	PAIN	5	9	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	5	9	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	5	9	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	5	9	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	5	9	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	9	
No Disruption	SULINDAC	PAIN	5	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	4	9	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	4	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	4	9	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	4	9	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	9	
No Disruption	LORAZEPAM	ANXIETY	4	9	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	9	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	9	
No Disruption	CAPECITABINE	CANCER	4	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	9	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	9	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	9	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	9	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	4	9	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	4	9	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	9	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	3	9	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	9	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	3	9	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	3	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	9	
No Disruption	AMANTADINE HCL	PARKINSON	3	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	9	
No Disruption	DASETTA 7/7/7	ESTROGENS & PROGESTINS	3	9	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	9	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LORAZEPAM	ANXIETY	3	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LEVORA 0.15/30-28	ESTROGENS & PROGESTINS	3	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	9	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	IMIPRAMINE HCL	DEPRESSION	3	9	
No Disruption	NABUMETONE	PAIN	3	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	GLIPIZIDE ER	DIABETES	3	9	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	GLYBURIDE	DIABETES	3	9	
No Disruption	GLIPIZIDE	DIABETES	3	9	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	3	9	
No Disruption	ROPINIROLE HCL	PARKINSON	3	9	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	9	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	9	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	9	
No Disruption	FENTANYL	PAIN	2	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	9	
No Disruption	PAROXETINE HCL	DEPRESSION	2	9	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	9	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	9	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	2	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	MULTAQ	ANTIARRHYTHMICS	2	9	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	9	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	9	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	9	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	9	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	9	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	9	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	9	
No Disruption	FETZIMA	DEPRESSION	2	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	9	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	9	
No Disruption	ALPRAZOLAM	ANXIETY	1	9	
No Disruption	DOXEPIN HCL	DEPRESSION	1	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	9	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	9	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	9	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	9	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	9	
No Disruption	TRIJARDY XR	DIABETES	1	9	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	9	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	9	
No Disruption	GNP ULTICARE PEN NEEDLES 31G X 5MM	DIABETES	1	9	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	9	
No Disruption	SYNJARDY	DIABETES	1	9	
No Disruption	BACITRACIN/POLYMYXIN B	OPHTHALMIC	8	8	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	8	8	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	OMEPRAZOLE	PPIs	8	8	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	8	8	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	8	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	8	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	8	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	8	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	8	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	8	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	8	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	8	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	FLUOROURACIL	DERMATOLOGICS	8	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	8	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	8	8	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	7	8	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	7	8	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	7	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	8	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	BENZONATATE	ALLERGY	7	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	8	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	7	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	8	
No Disruption	HYDROCORTISONE/ACETIC ACID	OTHER NON-CATEGORIZED	7	8	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	6	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	6	8	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	6	8	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	6	8	
No Disruption	ASPIRIN LOW DOSE	PAIN	6	8	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	8	
No Disruption	IBUPROFEN	PAIN	6	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	8	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	6	8	
No Disruption	URSODIOL	GASTROINTESTINAL	6	8	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	6	8	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	6	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	8	
No Disruption	SERTRALINE HCL	DEPRESSION	6	8	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	8	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	5	8	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	NABUMETONE	PAIN	5	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	8	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	5	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	8	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	5	8	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	5	8	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	5	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	8	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	5	8	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	8	
No Disruption	ZENPEP	CYSTIC FIBROSIS	5	8	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	5	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	ZENATANE	DERMATOLOGICS	5	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	4	8	
No Disruption	NAPROXEN	PAIN	4	8	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	8	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	8	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	4	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	8	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	8	
No Disruption	LUTERA	ESTROGENS & PROGESTINS	4	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	8	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	4	8	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	8	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	4	8	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	4	8	
No Disruption	IBUPROFEN	PAIN	4	8	
No Disruption	GLIPIZIDE ER	DIABETES	4	8	
No Disruption	GLIPIZIDE	DIABETES	4	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	ROPINIROLE HCL	PARKINSON	4	8	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	ERRIN	ESTROGENS & PROGESTINS	3	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	8	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	3	8	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	3	8	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	NEXLETOL	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	3	8	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	8	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	3	8	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	3	8	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	GLIPIZIDE ER	DIABETES	3	8	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	ROPINIROLE HCL	PARKINSON	3	8	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	FENTANYL	PAIN	3	8	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	PREGABALIN	ANTICONVULSANT	3	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	PAROXETINE HCL	DEPRESSION	2	8	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	8	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	8	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	8	
No Disruption	ATOMOXETINE	ADHD	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	2	8	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	8	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	8	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	8	
No Disruption	KESIMPTA	MULTIPLE SCLEROSIS	2	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	8	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	8	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	2	8	
No Disruption	GLIPIZIDE ER	DIABETES	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	FENTANYL	PAIN	2	8	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	8	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	8	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	8	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	8	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	8	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	OMEPRAZOLE	PPIs	1	8	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	8	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	8	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	8	
No Disruption	MARLISSA	ESTROGENS & PROGESTINS	1	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	8	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	8	
No Disruption	HUMULIN 70/30	DIABETES	1	8	
No Disruption	EVEROLIMUS	CANCER	1	8	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	8	
No Disruption	FYCOMPA	ANTICONVULSANT	1	8	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	8	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	7	7	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	7	7	
No Disruption	ACETIC ACID	OTHER NON-CATEGORIZED	7	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	7	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	7	7	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	7	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	7	7	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	7	7	
No Disruption	IBUPROFEN	PAIN	7	7	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	7	
No Disruption	BUPRENORPHINE HCL	PAIN	7	7	
No Disruption	TACROLIMUS	DERMATOLOGICS	7	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	BENZONATATE	ALLERGY	7	7	
No Disruption	PERMETHRIN	DERMATOLOGICS	6	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	7	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	6	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	6	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	6	7	
No Disruption	ATOMOXETINE	ADHD	6	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	7	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	7	
No Disruption	METHIMAZOLE	THYROID AGENTS	6	7	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	6	7	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	6	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	7	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	6	7	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	7	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	6	7	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	6	7	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	6	7	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	6	7	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	7	
No Disruption	XARELTO	ANTICOAGULANT	6	7	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	6	7	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	6	7	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	5	7	
No Disruption	SETLAKIN	ESTROGENS & PROGESTINS	5	7	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	5	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	OMEPRAZOLE	PPIs	5	7	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	7	
No Disruption	BD 3ML SYRINGE LUER-LOK 23GX1"	OTHER NON-CATEGORIZED	5	7	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	5	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	5	7	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	7	
No Disruption	IBU	PAIN	5	7	
No Disruption	GLIPIZIDE ER	DIABETES	5	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	7	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	7	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	5	7	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	REYVOW	MIGRAINE	5	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	5	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	7	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	4	7	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	7	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	4	7	
No Disruption	NYSTATIN	DERMATOLOGICS	4	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	7	
No Disruption	ATOMOXETINE	ADHD	4	7	
No Disruption	ASPIRIN	PAIN	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CREON	CYSTIC FIBROSIS	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	7	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	LIDOCAINE	DERMATOLOGICS	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	4	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	4	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	7	
No Disruption	GLIPIZIDE/METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	7	
No Disruption	ALYACEN 1/35	ESTROGENS & PROGESTINS	4	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	4	7	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	7	
No Disruption	ESTRING	ESTROGENS & PROGESTINS	4	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	7	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	7	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	3	7	
No Disruption	NYLIA 1/35	ESTROGENS & PROGESTINS	3	7	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ATOMOXETINE	ADHD	3	7	
No Disruption	DEBLITANE	ESTROGENS & PROGESTINS	3	7	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	7	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	3	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	3	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	7	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	7	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	7	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	7	
No Disruption	GLIMEPIRIDE	DIABETES	3	7	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	7	
No Disruption	HUMULIN R	DIABETES	3	7	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	7	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	3	7	
No Disruption	TESTOSTERONE	ANDROGENS	3	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	SKYRIZI	AUTOIMMUNE	3	7	
No Disruption	ALPRAZOLAM	ANXIETY	3	7	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	3	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	PREGABALIN	ANTICONVULSANT	3	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	7	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	7	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	OFEV	LUNG DISORDERS	2	7	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	2	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	7	
No Disruption	DEXTROAMPHETAMINE SULFATE ER	ADHD	2	7	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	7	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	7	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	7	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	7	
No Disruption	BUSPIRONE HCL	ANXIETY	2	7	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	2	7	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	2	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	7	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	2	7	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	7	
No Disruption	GLIPIZIDE ER	DIABETES	2	7	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	7	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	7	
No Disruption	ALPRAZOLAM	ANXIETY	2	7	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	7	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	ROPINIROLE HCL	PARKINSON	2	7	
No Disruption	RECLIPSEN	ESTROGENS & PROGESTINS	2	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	7	
No Disruption	EMSAM	DEPRESSION	1	7	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	7	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	7	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	7	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	7	
No Disruption	MORPHINE SULFATE ER	PAIN	1	7	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	7	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	7	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	7	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	1	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	7	
No Disruption	ANAGRELIDE HYDROCHLORIDE	ANTICOAGULANT	1	7	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	7	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	7	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	7	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	7	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	7	
No Disruption	VENCLEXTA	CANCER	1	7	
No Disruption	ACITRETIN	AUTOIMMUNE	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	RILUZOLE	OTHER NON-CATEGORIZED	1	7	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	7	
No Disruption	ETODOLAC	PAIN	1	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	7	
No Disruption	PREDNISONE	CORTICOSTEROIDS	6	6	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	6	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	6	6	
No Disruption	ELIQUIS STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	6	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	DIAZEPAM	ANXIETY	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	6	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	6	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	6	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	CEFDINIR	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	XARELTO STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	6	6	
No Disruption	GALLIFREY	ESTROGENS & PROGESTINS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	6	6	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	6	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	6	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	6	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	5	6	
No Disruption	ACYCLOVIR	DERMATOLOGICS	5	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	5	6	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	ATOMOXETINE	ADHD	5	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	5	6	
No Disruption	MESALAMINE	GASTROINTESTINAL	5	6	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	6	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	5	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	6	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	6	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	5	6	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	5	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	6	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	5	6	
No Disruption	BAQSIMI ONE PACK	DIABETES	5	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	5	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	6	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	4	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	6	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	6	
No Disruption	NYSTOP	DERMATOLOGICS	4	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	4	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	6	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	4	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	6	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	4	6	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	4	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	6	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	4	6	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	ATOMOXETINE	ADHD	4	6	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	4	6	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	GLYBURIDE	DIABETES	4	6	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	6	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	6	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	DIABETES	4	6	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	6	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	6	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	6	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	OTHER NON-CATEGORIZED	4	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	3	6	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	DICLOFENAC SODIUM DR	PAIN	3	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	6	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	6	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	6	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	6	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	6	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	6	
No Disruption	OMEPRAZOLE	PPIs	3	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	NICOTINE MINI LOZENGE	OTHER NON-CATEGORIZED	3	6	
No Disruption	NAPROXEN	PAIN	3	6	
No Disruption	ZOVIA 1/35	ESTROGENS & PROGESTINS	3	6	
No Disruption	NABUMETONE	PAIN	3	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	3	6	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	BUPRENORPHINE HCL	PAIN	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	ANASTROZOLE	CANCER	3	6	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	3	6	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	6	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	6	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	3	6	
No Disruption	GLIMEPIRIDE	DIABETES	3	6	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	6	
No Disruption	GLIPIZIDE	DIABETES	3	6	
No Disruption	TRETINOIN	DERMATOLOGICS	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	6	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	3	6	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	SULINDAC	PAIN	3	6	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	3	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	6	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	RELION PEN NEEDLES 31G X 6MM	DIABETES	3	6	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	2	6	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	6	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	6	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	6	
No Disruption	OXERVATE	OPHTHALMIC	2	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	DOXEPIN HCL	DEPRESSION	2	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	6	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	6	
No Disruption	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	OTHER NON-CATEGORIZED	2	6	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	6	
No Disruption	SUMATRIPTAN	MIGRAINE	2	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	6	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	6	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	2	6	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	2	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	6	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOBAZAM	ANTICONVULSANT	2	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	6	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	6	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	6	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	6	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	2	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	6	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	6	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	6	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	TEMOZOLOMIDE	CANCER	2	6	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	6	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	HUMULIN 70/30 KWIKPEN	DIABETES	2	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	2	6	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	REVLIMID	CANCER	2	6	
No Disruption	EXEMESTANE	CANCER	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	6	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	6	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	2	6	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	6	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	6	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	6	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	6	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	6	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	6	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	6	
No Disruption	CELECOXIB	PAIN	1	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	6	
No Disruption	CALQUENCE	CANCER	1	6	
No Disruption	CABOMETYX	CANCER	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	6	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	6	
No Disruption	BUSPIRONE HCL	ANXIETY	1	6	
No Disruption	TRIMETHOPRIM	ANTI-INFECTIVE	1	6	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	OTHER NON-CATEGORIZED	1	6	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	6	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	6	
No Disruption	FENTANYL	PAIN	1	6	
No Disruption	SELEGILINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	6	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	6	
No Disruption	PREGABALIN	ANTICONVULSANT	5	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	5	5	
No Disruption	AUVI-Q	ALLERGY	5	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	5	5	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	5	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	OFLOXACIN	OPHTHALMIC	5	5	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	ASPIRIN ADULT LOW STRENGTH	PAIN	5	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	5	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	5	5	
No Disruption	MELOXICAM	PAIN	5	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	5	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	5	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	5	5	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	5	5	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	5	5	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	5	5	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	5	5	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	5	5	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	5	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	5	5	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALTOCO 15 MG DOSE	ANTICONVULSANT	5	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	5	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	5	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	5	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	PROMETHEGAN	ALLERGY	5	5	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	4	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	5	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	5	
No Disruption	AZELASTINE HCL	OPHTHALMIC	4	5	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	4	5	
No Disruption	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	DIABETES	4	5	
No Disruption	OMEPRAZOLE	PPIs	4	5	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	4	5	
No Disruption	NYSTATIN	DERMATOLOGICS	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	NYAMYC	DERMATOLOGICS	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	DIAZEPAM	ANXIETY	4	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	4	5	
No Disruption	ATOMOXETINE	ADHD	4	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	4	5	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	5	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	5	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	5	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	4	5	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	5	
No Disruption	URSODIOL	GASTROINTESTINAL	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	5	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ALPRAZOLAM	ANXIETY	4	5	
No Disruption	SERTRALINE HCL	DEPRESSION	4	5	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	5	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	3	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	5	
No Disruption	PREGABALIN	ANTICONVULSANT	3	5	
No Disruption	PERMETHRIN	DERMATOLOGICS	3	5	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	3	5	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	5	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	5	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	3	5	
No Disruption	ATOMOXETINE	ADHD	3	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	3	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	5	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	5	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	3	5	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	3	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	3	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	5	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	3	5	
No Disruption	IBUPROFEN	PAIN	3	5	
No Disruption	IBU	PAIN	3	5	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	5	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	3	5	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TRIFLURIDINE	OPHTHALMIC	3	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	5	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	3	5	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	5	
No Disruption	SYNJARDY XR	DIABETES	3	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	5	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	5	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	5	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	DIABETES	3	5	
No Disruption	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	DIABETES	3	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	PREGABALIN	ANTICONVULSANT	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	5	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	5	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	2	5	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	5	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	NAPROXEN	PAIN	2	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	5	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	5	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	5	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	5	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	5	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	2	5	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	5	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	5	
No Disruption	LORAZEPAM	ANXIETY	2	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	5	
No Disruption	LEUCOVORIN CALCIUM	CANCER	2	5	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	5	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	5	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	5	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	2	5	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	5	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	5	
No Disruption	GLYBURIDE	DIABETES	2	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	5	
No Disruption	GNP ULTICARE PEN NEEDLES /31GX5/16"	DIABETES	2	5	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	VALPROIC ACID	ANTICONVULSANT	2	5	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	5	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	5	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	5	
No Disruption	TEMOZOLOMIDE	CANCER	2	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	5	
No Disruption	ALPRAZOLAM ER	ANXIETY	2	5	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	SERTRALINE HCL	DEPRESSION	2	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	5	
No Disruption	REVLIMID	CANCER	2	5	
No Disruption	RELION PEN NEEDLES 32G X 4MM	DIABETES	2	5	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	2	5	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	5	
No Disruption	AVONEX	MULTIPLE SCLEROSIS	1	5	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	5	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	5	
No Disruption	OZEMPIC	DIABETES	1	5	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	5	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	5	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	5	
No Disruption	OMEPRAZOLE	PPIs	1	5	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DESIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	5	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	1	5	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOXYL	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	5	
No Disruption	CELECOXIB	PAIN	1	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	5	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	1	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	5	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	AMNESTEEM	DERMATOLOGICS	1	5	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	ZUMANDIMINE	ESTROGENS & PROGESTINS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	XYOSTED	ANDROGENS	1	5	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	5	
No Disruption	GLYXAMBI	DIABETES	1	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	GLYBURIDE	DIABETES	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	5	
No Disruption	BUSPIRONE HCL	ANXIETY	1	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	5	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	5	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	5	
No Disruption	TERIPARATIDE	BONE DENSITY	1	5	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	1	5	
No Disruption	TEGRETOL-XR	ANTICONVULSANT	1	5	
No Disruption	AMETHYST	ESTROGENS & PROGESTINS	1	5	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	5	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	5	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	ROCKLATAN	OPHTHALMIC	1	5	
No Disruption	RIVASTIGMINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	5	
No Disruption	EXEMESTANE	CANCER	1	5	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	DIABETES	1	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	5	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	5	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	4	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	4	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	4	4	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OFLOXACIN	OPHTHALMIC	4	4	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	4	4	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	4	
No Disruption	CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX4MM	DIABETES	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	CELECOXIB	PAIN	4	4	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	IBUPROFEN	PAIN	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	4	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	4	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	4	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	4	
No Disruption	ZALEPLON	SLEEP DISORDERS	4	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	VORTEX VALVED HOLDING CHAMBER	OTHER NON-CATEGORIZED	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	4	4	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	4	4	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	4	4	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	4	4	
No Disruption	BUDESONIDE	ASTHMA/COPD	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	SODIUM FLUORIDE 5000 PPM DRY MOUTH	OTHER NON-CATEGORIZED	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	4	4	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	4	4	
No Disruption	SANTYL	DERMATOLOGICS	4	4	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	DIABETES	4	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	OTHER NON-CATEGORIZED	4	4	
No Disruption	HYDROMORPHONE HCL	PAIN	4	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	4	4	
No Disruption	ENULOSE	GASTROINTESTINAL	3	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	3	4	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ATROVENT HFA	ASTHMA/COPD	3	4	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	4	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	3	4	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	3	4	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	4	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	4	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	NAPROXEN SODIUM	PAIN	3	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	ATOMOXETINE	ADHD	3	4	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	3	4	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	METHIMAZOLE	THYROID AGENTS	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	APREPITANT	NAUSEA & VOMITING	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	3	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	4	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	4	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	4	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	3	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	4	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	4	
No Disruption	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	3	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	BUSPIRONE HCL	ANXIETY	3	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HCL	DEPRESSION	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	URSODIOL	GASTROINTESTINAL	3	4	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	3	4	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	3	4	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	4	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	4	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	4	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	3	4	
No Disruption	FETZIMA	DEPRESSION	3	4	
No Disruption	ALPRAZOLAM	ANXIETY	3	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	4	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	4	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	3	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX5/8"	OTHER NON-CATEGORIZED	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	4	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	4	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX5MM	DIABETES	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	OMEPRAZOLE	PPIs	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	4	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	2	4	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NUEDEXTA	OTHER NON-CATEGORIZED	2	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	2	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	4	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	4	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	ASPIRIN/DIPYRIDAMOLE	ANTICOAGULANT	2	4	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	4	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	4	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	2	4	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	4	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	CELECOXIB	PAIN	2	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	4	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	4	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	ZENPEP	CYSTIC FIBROSIS	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	GRASTEK	OTHER NON-CATEGORIZED	2	4	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	4	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	DIABETES	2	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TRETINOIN	DERMATOLOGICS	2	4	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	2	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	4	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	2	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	4	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	4	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	FENTANYL	PAIN	2	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	4	
No Disruption	RINVOQ	AUTOIMMUNE	2	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	4	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	4	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	4	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	4	
No Disruption	PIMTREA	ESTROGENS & PROGESTINS	1	4	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	4	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	DOXEPIN HCL	DEPRESSION	1	4	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	ALPRAZOLAM ER	ANXIETY	1	4	
No Disruption	NYLIA 7/7/7	ESTROGENS & PROGESTINS	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	ATOMOXETINE	ADHD	1	4	
No Disruption	MORPHINE SULFATE	PAIN	1	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	4	
No Disruption	MICROGESTIN FE 1/20	ESTROGENS & PROGESTINS	1	4	
No Disruption	DAYSEE	ESTROGENS & PROGESTINS	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	4	
No Disruption	COMPLERA	HIV	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	4	
No Disruption	LOXAPINE SUCCINATE	ANTIPSYCHOTIC	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	1	4	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	4	
No Disruption	LEVOXYL	THYROID AGENTS	1	4	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	4	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	CHLORPROMAZINE HCL	ANTIPSYCHOTIC	1	4	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	1	4	
No Disruption	CHLORDIAZEPOXIDE HCL	ANXIETY	1	4	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LACTULOSE	GASTROINTESTINAL	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	KRAZATI	CANCER	1	4	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	4	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	4	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	4	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	CABOMETYX	CANCER	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	WES-PHOS 250 NEUTRAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	VOQUEZNA	PPIs	1	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GLYBURIDE	DIABETES	1	4	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	URSODIOL	GASTROINTESTINAL	1	4	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	4	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	4	
No Disruption	TRIJARDY XR	DIABETES	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	4	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	4	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	4	
No Disruption	TEMOZOLOMIDE	CANCER	1	4	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SYNJARDY	DIABETES	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	DIABETES	1	4	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	BETAXOLOL HCL	ANTIHYPERTENSIVE	1	4	
No Disruption	BETASERON	MULTIPLE SCLEROSIS	1	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	FENTANYL	PAIN	1	4	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	1	4	
No Disruption	EVEROLIMUS	CANCER	1	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	4	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	4	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	4	
No Disruption	PRENATAL-U	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PREGABALIN	ANTICONVULSANT	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	3	3	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	3	3	
No Disruption	EQ NICOTINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	3	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	3	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	3	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	3	
No Disruption	OTEZLA	AUTOIMMUNE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	3	3	
No Disruption	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION	DIABETES	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	ANTI-INFECTIVE	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICLOFENAC POTASSIUM	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	3	3	
No Disruption	ATOMOXETINE	ADHD	3	3	
No Disruption	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	3	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	MELOXICAM	PAIN	3	3	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	3	
No Disruption	ANASTROZOLE	CANCER	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	3	3	
No Disruption	LINEZOLID	ANTI-INFECTIVE	3	3	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	3	3	
No Disruption	CELECOXIB	PAIN	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	3	3	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	3	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	3	
No Disruption	IBU	PAIN	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	HYDROXYZINE HCL	ANXIETY	3	3	
No Disruption	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	ALLERGY	3	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	3	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRETINOIN	DERMATOLOGICS	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	3	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	3	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	3	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	BRIMONIDINE TARTRATE	DERMATOLOGICS	3	3	
No Disruption	SURE COMFORT PEN NEEDLES 32GX5/32"	DIABETES	3	3	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	3	
No Disruption	SULFATRIM PEDIATRIC	ANTI-INFECTIVE	3	3	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	3	3	
No Disruption	SSD	DERMATOLOGICS	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	3	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	SERTRALINE HCL	DEPRESSION	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	BENZONATATE	ALLERGY	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	RELENZA DISKHALER	ANTI-INFECTIVE	3	3	
No Disruption	ETODOLAC	PAIN	3	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	BD INTEGRA SYRINGE/3ML/25G X 5/8	OTHER NON-CATEGORIZED	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	3	3	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	3	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	3	
No Disruption	ENGERIX-B	VACCINES	2	3	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	ALBENDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	3	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	OXAPROZIN	PAIN	2	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	3	
No Disruption	NYSTATIN	DERMATOLOGICS	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	2	3	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 3	OTHER NON-CATEGORIZED	2	3	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	3	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	DICLOFENAC SODIUM	DERMATOLOGICS	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	NAPROXEN	PAIN	2	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	2	3	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	2	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	2	3	
No Disruption	ASPIRIN LOW DOSE	PAIN	2	3	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	2	3	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	3	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	3	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	3	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	2	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	3	
No Disruption	CIPRO	ANTI-INFECTIVE	2	3	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	3	
No Disruption	CELECOXIB	PAIN	2	3	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	3	
No Disruption	LEVALBUTEROL HYDROCHLORIDE	ASTHMA/COPD	2	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ISONIAZID	ANTI-INFECTIVE	2	3	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	2	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	INDOMETHACIN ER	PAIN	2	3	
No Disruption	INDOMETHACIN	PAIN	2	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	3	
No Disruption	ZALEPLON	SLEEP DISORDERS	2	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	3	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	3	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	2	3	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	2	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	URSODIOL	GASTROINTESTINAL	2	3	
No Disruption	ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"	DIABETES	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	BUPRENORPHINE HCL	PAIN	2	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	3	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	3	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TAMOXIFEN CITRATE	CANCER	2	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	2	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	3	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	3	
No Disruption	ALPRAZOLAM	ANXIETY	2	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	3	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	3	
No Disruption	ROPINIROLE HCL	PARKINSON	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	3	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	2	3	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	3	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	2	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	3	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	3	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	3	
No Disruption	OXAZEPAM	ANXIETY	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXAPROZIN	PAIN	1	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	ORLADEYO	HEMATOLOGICAL	1	3	
No Disruption	DOXEPIN HCL	DEPRESSION	1	3	
No Disruption	OMEPRAZOLE DR	PPIs	1	3	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	3	
No Disruption	ACARBOSE	DIABETES	1	3	
No Disruption	ABIRATERONE ACETATE	CANCER	1	3	
No Disruption	NUEDEXTA	OTHER NON-CATEGORIZED	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	3	
No Disruption	NIVA THYROID	THYROID AGENTS	1	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	3	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MOUNJARO	DIABETES	1	3	
No Disruption	ATOMOXETINE	ADHD	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	3	
No Disruption	MOEXIPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	MIRTAZAPINE	DEPRESSION	1	3	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	1	3	
No Disruption	DANAZOL	ANDROGENS	1	3	
No Disruption	ASPIRIN	PAIN	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	3	
No Disruption	COMPRO	ANTIPSYCHOTIC	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	MERCAPTOPURINE	CANCER	1	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	3	
No Disruption	LORAZEPAM	ANXIETY	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	3	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	3	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	LETROZOLE	CANCER	1	3	
No Disruption	CELECOXIB	PAIN	1	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	3	
No Disruption	KLOR-CON 10	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	3	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	IMATINIB MESYLATE	CANCER	1	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	3	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	1	3	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	3	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	3	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	3	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZENATANE	DERMATOLOGICS	1	3	
No Disruption	HUMALOG MIX 75/25 KWIKPEN	DIABETES	1	3	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	1	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	3	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	3	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	3	
No Disruption	GLYXAMBI	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	GLIMEPIRIDE	DIABETES	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	3	
No Disruption	ULTICARE PEN NEEDLES 31G X 5MM/MINI	DIABETES	1	3	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	3	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	DIABETES	1	3	
No Disruption	TRIJARDY XR	DIABETES	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TRI-LEGEST FE	ESTROGENS & PROGESTINS	1	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TOBRAMYCIN	CYSTIC FIBROSIS	1	3	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	3	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	3	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	SURE COMFORT PEN NEEDLES 29GX1/2" 12.7MM	DIABETES	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	SUMATRIPTAN	MIGRAINE	1	3	
No Disruption	SULINDAC	PAIN	1	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	3	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	3	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	EXEMESTANE	CANCER	1	3	
No Disruption	REVLIMID	CANCER	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	DIABETES	1	3	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	3	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	3	
No Disruption	QUININE SULFATE	ANTI-INFECTIVE	1	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	3	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	BD INSULIN SYRINGE ULTRA FINE/1ML/30G X 1/2"	DIABETES	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	BD AUTOSHIELD DUO 30G X 5MM	DIABETES	1	3	
No Disruption	PROGRAF	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	3	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	3	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	BACITRACIN	OPHTHALMIC	2	2	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	EQ ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	ENGERIX-B	VACCINES	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	AKLIEF	DERMATOLOGICS	2	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	2	
No Disruption	ELIQUIS	ANTICOAGULANT	2	2	
No Disruption	AZELAIC ACID	DERMATOLOGICS	2	2	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	2	2	
No Disruption	PERMETHRIN	DERMATOLOGICS	2	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	EASY TOUCH PEN NEEDLES 32GX5/32"	DIABETES	2	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	2	
No Disruption	ACYCLOVIR	DERMATOLOGICS	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	2	2	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	DOXYCYCLINE	ANTI-INFECTIVE	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	2	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	2	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NYAMYC	DERMATOLOGICS	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	2	
No Disruption	NEOMYCIN/BACITRACIN/POLYMYXIN	OPHTHALMIC	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	2	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	2	2	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	2	2	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	2	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ASPIRIN 81	PAIN	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ASHLYNA	ESTROGENS & PROGESTINS	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	METHADONE HCL	PAIN	2	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	MESALAMINE	GASTROINTESTINAL	2	2	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	2	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	2	2	
No Disruption	MEFLOQUINE HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LORAZEPAM INTENSOL	ANXIETY	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	2	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	2	2	
No Disruption	CIPRO	ANTI-INFECTIVE	2	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LINEZOLID	ANTI-INFECTIVE	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	LETROZOLE	CANCER	2	2	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLAYESTA	DERMATOLOGICS	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	KELNOR 1/50	ESTROGENS & PROGESTINS	2	2	
No Disruption	IVERMECTIN	ANTI-INFECTIVE	2	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	2	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	IMIQUIMOD	DERMATOLOGICS	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	CAPECITABINE	CANCER	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN	PAIN	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	ZURZUVAE	OTHER NON-CATEGORIZED	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	2	2	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	2	
No Disruption	ZEGALOGUE	DIABETES	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	2	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLIPIZIDE ER	DIABETES	2	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	GLIMEPIRIDE	DIABETES	2	2	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	2	2	
No Disruption	UNIFINE PENTIPS 32GX4MM	DIABETES	2	2	
No Disruption	ULTICARE MINI PEN NEEDLES31GX6MM	DIABETES	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRI-LO-SPRINTEC	ESTROGENS & PROGESTINS	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	2	2	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	2	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	2	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SUNOSI	SLEEP DISORDERS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	2	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	SPS	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	BICALUTAMIDE	CANCER	2	2	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	2	
No Disruption	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	OTHER NON-CATEGORIZED	2	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FETZIMA TITRATION PACK	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FETZIMA	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ROPINIROLE HCL	PARKINSON	2	2	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	REPATHA PUSHTRONEX SYSTEM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROMETHEGAN	ALLERGY	2	2	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HCL	ALLERGY	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	2	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	2	
No Disruption	PHILITH	ESTROGENS & PROGESTINS	1	2	
No Disruption	PERIOGARD	OTHER NON-CATEGORIZED	1	2	
No Disruption	PENTIPS GENERIC PEN NEEDLES 32GX4MM	DIABETES	1	2	
No Disruption	EASY TOUCH PEN NEEDLES 31GX1/4"	DIABETES	1	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	2	
No Disruption	PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	AUBRA EQ	ESTROGENS & PROGESTINS	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	1	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOLISHALE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OCTREOTIDE ACETATE	ENDOCRINE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NOVOEIGHT	HEMOPHILIA	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX STARTER KIT	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MORPHINE SULFATE ER	PAIN	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	ATOMOXETINE	ADHD	1	2	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	DEPO-ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	DASATINIB	CANCER	1	2	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	2	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	2	
No Disruption	MERCAPTOPURINE	CANCER	1	2	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ARANELLE	ESTROGENS & PROGESTINS	1	2	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	MAVYRET	HEPATITIS C	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LITFULO	AUTOIMMUNE	1	2	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	2	
No Disruption	CIBINQO	AUTOIMMUNE	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVOCARNITINE SF	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEUCOVORIN CALCIUM	CANCER	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	KROGER PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	INSULIN SYRINGE/1ML/30G X 5/16"	DIABETES	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	INDOMETHACIN ER	PAIN	1	2	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	1	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	WERA	ESTROGENS & PROGESTINS	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	1	2	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	2	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	2	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	GLYBURIDE	DIABETES	1	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	2	
No Disruption	VELIVET	ESTROGENS & PROGESTINS	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	VALTOCO 5 MG DOSE	ANTICONVULSANT	1	2	
No Disruption	GLIPIZIDE ER	DIABETES	1	2	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	DIABETES	1	2	
No Disruption	ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	DIABETES	1	2	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	TRANYLCYPROMINE SULFATE	DEPRESSION	1	2	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE ER	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	FRUZAQLA	CANCER	1	2	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TESTOSTERONE	ANDROGENS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	FLURBIPROFEN	PAIN	1	2	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMOXIFEN CITRATE	CANCER	1	2	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	SYNJARDY	DIABETES	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	BICALUTAMIDE	CANCER	1	2	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	2	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	FELBAMATE	ANTICONVULSANT	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	RIFABUTIN	ANTI-INFECTIVE	1	2	
No Disruption	RHOPRESSA	OPHTHALMIC	1	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	EVEROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	2	
No Disruption	RECOMBINATE	HEMOPHILIA	1	2	
No Disruption	RECOMBINATE	HEMOPHILIA	1	2	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ETODOLAC	PAIN	1	2	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	2	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	1	2	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	BD INTEGRA SYRINGE/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROTRIPTYLINE HCL	DEPRESSION	1	2	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	DIABETES	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	CABOMETYX	CANCER	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	2	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROBENECID	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN DR	ANTI-INFECTIVE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZIQUANTEL	ANTI-INFECTIVE	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ENDOCET	PAIN	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	1	
No Disruption	PIROXICAM	PAIN	1	1	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	1	1	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	1	
No Disruption	PIOGLITAZONE HCL	DIABETES	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	ELESTRIN	ESTROGENS & PROGESTINS	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	EASY TOUCH PEN NEEDLES 29GX1/2"	DIABETES	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	DIABETES	1	1	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AUROVELA 1/20	ESTROGENS & PROGESTINS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AUROVELA 1.5/30	ESTROGENS & PROGESTINS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ATOVAQUONE	ANTI-INFECTIVE	1	1	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX5MM	DIABETES	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ORGOVYX	CANCER	1	1	
No Disruption	ONETOUCH ULTRA	DIABETES	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	1	
No Disruption	DOXEPIN HCL	DEPRESSION	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OMEPRAZOLE DR	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	1	1	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	1	
No Disruption	OLUMIANT	AUTOIMMUNE	1	1	
No Disruption	DODEX	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OFLOXACIN	OPHTHALMIC	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	ANTI-INFECTIVE	1	1	
No Disruption	NYAMYC	DERMATOLOGICS	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	1	1	
No Disruption	NIVA THYROID	THYROID AGENTS	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN TRANSDERMAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN	ANTI-INFECTIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	1	
No Disruption	NICOTINE POLACRILEX REFILL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NEUPRO	PARKINSON	1	1	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	1	1	
No Disruption	NECON 0.5/35-28	ESTROGENS & PROGESTINS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIAZOXIDE	DIABETES	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NATEGLINIDE	DIABETES	1	1	
No Disruption	DIAZEPAM	ANXIETY	1	1	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MORPHINE SULFATE	PAIN	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ASPIRIN REGIMEN	PAIN	1	1	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DAPSONE	ANTI-INFECTIVE	1	1	
No Disruption	DANAZOL	ANDROGENS	1	1	
No Disruption	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	PAIN	1	1	
No Disruption	ASPIRIN EC ADULT LOW DOSE	PAIN	1	1	
No Disruption	CYRED EQ	ESTROGENS & PROGESTINS	1	1	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ASPIRIN 81	PAIN	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	ASPIRIN	PAIN	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOGYL	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CVS NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS NICOTINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	CVS ASPIRIN ADULT LOW DOSE	PAIN	1	1	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	1	1	
No Disruption	CREON	CYSTIC FIBROSIS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MERCAPTOPURINE	CANCER	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HCL TITRATION PAK	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	MELOXICAM	PAIN	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	CLONAZEPAM	ANTICONVULSANT	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LYNPARZA	CANCER	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LUPKYNIS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMZEEQ	DERMATOLOGICS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINPRO 5000	OTHER NON-CATEGORIZED	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	1	1	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CLARAVIS	DERMATOLOGICS	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CIPROFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEFDINIR	ANTI-INFECTIVE	1	1	
No Disruption	KLISYRI	DERMATOLOGICS	1	1	
No Disruption	KLAYESTA	DERMATOLOGICS	1	1	
No Disruption	KEVZARA	AUTOIMMUNE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ISENTRESS HD	HIV	1	1	
No Disruption	ISENTRESS	HIV	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	INDOMETHACIN ER	PAIN	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	IMATINIB MESYLATE	CANCER	1	1	
No Disruption	ICATIBANT ACETATE	HEMATOLOGICAL	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CAMRESE LO	ESTROGENS & PROGESTINS	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	1	
No Disruption	CAMILA	ESTROGENS & PROGESTINS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	HYDROMET	ALLERGY	1	1	
No Disruption	HYDROCORTISONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUTORPHANOL TARTRATE	PAIN	1	1	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZYLET	OPHTHALMIC	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZALEPLON	SLEEP DISORDERS	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	1	1	
No Disruption	HEPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	XOLAIR	LUNG DISORDERS	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	XERMELO	GASTROINTESTINAL	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	WAKIX	SLEEP DISORDERS	1	1	
No Disruption	VYZULTA	OPHTHALMIC	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VOQUEZNA	PPIs	1	1	
No Disruption	VIORELE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	VERZENIO	CANCER	1	1	
No Disruption	GRISEOFULVIN ULTRAMICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	1	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	GLYBURIDE	DIABETES	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	VARENICLINE TARTRATE CONTINUING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANDAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALTOCO 20 MG DOSE	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	1	
No Disruption	UNITHROID	THYROID AGENTS	1	1	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	1	1	
No Disruption	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	DIABETES	1	1	
No Disruption	ULTICARE MINI PEN NEEDLES/32G X 1/4"	DIABETES	1	1	
No Disruption	UBRELVY	MIGRAINE	1	1	
No Disruption	TRUQAP	CANCER	1	1	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	DIABETES	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIHEXYPHENIDYL HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	FYAVOLV	ESTROGENS & PROGESTINS	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSCIX	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT NICOTINE MINI	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TILIA FE	ESTROGENS & PROGESTINS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	1	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	1	1	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	1	1	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TEGRETOL	ANTICONVULSANT	1	1	
No Disruption	TECHLITE PEN NEEDLES/31G X 8MM	DIABETES	1	1	
No Disruption	TECHLITE PEN NEEDLES 32G X 4MM	DIABETES	1	1	
No Disruption	AMINOCAPROIC ACID	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAKE ACTION	ESTROGENS & PROGESTINS	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BREYNA	ASTHMA/COPD	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	DIABETES	1	1	
No Disruption	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOROURACIL	DERMATOLOGICS	1	1	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	1	1	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUBVENITE STARTER KIT/ORANGE	ANTICONVULSANT	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM SULFACETAMIDE	DERMATOLOGICS	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SF	OTHER NON-CATEGORIZED	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	SERTRALINE HCL	DEPRESSION	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	EXEMESTANE	CANCER	1	1	
No Disruption	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	1	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	EUCRISA	DERMATOLOGICS	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	DIABETES	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	1	
No Disruption	QULIPTA	MIGRAINE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML/22G X 1.5"	OTHER NON-CATEGORIZED	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML 25GX1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	DIABETES	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE PLAIN	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALFUZOSIN HYDROCHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROCTOZONE-HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	1	
No Disruption	PRIFTIN	ANTI-INFECTIVE	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	135	663	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	139	466	
Positive Tier Change	DEXCOM G6 SENSOR	DIABETES	90	454	
Positive Tier Change	SHINGRIX	VACCINES	309	413	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	72	411	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	169	409	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	78	399	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	117	298	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	285	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	137	276	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	269	
Positive Tier Change	BREZTRI AEROSPHERE	ASTHMA/COPD	60	262	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	65	255	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	55	220	
Positive Tier Change	DEXCOM G6 TRANSMITTER	DIABETES	82	215	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	43	193	
Positive Tier Change	ANORO ELLIPTA	ASTHMA/COPD	30	160	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	63	158	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	40	143	
Positive Tier Change	BIKTARVY	HIV	20	138	
Positive Tier Change	AIRSUPRA	ASTHMA/COPD	83	131	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	41	126	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS FINE 30G	DIABETES	62	123	
Positive Tier Change	AZSTARYS	ADHD	24	109	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	24	109	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	21	102	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	23	88	
Positive Tier Change	AZSTARYS	ADHD	23	88	
Positive Tier Change	AREXVY	VACCINES	87	87	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	20	77	
Positive Tier Change	LYUMJEV	DIABETES	15	76	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	50	75	
Positive Tier Change	NUCALA	LUNG DISORDERS	8	73	
Positive Tier Change	RESTASIS	OPHTHALMIC	33	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	19	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	21	63	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	12	63	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	11	63	
Positive Tier Change	BRILINTA	ANTICOAGULANT	19	62	
Positive Tier Change	COMBIVENT RESPIMAT	ASTHMA/COPD	19	62	
Positive Tier Change	ABRYSVO	VACCINES	59	59	
Positive Tier Change	RESTASIS	OPHTHALMIC	24	57	
Positive Tier Change	XIFAXAN	ANTI-INFECTIVE	15	53	
Positive Tier Change	COSENTYX UNOREADY	AUTOIMMUNE	11	49	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	12	47	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	9	46	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	11	45	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	7	37	
Positive Tier Change	TEZSPIRE	LUNG DISORDERS	5	36	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	31	
Positive Tier Change	BD NEEDLE/18G 1-1/2"	OTHER NON-CATEGORIZED	11	30	
Positive Tier Change	JORNAY PM	ADHD	7	30	
Positive Tier Change	JORNAY PM	ADHD	5	28	
Positive Tier Change	KERENDIA	ENDOCRINE	7	27	
Positive Tier Change	BD HYPODERMIC NEEDLES 18GX1"	OTHER NON-CATEGORIZED	14	25	
Positive Tier Change	JORNAY PM	ADHD	9	25	
Positive Tier Change	NUCYNTA ER	PAIN	2	25	
Positive Tier Change	SOOLANTRA	DERMATOLOGICS	15	24	
Positive Tier Change	MICROLET LANCETS	DIABETES	13	24	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	7	24	
Positive Tier Change	KERENDIA	ENDOCRINE	7	24	
Positive Tier Change	MULTAQ	ANTIARRHYTHMICS	6	24	
Positive Tier Change	OPTICHAMBER DIAMOND	OTHER NON-CATEGORIZED	21	22	
Positive Tier Change	JORNAY PM	ADHD	10	22	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	9	22	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	JORNAY PM	ADHD	4	22	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	2	21	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	16	20	
Positive Tier Change	BIKTARVY	HIV	4	20	
Positive Tier Change	SHINGRIX	VACCINES	14	19	
Positive Tier Change	FASENRA PEN	LUNG DISORDERS	4	19	
Positive Tier Change	ONETOUCH ULTRA BLUE TEST STRIP	DIABETES	9	18	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	18	
Positive Tier Change	TRUEPLUS LANCETS 33G	DIABETES	9	17	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	6	17	
Positive Tier Change	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	OTHER NON-CATEGORIZED	10	16	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	8	16	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	4	16	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	16	
Positive Tier Change	TWINRIX	VACCINES	12	15	
Positive Tier Change	ZEPOSIA	MULTIPLE SCLEROSIS	2	15	
Positive Tier Change	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	OTHER NON-CATEGORIZED	11	14	
Positive Tier Change	OMNIPOD DASH PODS (GEN 4)	DIABETES	4	14	
Positive Tier Change	FARXIGA	DIABETES	3	14	
Positive Tier Change	AJOVY	MIGRAINE	2	14	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	14	
Positive Tier Change	ABRYSVO	VACCINES	13	13	
Positive Tier Change	EASIVENT	OTHER NON-CATEGORIZED	11	13	
Positive Tier Change	XTAMPZA ER	PAIN	2	13	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	13	
Positive Tier Change	BELBUCA	PAIN	2	13	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	13	
Positive Tier Change	POMALYST	CANCER	1	13	
Positive Tier Change	HAVRIX	VACCINES	10	12	
Positive Tier Change	BD HYPODERMIC NEEDLES 25GX1.5"	OTHER NON-CATEGORIZED	4	12	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	3	12	
Positive Tier Change	PLEGRIDY	MULTIPLE SCLEROSIS	2	12	
Positive Tier Change	FIASP	DIABETES	2	12	
Positive Tier Change	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	OTHER NON-CATEGORIZED	11	11	
Positive Tier Change	AZSTARYS	ADHD	8	11	
Positive Tier Change	NOVOLOG	DIABETES	3	11	
Positive Tier Change	BELBUCA	PAIN	2	11	
Positive Tier Change	DEXCOM G7 RECEIVER	DIABETES	10	10	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC	OTHER NON-CATEGORIZED	10	10	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	10	
Positive Tier Change	GENVOYA	HIV	2	10	
Positive Tier Change	BD NEEDLE/21G 1-1/2"	OTHER NON-CATEGORIZED	2	10	
Positive Tier Change	QUILLICHEW ER	ADHD	2	10	
Positive Tier Change	OPTICHAMBER DIAMOND/LARGEFACE MASK	OTHER NON-CATEGORIZED	8	9	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	OTHER NON-CATEGORIZED	6	9	
Positive Tier Change	LOKELMA	OTHER NON-CATEGORIZED	4	9	
Positive Tier Change	ENSTILAR	DERMATOLOGICS	2	9	
Positive Tier Change	BD HYPODERMIC NEEDLES 16GX1"	OTHER NON-CATEGORIZED	1	9	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	9	
Positive Tier Change	NUCALA	LUNG DISORDERS	1	9	
Positive Tier Change	EPIDIOLEX	ANTICONVULSANT	1	9	
Positive Tier Change	BRUKINSA	CANCER	1	9	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC	OTHER NON-CATEGORIZED	8	8	
Positive Tier Change	ABRYSVO	VACCINES	8	8	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	8	
Positive Tier Change	PREVIDENT 5000 ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	8	
Positive Tier Change	VARIVAX	VACCINES	7	8	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	4	8	
Positive Tier Change	BD HYPODERMIC NEEDLES 21GX1"	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	PREVIDENT 5000 SENSITIVE	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	TYMLOS	BONE DENSITY	3	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	1	8	
Positive Tier Change	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	8	
Positive Tier Change	PROCHAMBER VALVED HOLDINGCHAMBER	OTHER NON-CATEGORIZED	7	7	
Positive Tier Change	ONETOUCH DELICA PLUS LANCING DEVICE	DIABETES	6	7	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	5	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	4	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	3	7	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	7	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	7	
Positive Tier Change	BELBUCA	PAIN	2	7	
Positive Tier Change	FIASP FLEXTOUCH	DIABETES	2	7	
Positive Tier Change	ENTYVIO PEN	AUTOIMMUNE	1	7	
Positive Tier Change	LAGEVRIO	ANTI-INFECTIVE	6	6	
Positive Tier Change	DIFICID	ANTI-INFECTIVE	5	6	
Positive Tier Change	PRIORIX	VACCINES	5	6	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	5	6	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	4	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	NOVOLOG PENFILL	DIABETES	1	6	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	6	
Positive Tier Change	AEROCHAMBER PLUS FLOW VU MOUTHPIECE	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	EUCRISA	DERMATOLOGICS	4	5	
Positive Tier Change	TIVICAY	HIV	3	5	
Positive Tier Change	LONSURF	CANCER	2	5	
Positive Tier Change	INLYTA	CANCER	1	5	
Positive Tier Change	DUAVEE	ESTROGENS & PROGESTINS	1	5	
Positive Tier Change	FARXIGA	DIABETES	1	5	
Positive Tier Change	HUMALOG TEMPO PEN	DIABETES	1	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	OTHER NON-CATEGORIZED	4	4	
Positive Tier Change	FLUMIST NASAL VACCINE 2024-2025	VACCINES	4	4	
Positive Tier Change	CLIMARA PRO	ESTROGENS & PROGESTINS	3	4	
Positive Tier Change	TRULANCE	GASTROINTESTINAL	2	4	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	4	
Positive Tier Change	BELBUCA	PAIN	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	4	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	1	4	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	1	4	
Positive Tier Change	KISQALI	CANCER	1	4	
Positive Tier Change	MENVEO	VACCINES	3	3	
Positive Tier Change	NEMLUVIO	AUTOIMMUNE	2	3	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	VASCEPA	ANTIHYPERLIPIDEMIC	1	3	
Positive Tier Change	SE-NATAL 19	VITAMINS & SUPPLEMENTS	1	3	
Positive Tier Change	REBIF REBIDOSE	MULTIPLE SCLEROSIS	1	3	
Positive Tier Change	FIASP PENFILL	DIABETES	1	3	
Positive Tier Change	EASY TOUCH FLIPLOCK NEEDLES 25GX1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD NEEDLE/20G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	3	
Positive Tier Change	VEMLIDY	ANTI-INFECTIVE	1	3	
Positive Tier Change	LOTEMAX	OPHTHALMIC	2	2	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	2	
Positive Tier Change	EASIVENT/MASK-SMALL	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	DEXCOM G6 RECEIVER	DIABETES	2	2	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	BD SAFETYGLIDE NEEDLE 25GX1"	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	DIABETES	2	2	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	POMALYST	CANCER	1	2	
Positive Tier Change	KISQALI	CANCER	1	2	
Positive Tier Change	EUCRISA	DERMATOLOGICS	1	2	
Positive Tier Change	DESCOVY	HIV	1	2	
Positive Tier Change	BRILINTA	ANTICOAGULANT	1	2	
Positive Tier Change	BELBUCA	PAIN	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ASMANEX TWISTHALER 120 METERED DOSES	ASTHMA/COPD	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	VELTASSA	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	1	
Positive Tier Change	SOTYKTU	AUTOIMMUNE	1	1	
Positive Tier Change	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
Positive Tier Change	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	1	1	
Positive Tier Change	PENBRAYA	VACCINES	1	1	
Positive Tier Change	OPTICHAMBER DIAMOND/SMALLFACE MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	OMNITROPE	GROWTH HORMONES	1	1	
Positive Tier Change	MICROCHAMBER	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	LOTEMAX SM	OPHTHALMIC	1	1	
Positive Tier Change	LANCETS ULTRA THIN 30G	DIABETES	1	1	
Positive Tier Change	HUMALOG	DIABETES	1	1	
Positive Tier Change	FORA LANCETS	DIABETES	1	1	
Positive Tier Change	FC2 FEMALE CONDOM	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH LANCETS 30G/TWIST	DIABETES	1	1	
Positive Tier Change	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML	DIABETES	1	1	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	1	1	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD PRECISIONGLIDE 23GX1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD NEEDLE/22G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD BLUNT FILL NEEDLE/18G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ASMANEX TWISTHALER 60 METERED DOSES	ASTHMA/COPD	1	1	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx
Negative Tier Change	1240	4704	1.3%
No Disruption	23390	337624	95.7%
Positive Tier Change	2181	10520	3.0%
TOTAL	**1,240**	**352,848**	**100%**

Disclaimers:

**Positive/Negative Tier Change based on brand drugs only*

**Exclusions include both brands and generics*

**Any claim reversals removed from the analysis*

**Unidentified & Inactive NDC's removed from the analysis*

**Vaccines & COVID Test Kits removed*

**R3/Z3 Claims Exlcuded*

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	INSULIN LISPRO	DIABETES	127	579	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Negative Tier Change	NURTEC	MIGRAINE	90	418	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	INSULIN LISPRO KWIKPEN	DIABETES	102	386	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG KWIK INJ 200/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Negative Tier Change	UBRELVY	MIGRAINE	93	358	AIMOVIG, AJOVY, EMGALITY
Negative Tier Change	LINZESS	GASTROINTESTINAL	77	207	LUBIPROSTONE CAP 8MCG, MOVANTIK TAB 12.5MG, TRULANCE TAB 3MG
Negative Tier Change	YAZ	ESTROGENS & PROGESTINS	67	182	DROSPIRENONE TAB ETHY EST, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, NORTREL TAB 7/7/7, LUTERA TAB, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, BLISOVI 24 TAB FE 1/20, AUROVELA TAB 1.5/30, OCELLA TAB 3-0.03MG, NORTREL TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35, NIKKI TAB 3-0.02MG
Negative Tier Change	TRADJENTA	DIABETES	39	157	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, SAXA/METFOR TAB 5-500MG, TRIJARDY XR TAB
Negative Tier Change	UBRELVY	MIGRAINE	38	145	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	LINZESS	GASTROINTESTINAL	34	145	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, MOVANTIK TAB 25MG
Negative Tier Change	QULIPTA	MIGRAINE	44	110	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	NP THYROID 60	THYROID AGENTS	31	108	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	LINZESS	GASTROINTESTINAL	43	98	LUBIPROSTONE CAP 8MCG, MOVANTIK TAB 12.5MG, TRULANCE TAB 3MG
Negative Tier Change	APRISO	GASTROINTESTINAL	18	96	MESALAMINE CAP 0.375GM, MESALAMINE TAB 800MG DR, MESALAMINE TAB 1.2GM, MESALAMINE SUP 1000MG, MESALAMINE ENE 4GM, MESALAMINE CAP 400MG DR, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG DR
Negative Tier Change	NP THYROID 90	THYROID AGENTS	25	88	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	37	75	methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv)
Negative Tier Change	NP THYROID 30	THYROID AGENTS	22	60	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	NP THYROID 15	THYROID AGENTS	19	60	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	COMBIGAN	OPHTHALMIC	16	60	EUTHYROX TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG, SYNTHROID TAB 200MCG
Negative Tier Change	NP THYROID 120	THYROID AGENTS	13	59	LIRAGLUTIDE INJ 18MG/3ML, OZEMPIC INJ 8MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5, MOUNJARO INJ 2.5/0.5
Negative Tier Change	BYDUREON BCISE	DIABETES	8	54	TESTOSTERONE GEL 1%(50MG), METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%,
Negative Tier Change	TESTIM	ANDROGENS	13	52	TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	YASMIN 28	ESTROGENS & PROGESTINS	17	50	LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER TAB, NORTREL TAB 7/7/7, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28 TAB 0.15/30, NIKKI TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, NECON TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
Negative Tier Change	TRADJENTA	DIABETES	15	46	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, SAXA/METFOR TAB 5-500MG, TRIJARDY XR TAB
Negative Tier Change	CIMZIA	AUTOIMMUNE	9	44	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA PEN INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	INSULIN GLARGINE SOLOSTAR	DIABETES	17	42	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, GLARGIN YFGN INJ 100U/ML, GLARGIN YFGN SOL 100U/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	LEVOBUNOLOL HCL	OPHTHALMIC	13	41	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	BENLYSTA	AUTOIMMUNE	4	30	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	UBRELVY	MIGRAINE	11	29	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	JENTADUETO XR	DIABETES	4	27	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	MORPHINE SULFATE	PAIN	18	25	HYDROMORPHON TAB 4MG, OXYCODONE TAB 5MG, BUTORPHANOL SOL 10MG/ML, CODEINE SULF TAB 15MG, TRAMADOL HCL TAB 50MG, ENDOCET TAB 5-325MG, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325, HYDROCO/APAP TAB 5-325MG, HYDROMORPHON TAB 2MG, HYDROCOD/IBU TAB 7.5-200, LEVORPHANOL TAB 2MG
Negative Tier Change	INSULIN GLARGINE MAX SOLOSTAR	DIABETES	10	24	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, GLARGIN YFGN INJ 100U/ML, GLARGIN YFGN SOL 100U/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Negative Tier Change	RASUVO	PAIN	5	24	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 20MG
Negative Tier Change	SUCRAID	ENZYME DEFICIENCIES	9	23	No Formulary Alternative without diagnosis
Negative Tier Change	QULIPTA	MIGRAINE	7	22	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	TESTOSTERONE ENANTHATE	ANDROGENS	10	21	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	HYDROXYZINE PAMOATE	ANXIETY	4	21	BUSPIRONE TAB 10MG, HYDROXYZ HCL TAB 25MG, HYDROXYZ HCL TAB 50MG, HYDROXYZ HCL SYP 10MG/5ML, Hydroxyzine pamoate cap 25 mg, 50 mg
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	20	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	BEVESPI AEROSPHERE	ASTHMA/COPD	6	20	BREZTRI AERO AER SPHERE, DULERA AER 50-5MCG, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25, BREO ELLIPTA INH 200-25, COMBIVENT AER 20-100, FLUTIC/SALME INH 55/14, TRELEGY AER 200MCG, FLUTIC/SALME AER 100/50
Negative Tier Change	EVAMIST	ESTROGENS & PROGESTINS	5	20	ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.1MG, DOTTI DIS 0.1MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, PREMARIN TAB 1.25MG, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG
Negative Tier Change	MORPHINE SULFATE	PAIN	1	20	There is a covered generic equivalent
Negative Tier Change	KETOSTIX	DIABETES	13	17	OTC not covered on pharmacy benefit
Negative Tier Change	THYROID	THYROID AGENTS	6	17	SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg, 300 mcg (Synthroid)
Negative Tier Change	INSULIN LISPRO JUNIOR KWIKPEN	DIABETES	4	15	HUMALOG JR INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Negative Tier Change	NATAZIA	ESTROGENS & PROGESTINS	4	14	DROS/ETH EST TAB LEVOMEFO, OCELLA TAB 3-0.03MG, DROSPIR/ETHI TAB 3-0.03MG, DROSPIRENONE TAB ETHY EST, JASMIEL TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, LO-ZUMANDIMI TAB 3-0.02MG, NIKKI TAB 3-0.02MG, VESTURA TAB 3-0.02MG, SYEDA TAB 3-0.03MG, LORYNA TAB 3-0.02MG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	13	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	SIMPONI	AUTOIMMUNE	4	13	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HUMIRA INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, TYENNE INJ 162MG, ZEPOSIA CAP 0.92MG
Negative Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	12	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	OTHER NON-CATEGORIZED	5	12	Device, Check Medical Benefit
Negative Tier Change	THYROID	THYROID AGENTS	4	12	SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg, 300 mcg (Synthroid)
Negative Tier Change	JENTADUETO XR	DIABETES	3	12	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	JENTADUETO	DIABETES	3	12	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	ADEMPAS	PULMONARY HYPERTENSION	1	12	TADALAFIL TAB 20MG, AMBRISENTAN TAB 5MG, SILDENAFIL TAB 20MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, UPTRAVI TAB 400MCG, TREPROSTINIL INJ 5MG/ML
Negative Tier Change	JYNARQUE	ENDOCRINE	1	12	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	CICLOPIROX GEL 0.77%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, KETOCONAZOLE CRE 2%, CICLOPIROX SUS 0.77%
Negative Tier Change	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	7	11	Available OTC, Prenatal 19 - prenatal vit w/fe fumarate-fa chew tab 29-1 mg, Prenatal U - prenatal vit w/o a vit w/fe fumarate-fa cap 106.5-1mg, SE-NATAL 19 – prenatal vit w/ fe fumarate-fachew tab 29-1 mg, SE-NATAL 19 – prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, TRINATE – prenatal vit w/ fe fumarate-fa tab28-1 mg
Negative Tier Change	SPINOSAD	DERMATOLOGICS	8	10	MALATHION LOT 0.5%, PERMETHRIN CRE 5%
Negative Tier Change	VELPHORO	GASTROINTESTINAL	4	10	SEVELAM CARB TAB 800MG, CALC ACETATE CAP 667MG, CALC ACETATE TAB 667MG, LANTHANUM CHW 500MG, SEVELAM CARB POW 0.8GM, SEVELAM HCL TAB 800MG
Negative Tier Change	NORDITROPIN FLEXPRO	GROWTH HORMONES	2	10	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Negative Tier Change	PHENELZINE SULFATE	DEPRESSION	1	10	SELEGILINE TAB 5MG, TRANYLCYPROM TAB 10MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	10	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	M-M-R II	VACCINES	8	9	no alternative

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	MITIGARE	OTHER NON-CATEGORIZED	2	9	COLCHICINE CAP 0.6MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, FEBUXOSTAT TAB 80MG, FEBUXOSTAT TAB 40MG, ALLOPURINOL TAB 200MG
Negative Tier Change	TRIHEXYPHENIDYL HCL	PARKINSON	1	9	CARB/LEVO TAB 10-100MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Negative Tier Change	NARCAN	OTHER NON-CATEGORIZED	8	8	NALOXONE SPR 4MG, NALOXONE HCL SOL 0.4MG/ML, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	7	8	HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	QULIPTA	MIGRAINE	4	8	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	TRIMETHOPRIM	ANTI-INFECTIVE	2	8	Obsolete NDC
Negative Tier Change	VICTOZA	DIABETES	4	7	MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5, LIRAGLUTIDE INJ 18MG/3ML
Negative Tier Change	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	DIABETES	2	7	HUMALOG MIX INJ 50/50KWP, HUMALOG MIX INJ 75/25KWP, NOVOLIN INJ 70/30, NOVOLIN INJ 70/30 FP, NOVOLIN INJ 70/30 FP, NOVOLIN70/30 INJ RELION, NOVOLOG MIX INJ 70/30, NOVOLOG MIX INJ FLEXPEN, NOVOLOG RELI INJ 70/30, HUMULIN INJ 70/30KWP
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	2	7	CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	NUTROPIN AQ NUSPIN 10	GROWTH HORMONES	1	7	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Negative Tier Change	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OPHTHALMIC	6	6	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Negative Tier Change	CROMOLYN SODIUM	OPHTHALMIC	6	6	KETOROLAC SOL 0.5%, AZELASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, OLOPATADINE SOL 0.2%, EPINASTINE DRO 0.05%
Negative Tier Change	PROCTOFOAM HC	OTHER NON-CATEGORIZED	6	6	hydrocortisone acetate suppos 25 mg, CORTIFOAM AER 90MG, hydrocortisone perianal cream 2.5%, hydrocortisone enema 100 mg/60ml
Negative Tier Change	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	6	6	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, PEG-3350/KCL SOL /SODIUM, GAVILYTE-N SOL FLAV PK, PEG/NASUL/C/ SOL NACL/POT, PEG/NASUL/C/ SOL NACL/POT
Negative Tier Change	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	DIABETES	4	6	Device, Check Medical Benefit
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	4	6	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	RELION PEN NEEDLES 31G X 6MM	DIABETES	3	6	Device, Check Medical Benefit
Negative Tier Change	TRIMETHOPRIM	ANTI-INFECTIVE	2	6	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFUR MAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Negative Tier Change	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	OTHER NON-CATEGORIZED	2	6	Device, Check Medical Benefit
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	6	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	OTHER NON-CATEGORIZED	1	6	Device, Check Medical Benefit
Negative Tier Change	NARCAN	OTHER NON-CATEGORIZED	5	5	NALOXONE SPR 4MG, NALOXONE HCL SOL 0.4MG/ML, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Negative Tier Change	MAXIDEX	OPHTHALMIC	4	5	prednisolone acetate ophth susp 1% (Pred forte)
Negative Tier Change	KETOSTIX	DIABETES	4	5	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	PODOFILOX	DERMATOLOGICS	4	5	IMIQUIMOD CRE 5%, IMIQUIMOD CRE 3.75%
Negative Tier Change	NESINA	DIABETES	3	5	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, SAXA/METFOR TAB 2.5-1000
Negative Tier Change	CALCIPOTRIENE	DERMATOLOGICS	3	5	CALCIPOTRIEN CRE 0.005%, CALCIPOTRIEN OIN 0.005%, TAZAROTENE CRE 0.1%, CALCITRENE OIN 0.005%, TAZAROTENE CRE 0.05%, TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%
Negative Tier Change	MORPHINE SULFATE	PAIN	3	5	METHADONE SOL 10MG/5ML, METHADONE SOL 5MG/5ML, FENTANYL DIS 25MCG/HR, HYDROMORPHON LIQ 1MG/ML, OXYMORPHONE TAB HCL 5MG, HYDROMORPHON TAB 4MG, METHADONE TAB 10MG, OXYCODONE TAB 5MG
Negative Tier Change	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	2	5	ATOVAQ/PROGU TAB 250-100, MEFLOQUINE TAB 250MG
Negative Tier Change	THYROID	THYROID AGENTS	2	5	SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg, 300 mcg (Synthroid)
Negative Tier Change	COMBIGAN	OPHTHALMIC	2	5	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	RELION PEN NEEDLES 32G X 4MM	DIABETES	2	5	OTC not covered on pharmacy benefit
Negative Tier Change	HYDROCODONE BITARTRATE ER	PAIN	1	5	OXYCODONE TAB 10MG, XTAMPZA ER CAP 18MG, HYDROCO/APAP TAB 10-325MG, FENTANYL DIS 25MCG/HR, OXYMORPHONE TAB HCL 10MG, HYDROMORPHON TAB 2MG, CODEINE SULF TAB 15MG, METHADONE TAB 5MG, TRAMADOL HCL TAB 50MG
Negative Tier Change	RASUVO	PAIN	1	5	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 25MG
Negative Tier Change	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	ALLERGY	4	4	No Formulary alternative
Negative Tier Change	KETONE	DIABETES	4	4	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX4MM	DIABETES	4	4	Device, Check Medical Benefit
Negative Tier Change	CLEOCIN	OTHER NON-CATEGORIZED	4	4	CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Negative Tier Change	COMBIGAN	OPHTHALMIC	3	4	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	PROPRANOLOL SOL 40MG/5ML, PROPRANOLOL TAB 40MG, PINDOLOL TAB 10MG, SOTALOL HCL TAB 80MG, PROPRANOLOL CAP 160MG ER, TIMOLOL MAL TAB 10MG
Negative Tier Change	NUEDEXTA	OTHER NON-CATEGORIZED	2	4	amitriptyline hcl tab, ESCITALOPRAM TAB 20MG, CITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, PAROXETINE TAB 40MG,FLUOXETINE TAB 20MG
Negative Tier Change	JENTADUETO	DIABETES	2	4	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	DROXIA	BLOOD MODIFIERS	1	4	HYDROXYUREA CAP 500MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	4	Device, Check Medical Benefit
Negative Tier Change	TRUQAP	CANCER	1	4	No Formulary Alternative without diagnosis
Negative Tier Change	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	DIABETES	1	4	Device, Check Medical Benefit
Negative Tier Change	ALREX	OPHTHALMIC	1	4	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%, EPINASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, BEPOTASTINE DRO 1.5% OP FLUOROMETHOL SUS 0.1% OP, PRED SOD PHO SOL 1% OP,
Negative Tier Change	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	3	3	LOTEPREDNOL SUS 0.5%
Negative Tier Change	SURE COMFORT PEN NEEDLES 32GX5/32"	DIABETES	3	3	Device, Check Medical Benefit
Negative Tier Change	BD INTEGRA SYRINGE/3ML/25G X 5/8	OTHER NON-CATEGORIZED	3	3	Device, Check Medical Benefit
Negative Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	3	3	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ENGERIX-B	VACCINES	2	3	no alternative
Negative Tier Change	RASUVO	PAIN	2	3	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 15MG ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	3	100MG/ML
Negative Tier Change	NUEDEXTA	OTHER NON-CATEGORIZED	1	3	amitriptyline hcl tab, ESCITALOPRAM TAB 20MG, CITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, PAROXETINE TAB 40MG,FLUOXETINE TAB 20MG
Negative Tier Change	ALPHAGAN P	OPHTHALMIC	1	3	BRIMONIDINE SOL 0.1% OP, BRIMONIDINE SOL 0.2% OP, BRIMONIDINE SOL 0.15%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRINZOLAMIDE SUS 1%, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, TRAVOPROST
Negative Tier Change	ULTICARE PEN NEEDLES 31G X 5MM/MINI	DIABETES	1	3	DRO 0.004%
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	3	Device, Check Medical Benefit
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	3	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML EUTHYROX TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG, SYNTHROID TAB 150MCG
Negative Tier Change	SURE COMFORT PEN NEEDLES 29GX1/2" 12.7MM	DIABETES	1	3	Device, Check Medical Benefit
Negative Tier Change	JYNARQUE	ENDOCRINE	1	3	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	PREVYMIS	ANTI-INFECTIVE	1	3	VALGANCICLOV TAB 450MG, VALGANCICLOV SOL 50MG/ML, GANCICLOVIR INJ 500MG
Negative Tier Change	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	2	2	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	2	2	hydrocortisone acetate suppos 25 mg, CORTIFOAM AER 90MG, hydrocortisone perianal cream 2.5%, hydrocortisone enema 100 mg/60ml
Negative Tier Change	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	2	2	CEFADROXIL SUS 250/5ML, CEFDINIR SUS 125/5ML, CEFADROXIL CAP 500MG, CEFIXIME SUS 200/5ML, CEFPROZIL TAB 250MG, CEPHALEXIN SUS 125/5ML, CEFAZOLIN INJ 1GM, CEPHALEXIN CAP 500MG, CEFOTETAN INJ 2GM, CEFUROXIME INJ 750MG, CEFOXITIN INJ 1GM
Negative Tier Change	ENGERIX-B	VACCINES	2	2	no alternative
Negative Tier Change	MECLOFENAMATE SODIUM	PAIN	2	2	DICLOFENAC TAB 50MG DR, ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, OXAPROZIN TAB 600MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, SULINDAC TAB 200MG, NAPROXEN SOD TAB 275MG, KETOROLAC TAB 10MG, ETODOLAC ER TAB 500MG, INDOMETHACIN CAP 75MG ER, PIROXICAM CAP 20MG
Negative Tier Change	BETIMOL	OPHTHALMIC	2	2	betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol solution
Negative Tier Change	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	2	2	Device, Check Medical Benefit
Negative Tier Change	CLEOCIN	OTHER NON-CATEGORIZED	2	2	CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Negative Tier Change	CIMZIA STARTER KIT	AUTOIMMUNE	2	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA PEN INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	1	2	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	1	2	HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	MORPHINE SULFATE ER	PAIN	1	2	MORPHINE SUL TAB 15MG ER, XTAMPZA ER CAP 9MG, FENTANYL DIS 25MCG/HR, MORPHINE SUL TAB 30MG ER, HYDROMORPHON TAB 8MG ER, HYDROCODONE TAB 30MG ER, TRAMADOL HCL TAB 100MG ER, NUCYNTA ER TAB 100MG, TRAMADOL HCL TAB 300MG ER
Negative Tier Change	ELMIRON	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis
Negative Tier Change	ALOGLIPTIN	DIABETES	1	2	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, SAXA/METFOR TAB 2.5-1000
Negative Tier Change	AMITIZA	GASTROINTESTINAL	1	2	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15, BISACODYL TAB 5MG EC, SENNA S TAB 8.6-50MG, SENNA-TIME S TAB 8.6-50MG, SENNA-TIME TAB 8.6MG, SENNA SYP 8.8MG, DOK TAB 100MG, DOCUSATE SOD CAP 250MG, DOCUSATE SOD LIQ 50MG/5ML, CLEARLAX POW, SM FIBER POW 51.7%, MOVANTIK, SYMPROIC, TRULANCE
Negative Tier Change	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	1	2	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Negative Tier Change	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	2	Device, Check Medical Benefit
Negative Tier Change	RECOMBINATE	HEMOPHILIA	1	2	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	RECOMBINATE	HEMOPHILIA	1	2	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	INSULIN SYRINGE/1ML/30G X 5/16"	DIABETES	1	2	Device, Check Medical Benefit
Negative Tier Change	ONETOUCH VERIO REFLECT	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ONETOUCH ULTRA 2	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	1	BETA HC LOT 1%, HYDROCORT CRE 2.5%, ALCLOMETASON CRE 0.05%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, DESONIDE CRE 0.05%
Negative Tier Change	ONETOUCH ULTRA	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	NYSTATIN	OTHER NON-CATEGORIZED	1	1	CLOTRIMAZOLE TRO 10MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	FOCALIN	ADHD	1	1	DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	1	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PRED SOD PHO SOL 1% OP, LOTEPREDNOL SUS 0.2%, DIFLUPREDNAT EMU 0.05%
Negative Tier Change	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PRED SOD PHO SOL 1% OP, LOTEPREDNOL SUS 0.2%, DIFLUPREDNAT EMU 0.05%
Negative Tier Change	NICORETTE MINI	OTHER NON-CATEGORIZED	1	1	Obsolete NDC, available OTC
Negative Tier Change	CAPLYTA	ANTIPSYCHOTIC	1	1	ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 100MG, RISPERIDONE TAB 2MG, ARIPIPRAZOLE TAB 10MG ODT, ASENAPINE SUB 5MG, CLOZAPINE TAB 100/ODT, CLOZAPINE TAB 100MG, OLANZAPINE TAB 5MG ODT, PALIPERIDONE TAB ER 6MG, QUETIAPINE TAB 50MG ER, RISPERIDONE TAB 2MG ODT, ZIPRASIDONE CAP 40MG, REXULTI TAB 2MG, VRAYLAR CAP 3MG, LURASIDONE TAB 60MG, RISPERIDONE INJ 25MG ER
Negative Tier Change	FIRDAPSE	AUTOIMMUNE	1	1	pyridostigmine 60 mg, pyridostigmine ER 100 mg, pyridostigmine sol 60 mg/5 mL
Negative Tier Change	EUCRISA	DERMATOLOGICS	1	1	TACROLIMUS OIN 0.03%, 0.1%, HYDROCORT IN 2.5%, HYDROCORT CREAM2.5%, MOMETASONE OIN 0.1%, MOMETASONE CREAM 0.1%, TRIAMCINOLON OIN/Cream/Lotion 0.025% 0.1%, 0.5%, FLUOCINONIDE OIN/Cream/Soln/ 0.05%, BETAMETH VAL OIN 0.1%, BETAMETH DIP OIN/CREAM/LOTION 0.05%, FLUOCIN ACET OIN/GEL/CREAM/SOLN 0.025%, FLUTICASONE OIN 0.005%, HALOBETASOL OIN 0.05%, HC VALERATE OIN 0.2%
Negative Tier Change	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	METHYLPHENID TAB 27MG ER, METHYLPHENID TAB 20MG, AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 5MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, METHYLPHENID CAP 30MG CD, METHYLPHENID CAP 30MG ER, METHYLPHENID CAP 30MG ER, METHYLPHENID PAD 20MG/9HR, METHYLPHENID TAB 20MG ER, ZENZEDI TAB 10MG, AMPHET/DEXTR CAP 5MG ER, ATOMOXETINE CAP 80MG, CLONIDINE TAB 0.1MG ER, DEXTROAMPHET CAP 5MG ER, GUANFACINE TAB 4MG ER
Negative Tier Change	XYOSTED	ANDROGENS	1	1	DEPO-TESTOST INJ 200MG/ML, METHYLTESTOS CAP 10MG, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	METHYLIN	ADHD	1	1	METHYLPHENID SOL 5MG/5ML, DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Negative Tier Change	VIIBRYD	DEPRESSION	1	1	VILAZODONE TAB 10MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER, FLUOXETINE TAB 20MG, PAROXETIN ER TAB 12.5MG, VENLAFAXINE TAB 75MG ER
Negative Tier Change	ADDERALL XR	ADHD	1	1	AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 40MG CD, METHYLPHENID PAD 20MG/9HR, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER
Negative Tier Change	AMITIZA	GASTROINTESTINAL	1	1	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15, BISACODYL TAB 5MG EC, SENNA S TAB 8.6-50MG, SENNA-TIME S TAB 8.6-50MG, SENNA-TIME TAB 8.6MG, SENNA SYP 8.8MG, DOK TAB 100MG, DOCUSATE SOD CAP 250MG, DOCUSATE SOD LIQ 50MG/5ML, CLEARLAX POW, SM FIBER POW 51.7%, MOVANTIK, SYMPROIC, TRULANCE
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	1	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Negative Tier Change	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Negative Tier Change	DESOXIMETASONE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	desmopressin tab 0.1 mg, desmopressin inj 4 mcg/mL; there is a covered generic equivalent DESMOPRESSIN SPR 0.01%
Negative Tier Change	TREXALL	OTHER NON-CATEGORIZED	1	1	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, ACITRETIN CAP 25MG, AZATHIOPRINE TAB 50MG, CALCIPOTRIEN CRE 0.005%, CYCLOSPORINE CAP 50MG MOD, HYDROXYCHLOR TAB 200MG, LEFLUNOMIDE TAB 20MG, SULFASALAZIN TAB 500MG DR, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%, CALCIPOTRIEN OIN 0.005%
Negative Tier Change	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%, HALOBETASOL CRE 0.05%, CLOBETASOL AER 0.05%, CLOBETASOL AER 0.05%, CLOBETASOL SPR 0.05%, HALOBETASOL OIN 0.05%
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	1	EUTHYROX TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG, SYNTHROID TAB 137MCG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg,
Negative Tier Change	THYROID	THYROID AGENTS	1	1	300 mcg (Synthroid)
Negative Tier Change	CORLANOR	OTHER NON-CATEGORIZED	1	1	IVABRADINE TAB 7.5MG
Negative Tier Change	TEXACORT	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%
Negative Tier Change	SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	1	1	DESONIDE OIN 0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET CRE 0.01%, TRIAMCINOLON CRE 0.025%, FLUOCIN ACET SOL 0.01%, DESONIDE LOT 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET OIL 0.01%BDY, TRIAMCINOLON LOT 0.025%
Negative Tier Change	ALREX	OPHTHALMIC	1	1	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%, EPINASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, BEPOTASTINE DRO 1.5% OP
Negative Tier Change	KAZANO	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	1	TOLVAPTAN TAB 15MG, TOLVAPTAN TAB 30MG
Negative Tier Change	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	1	Device, Check Medical Benefit
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG
Negative Tier Change	CLEMASTINE FUMARATE	ALLERGY	1	1	Obsolete NDC
Negative Tier Change	PREDNISONE INTENSOL	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PREDNISONE SOL 5MG/5ML, PRED SOD PHO SOL 5MG/5ML, METHYLPRED TAB 16MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, HYDROCORT
Negative Tier Change	PREDNISOLONE SODIUM PHOSPHATE ODT	CORTICOSTEROIDS	1	1	TAB 20MG, PREDNISOLONE SOL 15MG/5ML
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 250MG, CLARITHROMYC TAB 500MG
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	1	1	CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	HYPERSAL	ALLERGY	1	1	PULMOSAL NEB 7%, SOD CHLORIDE NEB 3%, NEBUSAL NEB 3%, SOD CHLORIDE NEB 0.9%
Negative Tier Change	OPILL	ESTROGENS & PROGESTINS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ALPHAGAN P	OPHTHALMIC	1	1	BRIMONIDINE SOL 0.1% OP, BRIMONIDINE SOL 0.2% OP, BRIMONIDINE SOL 0.15%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRINZOLAMIDE SUS 1%, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, TRAVOPROST DRO 0.004%
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
No Disruption	PANTOPRAZOLE SODIUM	PPIs	593	1767	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	564	1702	
No Disruption	JARDIANCE	DIABETES	361	1679	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	834	1663	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	567	1615	
No Disruption	OZEMPIC	DIABETES	351	1540	
No Disruption	OZEMPIC	DIABETES	401	1530	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	513	1389	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	442	1362	
No Disruption	OZEMPIC	DIABETES	239	1335	
No Disruption	JARDIANCE	DIABETES	282	1249	
No Disruption	LANTUS SOLOSTAR	DIABETES	288	1244	
No Disruption	MELOXICAM	PAIN	454	1161	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	369	1141	
No Disruption	PREDNISONE	CORTICOSTEROIDS	940	1114	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	540	1049	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	920	1044	
No Disruption	ELIQUIS	ANTICOAGULANT	220	1032	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	567	1019	
No Disruption	MOUNJARO	DIABETES	347	983	
No Disruption	OMEPRAZOLE	PPIs	390	958	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	313	953	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	834	927	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	611	922	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	283	907	
No Disruption	MOUNJARO	DIABETES	258	904	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	512	902	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	305	896	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	294	881	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	482	830	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	289	829	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	449	808	
No Disruption	OMEPRAZOLE	PPIs	280	797	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	313	778	
No Disruption	MELOXICAM	PAIN	306	759	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	289	736	
No Disruption	SERTRALINE HCL	DEPRESSION	238	715	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	243	706	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	250	693	
No Disruption	OMEPRAZOLE	PPIs	258	688	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	512	669	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	513	666	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	566	659	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	468	656	
No Disruption	OMEPRAZOLE	PPIs	189	643	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	195	638	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	266	627	
No Disruption	HUMIRA PEN	AUTOIMMUNE	71	618	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	609	
No Disruption	MOUNJARO	DIABETES	202	604	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	502	600	
No Disruption	MOUNJARO	DIABETES	255	587	
No Disruption	OMEPRAZOLE DR	PPIs	203	585	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	210	583	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	445	582	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	494	580	
No Disruption	CEFDINIR	ANTI-INFECTIVE	504	567	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	202	566	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	565	
No Disruption	MELOXICAM	PAIN	180	563	
No Disruption	MELOXICAM	PAIN	214	555	
No Disruption	XARELTO	ANTICOAGULANT	126	555	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	438	538	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	259	538	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	306	535	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	208	531	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	222	529	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	192	518	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	177	517	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	198	516	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	179	516	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	143	514	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	224	510	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	153	510	
No Disruption	DUPIXENT	AUTOIMMUNE	64	509	
No Disruption	SERTRALINE HCL	DEPRESSION	179	505	
No Disruption	MOUNJARO	DIABETES	98	501	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	349	495	
No Disruption	IBUPROFEN	PAIN	349	488	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	70	487	
No Disruption	ALPRAZOLAM	ANXIETY	119	485	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	188	484	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	441	478	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	167	475	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	324	470	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	148	469	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	183	464	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	181	458	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	192	452	
No Disruption	GABAPENTIN	ANTICONVULSANT	124	445	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	81	442	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	175	441	
No Disruption	SPRINTEC 28	ESTROGENS & PROGESTINS	132	438	
No Disruption	VYVANSE	ADHD	131	436	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	346	423	
No Disruption	GABAPENTIN	ANTICONVULSANT	127	419	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	162	417	
No Disruption	TOUJEO SOLOSTAR	DIABETES	94	417	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	108	415	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	376	414	
No Disruption	SHINGRIX	VACCINES	309	413	
No Disruption	EMGALITY	MIGRAINE	65	413	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	355	411	
No Disruption	MOUNJARO	DIABETES	127	411	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	380	409	
No Disruption	OMEPRAZOLE	PPIs	188	405	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	162	402	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	119	402	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	119	401	
No Disruption	VYVANSE	ADHD	140	400	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	119	400	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	305	398	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	156	397	
No Disruption	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	DIABETES	64	397	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	163	395	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	139	395	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	117	395	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	129	392	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	288	389	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	187	389	
No Disruption	OMEPRAZOLE	PPIs	172	389	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	106	385	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	146	380	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	351	378	
No Disruption	HUMALOG KWIKPEN	DIABETES	97	378	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	340	375	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	337	374	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	156	373	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	329	372	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	119	371	
No Disruption	VYVANSE	ADHD	110	371	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	143	370	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	127	368	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	161	367	
No Disruption	AIMOVIG	MIGRAINE	55	365	
No Disruption	CEFDINIR	ANTI-INFECTIVE	331	361	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	138	361	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	165	359	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	181	356	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	167	356	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	293	354	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	106	353	
No Disruption	MELOXICAM	PAIN	175	352	
No Disruption	SERTRALINE HCL	DEPRESSION	136	352	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	306	351	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	152	351	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	135	351	
No Disruption	TOUJEO MAX SOLOSTAR	DIABETES	84	351	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	124	349	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	277	347	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	163	347	
No Disruption	OMEPRAZOLE DR	PPIs	270	346	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	109	345	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	158	344	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	173	341	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	93	339	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	249	337	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	128	336	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	124	336	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	95	334	
No Disruption	PREDNISONE	CORTICOSTEROIDS	266	333	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	286	328	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	125	327	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	144	326	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	270	325	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	183	325	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	153	325	
No Disruption	OMEPRAZOLE DR	PPIs	116	325	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	112	324	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	135	323	
No Disruption	REPATHA SURECLICK	ANTIHYPERLIPIDEMIC	52	323	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	89	321	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	87	320	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	123	317	
No Disruption	SPRAVATO 84MG DOSE	DEPRESSION	16	316	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	183	315	
No Disruption	PREDNISONE	CORTICOSTEROIDS	256	313	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	304	312	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	270	309	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	216	305	
No Disruption	LORAZEPAM	ANXIETY	139	304	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	96	304	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	150	303	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	116	303	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	101	301	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	98	300	
No Disruption	TRINTELLIX	DEPRESSION	64	299	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	152	298	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	72	298	
No Disruption	BENZONATATE	ALLERGY	279	297	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	262	297	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	85	297	
No Disruption	OMEPRAZOLE	PPIs	100	296	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	82	295	
No Disruption	RYBELSUS	DIABETES	56	295	
No Disruption	GABAPENTIN	ANTICONVULSANT	87	294	
No Disruption	PREDNISONE	CORTICOSTEROIDS	265	293	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	133	293	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	99	293	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	121	292	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	117	292	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	72	291	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	120	290	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	120	288	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	243	287	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	111	287	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	100	286	
No Disruption	MUPIROCIN	DERMATOLOGICS	257	285	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	284	
No Disruption	JARDIANCE	DIABETES	84	284	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	112	283	
No Disruption	SERTRALINE HCL	DEPRESSION	97	283	
No Disruption	VYVANSE	ADHD	62	283	
No Disruption	PAXLOVID	ANTI-INFECTIVE	278	281	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	113	281	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	120	276	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	104	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	78	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	101	275	
No Disruption	VYVANSE	ADHD	74	274	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	142	273	
No Disruption	GABAPENTIN	ANTICONVULSANT	111	273	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	84	273	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	175	271	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	109	270	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	98	269	
No Disruption	TRI-SPRINTEC	ESTROGENS & PROGESTINS	77	268	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	97	267	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	154	265	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	217	264	
No Disruption	CEFDINIR	ANTI-INFECTIVE	204	263	
No Disruption	TRULICITY	DIABETES	60	263	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	109	262	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	102	262	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	DIABETES	99	258	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	225	257	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	193	256	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	93	256	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	214	255	
No Disruption	LO LOESTRIN FE	ESTROGENS & PROGESTINS	63	255	
No Disruption	DUPIXENT	AUTOIMMUNE	30	255	
No Disruption	ALPRAZOLAM	ANXIETY	96	252	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	220	251	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	211	251	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	82	251	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	93	250	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	83	250	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	185	249	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	95	247	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	158	245	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	216	243	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	72	243	
No Disruption	TRULICITY	DIABETES	62	243	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	75	241	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	68	241	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	214	240	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	183	240	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	61	239	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	191	236	
No Disruption	BUSPIRONE HCL	ANXIETY	76	235	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	76	235	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	68	234	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	122	233	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	112	233	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	111	233	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	74	233	
No Disruption	LATANOPROST	OPHTHALMIC	64	233	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	140	232	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	115	232	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	65	232	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	84	230	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	104	229	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	103	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	77	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	70	228	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	152	227	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	96	227	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	83	227	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	75	227	
No Disruption	IBUPROFEN	PAIN	195	226	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	84	225	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	64	225	
No Disruption	TRULICITY	DIABETES	46	223	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	195	222	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	88	221	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	76	221	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	107	220	
No Disruption	LATANOPROST	OPHTHALMIC	57	220	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	105	219	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	77	219	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	58	219	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	105	217	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	82	217	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	190	216	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	43	216	
No Disruption	MUPIROCIN	DERMATOLOGICS	182	215	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	83	215	
No Disruption	ALPRAZOLAM	ANXIETY	72	215	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	86	214	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	95	212	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	86	212	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	87	211	
No Disruption	ALPRAZOLAM	ANXIETY	74	211	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	73	211	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	98	210	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	79	209	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	124	208	
No Disruption	GABAPENTIN	ANTICONVULSANT	73	208	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	208	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	61	208	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	81	206	
No Disruption	TOPIRAMATE	ANTICONVULSANT	63	206	
No Disruption	ALPRAZOLAM	ANXIETY	42	206	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	139	205	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	49	205	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	111	204	
No Disruption	LORAZEPAM	ANXIETY	85	204	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	82	204	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	86	203	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	82	203	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	74	203	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	71	203	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	187	202	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	111	202	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	60	202	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	86	201	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	71	201	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	84	200	
No Disruption	GABAPENTIN	ANTICONVULSANT	81	200	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	170	199	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	159	199	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	93	199	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	75	199	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	199	
No Disruption	TOBRAMYCIN	OPHTHALMIC	188	198	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	100	198	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	73	197	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	50	197	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	195	196	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	117	196	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	32	196	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	176	195	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	169	195	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	130	195	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	195	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	56	195	
No Disruption	TOPIRAMATE	ANTICONVULSANT	74	194	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	189	193	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	101	193	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	50	193	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	192	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	65	192	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	59	192	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	192	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	119	191	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	57	191	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	85	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	77	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	73	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	70	190	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	70	190	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	67	190	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	65	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	57	190	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	56	190	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	90	189	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	84	188	
No Disruption	PREDNISONE	CORTICOSTEROIDS	174	187	
No Disruption	PREDNISONE	CORTICOSTEROIDS	167	187	
No Disruption	ASPIRIN LOW DOSE	PAIN	114	187	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	79	187	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	177	185	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	168	185	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	79	185	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	60	184	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	54	184	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	135	183	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	92	182	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	69	182	
No Disruption	ZAFEMY	ESTROGENS & PROGESTINS	58	182	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	116	181	
No Disruption	OMEPRAZOLE DR	PPIs	112	181	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	84	181	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	112	180	
No Disruption	RYBELSUS	DIABETES	59	180	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	85	179	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	79	179	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	54	179	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	74	178	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	152	177	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	44	177	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	92	176	
No Disruption	TOPIRAMATE	ANTICONVULSANT	67	176	
No Disruption	MILI	ESTROGENS & PROGESTINS	62	176	
No Disruption	MELOXICAM	PAIN	77	175	
No Disruption	LORAZEPAM	ANXIETY	61	175	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	52	175	
No Disruption	BENZONATATE	ALLERGY	158	174	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	135	174	

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State of NE
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	56	174	
No Disruption	AUVELITY	DEPRESSION	36	174	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	57	173	
No Disruption	ALPRAZOLAM	ANXIETY	56	173	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	68	172	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	172	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	65	171	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	171	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	108	170	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	82	170	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	66	170	
No Disruption	TRINTELLIX	DEPRESSION	52	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	48	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	169	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	50	169	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	142	167	
No Disruption	GABAPENTIN	ANTICONVULSANT	68	167	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	55	167	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	54	167	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	51	167	
No Disruption	MELOXICAM	PAIN	62	166	
No Disruption	PREDNISONE	CORTICOSTEROIDS	141	165	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	96	165	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	75	165	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	109	164	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	69	164	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	68	164	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	62	164	
No Disruption	OTEZLA	AUTOIMMUNE	34	164	
No Disruption	BENZONATATE	ALLERGY	135	163	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	97	163	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	67	163	
No Disruption	NAPROXEN	PAIN	105	162	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	67	162	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	126	161	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	111	161	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	65	161	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	53	161	
No Disruption	ALPRAZOLAM	ANXIETY	49	161	
No Disruption	ALPRAZOLAM	ANXIETY	36	161	
No Disruption	PROMETHAZINE DM	ALLERGY	149	160	
No Disruption	BENZONATATE	ALLERGY	149	160	
No Disruption	PREDNISONE	CORTICOSTEROIDS	140	160	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	160	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	149	159	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	128	159	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	85	159	
No Disruption	ALPRAZOLAM	ANXIETY	67	159	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	66	159	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	159	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	69	158	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	68	158	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	63	158	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	55	158	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	52	158	
No Disruption	CRYSELLE-28	ESTROGENS & PROGESTINS	38	158	
No Disruption	PREDNISONE	CORTICOSTEROIDS	131	157	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	131	157	
No Disruption	VYVANSE	ADHD	73	157	
No Disruption	GABAPENTIN	ANTICONVULSANT	64	157	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	45	157	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	99	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	156	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	156	
No Disruption	GABAPENTIN	ANTICONVULSANT	50	156	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	49	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	48	156	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	152	155	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	68	155	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	59	155	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	74	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	68	154	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	49	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	45	154	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	84	153	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	71	153	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	48	153	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	47	153	
No Disruption	BENZONATATE	ALLERGY	136	152	
No Disruption	ALPRAZOLAM	ANXIETY	73	152	
No Disruption	CLONAZEPAM	ANTICONVULSANT	64	152	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	36	152	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	131	151	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	117	151	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	99	151	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	38	151	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	62	150	
No Disruption	MELOXICAM	PAIN	69	149	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	61	149	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	55	149	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	53	149	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	50	149	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	76	148	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	73	148	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	53	148	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	44	148	
No Disruption	MUPIROCIN	DERMATOLOGICS	125	147	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	71	147	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	52	147	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	42	147	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	86	146	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	80	146	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	58	146	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	146	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	146	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	146	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	71	145	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	57	145	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	145	
No Disruption	TRULICITY	DIABETES	35	145	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	74	144	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	54	144	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	43	144	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	116	143	

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State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	63	143	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	59	143	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	54	143	
No Disruption	IBUPROFEN	PAIN	105	142	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	142	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	68	142	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	142	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	48	142	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	32	142	
No Disruption	ENBREL SURECLICK	AUTOIMMUNE	24	142	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	78	141	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	141	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	26	141	
No Disruption	NAPROXEN	PAIN	91	140	
No Disruption	PREDNISONE	CORTICOSTEROIDS	66	140	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	59	140	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	55	140	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	42	139	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	36	139	
No Disruption	HUMALOG KWIKPEN	DIABETES	27	139	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	79	138	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	64	138	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	138	
No Disruption	CELECOXIB	PAIN	48	138	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	37	138	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	54	137	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	137	
No Disruption	XULANE	ESTROGENS & PROGESTINS	34	137	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	85	136	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	85	136	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	73	136	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	64	136	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	48	136	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	136	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	114	135	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	95	135	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	135	
No Disruption	CELECOXIB	PAIN	66	135	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	49	135	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	45	135	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	44	135	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	134	
No Disruption	TOPIRAMATE	ANTICONVULSANT	48	134	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	38	134	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	32	134	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	76	133	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	58	133	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	58	133	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	53	133	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	133	
No Disruption	JUNEL FE 1/20	ESTROGENS & PROGESTINS	43	133	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	42	133	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	39	133	
No Disruption	CLONAZEPAM	ANTICONVULSANT	37	133	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	133	
No Disruption	ALPRAZOLAM	ANXIETY	27	133	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	125	132	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	92	132	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	68	132	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	58	132	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	52	132	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	33	132	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	68	131	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	131	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	27	131	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	76	130	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	51	130	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	130	
No Disruption	JUNEL FE 1.5/30	ESTROGENS & PROGESTINS	39	130	
No Disruption	SYNJARDY XR	DIABETES	24	130	
No Disruption	IBUPROFEN	PAIN	91	129	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	59	129	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	121	128	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	90	128	
No Disruption	DIAZEPAM	ANXIETY	84	128	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	68	128	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	57	128	
No Disruption	CLONAZEPAM	ANTICONVULSANT	48	128	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	47	128	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	43	128	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	42	128	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	39	128	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	64	127	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	58	127	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	127	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	127	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	27	127	
No Disruption	DICLOFENAC SODIUM DR	PAIN	51	126	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	40	126	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	38	126	
No Disruption	PREDNISONE	CORTICOSTEROIDS	95	125	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	74	125	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	59	125	
No Disruption	GABAPENTIN	ANTICONVULSANT	36	125	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	106	124	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	124	
No Disruption	TOPIRAMATE	ANTICONVULSANT	56	124	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	62	123	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	49	123	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	44	123	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	123	
No Disruption	JARDIANCE	DIABETES	41	123	
No Disruption	TOPIRAMATE	ANTICONVULSANT	40	123	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	117	122	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	66	122	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	122	
No Disruption	XARELTO	ANTICOAGULANT	45	122	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	43	122	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	122	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	42	122	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	41	122	
No Disruption	ADDERALL XR	ADHD	39	122	
No Disruption	CEFDINIR	ANTI-INFECTIVE	100	121	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	50	121	

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State of NE
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LAMOTRIGINE	ANTICONVULSANT	50	121	
No Disruption	ELURYNG	ESTROGENS & PROGESTINS	39	120	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	38	120	
No Disruption	CLONAZEPAM	ANTICONVULSANT	66	119	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	54	119	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	119	
No Disruption	GABAPENTIN	ANTICONVULSANT	46	119	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	37	119	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	119	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	36	119	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	86	118	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	60	118	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	42	118	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	33	118	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	87	117	
No Disruption	MONO-LINYAH	ESTROGENS & PROGESTINS	42	117	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	60	116	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	48	116	
No Disruption	LORAZEPAM	ANXIETY	48	116	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	47	116	
No Disruption	PREGABALIN	ANTICONVULSANT	42	116	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	42	116	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	39	116	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	25	116	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	105	115	
No Disruption	GABAPENTIN	ANTICONVULSANT	47	115	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	42	115	
No Disruption	GLIMEPIRIDE	DIABETES	38	115	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	115	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	115	
No Disruption	OMEPRAZOLE	PPIs	69	114	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	114	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	56	114	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	114	
No Disruption	BLISOVI FE 1/20	ESTROGENS & PROGESTINS	45	114	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	114	
No Disruption	PREDNISONE	CORTICOSTEROIDS	102	113	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	89	113	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	49	113	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	42	113	
No Disruption	VEOZAH	OTHER NON-CATEGORIZED	21	113	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	41	112	
No Disruption	RINVOQ	AUTOIMMUNE	21	112	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	15	112	
No Disruption	PREDNISONE	CORTICOSTEROIDS	98	111	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	95	111	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	91	111	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	64	111	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	53	111	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	46	111	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	42	111	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	42	111	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	40	111	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	111	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	34	111	
No Disruption	AVIANE	ESTROGENS & PROGESTINS	33	111	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	33	111	
No Disruption	PREGABALIN	ANTICONVULSANT	24	111	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	104	110	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	96	110	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	56	110	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	36	110	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	30	110	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	46	109	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	109	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	32	109	
No Disruption	AZSTARYS	ADHD	24	109	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	96	108	
No Disruption	IBUPROFEN	PAIN	79	108	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	108	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	52	108	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	108	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	35	108	
No Disruption	PREGABALIN	ANTICONVULSANT	32	108	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	89	107	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	58	107	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	47	107	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	43	107	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	107	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	37	107	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	37	107	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	37	107	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	33	107	
No Disruption	LATANOPROST	OPHTHALMIC	26	107	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	81	106	
No Disruption	CELECOXIB	PAIN	55	106	
No Disruption	CONCERTA	ADHD	34	106	
No Disruption	MIRTAZAPINE	DEPRESSION	32	106	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	106	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	87	105	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	105	
No Disruption	PREGABALIN	ANTICONVULSANT	40	105	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	39	105	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	104	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	59	104	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	51	104	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	104	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	28	104	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	103	
No Disruption	OMEPRAZOLE	PPIs	72	103	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	53	103	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	46	103	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	38	103	
No Disruption	LORAZEPAM	ANXIETY	35	103	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	34	103	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	103	
No Disruption	ROPINIROLE HCL	PARKINSON	29	103	
No Disruption	CELECOXIB	PAIN	58	102	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	54	102	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	52	102	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	34	102	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	102	
No Disruption	GAVILYTE-G	OTHER NON-CATEGORIZED	101	101	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	53	101	

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Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	48	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	101	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	47	101	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	101	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	39	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	101	
No Disruption	LETROZOLE	CANCER	31	101	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	101	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	101	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	81	100	
No Disruption	NAPROXEN	PAIN	62	100	
No Disruption	TOPIRAMATE	ANTICONVULSANT	54	100	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	100	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	38	100	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	100	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	18	100	
No Disruption	CEFDINIR	ANTI-INFECTIVE	93	99	
No Disruption	PREDNISONE	CORTICOSTEROIDS	85	99	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	73	99	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	45	99	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	42	99	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	40	99	
No Disruption	BUDESONIDE	ASTHMA/COPD	35	99	
No Disruption	ANASTROZOLE	CANCER	34	99	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	33	99	
No Disruption	CELECOXIB	PAIN	33	99	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	60	98	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	53	98	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	48	98	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	37	98	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	26	98	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	54	97	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	53	97	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	42	97	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	97	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	97	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	29	97	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	28	97	
No Disruption	APRI	ESTROGENS & PROGESTINS	26	97	
No Disruption	TRI-LINYAH	ESTROGENS & PROGESTINS	23	97	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	61	96	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	50	96	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	49	96	
No Disruption	ENILLORING	ESTROGENS & PROGESTINS	39	96	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	36	96	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	87	95	
No Disruption	OFLOXACIN	OPHTHALMIC	86	95	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	85	95	
No Disruption	NAPROXEN	PAIN	62	95	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	34	95	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	95	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	27	95	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	21	95	
No Disruption	AIMOVIG	MIGRAINE	16	95	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	84	94	
No Disruption	BENZONATATE	ALLERGY	83	94	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	62	94	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	40	94	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	94	
No Disruption	CLONAZEPAM	ANTICONVULSANT	21	94	
No Disruption	BENZONATATE	ALLERGY	86	93	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	42	93	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	41	93	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	40	93	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	37	93	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	35	93	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	34	93	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	29	93	
No Disruption	XIIDRA	OPHTHALMIC	29	93	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	26	93	
No Disruption	EPINEPHRINE	ALLERGY	78	92	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	70	92	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	50	92	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	49	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	40	92	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	39	92	
No Disruption	ALPRAZOLAM	ANXIETY	38	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	92	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	30	92	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	92	
No Disruption	PAROXETINE HCL	DEPRESSION	27	92	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	26	92	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	24	92	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	92	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	83	91	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	79	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	60	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	38	91	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	38	91	
No Disruption	ELIQUIS	ANTICOAGULANT	35	91	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	91	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	91	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	28	91	
No Disruption	ELINEST	ESTROGENS & PROGESTINS	24	91	
No Disruption	CEFDINIR	ANTI-INFECTIVE	77	90	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	77	90	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	64	90	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	47	90	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	36	90	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	33	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	31	90	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	90	
No Disruption	GABAPENTIN	ANTICONVULSANT	28	90	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	90	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	23	90	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	17	90	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	89	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	71	89	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	66	89	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	49	89	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	41	89	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	89	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	89	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	89	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	24	89	
No Disruption	SLYND	ESTROGENS & PROGESTINS	22	89	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	20	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	68	88	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	56	88	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	88	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	46	88	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	39	88	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	36	88	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	36	88	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	35	88	
No Disruption	LORAZEPAM	ANXIETY	29	88	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	28	88	
No Disruption	CONCERTA	ADHD	26	88	
No Disruption	CLARAVIS	DERMATOLOGICS	26	88	
No Disruption	AZSTARYS	ADHD	23	88	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	88	
No Disruption	AREXVY	VACCINES	87	87	
No Disruption	IBUPROFEN	PAIN	81	87	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	69	87	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	60	87	
No Disruption	BUSPIRONE HCL	ANXIETY	54	87	
No Disruption	MELOXICAM	PAIN	40	87	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	38	87	
No Disruption	SODIUM FLUORIDE 5000 PLUS	OTHER NON-CATEGORIZED	35	87	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	35	87	
No Disruption	CELECOXIB	PAIN	35	87	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	87	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	33	87	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	33	87	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	25	87	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	87	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	24	87	
No Disruption	TAMOXIFEN CITRATE	CANCER	21	87	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	18	87	
No Disruption	LANTUS	DIABETES	18	87	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	81	86	
No Disruption	PREDNISONE	CORTICOSTEROIDS	76	86	
No Disruption	GABAPENTIN	ANTICONVULSANT	54	86	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	38	86	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	86	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	86	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	29	86	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	86	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	18	86	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	17	86	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	75	85	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	69	85	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	47	85	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	38	85	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	85	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	85	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	35	85	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	34	85	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	32	85	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	31	85	
No Disruption	CLONAZEPAM	ANTICONVULSANT	30	85	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	85	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	85	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	25	85	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	24	85	
No Disruption	ENSKYCE	ESTROGENS & PROGESTINS	21	85	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	21	85	
No Disruption	MUPIROCIN	DERMATOLOGICS	81	84	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	69	84	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	84	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	40	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	32	84	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	84	
No Disruption	TOPIRAMATE	ANTICONVULSANT	28	84	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	28	84	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	27	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	84	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	83	83	
No Disruption	OFLOXACIN	OPHTHALMIC	79	83	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	75	83	
No Disruption	PREDNISONE	CORTICOSTEROIDS	67	83	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	49	83	
No Disruption	INDOMETHACIN	PAIN	47	83	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	45	83	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	83	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	41	83	
No Disruption	OMEPRAZOLE	PPIs	34	83	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	32	83	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	32	83	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	83	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	30	83	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	18	83	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	75	82	
No Disruption	DENTA 5000 PLUS	OTHER NON-CATEGORIZED	48	82	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	44	82	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	38	82	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	32	82	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	82	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	29	82	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	82	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	27	82	
No Disruption	GLIMEPIRIDE	DIABETES	22	82	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	79	81	
No Disruption	CEFDINIR	ANTI-INFECTIVE	78	81	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	74	81	
No Disruption	PREDNISONE	CORTICOSTEROIDS	74	81	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	69	81	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	66	81	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	53	81	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	81	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	34	81	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	30	81	
No Disruption	RYBELSUS	DIABETES	28	81	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	27	81	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	25	81	
No Disruption	DICLOFENAC SODIUM DR	PAIN	24	81	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	81	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	22	81	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	81	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	20	81	
No Disruption	BENZONATATE	ALLERGY	75	80	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	70	80	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	70	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	65	80	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	60	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	55	80	
No Disruption	TOPIRAMATE	ANTICONVULSANT	43	80	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	42	80	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	80	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	35	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	32	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	31	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	80	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	26	80	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	24	80	
No Disruption	ALPRAZOLAM	ANXIETY	11	80	
No Disruption	BENZONATATE	ALLERGY	76	79	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	66	79	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	61	79	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	79	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	44	79	
No Disruption	CELECOXIB	PAIN	40	79	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	38	79	
No Disruption	OPZELURA	AUTOIMMUNE	36	79	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	34	79	
No Disruption	LATANOPROST	OPHTHALMIC	26	79	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	21	79	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	68	78	
No Disruption	MUPIROCIN	DERMATOLOGICS	61	78	
No Disruption	LORAZEPAM	ANXIETY	42	78	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	37	78	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	36	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	30	78	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	28	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	27	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	25	78	
No Disruption	LYUMJEV KWIKPEN	DIABETES	23	78	
No Disruption	TREMFYA	AUTOIMMUNE	17	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	78	
No Disruption	XOLAIR	LUNG DISORDERS	11	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	77	
No Disruption	CELECOXIB	PAIN	42	77	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	77	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	77	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	29	77	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	24	77	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	16	77	
No Disruption	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	69	76	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	68	76	
No Disruption	OMEPRAZOLE DR	PPIs	59	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	76	
No Disruption	GABAPENTIN	ANTICONVULSANT	39	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	76	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	33	76	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	76	
No Disruption	OFLOXACIN	OPHTHALMIC	68	75	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	75	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	50	75	
No Disruption	PREMARIN	ESTROGENS & PROGESTINS	50	75	
No Disruption	XARELTO	ANTICOAGULANT	33	75	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	75	
No Disruption	ALPRAZOLAM	ANXIETY	29	75	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	75	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	27	75	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	26	75	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	24	75	
No Disruption	GABAPENTIN	ANTICONVULSANT	24	75	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	24	75	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	75	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	18	75	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	73	74	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	68	74	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	65	74	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	61	74	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	47	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	74	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	33	74	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	32	74	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	30	74	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	74	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	28	74	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	74	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	72	73	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	73	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	45	73	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	33	73	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	32	73	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	31	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	31	73	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	73	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	25	73	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	73	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	23	73	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	23	73	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	23	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	22	73	
No Disruption	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	8	73	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	65	72	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	72	
No Disruption	NABUMETONE	PAIN	26	72	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	24	72	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	72	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	22	72	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	21	72	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	69	71	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	59	71	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	58	71	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	57	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	51	71	
No Disruption	DIAZEPAM	ANXIETY	50	71	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	40	71	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	34	71	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	71	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	71	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	26	71	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	71	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	25	71	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	71	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	71	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	71	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	17	71	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	60	70	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	59	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	47	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	70	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	35	70	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	34	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	70	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	70	
No Disruption	CONCERTA	ADHD	27	70	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	70	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	70	
No Disruption	JUNEL 1.5/30	ESTROGENS & PROGESTINS	23	70	
No Disruption	ALPRAZOLAM	ANXIETY	21	70	
No Disruption	SYNJARDY XR	DIABETES	15	70	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	70	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	68	69	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	69	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	69	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	38	69	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	69	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	28	69	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	69	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	69	
No Disruption	XARELTO	ANTICOAGULANT	20	69	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	20	69	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	69	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	17	69	
No Disruption	QELBREE	ADHD	16	69	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	58	68	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	68	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	31	68	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	31	68	
No Disruption	MELOXICAM	PAIN	28	68	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	68	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	26	68	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	68	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	25	68	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	68	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	22	68	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	68	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	68	
No Disruption	DUPIXENT	AUTOIMMUNE	11	68	
No Disruption	EPINEPHRINE	ALLERGY	54	67	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	52	67	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	67	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	42	67	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	33	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	28	67	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	27	67	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	21	67	
No Disruption	TRI-LO-MILI	ESTROGENS & PROGESTINS	18	67	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	67	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	67	
No Disruption	STELARA	AUTOIMMUNE	14	67	
No Disruption	EPINEPHRINE	ALLERGY	55	66	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	49	66	
No Disruption	CELECOXIB	PAIN	34	66	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	32	66	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	28	66	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	27	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	24	66	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	66	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	66	
No Disruption	ROPINIROLE HCL	PARKINSON	16	66	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	14	66	
No Disruption	PREDNISONE	CORTICOSTEROIDS	62	65	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	60	65	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	51	65	
No Disruption	SF 5000 PLUS	OTHER NON-CATEGORIZED	41	65	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	37	65	
No Disruption	ALPRAZOLAM	ANXIETY	37	65	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	33	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	30	65	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	25	65	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	21	65	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	65	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	17	65	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	65	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	61	64	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	41	64	
No Disruption	LORAZEPAM	ANXIETY	40	64	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	37	64	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	64	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	36	64	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	36	64	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	32	64	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	25	64	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	24	64	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	24	64	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	64	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	64	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	20	64	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	20	64	
No Disruption	HUMIRA PEN	AUTOIMMUNE	6	64	
No Disruption	NEOMYCIN/POLYMYXIN/HC	OTHER NON-CATEGORIZED	56	63	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	63	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	30	63	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	29	63	
No Disruption	LETROZOLE	CANCER	26	63	
No Disruption	DICLOFENAC SODIUM DR	PAIN	23	63	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	63	
No Disruption	CELECOXIB	PAIN	18	63	
No Disruption	HAILEY FE 1.5/30	ESTROGENS & PROGESTINS	15	63	
No Disruption	TRI-MILI	ESTROGENS & PROGESTINS	12	63	
No Disruption	MORPHINE SULFATE ER	PAIN	11	63	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	61	62	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	51	62	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	34	62	
No Disruption	ATOMOXETINE	ADHD	31	62	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	62	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	29	62	
No Disruption	JUNEL 1/20	ESTROGENS & PROGESTINS	23	62	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	22	62	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	22	62	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	22	62	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	62	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	19	62	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	62	
No Disruption	MOTEGRITY	GASTROINTESTINAL	9	62	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	61	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	51	61	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	50	61	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	37	61	
No Disruption	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	36	61	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	32	61	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	61	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	30	61	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	27	61	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	27	61	
No Disruption	LORAZEPAM	ANXIETY	27	61	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	26	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	26	61	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	25	61	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	61	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	24	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	23	61	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	61	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	61	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	20	61	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	61	
No Disruption	GLIPIZIDE	DIABETES	17	61	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	16	61	
No Disruption	BENZONATATE	ALLERGY	58	60	
No Disruption	PREDNISONE	CORTICOSTEROIDS	51	60	
No Disruption	CEFDINIR	ANTI-INFECTIVE	49	60	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	38	60	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	31	60	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	60	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	60	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	28	60	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	27	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	60	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	23	60	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	60	
No Disruption	CONCERTA	ADHD	23	60	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	60	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	19	60	
No Disruption	KURVELO	ESTROGENS & PROGESTINS	19	60	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	18	60	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	18	60	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	60	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	16	60	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	60	
No Disruption	ABRYSVO	VACCINES	59	59	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	55	59	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	48	59	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	59	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	32	59	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	59	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	30	59	
No Disruption	PREGABALIN	ANTICONVULSANT	28	59	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	27	59	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	24	59	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	23	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	22	59	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	59	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	18	59	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	17	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	59	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	59	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	59	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	55	58	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	51	58	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	49	58	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	58	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	31	58	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	58	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	58	
No Disruption	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	26	58	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	24	58	
No Disruption	CLONAZEPAM	ANTICONVULSANT	24	58	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	24	58	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	58	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	20	58	
No Disruption	SKYRIZI PEN	AUTOIMMUNE	19	58	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	58	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	15	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	58	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	57	57	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	57	
No Disruption	PREDNISONE	CORTICOSTEROIDS	48	57	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	44	57	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	40	57	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	36	57	
No Disruption	HYDROMORPHONE HCL	PAIN	34	57	
No Disruption	GABAPENTIN	ANTICONVULSANT	34	57	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	28	57	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	26	57	
No Disruption	LORAZEPAM	ANXIETY	25	57	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	57	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	19	57	
No Disruption	TOPIRAMATE	ANTICONVULSANT	18	57	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	18	57	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	57	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	15	57	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	15	57	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	15	57	
No Disruption	SYNJARDY	DIABETES	14	57	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	14	57	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	57	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	13	57	
No Disruption	SPIRIVA HANDIHALER	ASTHMA/COPD	11	57	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	56	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	51	56	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	56	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	41	56	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	36	56	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	34	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	56	
No Disruption	CLONAZEPAM	ANTICONVULSANT	32	56	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	56	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	25	56	
No Disruption	AUROVELA FE 1/20	ESTROGENS & PROGESTINS	22	56	
No Disruption	ZENATANE	DERMATOLOGICS	21	56	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	21	56	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	56	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	17	56	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	56	
No Disruption	ALPRAZOLAM ER	ANXIETY	14	56	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	56	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	52	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	55	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	39	55	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	39	55	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	36	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	55	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	32	55	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	55	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	32	55	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	30	55	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	30	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	55	
No Disruption	LORAZEPAM	ANXIETY	25	55	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	24	55	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	24	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	24	55	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	23	55	
No Disruption	OMEPRAZOLE	PPIs	22	55	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	55	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	21	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	55	
No Disruption	DICLOFENAC SODIUM DR	PAIN	20	55	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	20	55	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	18	55	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	55	
No Disruption	NABUMETONE	PAIN	16	55	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	55	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	13	55	
No Disruption	SYNJARDY XR	DIABETES	12	55	
No Disruption	SOLIQUA 100/33	DIABETES	10	55	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	48	54	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	42	54	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	54	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	33	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	54	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	30	54	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	27	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	26	54	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	20	54	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	20	54	
No Disruption	MODAFINIL	SLEEP DISORDERS	19	54	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	17	54	
No Disruption	HYDROMORPHONE HCL	PAIN	16	54	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	15	54	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	15	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	54	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	54	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	54	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	54	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	48	53	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	45	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	42	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	53	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	35	53	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	53	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	53	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	31	53	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	53	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	28	53	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	28	53	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	28	53	
No Disruption	WIXELA INHUB	ASTHMA/COPD	26	53	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	23	53	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	21	53	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	20	53	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	53	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	19	53	
No Disruption	VICTOZA	DIABETES	18	53	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	17	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	53	
No Disruption	NARATRIPTAN HCL	MIGRAINE	16	53	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	53	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	48	52	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	47	52	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	47	52	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	44	52	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	41	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	52	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	52	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	33	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	52	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	52	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	27	52	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	27	52	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	27	52	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	21	52	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	20	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	19	52	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	19	52	
No Disruption	AMNESTEEM	DERMATOLOGICS	18	52	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	16	52	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	52	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	9	52	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	52	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	46	51	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	51	
No Disruption	TRETINOIN	DERMATOLOGICS	40	51	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	40	51	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	33	51	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	32	51	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	23	51	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	22	51	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	51	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	51	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	20	51	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	20	51	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	19	51	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	51	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	19	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	51	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	13	51	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	51	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	13	51	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	47	50	
No Disruption	IBUPROFEN	PAIN	46	50	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	45	50	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	45	50	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	39	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	37	50	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	34	50	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	34	50	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	32	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	50	
No Disruption	LORAZEPAM	ANXIETY	28	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	24	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	23	50	
No Disruption	DICLOFENAC SODIUM DR	PAIN	22	50	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	21	50	
No Disruption	WIXELA INHUB	ASTHMA/COPD	21	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	50	
No Disruption	DIAZEPAM	ANXIETY	19	50	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	17	50	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	50	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	12	50	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	50	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	50	
No Disruption	DOVATO	HIV	6	50	
No Disruption	SUTAB	OTHER NON-CATEGORIZED	49	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	48	49	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	41	49	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	37	49	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	49	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	32	49	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	32	49	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	31	49	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	26	49	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	49	
No Disruption	TRETINOIN	DERMATOLOGICS	24	49	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	19	49	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	49	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	18	49	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	18	49	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	17	49	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	15	49	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	13	49	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	49	
No Disruption	EMGALITY	MIGRAINE	8	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	46	48	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	45	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	44	48	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	43	48	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	40	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	25	48	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	24	48	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	23	48	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	22	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	18	48	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	48	
No Disruption	TOPIRAMATE	ANTICONVULSANT	16	48	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	48	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	14	48	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	14	48	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	14	48	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	13	48	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	13	48	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	48	
No Disruption	TRIKAFTA	CYSTIC FIBROSIS	5	48	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	47	
No Disruption	TOBRAMYCIN	OPHTHALMIC	43	47	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	41	47	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	47	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	34	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	32	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	31	47	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	30	47	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	28	47	
No Disruption	DIAZEPAM	ANXIETY	26	47	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	47	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	47	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	24	47	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	47	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	23	47	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	22	47	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	47	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	20	47	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	47	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	17	47	
No Disruption	GLIPIZIDE ER	DIABETES	16	47	
No Disruption	LARIN FE 1/20	ESTROGENS & PROGESTINS	16	47	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	14	47	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	14	47	
No Disruption	TRI-LO-MARZIA	ESTROGENS & PROGESTINS	13	47	
No Disruption	LARIN FE 1.5/30	ESTROGENS & PROGESTINS	13	47	
No Disruption	METHOTREXATE	OTHER NON-CATEGORIZED	11	47	
No Disruption	XELJANZ XR	AUTOIMMUNE	11	47	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	47	
No Disruption	MYFEMBREE	ESTROGENS & PROGESTINS	9	47	
No Disruption	ZALEPLON	SLEEP DISORDERS	9	47	
No Disruption	IBUPROFEN	PAIN	44	46	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	44	46	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	42	46	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	46	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	41	46	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	38	46	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	37	46	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	46	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	31	46	
No Disruption	PREDNISONE	CORTICOSTEROIDS	27	46	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	46	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	23	46	
No Disruption	CELECOXIB	PAIN	22	46	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	46	
No Disruption	ANASTROZOLE	CANCER	18	46	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	18	46	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	15	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	46	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	46	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	15	46	
No Disruption	MIRTAZAPINE	DEPRESSION	13	46	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	46	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	46	
No Disruption	STIOLTO RESPIMAT	ASTHMA/COPD	10	46	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	10	46	
No Disruption	BELSOMRA	SLEEP DISORDERS	9	46	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	46	
No Disruption	PREGABALIN	ANTICONVULSANT	8	46	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	44	45	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	42	45	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	45	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	41	45	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	40	45	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	45	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	31	45	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	30	45	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	45	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	45	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	25	45	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	24	45	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	21	45	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	45	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	20	45	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	18	45	
No Disruption	ROPINIROLE HCL	PARKINSON	18	45	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	45	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	45	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	45	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	45	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	45	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	14	45	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	12	45	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	45	
No Disruption	HYDROXYUREA	CANCER	10	45	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	39	44	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	31	44	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	30	44	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	30	44	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	28	44	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	44	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	27	44	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	44	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	22	44	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	44	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	20	44	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	20	44	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	19	44	
No Disruption	MIRTAZAPINE	DEPRESSION	19	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	18	44	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	18	44	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	44	
No Disruption	LETROZOLE	CANCER	16	44	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	15	44	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	13	44	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	12	44	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	10	44	
No Disruption	ARMOUR THYROID	THYROID AGENTS	10	44	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	8	44	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	39	43	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	38	43	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	37	43	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	43	
No Disruption	LEVALBUTEROL TARTRATE HFA	ASTHMA/COPD	24	43	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	43	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	22	43	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	43	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	21	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	43	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	18	43	
No Disruption	XARELTO	ANTICOAGULANT	18	43	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	43	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	16	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	16	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	15	43	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	43	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	14	43	
No Disruption	ADDERALL XR	ADHD	14	43	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	12	43	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	39	42	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	37	42	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	37	42	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	42	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	30	42	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	28	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	42	
No Disruption	HYDROXYZINE HCL	ANXIETY	24	42	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	24	42	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	22	42	
No Disruption	HALOETTE	ESTROGENS & PROGESTINS	22	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	42	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	42	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	21	42	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	19	42	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	19	42	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	19	42	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	18	42	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	16	42	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	42	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	16	42	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	16	42	
No Disruption	ARMOUR THYROID	THYROID AGENTS	15	42	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	13	42	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	42	
No Disruption	CYPROHEPTADINE HCL	ALLERGY	12	42	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	11	42	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	42	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	42	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	7	42	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	38	41	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	36	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	35	41	
No Disruption	PROCTO-MED HC	OTHER NON-CATEGORIZED	31	41	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	29	41	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	29	41	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	29	41	
No Disruption	IMIQUIMOD	DERMATOLOGICS	24	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	24	41	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	24	41	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	21	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	41	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	41	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	41	
No Disruption	MODAFINIL	SLEEP DISORDERS	18	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	41	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	17	41	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	41	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	17	41	
No Disruption	ATOMOXETINE	ADHD	17	41	
No Disruption	VENLAFAXINE HCL	DEPRESSION	16	41	
No Disruption	ALPRAZOLAM	ANXIETY	15	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	41	
No Disruption	ALPRAZOLAM	ANXIETY	13	41	
No Disruption	LOW-OGESTREL	ESTROGENS & PROGESTINS	13	41	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	41	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	13	41	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	41	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	41	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	10	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	41	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	10	41	
No Disruption	MIRTAZAPINE	DEPRESSION	6	41	
No Disruption	OFLOXACIN	OPHTHALMIC	38	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	38	40	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	40	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	35	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	35	40	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	34	40	
No Disruption	NYSTATIN	DERMATOLOGICS	34	40	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	30	40	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	29	40	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	26	40	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	25	40	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	40	
No Disruption	LETROZOLE	CANCER	22	40	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	21	40	
No Disruption	ALPRAZOLAM	ANXIETY	20	40	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	18	40	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	40	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	18	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	16	40	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	40	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	15	40	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	40	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	11	40	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	10	40	
No Disruption	ANASTROZOLE	CANCER	9	40	
No Disruption	BUPRENORPHINE HCL	PAIN	9	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	40	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	39	39	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	38	39	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	37	39	
No Disruption	CEFDINIR	ANTI-INFECTIVE	36	39	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	34	39	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	33	39	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	31	39	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	29	39	
No Disruption	ADDERALL XR	ADHD	28	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	26	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	25	39	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	22	39	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	22	39	
No Disruption	ASPIRIN	PAIN	22	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	22	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	21	39	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	39	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	39	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	39	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	39	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	17	39	
No Disruption	ALPRAZOLAM	ANXIETY	16	39	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	39	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	15	39	
No Disruption	METHIMAZOLE	THYROID AGENTS	14	39	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	14	39	
No Disruption	GLIMEPIRIDE	DIABETES	11	39	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	10	39	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	10	39	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	9	39	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	8	39	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	8	39	
No Disruption	ALPRAZOLAM	ANXIETY	4	39	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	38	38	
No Disruption	LIDOCAINE VISCOUS	OTHER NON-CATEGORIZED	37	38	
No Disruption	IBUPROFEN	PAIN	36	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	38	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	34	38	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	31	38	
No Disruption	PREDNISONE	CORTICOSTEROIDS	29	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	29	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	26	38	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	38	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	26	38	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	24	38	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	23	38	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	22	38	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	21	38	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	38	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	38	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	19	38	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	38	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	16	38	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	38	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	15	38	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	15	38	
No Disruption	WIXELA INHUB	ASTHMA/COPD	14	38	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	14	38	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	14	38	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	38	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	38	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	13	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	12	38	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	12	38	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	38	
No Disruption	ASPIRIN LOW DOSE	PAIN	11	38	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	38	
No Disruption	NEXLIZET	ANTIHYPERLIPIDEMIC	9	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	38	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	38	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	38	
No Disruption	TOPIRAMATE	ANTICONVULSANT	6	38	
No Disruption	MORPHINE SULFATE ER	PAIN	6	38	
No Disruption	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	4	38	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	33	37	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	33	37	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	33	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	37	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	32	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	37	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	29	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	37	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	25	37	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	25	37	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	37	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	23	37	
No Disruption	DIAZEPAM	ANXIETY	23	37	
No Disruption	TRETINOIN	DERMATOLOGICS	22	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	21	37	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	21	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	37	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	17	37	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	37	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	37	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	37	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALPRAZOLAM	ANXIETY	15	37	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	15	37	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	37	
No Disruption	LUMIGAN	OPHTHALMIC	14	37	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	13	37	
No Disruption	GLIMEPIRIDE	DIABETES	13	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	12	37	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	37	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	12	37	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	11	37	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	11	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	10	37	
No Disruption	DASETTA 1/35	ESTROGENS & PROGESTINS	10	37	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	37	
No Disruption	TREMFYA	AUTOIMMUNE	7	37	
No Disruption	ORENCIA CLICKJECT	AUTOIMMUNE	6	37	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	6	37	
No Disruption	REPATHA	ANTIHYPERLIPIDEMIC	6	37	
No Disruption	VERZENIO	CANCER	5	37	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	36	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	34	36	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	34	36	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	31	36	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	30	36	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	30	36	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	36	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	36	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	26	36	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	25	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	36	
No Disruption	NAPROXEN	PAIN	23	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	21	36	
No Disruption	PREGABALIN	ANTICONVULSANT	21	36	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	36	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	19	36	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	36	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	17	36	
No Disruption	DICLOFENAC SODIUM DR	PAIN	16	36	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	14	36	
No Disruption	LETROZOLE	CANCER	14	36	
No Disruption	OMEPRAZOLE	PPIs	13	36	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	OMEPRAZOLE	PPIs	12	36	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	36	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	12	36	
No Disruption	MIRTAZAPINE	DEPRESSION	11	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	36	
No Disruption	TYRVAYA	OPHTHALMIC	11	36	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	36	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	36	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	36	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	7	36	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	35	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	32	35	
No Disruption	CEFDINIR	ANTI-INFECTIVE	31	35	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	31	35	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	CELECOXIB	PAIN	26	35	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	35	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	24	35	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	22	35	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	21	35	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	21	35	
No Disruption	PREDNISONE	CORTICOSTEROIDS	20	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	35	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	18	35	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	18	35	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	17	35	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	35	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	16	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	35	
No Disruption	PREGABALIN	ANTICONVULSANT	15	35	
No Disruption	ADDERALL XR	ADHD	14	35	
No Disruption	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	OTHER NON-CATEGORIZED	14	35	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	14	35	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	35	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	13	35	
No Disruption	ALPRAZOLAM	ANXIETY	12	35	
No Disruption	GLIPIZIDE	DIABETES	12	35	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	11	35	
No Disruption	TRI-LO-ESTARYLLA	ESTROGENS & PROGESTINS	11	35	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	10	35	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	35	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	10	35	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	35	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	35	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	35	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	35	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	35	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	35	
No Disruption	BUPRENORPHINE HCL	PAIN	5	35	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	34	34	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	33	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	33	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	31	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	29	34	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	26	34	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	34	
No Disruption	PREDNISONE	CORTICOSTEROIDS	24	34	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	34	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	34	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	22	34	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	22	34	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	19	34	
No Disruption	VYVANSE	ADHD	19	34	
No Disruption	MIRTAZAPINE	DEPRESSION	18	34	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	34	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	16	34	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	16	34	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	16	34	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	34	
No Disruption	GABAPENTIN	ANTICONVULSANT	15	34	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	34	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	14	34	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	14	34	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	34	
No Disruption	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	OTHER NON-CATEGORIZED	14	34	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	14	34	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	34	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	13	34	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	12	34	
No Disruption	NARATRIPTAN HCL	MIGRAINE	12	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	11	34	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	11	34	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	11	34	
No Disruption	ZOLMITRIPTAN	MIGRAINE	10	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	9	34	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	9	34	
No Disruption	ROPINIROLE HCL	PARKINSON	9	34	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	9	34	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	34	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	34	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	34	
No Disruption	SUNOSI	SLEEP DISORDERS	7	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	34	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	7	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	34	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	33	33	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	32	33	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	32	33	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	30	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	29	33	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	33	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	28	33	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	24	33	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	33	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	23	33	
No Disruption	ASPIRIN LOW DOSE	PAIN	23	33	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	33	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	33	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	22	33	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	33	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	33	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	20	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	33	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	18	33	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	17	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	METHIMAZOLE	THYROID AGENTS	16	33	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	16	33	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	33	
No Disruption	PREGABALIN	ANTICONVULSANT	15	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	14	33	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	14	33	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	13	33	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	33	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	33	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	12	33	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	11	33	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	33	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	11	33	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	11	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	10	33	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	33	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	33	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	33	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	9	33	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	8	33	
No Disruption	HUMULIN N KWIKPEN	DIABETES	8	33	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	8	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	8	33	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	33	
No Disruption	MORPHINE SULFATE ER	PAIN	4	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	32	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	OFLOXACIN	OPHTHALMIC	31	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	AUVI-Q	ALLERGY	29	32	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	32	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	29	32	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	28	32	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	32	
No Disruption	ASPIRIN LOW DOSE	PAIN	21	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	21	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	20	32	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	20	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	20	32	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	20	32	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	19	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	32	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	16	32	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	32	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	14	32	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	14	32	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	14	32	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	14	32	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	13	32	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	32	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	12	32	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	11	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	32	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	32	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	10	32	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	32	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	10	32	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	10	32	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	10	32	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	32	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	9	32	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	32	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	32	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	8	32	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	7	32	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	32	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	32	
No Disruption	PRIMIDONE	ANTICONVULSANT	4	32	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	30	31	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	29	31	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	28	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	27	31	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	31	
No Disruption	INDOMETHACIN	PAIN	21	31	
No Disruption	CELECOXIB	PAIN	19	31	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	17	31	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	31	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	31	
No Disruption	GABAPENTIN	ANTICONVULSANT	16	31	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	31	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	15	31	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	14	31	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	14	31	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	31	
No Disruption	METHIMAZOLE	THYROID AGENTS	12	31	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	12	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	12	31	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	12	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	12	31	
No Disruption	NORELGESTROMIN/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	31	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	11	31	
No Disruption	LORAZEPAM	ANXIETY	11	31	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	11	31	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	10	31	
No Disruption	PREGABALIN	ANTICONVULSANT	10	31	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	31	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	8	31	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	8	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	8	31	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	31	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	31	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	7	31	
No Disruption	DICLOFENAC SODIUM DR	PAIN	6	31	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	31	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	6	31	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	29	30	
No Disruption	OFLOXACIN	OPHTHALMIC	29	30	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	27	30	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	30	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	26	30	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	26	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	30	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	30	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	21	30	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	20	30	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	19	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	17	30	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	17	30	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	30	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	17	30	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	30	
No Disruption	ACCU-CHEK GUIDE	DIABETES	17	30	
No Disruption	NAYZILAM	ANTICONVULSANT	16	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	30	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	16	30	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	16	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	30	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	30	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	15	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	30	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	14	30	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	30	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	13	30	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	12	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	30	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	11	30	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	30	
No Disruption	XARELTO	ANTICOAGULANT	10	30	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	10	30	
No Disruption	CELECOXIB	PAIN	9	30	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	9	30	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	9	30	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	30	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	30	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	7	30	
No Disruption	JORNAY PM	ADHD	7	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	30	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	30	
No Disruption	DUPIXENT	AUTOIMMUNE	5	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	30	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	30	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	30	
No Disruption	XYWAV	SLEEP DISORDERS	4	30	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	28	29	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	27	29	
No Disruption	TRETINOIN	DERMATOLOGICS	24	29	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	24	29	
No Disruption	TOPIRAMATE	ANTICONVULSANT	24	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	24	29	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	29	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	20	29	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	19	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	19	29	
No Disruption	CLONAZEPAM	ANTICONVULSANT	19	29	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	29	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	29	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	17	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	17	29	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	29	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	29	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	29	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	29	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	14	29	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	13	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	13	29	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	13	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	29	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	12	29	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	11	29	
No Disruption	CREON	CYSTIC FIBROSIS	11	29	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	29	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	29	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	10	29	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	10	29	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	29	
No Disruption	CELECOXIB	PAIN	9	29	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	9	29	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	9	29	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	29	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	7	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	29	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	29	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	29	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	29	
No Disruption	ENBREL	AUTOIMMUNE	5	29	
No Disruption	WAKIX	SLEEP DISORDERS	3	29	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	27	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	25	28	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	28	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	24	28	
No Disruption	ELLA	ESTROGENS & PROGESTINS	23	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	23	28	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	28	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	19	28	
No Disruption	BAQSIMI TWO PACK	DIABETES	19	28	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	18	28	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	28	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	28	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	17	28	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	17	28	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	17	28	
No Disruption	BUDESONIDE	ASTHMA/COPD	16	28	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	16	28	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	15	28	
No Disruption	GLIPIZIDE ER	DIABETES	14	28	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	14	28	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	28	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	28	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	13	28	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	28	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	13	28	
No Disruption	PREGABALIN	ANTICONVULSANT	12	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	12	28	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	12	28	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	12	28	
No Disruption	PRENATAL	VITAMINS & SUPPLEMENTS	12	28	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	28	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	11	28	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	28	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	10	28	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	10	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	28	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	28	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	8	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	8	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	28	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	8	28	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	28	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	7	28	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	28	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	28	
No Disruption	JORNAY PM	ADHD	5	28	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	28	
No Disruption	HUMIRA PEN	AUTOIMMUNE	4	28	
No Disruption	BUPRENORPHINE HCL	PAIN	4	28	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	27	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	26	27	
No Disruption	FLUOROURACIL	DERMATOLOGICS	26	27	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	26	27	
No Disruption	CEFDINIR	ANTI-INFECTIVE	26	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	25	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	25	27	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	24	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	27	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	23	27	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	27	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	21	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	27	
No Disruption	NAPROXEN	PAIN	17	27	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	17	27	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	17	27	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	16	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	27	
No Disruption	MIRTAZAPINE	DEPRESSION	15	27	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	15	27	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	15	27	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	27	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	27	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	27	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	13	27	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	27	
No Disruption	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	DIABETES	13	27	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	27	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	12	27	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	11	27	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	27	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	27	
No Disruption	LIRAGLUTIDE	DIABETES	9	27	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	27	
No Disruption	JUNEL FE 24	ESTROGENS & PROGESTINS	8	27	
No Disruption	SRONYX	ESTROGENS & PROGESTINS	8	27	
No Disruption	ORILISSA	ENDOCRINE	7	27	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	7	27	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	27	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	6	27	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	27	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	27	
No Disruption	HUMALOG	DIABETES	5	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	27	
No Disruption	HUMIRA	AUTOIMMUNE	5	27	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	27	
No Disruption	MIRTAZAPINE	DEPRESSION	4	27	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	27	
No Disruption	ERLEADA	CANCER	3	27	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	27	
No Disruption	PROMETHAZINE/DEXTROMETHORPHAN	ALLERGY	25	26	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	25	26	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	25	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	25	26	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	23	26	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	23	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	22	26	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	26	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	22	26	
No Disruption	TRETINOIN	DERMATOLOGICS	22	26	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	21	26	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	20	26	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	20	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	26	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	20	26	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	20	26	
No Disruption	NYSTATIN	DERMATOLOGICS	20	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	19	26	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	26	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	19	26	
No Disruption	DIAZEPAM	ANXIETY	18	26	
No Disruption	JENCYCLA	ESTROGENS & PROGESTINS	16	26	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	16	26	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	26	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	26	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	14	26	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	14	26	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	13	26	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	13	26	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	26	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	12	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	11	26	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	11	26	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	11	26	
No Disruption	MIRTAZAPINE	DEPRESSION	10	26	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	10	26	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	10	26	
No Disruption	MORPHINE SULFATE ER	PAIN	9	26	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	9	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	26	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	9	26	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	26	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	9	26	
No Disruption	LARIN 1/20	ESTROGENS & PROGESTINS	8	26	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	8	26	
No Disruption	HAILEY 1.5/30	ESTROGENS & PROGESTINS	8	26	
No Disruption	GLIPIZIDE ER	DIABETES	8	26	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	7	26	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	26	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	26	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	26	
No Disruption	HUMULIN N	DIABETES	7	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	26	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	6	26	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	26	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	26	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	26	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	26	
No Disruption	RISPERIDONE ODT	ANTIPSYCHOTIC	2	26	
No Disruption	TRETINOIN	DERMATOLOGICS	24	25	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	23	25	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	25	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	23	25	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	23	25	
No Disruption	CEFDINIR	ANTI-INFECTIVE	23	25	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	25	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	19	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	25	
No Disruption	TRETINOIN	DERMATOLOGICS	17	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	25	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	15	25	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	15	25	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	14	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	14	25	
No Disruption	GLIMEPIRIDE	DIABETES	13	25	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	25	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	13	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	13	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	25	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	25	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	12	25	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	12	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	12	25	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	25	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	25	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	11	25	
No Disruption	T:SLIM X2 3 ML CARTRIDGE	DIABETES	11	25	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	11	25	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	25	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	10	25	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	25	
No Disruption	TOPIRAMATE	ANTICONVULSANT	10	25	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	10	25	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	25	
No Disruption	ATOMOXETINE	ADHD	9	25	
No Disruption	JORNAY PM	ADHD	9	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	9	25	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	9	25	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	25	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HCL	ANTIHYPERTENSIVE	8	25	
No Disruption	ALPRAZOLAM	ANXIETY	8	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	25	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	25	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	8	25	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	8	25	
No Disruption	NORTREL 0.5/35 (28)	ESTROGENS & PROGESTINS	7	25	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	7	25	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	25	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	25	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	25	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	25	
No Disruption	HUMALOG JUNIOR KWIKPEN	DIABETES	6	25	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	6	25	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	25	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	4	25	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	4	25	
No Disruption	CLOBAZAM	ANTICONVULSANT	4	25	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	25	
No Disruption	XOLAIR	LUNG DISORDERS	4	25	
No Disruption	SERTRALINE HCL	DEPRESSION	4	25	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	25	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	22	24	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	22	24	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	22	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	24	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	24	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	20	24	
No Disruption	HYOSCYAMINE SULFATE SL	OTHER NON-CATEGORIZED	20	24	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	20	24	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	24	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	24	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	19	24	
No Disruption	TRETINOIN	DERMATOLOGICS	19	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	24	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	18	24	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	18	24	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	18	24	
No Disruption	TACROLIMUS	DERMATOLOGICS	17	24	
No Disruption	SODIUM FLUORIDE 5000 PPM SENSITIVE	OTHER NON-CATEGORIZED	17	24	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	24	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	17	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	24	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	24	
No Disruption	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	15	24	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	15	24	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	14	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	24	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	24	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	13	24	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	24	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	12	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	24	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	12	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	12	24	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	11	24	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	11	24	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	24	
No Disruption	GLIMEPIRIDE	DIABETES	11	24	

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State of NE
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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	10	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	24	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	10	24	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	10	24	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	9	24	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	24	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	9	24	
No Disruption	INCASSIA	ESTROGENS & PROGESTINS	8	24	
No Disruption	ALPRAZOLAM	ANXIETY	8	24	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	8	24	
No Disruption	LORAZEPAM	ANXIETY	8	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	8	24	
No Disruption	LARIN 24 FE	ESTROGENS & PROGESTINS	8	24	
No Disruption	PREGABALIN	ANTICONVULSANT	8	24	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	24	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	24	
No Disruption	SYMPROIC	GASTROINTESTINAL	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	24	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	7	24	
No Disruption	NABUMETONE	PAIN	6	24	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	6	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	24	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	24	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	24	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	5	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	24	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	24	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	24	
No Disruption	KELNOR 1/35	ESTROGENS & PROGESTINS	4	24	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	24	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	24	
No Disruption	IBRANCE	CANCER	2	24	
No Disruption	PREDNISONE	CORTICOSTEROIDS	23	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	23	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	23	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	CEFDINIR	ANTI-INFECTIVE	22	23	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	21	23	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	21	23	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	23	
No Disruption	TRETINOIN	DERMATOLOGICS	21	23	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	21	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	20	23	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	19	23	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	18	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	23	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	INDOMETHACIN	PAIN	15	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	23	
No Disruption	CLONAZEPAM	ANTICONVULSANT	14	23	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	23	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	23	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	23	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	23	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	13	23	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	13	23	
No Disruption	ADDERALL XR	ADHD	13	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	12	23	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	12	23	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	23	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	11	23	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	11	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	11	23	
No Disruption	CAPECITABINE	CANCER	11	23	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	23	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	10	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	10	23	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	23	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	10	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	23	
No Disruption	PREDNISONE	CORTICOSTEROIDS	10	23	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	10	23	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	10	23	
No Disruption	PIOGLITAZONE HCL	DIABETES	9	23	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	9	23	
No Disruption	LESSINA	ESTROGENS & PROGESTINS	9	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	23	
No Disruption	GLIPIZIDE	DIABETES	9	23	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	23	
No Disruption	SYNJARDY	DIABETES	8	23	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	23	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	23	
No Disruption	SIMPESSE	ESTROGENS & PROGESTINS	8	23	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	23	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	23	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1"	OTHER NON-CATEGORIZED	7	23	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	7	23	
No Disruption	NORTREL 7/7/7	ESTROGENS & PROGESTINS	7	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	23	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TEMAZEPAM	SLEEP DISORDERS	6	23	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	6	23	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	6	23	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	23	
No Disruption	PULMOZYME	CYSTIC FIBROSIS	6	23	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	5	23	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	5	23	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	23	
No Disruption	FETZIMA	DEPRESSION	5	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	5	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	23	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	5	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	23	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	4	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	4	23	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	4	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	23	
No Disruption	MORPHINE SULFATE ER	PAIN	3	23	
No Disruption	TALTZ	AUTOIMMUNE	2	23	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	22	22	
No Disruption	PREDNISONE	CORTICOSTEROIDS	22	22	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	22	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	21	22	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	22	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	20	22	
No Disruption	IBUPROFEN	PAIN	20	22	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	19	22	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	19	22	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	22	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	18	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	18	22	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	17	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	22	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	15	22	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	15	22	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	15	22	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	15	22	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	14	22	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	14	22	
No Disruption	IMIQUIMOD	DERMATOLOGICS	14	22	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	13	22	
No Disruption	CELECOXIB	PAIN	13	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	22	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	22	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	12	22	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	12	22	
No Disruption	BD SWABS SINGLE USE	OTHER NON-CATEGORIZED	11	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	ZALEPLON	SLEEP DISORDERS	11	22	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	22	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	10	22	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	JORNAY PM	ADHD	10	22	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	22	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	9	22	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	9	22	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	9	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	9	22	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	22	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	22	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	8	22	
No Disruption	JOLESSA	ESTROGENS & PROGESTINS	8	22	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	22	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	8	22	
No Disruption	GLIPIZIDE	DIABETES	8	22	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	22	
No Disruption	GLIPIZIDE	DIABETES	7	22	
No Disruption	PREGABALIN	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	22	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	6	22	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	22	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	22	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	6	22	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	6	22	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	6	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HCL	PAIN	5	22	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	22	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	22	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	5	22	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	22	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	22	
No Disruption	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	4	22	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	22	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	4	22	
No Disruption	BLISOVI FE 1.5/30	ESTROGENS & PROGESTINS	4	22	
No Disruption	JORNAY PM	ADHD	4	22	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	22	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	22	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	22	
No Disruption	XHANCE	ALLERGY	2	22	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	21	21	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	21	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	19	21	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	19	21	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	19	21	
No Disruption	EPINEPHRINE	ALLERGY	19	21	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	18	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	17	21	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	17	21	
No Disruption	CEFDINIR	ANTI-INFECTIVE	17	21	
No Disruption	CELECOXIB	PAIN	17	21	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	17	21	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	16	21	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	16	21	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	16	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	21	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	15	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	21	
No Disruption	IBUPROFEN	PAIN	15	21	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	15	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	15	21	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	14	21	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	21	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	14	21	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	21	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	21	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	21	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	13	21	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	21	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	21	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	12	21	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	12	21	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	12	21	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	11	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	11	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	11	21	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	11	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	21	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	10	21	
No Disruption	TRI-ESTARYLLA	ESTROGENS & PROGESTINS	10	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	10	21	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	21	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	10	21	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	10	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	9	21	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	21	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	9	21	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	9	21	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	21	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	8	21	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	8	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	8	21	
No Disruption	ANASTROZOLE	CANCER	8	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	21	
No Disruption	RABEPRAZOLE SODIUM	PPIs	7	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	21	
No Disruption	TAMOXIFEN CITRATE	CANCER	7	21	
No Disruption	PREGABALIN	ANTICONVULSANT	7	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	21	
No Disruption	HEATHER	ESTROGENS & PROGESTINS	7	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	21	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	21	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	6	21	
No Disruption	JULEBER	ESTROGENS & PROGESTINS	6	21	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	21	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	5	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	21	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	21	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	5	21	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	5	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	4	21	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	21	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	21	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	21	
No Disruption	VERZENIO	CANCER	3	21	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	3	21	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	21	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	3	21	
No Disruption	FLUOXETINE DR	DEPRESSION	3	21	
No Disruption	OFLOXACIN	OPHTHALMIC	20	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	20	20	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	20	20	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	20	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	19	20	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	19	20	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	19	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	18	20	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	18	20	
No Disruption	IBUPROFEN	PAIN	18	20	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	17	20	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	16	20	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	16	20	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	20	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	16	20	
No Disruption	PERMETHRIN	DERMATOLOGICS	15	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	20	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	20	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	20	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	20	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	20	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	14	20	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	20	
No Disruption	PREGABALIN	ANTICONVULSANT	14	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	14	20	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	20	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	20	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	13	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	12	20	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	12	20	
No Disruption	PREGABALIN	ANTICONVULSANT	11	20	
No Disruption	DOXEPIN HCL	DEPRESSION	11	20	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	20	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	20	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	11	20	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	20	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	10	20	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	20	
No Disruption	SSD	DERMATOLOGICS	10	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	20	
No Disruption	ATOMOXETINE	ADHD	10	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	9	20	
No Disruption	INSULIN GLARGINE SOLOSTAR	DIABETES	9	20	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	20	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	20	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	9	20	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	20	
No Disruption	CELECOXIB	PAIN	8	20	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	8	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	8	20	
No Disruption	BUDESONIDE	ASTHMA/COPD	8	20	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	8	20	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	8	20	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	20	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	20	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	20	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	7	20	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	20	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	MORPHINE SULFATE ER	PAIN	6	20	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	6	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	20	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	20	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	20	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	20	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	20	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	SKYRIZI	AUTOIMMUNE	4	20	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	20	
No Disruption	AMANTADINE HCL	PARKINSON	4	20	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	4	20	
No Disruption	ELMIRON	OTHER NON-CATEGORIZED	4	20	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	20	
No Disruption	METHSCOPOLAMINE BROMIDE	OTHER NON-CATEGORIZED	3	20	
No Disruption	ROPINIROLE HCL	PARKINSON	3	20	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	3	20	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	19	19	
No Disruption	BENZONATATE	ALLERGY	19	19	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	18	19	
No Disruption	IBUPROFEN	PAIN	18	19	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	19	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	17	19	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	17	19	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	16	19	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	16	19	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	15	19	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	15	19	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	15	19	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	15	19	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	14	19	
No Disruption	LORAZEPAM	ANXIETY	14	19	
No Disruption	SHINGRIX	VACCINES	14	19	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	19	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	13	19	
No Disruption	OMEPRAZOLE	PPIs	13	19	
No Disruption	DICLOFENAC SODIUM DR	PAIN	13	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	19	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	13	19	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	12	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	19	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	19	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	19	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	19	
No Disruption	ZORYVE	DERMATOLOGICS	11	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	11	19	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	10	19	
No Disruption	ANASTROZOLE	CANCER	9	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	19	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	9	19	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	19	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	9	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	9	19	
No Disruption	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	OTHER NON-CATEGORIZED	9	19	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	19	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	9	19	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	ARMOUR THYROID	THYROID AGENTS	8	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	19	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	19	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	8	19	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	19	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	8	19	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	8	19	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	7	19	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	19	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	19	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	19	
No Disruption	OMEPRAZOLE	PPIs	6	19	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	19	
No Disruption	PORTIA-28	ESTROGENS & PROGESTINS	6	19	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	19	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	19	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	19	
No Disruption	PAROXETINE HCL	DEPRESSION	6	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	19	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	19	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	5	19	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	5	19	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	5	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	19	
No Disruption	VYVANSE	ADHD	5	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	19	
No Disruption	QELBREE	ADHD	5	19	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	4	19	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	19	
No Disruption	DIAZEPAM	ANXIETY	4	19	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	19	
No Disruption	LETROZOLE	CANCER	4	19	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	19	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	19	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	3	19	
No Disruption	TRIVORA-28	ESTROGENS & PROGESTINS	3	19	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	3	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	19	
No Disruption	SERTRALINE HCL	DEPRESSION	2	19	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	18	18	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	18	18	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	18	18	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	17	18	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	17	18	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	18	
No Disruption	NYSTATIN	DERMATOLOGICS	16	18	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	16	18	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	16	18	
No Disruption	CEFDINIR	ANTI-INFECTIVE	16	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	18	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	15	18	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	15	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	15	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	15	18	
No Disruption	DRYSOL	DERMATOLOGICS	14	18	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	14	18	
No Disruption	CELECOXIB	PAIN	13	18	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	13	18	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	18	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	13	18	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	12	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	18	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	18	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	12	18	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	12	18	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	18	
No Disruption	SULFACETAMIDE SODIUM	DERMATOLOGICS	11	18	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	11	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	18	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	18	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	11	18	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	11	18	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	11	18	
No Disruption	HM ASPIRIN EC LOW DOSE	PAIN	10	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	18	
No Disruption	LO-ZUMANDIMINE	ESTROGENS & PROGESTINS	10	18	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	10	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	10	18	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	10	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	9	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	9	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	9	18	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	9	18	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	18	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	18	
No Disruption	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	OTHER NON-CATEGORIZED	8	18	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	18	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	GLIPIZIDE ER	DIABETES	8	18	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	8	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	18	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	18	
No Disruption	TESTOSTERONE	ANDROGENS	7	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	18	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	KLOR-CON M10	VITAMINS & SUPPLEMENTS	7	18	
No Disruption	DIAZEPAM	ANXIETY	7	18	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	18	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	18	
No Disruption	VYVANSE	ADHD	7	18	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	7	18	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	7	18	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	7	18	
No Disruption	PAROXETINE HCL	DEPRESSION	6	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	6	18	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	6	18	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	18	
No Disruption	LETROZOLE	CANCER	6	18	
No Disruption	LARIN 1.5/30	ESTROGENS & PROGESTINS	6	18	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	6	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	18	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	6	18	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	18	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	18	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	18	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	ZALEPLON	SLEEP DISORDERS	5	18	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	5	18	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	18	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	18	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	18	
No Disruption	XOLAIR	LUNG DISORDERS	5	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	18	
No Disruption	VOLNEA	ESTROGENS & PROGESTINS	5	18	
No Disruption	LORAZEPAM	ANXIETY	5	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	18	
No Disruption	ENPRESSE-28	ESTROGENS & PROGESTINS	4	18	
No Disruption	SYNJARDY XR	DIABETES	4	18	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	MIRTAZAPINE	DEPRESSION	4	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	18	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	18	
No Disruption	BUPRENORPHINE	PAIN	3	18	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	18	
No Disruption	DAYVIGO	SLEEP DISORDERS	3	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	18	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	18	
No Disruption	ORENCIA	AUTOIMMUNE	2	18	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	18	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	2	18	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	2	18	
No Disruption	IMBRUVICA	CANCER	2	18	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	17	17	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	17	17	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	17	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	15	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	17	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	17	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	15	17	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	17	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	17	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	17	
No Disruption	BENZONATATE	ALLERGY	14	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	17	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	12	17	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	12	17	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	17	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	12	17	
No Disruption	TRETINOIN	DERMATOLOGICS	12	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	11	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	17	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	11	17	
No Disruption	SPRAVATO 56MG DOSE	DEPRESSION	11	17	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	17	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	17	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	10	17	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	17	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	17	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	10	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	17	
No Disruption	QELBREE	ADHD	10	17	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	9	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	8	17	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	17	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	17	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	17	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	8	17	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	17	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	17	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	17	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	7	17	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	17	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	17	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	7	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	17	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	7	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	CAPECITABINE	CANCER	6	17	
No Disruption	GLIPIZIDE	DIABETES	6	17	
No Disruption	ACTEMRA ACTPEN	AUTOIMMUNE	6	17	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	17	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	6	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	17	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	5	17	
No Disruption	TESTOSTERONE PUMP	ANDROGENS	5	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	5	17	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	17	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	17	
No Disruption	CLARAVIS	DERMATOLOGICS	5	17	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	17	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	4	17	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	17	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	4	17	
No Disruption	ALPRAZOLAM	ANXIETY	4	17	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	4	17	
No Disruption	DIAZEPAM	ANXIETY	4	17	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	4	17	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	17	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	17	
No Disruption	LORAZEPAM	ANXIETY	3	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	17	
No Disruption	OMEPRAZOLE DR	PPIs	3	17	
No Disruption	EXEMESTANE	CANCER	3	17	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	17	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	17	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	17	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	16	16	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	16	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	16	16	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	16	16	
No Disruption	BENZONATATE	ALLERGY	16	16	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	16	16	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	15	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	15	16	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	15	16	
No Disruption	PREDNISONE	CORTICOSTEROIDS	15	16	
No Disruption	INDOMETHACIN	PAIN	14	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	13	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	13	16	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	13	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	16	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	16	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	12	16	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	11	16	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	11	16	
No Disruption	KLAYESTA	DERMATOLOGICS	11	16	
No Disruption	CLONAZEPAM	ANTICONVULSANT	11	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	16	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	10	16	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	10	16	
No Disruption	NYSTATIN	DERMATOLOGICS	10	16	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	9	16	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	16	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	16	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	9	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	9	16	
No Disruption	PAROXETINE HCL	DEPRESSION	9	16	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	9	16	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	8	16	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	8	16	
No Disruption	ALPRAZOLAM ER	ANXIETY	8	16	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	16	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	16	
No Disruption	BELSOMRA	SLEEP DISORDERS	8	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	8	16	
No Disruption	ROPINIROLE HCL	PARKINSON	8	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	16	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	16	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	16	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	7	16	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	DICLOFENAC POTASSIUM	PAIN	7	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	16	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	7	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	16	
No Disruption	ZALEPLON	SLEEP DISORDERS	7	16	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	6	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	16	
No Disruption	OMEPRAZOLE DR	PPIs	6	16	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	16	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	16	
No Disruption	GLIPIZIDE ER	DIABETES	5	16	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	5	16	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	16	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	16	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	5	16	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	16	
No Disruption	CRESEMBA	ANTI-INFECTIVE	5	16	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	5	16	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	5	16	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	16	
No Disruption	OMEPRAZOLE	PPIs	4	16	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	4	16	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	4	16	
No Disruption	BELSOMRA	SLEEP DISORDERS	4	16	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	16	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	16	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	16	
No Disruption	AMANTADINE HCL	PARKINSON	4	16	
No Disruption	AUROVELA 24 FE	ESTROGENS & PROGESTINS	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	16	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	3	16	
No Disruption	ALPRAZOLAM	ANXIETY	3	16	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	16	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	3	16	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HCL ER	ADHD	3	16	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	3	16	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	3	16	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	2	16	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	16	
No Disruption	MYFORTIC	IMMUNOSUPPRESSANTS	2	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	PREGABALIN	ANTICONVULSANT	2	16	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	2	16	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	2	16	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	2	16	
No Disruption	RINVOQ	AUTOIMMUNE	2	16	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	16	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	15	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	15	
No Disruption	CEFDINIR	ANTI-INFECTIVE	15	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	15	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	IBUPROFEN	PAIN	14	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	13	15	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	13	15	
No Disruption	DIAZEPAM	ANXIETY	13	15	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	13	15	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	13	15	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	15	
No Disruption	ALCOHOL PREPS	OTHER NON-CATEGORIZED	13	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	13	15	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	13	15	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	12	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	12	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	15	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	15	
No Disruption	TWINRIX	VACCINES	12	15	
No Disruption	NAPROXEN	PAIN	11	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	11	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	10	15	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	10	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	10	15	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	10	15	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	15	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	10	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	15	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	9	15	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	9	15	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	15	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	15	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	9	15	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	9	15	
No Disruption	VYVANSE	ADHD	9	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	8	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	15	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	8	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	15	
No Disruption	NAPROXEN	PAIN	8	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	15	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	15	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	15	
No Disruption	GLIPIZIDE ER	DIABETES	6	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	6	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	6	15	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	6	15	
No Disruption	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	6	15	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	15	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	6	15	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	15	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	15	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	15	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	6	15	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	6	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	15	
No Disruption	PREVIDENT 5000 DRY MOUTH	OTHER NON-CATEGORIZED	6	15	
No Disruption	SYNJARDY XR	DIABETES	6	15	
No Disruption	ASPIRIN	PAIN	5	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	15	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	5	15	
No Disruption	GLYBURIDE	DIABETES	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	15	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	5	15	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	15	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	5	15	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	5	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	15	
No Disruption	PREGABALIN	ANTICONVULSANT	4	15	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	4	15	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	15	
No Disruption	UREA	DERMATOLOGICS	4	15	
No Disruption	PAROXETINE HCL	DEPRESSION	4	15	
No Disruption	GLIPIZIDE	DIABETES	4	15	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	15	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	3	15	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	15	
No Disruption	ACARBOSE	DIABETES	3	15	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	15	
No Disruption	ALPRAZOLAM	ANXIETY	3	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	15	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	15	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	15	
No Disruption	ROPINIROLE HCL	PARKINSON	3	15	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	15	
No Disruption	OCALIVA	GASTROINTESTINAL	2	15	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	15	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	ESTROGENS & PROGESTINS	2	15	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	15	
No Disruption	BUTORPHANOL TARTRATE	PAIN	2	15	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	15	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	15	
No Disruption	XARELTO	ANTICOAGULANT	2	15	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	15	
No Disruption	OMEPRAZOLE	PPIs	2	15	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	15	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	15	
No Disruption	TURQOZ	ESTROGENS & PROGESTINS	2	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	15	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	15	
No Disruption	NYSTOP	DERMATOLOGICS	14	14	
No Disruption	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	DIABETES	14	14	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	14	14	
No Disruption	BENZONATATE	ALLERGY	14	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	14	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	14	14	
No Disruption	GAVILYTE-C	OTHER NON-CATEGORIZED	14	14	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	14	
No Disruption	SODIUM CHLORIDE	ALLERGY	13	14	
No Disruption	PREDNISONE	CORTICOSTEROIDS	13	14	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	14	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	13	14	
No Disruption	EPINEPHRINE	ALLERGY	13	14	
No Disruption	BENZONATATE	ALLERGY	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	14	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	12	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	14	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	14	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	12	14	
No Disruption	NYSTATIN	DERMATOLOGICS	12	14	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Prime THERAPEUTICS™

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	OMEPRAZOLE	PPIs	11	14	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	11	14	
No Disruption	DRYSOL	DERMATOLOGICS	11	14	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	11	14	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	11	14	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	11	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	14	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	11	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	10	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	14	
No Disruption	BD 3ML LUER-LOK SYRINGE/25G X 1"	OTHER NON-CATEGORIZED	10	14	
No Disruption	VTAMA	DERMATOLOGICS	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	TRINTELLIX	DEPRESSION	10	14	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	14	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	9	14	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	14	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	14	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	9	14	
No Disruption	VALTOCO 10 MG DOSE	ANTICONVULSANT	9	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	14	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	14	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	14	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	14	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	7	14	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	14	
No Disruption	ZTLIDO	DERMATOLOGICS	7	14	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	14	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	7	14	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	14	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	7	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	14	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	7	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	14	
No Disruption	BUSPIRONE HCL	ANXIETY	6	14	
No Disruption	SULINDAC	PAIN	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	6	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	14	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	14	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	14	
No Disruption	SYNJARDY XR	DIABETES	6	14	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	6	14	
No Disruption	MIRTAZAPINE	DEPRESSION	5	14	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	14	
No Disruption	DICLOFENAC SODIUM DR	PAIN	5	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	14	
No Disruption	LUMIGAN	OPHTHALMIC	5	14	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	14	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	14	
No Disruption	MODAFINIL	SLEEP DISORDERS	5	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	14	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	5	14	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	14	
No Disruption	ANASTROZOLE	CANCER	5	14	
No Disruption	TESTOSTERONE	ANDROGENS	5	14	
No Disruption	HAILEY 24 FE	ESTROGENS & PROGESTINS	5	14	
No Disruption	GLIPIZIDE	DIABETES	5	14	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	HAILEY FE 1/20	ESTROGENS & PROGESTINS	5	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	4	14	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	14	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	4	14	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	4	14	
No Disruption	MIEBO	OTHER NON-CATEGORIZED	4	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	14	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	14	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	QULIPTA	MIGRAINE	4	14	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	14	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	14	
No Disruption	OMEPRAZOLE	PPIs	3	14	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	3	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	14	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	14	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	14	
No Disruption	LYUMJEV KWIKPEN	DIABETES	3	14	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	14	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	ENBREL MINI	AUTOIMMUNE	3	14	
No Disruption	CREON	CYSTIC FIBROSIS	3	14	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	3	14	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	14	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	14	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	14	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	14	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	14	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	14	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	14	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	14	
No Disruption	DELSTRIGO	HIV	2	14	
No Disruption	DABIGATRAN ETEXILATE	ANTICOAGULANT	2	14	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	14	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	2	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	14	
No Disruption	PROMETHAZINE DM	ALLERGY	13	13	
No Disruption	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	13	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	13	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	13	13	
No Disruption	ACCU-CHEK GUIDE ME	DIABETES	13	13	
No Disruption	ABRYSVO	VACCINES	13	13	
No Disruption	NITROFURANTOIN MONOHYDRATE	ANTI-INFECTIVE	13	13	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	13	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	13	13	
No Disruption	BAQSIMI TWO PACK	DIABETES	13	13	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	13	13	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	13	13	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	13	13	
No Disruption	NYSTATIN	DERMATOLOGICS	12	13	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	12	13	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	12	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	13	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	13	
No Disruption	MELOXICAM	PAIN	11	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	11	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	11	13	
No Disruption	AZELASTINE HCL	OPHTHALMIC	11	13	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	11	13	
No Disruption	SSD	DERMATOLOGICS	11	13	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	10	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	10	13	
No Disruption	NYSTATIN	DERMATOLOGICS	9	13	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	13	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	9	13	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	13	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	13	
No Disruption	NABUMETONE	PAIN	8	13	
No Disruption	LEUCOVORIN CALCIUM	CANCER	8	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	13	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	8	13	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	13	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	7	13	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	13	
No Disruption	MODAFINIL	SLEEP DISORDERS	7	13	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	7	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	7	13	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	7	13	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	7	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	13	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	7	13	
No Disruption	TESTOSTERONE	ANDROGENS	7	13	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	SUMATRIPTAN	MIGRAINE	6	13	
No Disruption	OMEPRAZOLE	PPIs	6	13	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	13	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	6	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	13	
No Disruption	PAROXETINE HCL	DEPRESSION	6	13	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	6	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	13	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	5	13	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	13	
No Disruption	TAMOXIFEN CITRATE	CANCER	5	13	
No Disruption	GLIPIZIDE ER	DIABETES	5	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	13	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	13	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	4	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	13	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	4	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	13	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	4	13	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	4	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	13	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	4	13	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	13	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	13	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	13	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	4	13	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	13	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	4	13	
No Disruption	ROPINIROLE HCL	PARKINSON	4	13	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	13	
No Disruption	BUPRENORPHINE	PAIN	3	13	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	13	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	13	
No Disruption	LUMIGAN	OPHTHALMIC	3	13	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	3	13	
No Disruption	BALZIVA	ESTROGENS & PROGESTINS	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	MIRTAZAPINE	DEPRESSION	3	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	13	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	3	13	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	13	
No Disruption	OMEPRAZOLE	PPIs	3	13	
No Disruption	VERAPAMIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	13	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	13	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	13	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	13	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	PAIN	2	13	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	13	
No Disruption	MORPHINE SULFATE ER	PAIN	2	13	
No Disruption	HUMULIN R U-500 (CONCENTRATED)	DIABETES	2	13	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	2	13	
No Disruption	LYRICA	ANTICONVULSANT	2	13	
No Disruption	BELBUCA	PAIN	2	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	13	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	13	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	13	
No Disruption	KEPPRA	ANTICONVULSANT	2	13	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	13	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	1	13	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	13	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	13	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	13	
No Disruption	AVONEX PEN	MULTIPLE SCLEROSIS	1	13	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	13	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	12	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	12	12	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	12	12	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	12	12	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	12	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	11	12	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	11	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	11	12	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	11	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	12	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	11	12	
No Disruption	SERTRALINE HCL	DEPRESSION	11	12	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	12	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	10	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	12	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	10	12	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	10	12	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	12	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	BAQSIMI ONE PACK	DIABETES	10	12	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	12	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	10	12	
No Disruption	NYSTATIN	DERMATOLOGICS	10	12	
No Disruption	HAVRIX	VACCINES	10	12	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	12	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	10	12	
No Disruption	SSD	DERMATOLOGICS	10	12	
No Disruption	ATOMOXETINE	ADHD	10	12	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	9	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	12	
No Disruption	MODAFINIL	SLEEP DISORDERS	9	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	9	12	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	12	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	8	12	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	8	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	12	
No Disruption	TOBRADEX	OPHTHALMIC	8	12	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	8	12	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	12	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	7	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	7	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	7	12	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	7	12	
No Disruption	CAPECITABINE	CANCER	6	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	6	12	
No Disruption	PIOGLITAZONE HCL	DIABETES	6	12	
No Disruption	OMEPRAZOLE	PPIs	6	12	
No Disruption	NAPROXEN	PAIN	6	12	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	6	12	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	12	
No Disruption	ACCU-CHEK FASTCLIX LANCETS	DIABETES	6	12	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	12	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	6	12	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	12	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	12	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	5	12	
No Disruption	NOVOFINE PEN NEEDLE 32G X 6MM	DIABETES	5	12	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	12	
No Disruption	BLISOVI 24 FE	ESTROGENS & PROGESTINS	5	12	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	12	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	DAPSONE	ANTI-INFECTIVE	5	12	
No Disruption	CORLANOR	OTHER NON-CATEGORIZED	5	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	12	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	12	
No Disruption	ROPINIROLE HCL	PARKINSON	5	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	12	
No Disruption	SULINDAC	PAIN	5	12	
No Disruption	ETODOLAC	PAIN	5	12	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	12	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	12	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	12	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	12	
No Disruption	BD HYPODERMIC NEEDLES 25GX1.5"	OTHER NON-CATEGORIZED	4	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	4	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	4	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	12	
No Disruption	SYNJARDY	DIABETES	3	12	
No Disruption	ZONISAMIDE	ANTICONVULSANT	3	12	
No Disruption	ANASTROZOLE	CANCER	3	12	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	12	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	3	12	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	PAIN	3	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	12	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	3	12	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	3	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	12	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	12	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	12	
No Disruption	PHOSPHA 250 NEUTRAL	VITAMINS & SUPPLEMENTS	2	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	GLYXAMBI	DIABETES	2	12	
No Disruption	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	DIABETES	2	12	
No Disruption	EMGALITY	MIGRAINE	2	12	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	12	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	12	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	12	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	12	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	DIABETES	2	12	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	12	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	HYDROXYUREA	CANCER	2	12	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	12	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	2	12	
No Disruption	PREGABALIN	ANTICONVULSANT	2	12	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	1	12	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	12	
No Disruption	PERTZYE	CYSTIC FIBROSIS	1	12	
No Disruption	PAROXETINE HCL	DEPRESSION	1	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	12	
No Disruption	NUPLAZID	ANTIPSYCHOTIC	1	12	
No Disruption	NUBEQA	CANCER	1	12	
No Disruption	ENBRACE HR	VITAMINS & SUPPLEMENTS	1	12	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	12	
No Disruption	BRIVIACT	ANTICONVULSANT	1	12	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	12	
No Disruption	LEVONEST	ESTROGENS & PROGESTINS	1	12	
No Disruption	IMBRUVICA	CANCER	1	12	
No Disruption	NUCYNTA	PAIN	1	12	
No Disruption	TRIUMEQ	HIV	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	12	
No Disruption	TALTZ	AUTOIMMUNE	1	12	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	12	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	12	
No Disruption	REVLIMID	CANCER	1	12	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	11	11	
No Disruption	TACROLIMUS	DERMATOLOGICS	11	11	
No Disruption	PAXLOVID	ANTI-INFECTIVE	11	11	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	11	11	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	11	11	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	11	11	
No Disruption	LAGEVRIO	ANTI-INFECTIVE	11	11	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	XOFLUZA	ANTI-INFECTIVE	11	11	
No Disruption	NYSTOP	DERMATOLOGICS	10	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	11	
No Disruption	TRETINOIN	DERMATOLOGICS	10	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	10	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	11	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	10	11	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	10	11	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	11	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	9	11	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	9	11	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	9	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	9	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	8	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	11	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	8	11	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	11	
No Disruption	LIDOCAINE	DERMATOLOGICS	8	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	11	
No Disruption	AZSTARYS	ADHD	8	11	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	8	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	CELECOXIB	PAIN	8	11	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	11	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	7	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	7	11	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	7	11	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	7	11	
No Disruption	MIRTAZAPINE	DEPRESSION	7	11	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	7	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	11	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	7	11	
No Disruption	MELOXICAM	PAIN	7	11	
No Disruption	DENTAGEL	OTHER NON-CATEGORIZED	7	11	
No Disruption	LINEZOLID	ANTI-INFECTIVE	7	11	
No Disruption	IBUPROFEN	PAIN	7	11	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	11	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	7	11	
No Disruption	CELECOXIB	PAIN	7	11	
No Disruption	SSD	DERMATOLOGICS	7	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	6	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	11	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	6	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	11	
No Disruption	PAROXETINE HCL	DEPRESSION	6	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	11	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	11	
No Disruption	ANASTROZOLE	CANCER	6	11	
No Disruption	MODAFINIL	SLEEP DISORDERS	6	11	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	6	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	11	
No Disruption	NIKKI	ESTROGENS & PROGESTINS	6	11	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	6	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	6	11	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	6	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	11	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	6	11	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	6	11	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FEMRING	ESTROGENS & PROGESTINS	5	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	5	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	11	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	5	11	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	5	11	
No Disruption	MORPHINE SULFATE	PAIN	5	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	5	11	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	11	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	11	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	5	11	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	11	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	5	11	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	5	11	
No Disruption	TYBLUME	ESTROGENS & PROGESTINS	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	11	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	11	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	11	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	4	11	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TAMOXIFEN CITRATE	CANCER	4	11	
No Disruption	EASY TOUCH PEN NEEDLES/31G X 3/16"	DIABETES	4	11	
No Disruption	MIRTAZAPINE	DEPRESSION	4	11	
No Disruption	MINIMED RESERVOIR 3ML	DIABETES	4	11	
No Disruption	DOXAZOSIN	ANTIHYPERTENSIVE	4	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	11	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	VYVANSE	ADHD	4	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	11	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	4	11	
No Disruption	VENLAFAXINE HCL	DEPRESSION	4	11	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	11	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	11	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	11	
No Disruption	RHOFADE	DERMATOLOGICS	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	ODACTRA	OTHER NON-CATEGORIZED	3	11	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	11	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	11	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	11	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	3	11	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	11	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	3	11	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	11	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	3	11	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	11	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	11	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	3	11	
No Disruption	PREGABALIN	ANTICONVULSANT	3	11	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	11	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	11	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	11	
No Disruption	NITRO-BID	OTHER NON-CATEGORIZED	2	11	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	11	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	11	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	11	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	11	
No Disruption	ALPRAZOLAM	ANXIETY	2	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	11	
No Disruption	BELBUCA	PAIN	2	11	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	11	
No Disruption	ULTICARE SHORT PEN NEEDLES/31G X 8MM	DIABETES	2	11	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	11	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	11	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	11	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	11	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	11	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	2	11	
No Disruption	SEREVENT DISKUS	ASTHMA/COPD	2	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	11	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	11	
No Disruption	OCELLA	ESTROGENS & PROGESTINS	1	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	11	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	11	
No Disruption	QNASL	ALLERGY	1	11	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	11	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	11	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	11	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	11	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	11	
No Disruption	DIAZEPAM	ANXIETY	1	11	
No Disruption	LYBALVI	ANTIPSYCHOTIC	1	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	11	
No Disruption	AMPHETAMINE SULFATE	ADHD	1	11	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	1	11	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	11	
No Disruption	JAKAFI	CANCER	1	11	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	11	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	11	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	11	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	11	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	11	
No Disruption	SERTRALINE HCL	DEPRESSION	1	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	11	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	10	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	10	10	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	10	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC	OTHER NON-CATEGORIZED	10	10	
No Disruption	GAVILYTE-N/FLAVOR PACK	OTHER NON-CATEGORIZED	10	10	
No Disruption	NAPROXEN	PAIN	10	10	
No Disruption	MUPIROCIN	DERMATOLOGICS	10	10	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	10	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	10	10	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	10	10	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	10	10	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	10	10	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	10	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	10	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	10	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	9	10	
No Disruption	OFLOXACIN	OPHTHALMIC	9	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	10	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	9	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	9	10	
No Disruption	INDOMETHACIN	PAIN	9	10	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	9	10	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	9	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	8	10	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	10	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	10	
No Disruption	IMIQUIMOD	DERMATOLOGICS	8	10	
No Disruption	IBUPROFEN	PAIN	8	10	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	8	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	10	
No Disruption	PREGABALIN	ANTICONVULSANT	7	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	10	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	7	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	10	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	7	10	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	10	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	7	10	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	7	10	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	10	
No Disruption	CELECOXIB	PAIN	7	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	7	10	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	7	10	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	7	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	6	10	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	10	
No Disruption	OMEPRAZOLE DR	PPIs	6	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	10	
No Disruption	CELECOXIB	PAIN	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	MIRTAZAPINE	DEPRESSION	6	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	6	10	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	DIABETES	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	6	10	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	6	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	6	10	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	ASPIRIN	PAIN	6	10	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	6	10	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	6	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	5	10	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	NUCYNTA	PAIN	5	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	10	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	RAGWITEK	OTHER NON-CATEGORIZED	5	10	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	10	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	10	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	5	10	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	5	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	10	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	5	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	5	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	4	10	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	4	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	10	
No Disruption	FEMRING	ESTROGENS & PROGESTINS	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	10	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NAPROXEN	PAIN	4	10	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	10	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	OXYCODONE HCL	PAIN	4	10	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	10	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	4	10	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	10	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	10	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	GLYBURIDE	DIABETES	4	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	10	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	10	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	10	
No Disruption	PREGABALIN	ANTICONVULSANT	3	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	10	
No Disruption	CALCITONIN-SALMON	BONE DENSITY	3	10	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	10	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	3	10	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	10	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	10	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	3	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	10	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	10	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	10	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	10	
No Disruption	HUMULIN R U-500 KWIKPEN	DIABETES	3	10	
No Disruption	GLIPIZIDE	DIABETES	3	10	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	10	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	10	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	10	
No Disruption	FELBAMATE	ANTICONVULSANT	2	10	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	2	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	NARATRIPTAN HCL	MIGRAINE	2	10	
No Disruption	ACEBUTOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	QUILLICHEW ER	ADHD	2	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	10	
No Disruption	DICLOFENAC SODIUM ER	PAIN	2	10	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	10	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	10	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	10	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	10	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	10	
No Disruption	VENCLEXTA	CANCER	2	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	10	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	10	
No Disruption	PERFOROMIST	ASTHMA/COPD	1	10	
No Disruption	PENTASA	GASTROINTESTINAL	1	10	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	10	
No Disruption	CELECOXIB	PAIN	1	10	
No Disruption	HEMLIBRA	HEMOPHILIA	1	10	
No Disruption	DIOVAN	ANTIHYPERTENSIVE	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	10	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	10	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	10	
No Disruption	LORAZEPAM	ANXIETY	1	10	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	10	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	10	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	GOCOVRI	PARKINSON	1	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	10	
No Disruption	FLUOROURACIL	DERMATOLOGICS	9	9	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	9	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	9	9	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	9	9	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	9	9	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	9	9	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	9	9	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	9	9	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	9	9	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	9	9	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	9	
No Disruption	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	9	9	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	9	9	
No Disruption	XOFLUZA	ANTI-INFECTIVE	9	9	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	9	9	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	9	9	
No Disruption	AUVI-Q	ALLERGY	9	9	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	9	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	8	9	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	9	
No Disruption	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	8	9	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	8	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	8	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	9	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	8	9	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	9	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	8	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	9	
No Disruption	CELECOXIB	PAIN	7	9	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	7	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	9	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	9	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	7	9	
No Disruption	AUVI-Q	ALLERGY	7	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	7	9	
No Disruption	DESONIDE	DERMATOLOGICS	7	9	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	7	9	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	9	
No Disruption	CIPRO HC	OTHER NON-CATEGORIZED	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	7	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	7	9	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	9	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	6	9	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	6	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	9	
No Disruption	ORILISSA	ENDOCRINE	6	9	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	6	9	
No Disruption	LORAZEPAM	ANXIETY	6	9	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	5	9	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	9	
No Disruption	SULINDAC	PAIN	5	9	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	5	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	9	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	9	
No Disruption	IBUPROFEN	PAIN	5	9	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	5	9	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	5	9	
No Disruption	PREGABALIN	ANTICONVULSANT	5	9	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	9	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	9	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	9	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	4	9	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	4	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	4	9	
No Disruption	RABEPRAZOLE SODIUM	PPIs	4	9	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	LORAZEPAM	ANXIETY	4	9	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	9	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	9	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	4	9	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	4	9	
No Disruption	CAPECITABINE	CANCER	4	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	9	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	4	9	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	4	9	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	4	9	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	9	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	9	
No Disruption	GLIPIZIDE	DIABETES	3	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	9	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	9	
No Disruption	AMANTADINE HCL	PARKINSON	3	9	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	9	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	3	9	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	3	9	
No Disruption	NABUMETONE	PAIN	3	9	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	9	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	3	9	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	9	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	9	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	9	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	3	9	
No Disruption	LORAZEPAM	ANXIETY	3	9	
No Disruption	DASETTA 7/7/7	ESTROGENS & PROGESTINS	3	9	
No Disruption	LEVORA 0.15/30-28	ESTROGENS & PROGESTINS	3	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	9	
No Disruption	ROPINIROLE HCL	PARKINSON	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	IMIPRAMINE HCL	DEPRESSION	3	9	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	3	9	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	9	
No Disruption	GLYBURIDE	DIABETES	3	9	
No Disruption	GLIPIZIDE ER	DIABETES	3	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	PAROXETINE HCL	DEPRESSION	2	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	9	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	9	
No Disruption	ENSTILAR	DERMATOLOGICS	2	9	
No Disruption	MULTAQ	ANTIARRHYTHMICS	2	9	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	9	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	9	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	2	9	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	9	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	2	9	
No Disruption	FENTANYL	PAIN	2	9	
No Disruption	FETZIMA	DEPRESSION	2	9	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	9	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	9	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	9	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	9	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	9	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	9	
No Disruption	HUMIRA	AUTOIMMUNE	2	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	9	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	9	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	9	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	9	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	9	
No Disruption	GNP ULTICARE PEN NEEDLES 31G X 5MM	DIABETES	1	9	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	9	
No Disruption	DOXEPIN HCL	DEPRESSION	1	9	
No Disruption	ALPRAZOLAM	ANXIETY	1	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	9	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	9	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	9	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	9	
No Disruption	TRIJARDY XR	DIABETES	1	9	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	9	
No Disruption	SYNJARDY	DIABETES	1	9	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	9	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	9	
No Disruption	FLUOROURACIL	DERMATOLOGICS	8	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	8	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	8	8	
No Disruption	PLENVU	OTHER NON-CATEGORIZED	8	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	8	8	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	8	8	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	OMEPRAZOLE	PPIs	8	8	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	8	8	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	8	
No Disruption	ABRYSVO	VACCINES	8	8	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	8	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	8	8	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	8	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC	OTHER NON-CATEGORIZED	8	8	
No Disruption	BACITRACIN/POLYMYXIN B	OPHTHALMIC	8	8	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	8	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	8	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	8	8	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	8	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	7	8	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	7	8	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	7	8	
No Disruption	BENZONATATE	ALLERGY	7	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	VARIVAX	VACCINES	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	8	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	8	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	7	8	
No Disruption	HYDROCORTISONE/ACETIC ACID	OTHER NON-CATEGORIZED	7	8	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	7	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	8	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	ASPIRIN LOW DOSE	PAIN	6	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	6	8	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	8	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	8	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	6	8	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	8	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	6	8	
No Disruption	URSODIOL	GASTROINTESTINAL	6	8	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	6	8	
No Disruption	BUPRENORPHINE	PAIN	6	8	
No Disruption	IBUPROFEN	PAIN	6	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	6	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	8	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	6	8	
No Disruption	SERTRALINE HCL	DEPRESSION	6	8	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	6	8	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	5	8	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	5	8	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	8	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	5	8	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	5	8	
No Disruption	NABUMETONE	PAIN	5	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	8	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	8	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	8	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	ALCOHOL SWABS	OTHER NON-CATEGORIZED	5	8	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	5	8	
No Disruption	ZENATANE	DERMATOLOGICS	5	8	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	5	8	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	5	8	
No Disruption	ZENPEP	CYSTIC FIBROSIS	5	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	8	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	5	8	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	5	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	8	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	NAPROXEN	PAIN	4	8	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	8	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	8	
No Disruption	ALREX	OPHTHALMIC	4	8	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	4	8	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	8	
No Disruption	LUTERA	ESTROGENS & PROGESTINS	4	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	8	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	4	8	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	4	8	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	4	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	IBUPROFEN	PAIN	4	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ZORYVE	DERMATOLOGICS	4	8	
No Disruption	GLIPIZIDE ER	DIABETES	4	8	
No Disruption	GLIPIZIDE	DIABETES	4	8	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	8	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	8	
No Disruption	ROPINIROLE HCL	PARKINSON	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	3	8	
No Disruption	FENTANYL	PAIN	3	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	8	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	3	8	
No Disruption	ERRIN	ESTROGENS & PROGESTINS	3	8	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	8	
No Disruption	NEXLETOL	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	GLIPIZIDE ER	DIABETES	3	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	8	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	3	8	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	3	8	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	3	8	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	3	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	3	8	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	3	8	
No Disruption	ROPINIROLE HCL	PARKINSON	3	8	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	8	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	3	8	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	FENTANYL	PAIN	2	8	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	2	8	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	2	8	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	8	
No Disruption	GLIPIZIDE ER	DIABETES	2	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	8	
No Disruption	OSPHENA	ESTROGENS & PROGESTINS	2	8	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	8	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	8	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	8	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	8	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	8	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	8	
No Disruption	KESIMPTA	MULTIPLE SCLEROSIS	2	8	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	8	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	8	
No Disruption	VIMPAT	ANTICONVULSANT	2	8	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	PAROXETINE HCL	DEPRESSION	2	8	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	8	
No Disruption	ATOMOXETINE	ADHD	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	8	
No Disruption	PIFELTRO	HIV	1	8	
No Disruption	EVEROLIMUS	CANCER	1	8	
No Disruption	OMEPRAZOLE	PPIs	1	8	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	8	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	8	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	ADHD	1	8	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	8	
No Disruption	MARLISSA	ESTROGENS & PROGESTINS	1	8	
No Disruption	REZDIFFRA	GASTROINTESTINAL	1	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	8	
No Disruption	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	8	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	8	
No Disruption	VIIBRYD	DEPRESSION	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	8	
No Disruption	HUMULIN 70/30	DIABETES	1	8	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	1	8	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	FYCOMPA	ANTICONVULSANT	1	8	
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	8	
No Disruption	PROCHAMBER VALVED HOLDINGCHAMBER	OTHER NON-CATEGORIZED	7	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	7	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	7	7	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	ACETIC ACID	OTHER NON-CATEGORIZED	7	7	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	BUPRENORPHINE HCL	PAIN	7	7	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	BENZONATATE	ALLERGY	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	7	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	7	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	7	
No Disruption	TACROLIMUS	DERMATOLOGICS	7	7	
No Disruption	IBUPROFEN	PAIN	7	7	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	7	7	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	7	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	PERMETHRIN	DERMATOLOGICS	6	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	7	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	6	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	7	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	6	7	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	6	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	7	
No Disruption	METHIMAZOLE	THYROID AGENTS	6	7	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	6	7	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	6	7	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	7	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	6	7	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	6	7	
No Disruption	XARELTO	ANTICOAGULANT	6	7	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	6	7	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	6	7	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	6	7	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	7	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	6	7	
No Disruption	ATOMOXETINE	ADHD	6	7	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	6	7	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	6	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	5	7	
No Disruption	SETLAKIN	ESTROGENS & PROGESTINS	5	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	5	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	7	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	7	
No Disruption	OMEPRAZOLE	PPIs	5	7	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	5	7	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	7	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	7	
No Disruption	MOMETASONE FUROATE	ALLERGY	5	7	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	5	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	7	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	5	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	5	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	7	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	BD 3ML SYRINGE LUER-LOK 23GX1"	OTHER NON-CATEGORIZED	5	7	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	5	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	IBU	PAIN	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	GLIPIZIDE ER	DIABETES	5	7	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	REYVOW	MIGRAINE	5	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	7	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ASPIRIN	PAIN	4	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	7	
No Disruption	ESTRING	ESTROGENS & PROGESTINS	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	7	
No Disruption	ALYACEN 1/35	ESTROGENS & PROGESTINS	4	7	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	4	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	7	
No Disruption	ACCU-CHEK GUIDE	DIABETES	4	7	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	4	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	LIDOCAINE	DERMATOLOGICS	4	7	
No Disruption	CREON	CYSTIC FIBROSIS	4	7	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	7	
No Disruption	NYSTATIN	DERMATOLOGICS	4	7	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	GLIPIZIDE/METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	4	7	
No Disruption	ATOMOXETINE	ADHD	4	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PREGABALIN	ANTICONVULSANT	3	7	
No Disruption	PRECISION XTRA	DIABETES	3	7	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	7	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	7	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	7	
No Disruption	NYLIA 1/35	ESTROGENS & PROGESTINS	3	7	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	7	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	7	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	7	
No Disruption	ALPRAZOLAM	ANXIETY	3	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	3	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	7	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	7	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	3	7	
No Disruption	DEBLITANE	ESTROGENS & PROGESTINS	3	7	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	3	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	3	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	CORLANOR	OTHER NON-CATEGORIZED	3	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	7	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	OLOPATADINE HCL	ALLERGY	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	7	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	7	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	7	
No Disruption	HUMULIN R	DIABETES	3	7	
No Disruption	TESTOSTERONE	ANDROGENS	3	7	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	7	
No Disruption	GLIMEPIRIDE	DIABETES	3	7	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	7	
No Disruption	SKYRIZI	AUTOIMMUNE	3	7	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	7	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	3	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	7	
No Disruption	ATOMOXETINE	ADHD	3	7	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	7	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	7	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	7	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	7	
No Disruption	BUSPIRONE HCL	ANXIETY	2	7	
No Disruption	GLIPIZIDE ER	DIABETES	2	7	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	OFEV	LUNG DISORDERS	2	7	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	2	7	
No Disruption	ALPRAZOLAM	ANXIETY	2	7	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	7	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	7	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	DEXTROAMPHETAMINE SULFATE ER	ADHD	2	7	
No Disruption	BELBUCA	PAIN	2	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	7	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	7	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	7	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	7	
No Disruption	ROPINIROLE HCL	PARKINSON	2	7	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	7	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	2	7	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	2	7	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	7	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	RECLIPSEN	ESTROGENS & PROGESTINS	2	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	ACITRETIN	AUTOIMMUNE	1	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	7	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	7	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	ETODOLAC	PAIN	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	7	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	7	
No Disruption	ANAGRELIDE HYDROCHLORIDE	ANTICOAGULANT	1	7	
No Disruption	EMSAM	DEPRESSION	1	7	
No Disruption	NICORETTE	OTHER NON-CATEGORIZED	1	7	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	7	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	7	
No Disruption	MORPHINE SULFATE ER	PAIN	1	7	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	7	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	7	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	7	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	7	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	7	
No Disruption	COPAXONE	MULTIPLE SCLEROSIS	1	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	7	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	1	7	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	7	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	7	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	7	
No Disruption	VENCLEXTA	CANCER	1	7	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	7	
No Disruption	RILUZOLE	OTHER NON-CATEGORIZED	1	7	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	6	6	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	6	6	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	ELIQUIS STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	6	6	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	6	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	6	6	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	DIAZEPAM	ANXIETY	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	6	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	6	6	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	6	6	
No Disruption	XARELTO STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	6	6	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	GALLIFREY	ESTROGENS & PROGESTINS	6	6	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	6	
No Disruption	CEFDINIR	ANTI-INFECTIVE	6	6	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	6	6	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	6	6	
No Disruption	FT LAXATIVE	OTHER NON-CATEGORIZED	6	6	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	6	
No Disruption	PRIORIX	VACCINES	5	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	5	6	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	6	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	5	6	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	6	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	5	6	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	MESALAMINE	GASTROINTESTINAL	5	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	6	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	BAQSIMI ONE PACK	DIABETES	5	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	5	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	6	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	5	6	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	5	6	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	5	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	5	6	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	6	
No Disruption	ATOMOXETINE	ADHD	5	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	5	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	6	
No Disruption	ACYCLOVIR	DERMATOLOGICS	5	6	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	6	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	4	6	
No Disruption	NYSTOP	DERMATOLOGICS	4	6	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	4	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	6	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	6	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	4	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	6	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	4	6	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	4	6	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	OTHER NON-CATEGORIZED	4	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	4	6	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	6	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	6	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	4	6	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	6	
No Disruption	GLYBURIDE	DIABETES	4	6	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	ATOMOXETINE	ADHD	4	6	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	4	6	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	4	6	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	6	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	3	6	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	6	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	6	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	6	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	3	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	6	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	6	
No Disruption	OMEPRAZOLE	PPIs	3	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	3	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	6	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	3	6	
No Disruption	ANASTROZOLE	CANCER	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	6	
No Disruption	NICOTINE MINI LOZENGE	OTHER NON-CATEGORIZED	3	6	
No Disruption	BUPRENORPHINE HCL	PAIN	3	6	
No Disruption	NAPROXEN	PAIN	3	6	
No Disruption	NABUMETONE	PAIN	3	6	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	6	
No Disruption	DICLOFENAC SODIUM DR	PAIN	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	ZOVIA 1/35	ESTROGENS & PROGESTINS	3	6	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	6	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	3	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	3	6	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	3	6	
No Disruption	TRETINOIN	DERMATOLOGICS	3	6	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	6	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	3	6	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	SULINDAC	PAIN	3	6	
No Disruption	GLIPIZIDE	DIABETES	3	6	
No Disruption	GLIMEPIRIDE	DIABETES	3	6	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	6	
No Disruption	QELBREE	ADHD	3	6	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	6	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	6	
No Disruption	PREVIDENT RINSE	OTHER NON-CATEGORIZED	2	6	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	6	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	EXEMESTANE	CANCER	2	6	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	6	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	2	6	
No Disruption	OXERVATE	OPHTHALMIC	2	6	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	6	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	2	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	2	6	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	6	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	6	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	6	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	6	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	6	
No Disruption	DOXEPIN HCL	DEPRESSION	2	6	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	2	6	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	2	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	6	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	2	6	
No Disruption	LIRAGLUTIDE	DIABETES	2	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	6	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	6	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	2	6	
No Disruption	AUTOSOFT 30 INFUSION SET/23"/13MM	DIABETES	2	6	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	6	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	6	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	HUMULIN 70/30 KWIKPEN	DIABETES	2	6	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	6	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	6	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	6	
No Disruption	TEMOZOLOMIDE	CANCER	2	6	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	6	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	6	
No Disruption	SUMATRIPTAN	MIGRAINE	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	ADDERALL	ADHD	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	6	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	6	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	6	
No Disruption	REVLIMID	CANCER	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	6	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	CALQUENCE	CANCER	1	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	6	
No Disruption	FENTANYL	PAIN	1	6	
No Disruption	CABOMETYX	CANCER	1	6	
No Disruption	BUTRANS	PAIN	1	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	6	
No Disruption	BUSPIRONE HCL	ANXIETY	1	6	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	6	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	6	
No Disruption	ENDOMETRIN	ESTROGENS & PROGESTINS	1	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	6	
No Disruption	BUPRENORPHINE	PAIN	1	6	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	6	
No Disruption	POTASSIUM CITRATE/CITRIC ACID	OTHER NON-CATEGORIZED	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	6	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	6	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	6	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	6	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	6	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	6	
No Disruption	TRIMETHOPRIM	ANTI-INFECTIVE	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	6	
No Disruption	CELECOXIB	PAIN	1	6	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	6	
No Disruption	SKYTROFA	GROWTH HORMONES	1	6	
No Disruption	SELEGILINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	6	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	6	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	PROMETHEGAN	ALLERGY	5	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	5	5	
No Disruption	PREGABALIN	ANTICONVULSANT	5	5	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	5	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	5	5	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	PEG 3350	OTHER NON-CATEGORIZED	5	5	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	5	
No Disruption	OFLOXACIN	OPHTHALMIC	5	5	
No Disruption	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	5	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	ACCU-CHEK GUIDE	DIABETES	5	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	MELOXICAM	PAIN	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	5	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	5	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	5	5	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	5	5	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	5	5	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	5	5	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALTOCO 15 MG DOSE	ANTICONVULSANT	5	5	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	5	5	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	5	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	5	5	
No Disruption	HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	5	5	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	5	5	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	5	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	5	5	
No Disruption	SUFLAVE	OTHER NON-CATEGORIZED	5	5	
No Disruption	ASPIRIN ADULT LOW STRENGTH	PAIN	5	5	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	5	5	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	AUVI-Q	ALLERGY	5	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	5	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	5	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	5	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	4	5	
No Disruption	EUCRISA	DERMATOLOGICS	4	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	5	
No Disruption	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	DIABETES	4	5	
No Disruption	OMEPRAZOLE	PPIs	4	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	5	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	4	5	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	NYSTATIN	DERMATOLOGICS	4	5	
No Disruption	NYAMYC	DERMATOLOGICS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	4	5	
No Disruption	ZOLMITRIPTAN ODT	MIGRAINE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	5	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	4	5	
No Disruption	ALPRAZOLAM	ANXIETY	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	5	
No Disruption	DIAZEPAM	ANXIETY	4	5	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	5	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	4	5	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	5	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	5	
No Disruption	AZELEX	DERMATOLOGICS	4	5	
No Disruption	AZELASTINE HCL	OPHTHALMIC	4	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	5	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	5	
No Disruption	URSODIOL	GASTROINTESTINAL	4	5	
No Disruption	VYVANSE	ADHD	4	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	ATOMOXETINE	ADHD	4	5	
No Disruption	SERTRALINE HCL	DEPRESSION	4	5	
No Disruption	RABEPRAZOLE SODIUM	PPIs	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	5	
No Disruption	PREGABALIN	ANTICONVULSANT	3	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	5	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	3	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	3	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	PERMETHRIN	DERMATOLOGICS	3	5	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	3	5	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	5	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	5	
No Disruption	OLOPATADINE HCL	ALLERGY	3	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	3	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	5	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	NAPROXEN DR	PAIN	3	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	3	5	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	3	5	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	3	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	5	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	DIABETES	3	5	
No Disruption	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	DIABETES	3	5	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	5	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	5	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	5	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	5	
No Disruption	IBU	PAIN	3	5	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	3	5	
No Disruption	IBUPROFEN	PAIN	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TRUSTEEL INFUSION SET/23"/6MM	DIABETES	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	TRIFLURIDINE	OPHTHALMIC	3	5	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	3	5	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	3	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	VERSABASE	OTHER NON-CATEGORIZED	3	5	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	SYNJARDY XR	DIABETES	3	5	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	5	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	3	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ATOMOXETINE	ADHD	3	5	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	2	5	
No Disruption	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	DIABETES	2	5	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	5	
No Disruption	PREGABALIN	ANTICONVULSANT	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	5	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	PLAN B ONE-STEP	ESTROGENS & PROGESTINS	2	5	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	5	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	2	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	5	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	2	5	
No Disruption	TEMOZOLOMIDE	CANCER	2	5	
No Disruption	ALPRAZOLAM ER	ANXIETY	2	5	
No Disruption	NAPROXEN	PAIN	2	5	
No Disruption	BUPRENORPHINE	PAIN	2	5	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	2	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	5	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	5	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	5	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	5	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	5	
No Disruption	LORAZEPAM	ANXIETY	2	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	5	
No Disruption	LEUCOVORIN CALCIUM	CANCER	2	5	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	5	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	2	5	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	5	
No Disruption	VALPROIC ACID	ANTICONVULSANT	2	5	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	5	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	2	5	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	5	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	GNP ULTICARE PEN NEEDLES /31GX5/16"	DIABETES	2	5	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	2	5	
No Disruption	GLYBURIDE	DIABETES	2	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	5	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	SERTRALINE HCL	DEPRESSION	2	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	5	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	5	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	5	
No Disruption	REVLIMID	CANCER	2	5	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	5	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	PROGESTERONE MICRONIZED	OTHER NON-CATEGORIZED	1	5	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	5	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	FLUNISOLIDE	ALLERGY	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	5	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	FELBATOL	ANTICONVULSANT	1	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	5	
No Disruption	ACTEMRA	AUTOIMMUNE	1	5	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	5	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	EXEMESTANE	CANCER	1	5	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	5	
No Disruption	OZEMPIC	DIABETES	1	5	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	5	
No Disruption	BUSPIRONE HCL	ANXIETY	1	5	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	5	
No Disruption	OMEPRAZOLE	PPIs	1	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	5	
No Disruption	AMETHYST	ESTROGENS & PROGESTINS	1	5	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	5	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	1	5	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	5	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	5	
No Disruption	TERIPARATIDE	BONE DENSITY	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	MINIMED QUICK SET INFUSION SET/43"/9MM	DIABETES	1	5	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	5	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	5	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	5	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	1	5	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	DIABETES	1	5	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DESIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOXYL	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	5	
No Disruption	ZUMANDIMINE	ESTROGENS & PROGESTINS	1	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	VARISOFT INFUSION SET/23"/17MM	DIABETES	1	5	
No Disruption	AMNESTEEM	DERMATOLOGICS	1	5	
No Disruption	ULORIC	OTHER NON-CATEGORIZED	1	5	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	XYOSTED	ANDROGENS	1	5	
No Disruption	TEGRETOL-XR	ANTICONVULSANT	1	5	
No Disruption	GLYXAMBI	DIABETES	1	5	
No Disruption	GLYBURIDE	DIABETES	1	5	
No Disruption	CELECOXIB	PAIN	1	5	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	5	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	5	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	5	
No Disruption	ROCKLATAN	OPHTHALMIC	1	5	
No Disruption	RIVASTIGMINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	5	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	5	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	AVONEX	MULTIPLE SCLEROSIS	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	FLUMIST NASAL VACCINE 2024-2025	VACCINES	4	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	4	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	4	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	4	4	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	4	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	4	
No Disruption	CELECOXIB	PAIN	4	4	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	OFLOXACIN	OPHTHALMIC	4	4	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	DRYSOL	DERMATOLOGICS	4	4	
No Disruption	MOTEGRITY	GASTROINTESTINAL	4	4	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	4	4	
No Disruption	BUDESONIDE	ASTHMA/COPD	4	4	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	4	4	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	4	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	4	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	4	4	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	4	
No Disruption	BD SHARPS CONTAINER HOME	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	DIABETES	4	4	
No Disruption	DAPSONE	DERMATOLOGICS	4	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CVS PREP PADS	OTHER NON-CATEGORIZED	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	ZALEPLON	SLEEP DISORDERS	4	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	XDEMVY	OPHTHALMIC	4	4	
No Disruption	VORTEX VALVED HOLDING CHAMBER	OTHER NON-CATEGORIZED	4	4	
No Disruption	IBUPROFEN	PAIN	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	HYDROMORPHONE HCL	PAIN	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	4	4	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	4	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	4	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	4	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	4	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	4	4	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	4	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	4	4	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	4	4	
No Disruption	SODIUM FLUORIDE 5000 PPM DRY MOUTH	OTHER NON-CATEGORIZED	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	4	4	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	4	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	4	
No Disruption	SANTYL	DERMATOLOGICS	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	4	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	4	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	4	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	4	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	4	
No Disruption	FETZIMA	DEPRESSION	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	4	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	3	4	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	BUSPIRONE HCL	ANXIETY	3	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	3	4	
No Disruption	APREPITANT	NAUSEA & VOMITING	3	4	
No Disruption	EPINEPHRINE	ALLERGY	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	ENULOSE	GASTROINTESTINAL	3	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	4	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	4	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	3	4	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	4	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	NAPROXEN SODIUM	PAIN	3	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	4	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	4	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	4	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	3	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	4	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	3	4	
No Disruption	ALPRAZOLAM	ANXIETY	3	4	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	3	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	3	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	4	
No Disruption	METHIMAZOLE	THYROID AGENTS	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	3	4	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	3	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	4	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	3	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX5/8"	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	4	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	3	4	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HCL	DEPRESSION	3	4	
No Disruption	URSODIOL	GASTROINTESTINAL	3	4	
No Disruption	UREA	DERMATOLOGICS	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	4	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	3	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	4	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	3	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	TACLONEX	DERMATOLOGICS	3	4	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	4	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	3	4	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	4	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	3	4	
No Disruption	ATOMOXETINE	ADHD	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	4	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	4	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	4	
No Disruption	FENTANYL	PAIN	2	4	
No Disruption	BYSTOLIC	ANTIHYPERTENSIVE	2	4	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	4	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX5MM	DIABETES	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	4	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	4	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	OMEPRAZOLE	PPIs	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	4	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	2	4	
No Disruption	BUPRENORPHINE	PAIN	2	4	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	4	
No Disruption	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	4	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	MINIMED QUICK SET INFUSION SET/23"/9MM	DIABETES	2	4	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	4	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	2	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	4	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	2	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	4	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	4	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	4	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	BELBUCA	PAIN	2	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	4	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	2	4	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	2	4	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	2	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	AUTOSOFT XC INFUSION SET/23"/9MM	DIABETES	2	4	
No Disruption	AUTOSOFT XC INFUSION SET/23"/6MM	DIABETES	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	ZENPEP	CYSTIC FIBROSIS	2	4	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	4	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	DIABETES	2	4	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	TRETINOIN	DERMATOLOGICS	2	4	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	4	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	GRASTEK	OTHER NON-CATEGORIZED	2	4	
No Disruption	CELECOXIB	PAIN	2	4	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	2	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	4	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	2	4	
No Disruption	RINVOQ	AUTOIMMUNE	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ASPIRIN/DIPYRIDAMOLE	ANTICOAGULANT	2	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	4	
No Disruption	PRENATAL-U	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PRENATAL PLUS VITAMIN ANDMINERAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	FIASP PUMPCART	DIABETES	1	4	
No Disruption	FENTANYL	PAIN	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	CABOMETYX	CANCER	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PIMTREA	ESTROGENS & PROGESTINS	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	4	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	4	
No Disruption	EXTENDED RESERVOIR 3.0 ML	DIABETES	1	4	
No Disruption	EVEROLIMUS	CANCER	1	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	4	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	4	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	4	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OLOPATADINE HYDROCHLORIDE	ALLERGY	1	4	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	NYLIA 7/7/7	ESTROGENS & PROGESTINS	1	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	4	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	4	
No Disruption	TEMOZOLOMIDE	CANCER	1	4	
No Disruption	NAPROXEN DR	PAIN	1	4	
No Disruption	ALPRAZOLAM ER	ANXIETY	1	4	
No Disruption	CETIRIZINE HYDROCHLORIDE	ALLERGY	1	4	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	MORPHINE SULFATE	PAIN	1	4	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	MINIMED QUICK SET INFUSION SET/32"/9MM	DIABETES	1	4	
No Disruption	DOXEPIN HCL	DEPRESSION	1	4	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	MICROGESTIN FE 1/20	ESTROGENS & PROGESTINS	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	BETOPTIC-S	OPHTHALMIC	1	4	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	BETAXOLOL HCL	ANTIHYPERTENSIVE	1	4	
No Disruption	BETASERON	MULTIPLE SCLEROSIS	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	4	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	4	
No Disruption	LYRICA	ANTICONVULSANT	1	4	
No Disruption	LYRICA	ANTICONVULSANT	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOXAPINE SUCCINATE	ANTIPSYCHOTIC	1	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	4	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	1	4	
No Disruption	LIVALO	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	4	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	4	
No Disruption	DAYSEE	ESTROGENS & PROGESTINS	1	4	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	4	
No Disruption	LEVOXYL	THYROID AGENTS	1	4	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	4	
No Disruption	COMPLERA	HIV	1	4	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	4	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMICTAL XR	ANTICONVULSANT	1	4	
No Disruption	LAMICTAL	ANTICONVULSANT	1	4	
No Disruption	LACTULOSE	GASTROINTESTINAL	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	KEPPRA XR	ANTICONVULSANT	1	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	ZETONNA	ALLERGY	1	4	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	VOQUEZNA	PPIs	1	4	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	URSODIOL	GASTROINTESTINAL	1	4	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	4	
No Disruption	TRIJARDY XR	DIABETES	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	4	
No Disruption	WES-PHOS 250 NEUTRAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TRANDOLAPRIL/VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	4	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	4	
No Disruption	CHLORPROMAZINE HCL	ANTIPSYCHOTIC	1	4	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	1	4	
No Disruption	CHLORDIAZEPOXIDE HCL	ANXIETY	1	4	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	4	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SYNJARDY	DIABETES	1	4	
No Disruption	GLYBURIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	4	
No Disruption	ATOMOXETINE	ADHD	1	4	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	1	4	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	1	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	4	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	4	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	4	
No Disruption	KRAZATI	CANCER	1	4	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	KYZATREX	ANDROGENS	1	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	3	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	3	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	3	3	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	3	
No Disruption	PREGABALIN	ANTICONVULSANT	3	3	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	3	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	3	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	3	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	3	3	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	3	3	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	3	
No Disruption	OTEZLA	AUTOIMMUNE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION	DIABETES	3	3	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	3	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	

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Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EQ NICOTINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	EPINASTINE HCL	OPHTHALMIC	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	ANTI-INFECTIVE	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	ANASTROZOLE	CANCER	3	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	3	
No Disruption	EC-NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	3	3	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	3	3	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	3	
No Disruption	BRIMONIDINE TARTRATE	DERMATOLOGICS	3	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	3	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	ALMOTRIPTAN	MIGRAINE	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	DICLOFENAC POTASSIUM	PAIN	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	BENZONATATE	ALLERGY	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	MENVEO	VACCINES	3	3	
No Disruption	MELOXICAM	PAIN	3	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	3	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	3	
No Disruption	DEXAMETHASONE INTENSOL	CORTICOSTEROIDS	3	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	LINEZOLID	ANTI-INFECTIVE	3	3	
No Disruption	CVS MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	3	3	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	3	3	
No Disruption	ALCOHOL SWABS	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	3	
No Disruption	XIIDRA	OPHTHALMIC	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	3	3	
No Disruption	IBU	PAIN	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	3	3	
No Disruption	HYDROXYZINE HCL	ANXIETY	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	3	3	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	3	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRETINOIN	DERMATOLOGICS	3	3	
No Disruption	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	ALLERGY	3	3	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	3	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	3	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	3	3	
No Disruption	GOLYTELY	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CELECOXIB	PAIN	3	3	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	3	
No Disruption	SULFATRIM PEDIATRIC	ANTI-INFECTIVE	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	SSD	DERMATOLOGICS	3	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	3	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	3	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	SERTRALINE HCL	DEPRESSION	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ATOMOXETINE	ADHD	3	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	RELENZA DISKHALER	ANTI-INFECTIVE	3	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	2	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	3	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	3	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	3	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	3	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	3	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	3	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	3	
No Disruption	OXAPROZIN	PAIN	2	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	2	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	NYSTATIN	DERMATOLOGICS	2	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMANTADINE HCL	PARKINSON	2	3	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	2	3	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	2	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	3	
No Disruption	NITRO-BID	OTHER NON-CATEGORIZED	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 3	OTHER NON-CATEGORIZED	2	3	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	BUPRENORPHINE HCL	PAIN	2	3	
No Disruption	NAPROXEN	PAIN	2	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	2	3	
No Disruption	ALPRAZOLAM	ANXIETY	2	3	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	2	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	2	3	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	3	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	3	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	2	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	2	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	DICLOFENAC SODIUM	DERMATOLOGICS	2	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	3	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	3	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	2	3	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	3	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	DAPAGLIFLOZIN PROPANEDIOL	DIABETES	2	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	3	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	3	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	3	
No Disruption	LEVALBUTEROL HYDROCHLORIDE	ASTHMA/COPD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	3	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ISONIAZID	ANTI-INFECTIVE	2	3	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	3	
No Disruption	ZALEPLON	SLEEP DISORDERS	2	3	
No Disruption	YUPELRI	ASTHMA/COPD	2	3	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	XPHOZAH	OTHER NON-CATEGORIZED	2	3	
No Disruption	XOPENEX HFA	ASTHMA/COPD	2	3	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	VYVANSE	ADHD	2	3	
No Disruption	INDOMETHACIN ER	PAIN	2	3	
No Disruption	INDOMETHACIN	PAIN	2	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	2	3	
No Disruption	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	URSODIOL	GASTROINTESTINAL	2	3	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"	DIABETES	2	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	2	3	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ALBENDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	2	3	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TAMOXIFEN CITRATE	CANCER	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CELECOXIB	PAIN	2	3	
No Disruption	SYMLINPEN 60	DIABETES	2	3	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	2	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	3	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	ROPINIROLE HCL	PARKINSON	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	3	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	3	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	2	3	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	2	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ASPIRIN LOW DOSE	PAIN	2	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	3	
No Disruption	PROGRAF	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	ASPIRIN	PAIN	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	3	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	3	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	FIRST-LANSOPRAZOLE	PPIs	1	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	3	
No Disruption	EXEMESTANE	CANCER	1	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	3	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	3	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	3	
No Disruption	OXAZEPAM	ANXIETY	1	3	
No Disruption	OXAPROZIN	PAIN	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	ORLADEYO	HEMATOLOGICAL	1	3	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	3	
No Disruption	OMEPRAZOLE DR	PPIs	1	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	3	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	3	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	NIVA THYROID	THYROID AGENTS	1	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	3	
No Disruption	NASCOBAL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	MOUNJARO	DIABETES	1	3	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	3	
No Disruption	MOEXIPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	1	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	MIRTAZAPINE	DEPRESSION	1	3	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	ACARBOSE	DIABETES	1	3	
No Disruption	DOXEPIN HCL	DEPRESSION	1	3	
No Disruption	MINIMED MIO ADVANCE INFUSION SET/23"/6MM	DIABETES	1	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	1	3	
No Disruption	BREO ELLIPTA	ASTHMA/COPD	1	3	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	3	
No Disruption	ABIRATERONE ACETATE	CANCER	1	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	3	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	3	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	3	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	MERCAPTOPURINE	CANCER	1	3	
No Disruption	MATZIM LA	ANTIHYPERTENSIVE	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	DIABETES	1	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	3	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	LORAZEPAM	ANXIETY	1	3	
No Disruption	BD INSULIN SYRINGE ULTRA FINE/1ML/30G X 1/2"	DIABETES	1	3	
No Disruption	DAPSONE	DERMATOLOGICS	1	3	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	DANAZOL	ANDROGENS	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	OTHER NON-CATEGORIZED	1	3	
No Disruption	BD AUTOSHIELD DUO 30G X 5MM	DIABETES	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	3	
No Disruption	LEVSIN/SL	OTHER NON-CATEGORIZED	1	3	
No Disruption	COMPRO	ANTIPSYCHOTIC	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	3	
No Disruption	LETROZOLE	CANCER	1	3	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	1	3	
No Disruption	KYZATREX	ANDROGENS	1	3	
No Disruption	AUTOSOFT 90 INFUSION SET/23"/6MM	DIABETES	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ZENATANE	DERMATOLOGICS	1	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	1	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	3	
No Disruption	IMATINIB MESYLATE	CANCER	1	3	
No Disruption	VIIBRYD	DEPRESSION	1	3	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	3	
No Disruption	CITRANATAL MEDLEY	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	3	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	1	3	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	3	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	3	
No Disruption	UCERIS	CORTICOSTEROIDS	1	3	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	DIABETES	1	3	
No Disruption	TRIJARDY XR	DIABETES	1	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	TRI-LEGEST FE	ESTROGENS & PROGESTINS	1	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TOBRAMYCIN	CYSTIC FIBROSIS	1	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	3	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	HUMALOG MIX 75/25 KWIKPEN	DIABETES	1	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOPROPYL ALCOHOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	ADZENYS XR-ODT	ADHD	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	3	
No Disruption	GUARDIAN SENSOR 3	DIABETES	1	3	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	3	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	3	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	TAFLUPROST	OPHTHALMIC	1	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	3	
No Disruption	GLYXAMBI	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	SUMATRIPTAN	MIGRAINE	1	3	
No Disruption	SULINDAC	PAIN	1	3	
No Disruption	SPRYCEL	CANCER	1	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	3	
No Disruption	CELECOXIB	PAIN	1	3	
No Disruption	GLIMEPIRIDE	DIABETES	1	3	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	3	
No Disruption	SKYTROFA	GROWTH HORMONES	1	3	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATOMOXETINE	ADHD	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	3	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	REVLIMID	CANCER	1	3	
No Disruption	FLUVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	KLOR-CON 10	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	3	
No Disruption	QUININE SULFATE	ANTI-INFECTIVE	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	PROMETHEGAN	ALLERGY	2	2	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HCL	ALLERGY	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	PREVIDENT FLUORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	ASPIRIN 81	PAIN	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	2	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	CAPECITABINE	CANCER	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ASHLYNA	ESTROGENS & PROGESTINS	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FETZIMA TITRATION PACK	DEPRESSION	2	2	
No Disruption	FETZIMA	DEPRESSION	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN	PAIN	2	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	2	2	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	PERMETHRIN	DERMATOLOGICS	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	PEG-3350/ELECTROLYTES/ASCORBATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	2	2	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	2	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	2	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	2	2	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	2	
No Disruption	EQ GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	EQ ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	NYAMYC	DERMATOLOGICS	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	2	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	ALPRAZOLAM ODT	ANXIETY	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	ELIQUIS	ANTICOAGULANT	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	NEOMYCIN/BACITRACIN/POLYMYXIN	OPHTHALMIC	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	EASY TOUCH PEN NEEDLES 32GX5/32"	DIABETES	2	2	
No Disruption	EASIVENT	OTHER NON-CATEGORIZED	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	2	
No Disruption	BUPRENORPHINE	PAIN	2	2	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	2	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	DOXYCYCLINE	ANTI-INFECTIVE	2	2	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	2	2	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	2	2	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	BICALUTAMIDE	CANCER	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METHADONE HCL	PAIN	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	MESALAMINE	GASTROINTESTINAL	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	MEFLOQUINE HYDROCHLORIDE	ANTI-INFECTIVE	2	2	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	DEXLANSOPRAZOLE	PPIs	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	2	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	BD SAFETYGLIDE NEEDLE 25GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LORAZEPAM INTENSOL	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LINEZOLID	ANTI-INFECTIVE	2	2	
No Disruption	LIKMEZ	ANTI-INFECTIVE	2	2	
No Disruption	CVS GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	OTHER NON-CATEGORIZED	2	2	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	OTHER NON-CATEGORIZED	2	2	
No Disruption	BACITRACIN	OPHTHALMIC	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	2	
No Disruption	LETROZOLE	CANCER	2	2	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	2	
No Disruption	LANSOPRAZOLE	PPIs	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AZELAIC ACID	DERMATOLOGICS	2	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	2	2	
No Disruption	KELNOR 1/50	ESTROGENS & PROGESTINS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ZURZUVAE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	2	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	2	
No Disruption	ZEGALOGUE	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	INSULIN ASPART	DIABETES	2	2	
No Disruption	INPEN 100/GREY/NOVOLOG/FIASP	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	IMIQUIMOD	DERMATOLOGICS	2	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	2	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	UNIFINE PENTIPS 32GX4MM	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	ULTICARE MINI PEN NEEDLES31GX6MM	DIABETES	2	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	2	2	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	CIPRO	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	TRI-LO-SPRINTEC	ESTROGENS & PROGESTINS	2	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	2	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TOBREX	OPHTHALMIC	2	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AKLIEF	DERMATOLOGICS	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	2	
No Disruption	HM LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	2	2	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	2	
No Disruption	TESTOSTERONE	ANDROGENS	2	2	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	SUNOSI	SLEEP DISORDERS	2	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	2	
No Disruption	GLIPIZIDE ER	DIABETES	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	SPS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	GLIMEPIRIDE	DIABETES	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	IVERMECTIN	ANTI-INFECTIVE	2	2	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	2	
No Disruption	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	SANCUSO	NAUSEA & VOMITING	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROPINIROLE HCL	PARKINSON	2	2	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	2	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ACYCLOVIR	DERMATOLOGICS	2	2	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	2	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	2	2	
No Disruption	REPATHA PUSHTRONEX SYSTEM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	KLAYESTA	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	2	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	PROBENECID	OTHER NON-CATEGORIZED	1	2	
No Disruption	PRENATE MINI	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	FLUNISOLIDE	ALLERGY	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	CABOMETYX	CANCER	1	2	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	BYSTOLIC	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	FELBAMATE	ANTICONVULSANT	1	2	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	2	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	2	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	2	
No Disruption	PHILITH	ESTROGENS & PROGESTINS	1	2	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	PERIOGARD	OTHER NON-CATEGORIZED	1	2	
No Disruption	PENTIPS GENERIC PEN NEEDLES 32GX4MM	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	2	
No Disruption	PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	EVEROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	EUCRISA	DERMATOLOGICS	1	2	
No Disruption	PAROXETINE HCL ER	DEPRESSION	1	2	
No Disruption	ETODOLAC	PAIN	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	2	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	2	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	ARANELLE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	2	
No Disruption	OCTREOTIDE ACETATE	ENDOCRINE	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	NOVOEIGHT	HEMOPHILIA	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX STARTER KIT	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	ALPRAZOLAM ODT	ANXIETY	1	2	
No Disruption	NEXTSTELLIS	ESTROGENS & PROGESTINS	1	2	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	1	2	
No Disruption	EASY TOUCH PEN NEEDLES 31GX1/4"	DIABETES	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN DR	PAIN	1	2	
No Disruption	DUREZOL	OPHTHALMIC	1	2	
No Disruption	NALTREXONE HYDROCHLORIDE DIHYDRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPRENORPHINE	PAIN	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	2	
No Disruption	MORPHINE SULFATE ER	PAIN	1	2	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	1	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	DOLISHALE	ESTROGENS & PROGESTINS	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BICALUTAMIDE	CANCER	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	2	
No Disruption	METHAMPHETAMINE HYDROCHLORIDE	ADHD	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	MERCAPTOPURINE	CANCER	1	2	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	MAVYRET	HEPATITIS C	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	DEXLANSOPRAZOLE	PPIs	1	2	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	1	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BELBUCA	PAIN	1	2	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	1	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	1	2	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	1	2	
No Disruption	BD INTEGRA SYRINGE/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	2	
No Disruption	DEPO-ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	DAYVIGO	SLEEP DISORDERS	1	2	
No Disruption	DASATINIB	CANCER	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	
No Disruption	LITFULO	AUTOIMMUNE	1	2	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	DIABETES	1	2	
No Disruption	DAPSONE	DERMATOLOGICS	1	2	
No Disruption	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	2	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CUVPOSA	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	LIBERVANT	ANTICONVULSANT	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	2	
No Disruption	LEVOCARNITINE SF	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEUCOVORIN CALCIUM	CANCER	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	KROGER PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	AUTOSOFT XC INFUSION SET/43"/9MM	DIABETES	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	AUBRA EQ	ESTROGENS & PROGESTINS	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	2	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ZOLMITRIPTAN ODT	MIGRAINE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	2	
No Disruption	WERA	ESTROGENS & PROGESTINS	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	INDOMETHACIN ER	PAIN	1	2	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	VIMPAT	ANTICONVULSANT	1	2	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	2	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	2	
No Disruption	VELIVET	ESTROGENS & PROGESTINS	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	VALTOCO 5 MG DOSE	ANTICONVULSANT	1	2	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	DIABETES	1	2	
No Disruption	ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	ULTICARE ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	1	2	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	DIABETES	1	2	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	2	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	2	
No Disruption	CIBINQO	AUTOIMMUNE	1	2	
No Disruption	TRANYLCYPROMINE SULFATE	DEPRESSION	1	2	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE ER	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TESTOSTERONE	ANDROGENS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ADVAIR HFA	ASTHMA/COPD	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMOXIFEN CITRATE	CANCER	1	2	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	2	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	2	
No Disruption	GNP ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	SYNJARDY	DIABETES	1	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	2	
No Disruption	GLYBURIDE	DIABETES	1	2	
No Disruption	GLIPIZIDE ER	DIABETES	1	2	
No Disruption	SPRIX	PAIN	1	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	2	
No Disruption	SODIUM SULFACETAMIDE/SULFUR	DERMATOLOGICS	1	2	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	2	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	SILHOUETTE INFUSION SET 23"/17MM	DIABETES	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATOMOXETINE	ADHD	1	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	2	
No Disruption	FRUZAQLA	CANCER	1	2	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	FOSAMAX PLUS D	BONE DENSITY	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	2	
No Disruption	FOCALIN XR	ADHD	1	2	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	1	2	
No Disruption	RIFABUTIN	ANTI-INFECTIVE	1	2	
No Disruption	RHOPRESSA	OPHTHALMIC	1	2	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	RAMELTEON	SLEEP DISORDERS	1	2	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	2	
No Disruption	FLURBIPROFEN	PAIN	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	CAROSPIR	ANTIHYPERTENSIVE	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	PROTRIPTYLINE HCL	DEPRESSION	1	2	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE PLAIN	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	FLUOROURACIL	DERMATOLOGICS	1	1	
No Disruption	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	PAIN	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	1	1	
No Disruption	PRODIGY VOICE BLOOD GLUCOSE METER KIT	DIABETES	1	1	
No Disruption	PROCTOZONE-HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	ASPIRIN EC ADULT LOW DOSE	PAIN	1	1	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	1	
No Disruption	PRIFTIN	ANTI-INFECTIVE	1	1	
No Disruption	ASPIRIN 81	PAIN	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	PREVALITE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRENATE ELITE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	ASPIRIN	PAIN	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ARZOL SILVER NITRATE APP LICATORS	DERMATOLOGICS	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMRESE LO	ESTROGENS & PROGESTINS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMILA	ESTROGENS & PROGESTINS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	FLAVOXATE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	FIRST-OMEPRAZOLE	PPIs	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FINACEA	DERMATOLOGICS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	PRAZIQUANTEL	ANTI-INFECTIVE	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	FERROUS GLUCONATE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	BUTRANS	PAIN	1	1	
No Disruption	PRALUENT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BUTORPHANOL TARTRATE	PAIN	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	1	
No Disruption	PIROXICAM	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	1	
No Disruption	PIOGLITAZONE HCL	DIABETES	1	1	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	PENBRAYA	VACCINES	1	1	
No Disruption	PEG-3350/SODIUM SULF/NACLPOTASSIUM CL/NA ASCORBATE/ASCORBIC	OTHER NON-CATEGORIZED	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	EXEMESTANE	CANCER	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	PANCREAZE	CYSTIC FIBROSIS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ESTROGEL	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ORGOVYX	CANCER	1	1	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	1	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	1	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	1	
No Disruption	AMINOCAPROIC ACID	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OMEPRAZOLE DR	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OLUMIANT	AUTOIMMUNE	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OLOPATADINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN DR	ANTI-INFECTIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	OFLOXACIN	OPHTHALMIC	1	1	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	ANNOVERA	ESTROGENS & PROGESTINS	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYSTATIN	ANTI-INFECTIVE	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYAMYC	DERMATOLOGICS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	1	
No Disruption	ENDOCET	PAIN	1	1	
No Disruption	NIVA THYROID	THYROID AGENTS	1	1	
No Disruption	NITROGLYCERIN TRANSDERMAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	AMZEEQ	DERMATOLOGICS	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	NITROFURANTOIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALPRAZOLAM ODT	ANXIETY	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX REFILL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICORETTE STARTER KIT	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICODERM CQ	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	NEUPRO	PARKINSON	1	1	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	NEEVO DHA	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	NECON 0.5/35-28	ESTROGENS & PROGESTINS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ELESTRIN	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	EFFER-K	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NATEGLINIDE	DIABETES	1	1	
No Disruption	EASY TOUCH PEN NEEDLES 29GX1/2"	DIABETES	1	1	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	DIABETES	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML	DIABETES	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	NAPROXEN DR	PAIN	1	1	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	NAPROXEN	PAIN	1	1	
No Disruption	NAMZARIC	OTHER NON-CATEGORIZED	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX5MM	DIABETES	1	1	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	1	
No Disruption	MORPHINE SULFATE	PAIN	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MOMETASONE FUROATE	ALLERGY	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BROMFENAC	OPHTHALMIC	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DOXEPIN HYDROCHLORIDE	SLEEP DISORDERS	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	1	
No Disruption	MINIMED RESERVOIR 1.8ML	DIABETES	1	1	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	1	1	
No Disruption	DOXEPIN HCL	DEPRESSION	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	BREYNA	ASTHMA/COPD	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	1	
No Disruption	DODEX	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DIPENTUM	GASTROINTESTINAL	1	1	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BIMATOPROST	OPHTHALMIC	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	DILTIAZEM HCL CD	ANTIHYPERTENSIVE	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLIN	ADHD	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	1	1	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	1	
No Disruption	DICLOFENAC SODIUM ER	PAIN	1	1	
No Disruption	DICLOFENAC SODIUM ER	PAIN	1	1	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	DIAZOXIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	DIAZEPAM	ANXIETY	1	1	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	MERCAPTOPURINE	CANCER	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEPERIDINE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HCL TITRATION PAK	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MELOXICAM	PAIN	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MEFENAMIC ACID	PAIN	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BENZOCAINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ME/NAPHOS/MB/HYO 1	ANTI-INFECTIVE	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LYNPARZA	CANCER	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXLANSOPRAZOLE	PPIs	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXCOM G7 SENSOR	DIABETES	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LUPKYNIS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	DIABETES	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DERMA-SMOOTHE/FS SCALP	DERMATOLOGICS	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML/22G X 1.5"	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML 25GX1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	DIABETES	1	1	
No Disruption	DAPSONE	ANTI-INFECTIVE	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	DANAZOL	ANDROGENS	1	1	
No Disruption	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYRED EQ	ESTROGENS & PROGESTINS	1	1	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOGYL	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CVS NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS NICOTINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS ASPIRIN ADULT LOW DOSE	PAIN	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE HCL JELLY	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	CREON	CYSTIC FIBROSIS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CORTISPORIN-TC	OTHER NON-CATEGORIZED	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLISTIMETHATE SODIUM	CYSTIC FIBROSIS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	ALFUZOSIN HYDROCHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	1	
No Disruption	LANSOPRAZOLE	PPIs	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	ALCOHOL PREP PADS	OTHER NON-CATEGORIZED	1	1	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CLONAZEPAM	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AZASITE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KRISTALOSE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KLISYRI	DERMATOLOGICS	1	1	
No Disruption	KLAYESTA	DERMATOLOGICS	1	1	
No Disruption	KEVZARA	AUTOIMMUNE	1	1	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KETONE TEST STRIPS	DIABETES	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	AUROVELA 1/20	ESTROGENS & PROGESTINS	1	1	
No Disruption	AUROVELA 1.5/30	ESTROGENS & PROGESTINS	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	KETO-DIASTIX	DIABETES	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KAPSPARGO SPRINKLE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	IVERMECTIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	1	
No Disruption	ATOVAQUONE	ANTI-INFECTIVE	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	CLINPRO 5000	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZITHROMAX	ANTI-INFECTIVE	1	1	
No Disruption	ZIRGAN	OPHTHALMIC	1	1	
No Disruption	ISENTRESS HD	HIV	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ISENTRESS	HIV	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZALEPLON	SLEEP DISORDERS	1	1	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	XOPENEX HFA	ASTHMA/COPD	1	1	
No Disruption	XOLAIR	LUNG DISORDERS	1	1	
No Disruption	XERMELO	GASTROINTESTINAL	1	1	
No Disruption	XELSTRYM	ADHD	1	1	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	XELSTRYM	ADHD	1	1	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	WHITE PETROLATUM	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	INVOKANA	DIABETES	1	1	
No Disruption	INSULIN GLARGINE	DIABETES	1	1	
No Disruption	WAKIX	SLEEP DISORDERS	1	1	
No Disruption	INPEN 100/PINK/HUMALOG	DIABETES	1	1	
No Disruption	VYZULTA	OPHTHALMIC	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	INDOMETHACIN ER	PAIN	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VOQUEZNA	PPIs	1	1	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	VIVJOA	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	VIORELE	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VIMPAT	ANTICONVULSANT	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	IMATINIB MESYLATE	CANCER	1	1	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	VICTOZA	DIABETES	1	1	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	VERZENIO	CANCER	1	1	
No Disruption	VEREGEN	DERMATOLOGICS	1	1	
No Disruption	ICATIBANT ACETATE	HEMATOLOGICAL	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	CLENPIQ	OTHER NON-CATEGORIZED	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	CLARAVIS	DERMATOLOGICS	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VARENICLINE TARTRATE CONTINUING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	HYOSYNE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYOSYNE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	VANDAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VALTOCO 20 MG DOSE	ANTICONVULSANT	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	UREA	DERMATOLOGICS	1	1	
No Disruption	UREA	DERMATOLOGICS	1	1	
No Disruption	UPNEEQ	OPHTHALMIC	1	1	
No Disruption	UNITHROID	THYROID AGENTS	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	DIABETES	1	1	
No Disruption	ULTICARE MINI PEN NEEDLES/32G X 1/4"	DIABETES	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	UBRELVY	MIGRAINE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TWIRLA	ESTROGENS & PROGESTINS	1	1	
No Disruption	TRUQAP	CANCER	1	1	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	DIABETES	1	1	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	TROPICAMIDE	OPHTHALMIC	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TRINATAL RX 1	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TRIHEXYPHENIDYL HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	CIPROFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROMET	ALLERGY	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	CIPRO HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CIPRO	ANTI-INFECTIVE	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAVOPROST	OPHTHALMIC	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	1	1	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TILIA FE	ESTROGENS & PROGESTINS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	HM MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	HEPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	HEPARIN LOCK FLUSH	ANTICOAGULANT	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TETRACAINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HALOETTE	ESTROGENS & PROGESTINS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	1	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	TEGRETOL	ANTICONVULSANT	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	TECHLITE PEN NEEDLES/31G X 8MM	DIABETES	1	1	
No Disruption	TECHLITE PEN NEEDLES 32G X 4MM	DIABETES	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GUAIFENESIN/CODEINE PHOSPHATE	ALLERGY	1	1	
No Disruption	TAKE ACTION	ESTROGENS & PROGESTINS	1	1	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	GRISEOFULVIN ULTRAMICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	GNP TERBINAFINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	GNP MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GNP GENTLE LAXATIVE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	T:SLIM X2 3 ML CARTRIDGE	DIABETES	1	1	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	GLYBURIDE	DIABETES	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	ADDERALL	ADHD	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUBVENITE STARTER KIT/ORANGE	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	ADDERALL	ADHD	1	1	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM SULFACETAMIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SIMPLE SYRUP	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	SF	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SERTRALINE HCL	DEPRESSION	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	FYAVOLV	ESTROGENS & PROGESTINS	1	1	
No Disruption	CEFDINIR	ANTI-INFECTIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSCIX	OTHER NON-CATEGORIZED	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	FT NICOTINE MINI	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT LAXATIVE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	FORA LANCETS	DIABETES	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	1	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	1	1	
No Disruption	RELISTOR	GASTROINTESTINAL	1	1	
No Disruption	RELISTOR	GASTROINTESTINAL	1	1	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	1	1	
No Disruption	RECTIV	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	1	1	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	1	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	QULIPTA	MIGRAINE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	CAROSPIR	ANTIHYPERTENSIVE	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ASPIRIN REGIMEN	PAIN	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
Positive Tier Change	SYMBICORT	ASTHMA/COPD	233	795	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	135	663	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	139	466	
Positive Tier Change	DEXCOM G6 SENSOR	DIABETES	90	454	
Positive Tier Change	SYMBICORT	ASTHMA/COPD	152	424	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	72	411	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	169	409	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	78	399	
Positive Tier Change	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	66	337	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	117	298	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	285	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	137	276	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	269	
Positive Tier Change	BREZTRI AEROSPHERE	ASTHMA/COPD	60	262	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	65	255	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	55	220	
Positive Tier Change	DEXCOM G6 TRANSMITTER	DIABETES	82	215	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	43	193	
Positive Tier Change	ANORO ELLIPTA	ASTHMA/COPD	30	160	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	63	158	
Positive Tier Change	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	25	146	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	40	143	
Positive Tier Change	BIKTARVY	HIV	20	138	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	AIRSUPRA	ASTHMA/COPD	83	131	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	41	126	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS FINE 30G	DIABETES	62	123	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	24	109	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	21	102	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	23	88	
Positive Tier Change	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	35	82	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	20	77	
Positive Tier Change	LYUMJEV	DIABETES	15	76	
Positive Tier Change	NUCALA	LUNG DISORDERS	8	73	
Positive Tier Change	RESTASIS	OPHTHALMIC	33	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	19	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	21	63	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	12	63	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	11	63	
Positive Tier Change	BRILINTA	ANTICOAGULANT	19	62	
Positive Tier Change	COMBIVENT RESPIMAT	ASTHMA/COPD	19	62	
Positive Tier Change	ONETOUCH ULTRA 2	DIABETES	52	57	
Positive Tier Change	RESTASIS	OPHTHALMIC	24	57	
Positive Tier Change	XIFAXAN	ANTI-INFECTIVE	15	53	
Positive Tier Change	COSENTYX UNOREADY	AUTOIMMUNE	11	49	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	12	47	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	11	45	
Positive Tier Change	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	DIABETES	6	40	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	7	37	
Positive Tier Change	TEZSPIRE	LUNG DISORDERS	5	36	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	31	
Positive Tier Change	BD NEEDLE/18G 1-1/2"	OTHER NON-CATEGORIZED	11	30	
Positive Tier Change	KERENDIA	ENDOCRINE	7	27	
Positive Tier Change	ONETOUCH VERIO REFLECT	DIABETES	23	25	
Positive Tier Change	BD HYPODERMIC NEEDLES 18GX1"	OTHER NON-CATEGORIZED	14	25	
Positive Tier Change	NUCYNTA ER	PAIN	2	25	
Positive Tier Change	SOOLANTRA	DERMATOLOGICS	15	24	
Positive Tier Change	MICROLET LANCETS	DIABETES	13	24	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	7	24	
Positive Tier Change	KERENDIA	ENDOCRINE	7	24	
Positive Tier Change	MULTAQ	ANTIARRHYTHMICS	6	24	
Positive Tier Change	OPTICHAMBER DIAMOND	OTHER NON-CATEGORIZED	21	22	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	9	22	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	SAVELLA	PAIN	5	21	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	2	21	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	16	20	
Positive Tier Change	BIKTARVY	HIV	4	20	
Positive Tier Change	FASENRA PEN	LUNG DISORDERS	4	19	
Positive Tier Change	ONETOUCH ULTRA BLUE TEST STRIP	DIABETES	9	18	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	18	
Positive Tier Change	TRUEPLUS LANCETS 33G	DIABETES	9	17	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	6	17	
Positive Tier Change	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	OTHER NON-CATEGORIZED	10	16	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	16	
Positive Tier Change	SAVELLA	PAIN	2	16	
Positive Tier Change	ZEPOSIA	MULTIPLE SCLEROSIS	2	15	
Positive Tier Change	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	OTHER NON-CATEGORIZED	11	14	
Positive Tier Change	OMNIPOD DASH PODS (GEN 4)	DIABETES	4	14	
Positive Tier Change	FARXIGA	DIABETES	3	14	
Positive Tier Change	AJOVY	MIGRAINE	2	14	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	14	
Positive Tier Change	EASIVENT	OTHER NON-CATEGORIZED	11	13	
Positive Tier Change	XTAMPZA ER	PAIN	2	13	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	13	
Positive Tier Change	POMALYST	CANCER	1	13	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	13	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	3	12	
Positive Tier Change	PLEGRIDY	MULTIPLE SCLEROSIS	2	12	
Positive Tier Change	FIASP	DIABETES	2	12	
Positive Tier Change	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	OTHER NON-CATEGORIZED	11	11	
Positive Tier Change	NOVOLOG	DIABETES	3	11	
Positive Tier Change	DEXCOM G7 RECEIVER	DIABETES	10	10	
Positive Tier Change	BD NEEDLE/21G 1-1/2"	OTHER NON-CATEGORIZED	2	10	
Positive Tier Change	GENVOYA	HIV	2	10	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	10	
Positive Tier Change	OPTICHAMBER DIAMOND/LARGEFACE MASK	OTHER NON-CATEGORIZED	8	9	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	OTHER NON-CATEGORIZED	6	9	
Positive Tier Change	LOKELMA	OTHER NON-CATEGORIZED	4	9	
Positive Tier Change	BD HYPODERMIC NEEDLES 16GX1"	OTHER NON-CATEGORIZED	1	9	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	9	
Positive Tier Change	NUCALA	LUNG DISORDERS	1	9	
Positive Tier Change	BRUKINSA	CANCER	1	9	
Positive Tier Change	EPIDIOLEX	ANTICONVULSANT	1	9	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	8	
Positive Tier Change	PREVIDENT 5000 ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	8	
Positive Tier Change	WEGOVY	WEIGHT LOSS	5	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	4	8	
Positive Tier Change	BD HYPODERMIC NEEDLES 21GX1"	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	PREVIDENT 5000 SENSITIVE	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	TYMLOS	BONE DENSITY	3	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	1	8	
Positive Tier Change	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	8	
Positive Tier Change	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	DIABETES	7	7	
Positive Tier Change	ONETOUCH DELICA PLUS LANCING DEVICE	DIABETES	6	7	
Positive Tier Change	WEGOVY	WEIGHT LOSS	6	7	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	5	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	4	7	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	3	7	
Positive Tier Change	FIASP FLEXTOUCH	DIABETES	2	7	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	7	
Positive Tier Change	ENTYVIO PEN	AUTOIMMUNE	1	7	
Positive Tier Change	LAGEVRIO	ANTI-INFECTIVE	6	6	
Positive Tier Change	DIFICID	ANTI-INFECTIVE	5	6	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	5	6	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	4	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	NOVOLOG PENFILL	DIABETES	1	6	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	6	
Positive Tier Change	AEROCHAMBER PLUS FLOW VU MOUTHPIECE	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	WEGOVY	WEIGHT LOSS	4	5	
Positive Tier Change	TIVICAY	HIV	3	5	
Positive Tier Change	LONSURF	CANCER	2	5	
Positive Tier Change	INLYTA	CANCER	1	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	HUMALOG TEMPO PEN	DIABETES	1	5	
Positive Tier Change	FARXIGA	DIABETES	1	5	
Positive Tier Change	DUAVEE	ESTROGENS & PROGESTINS	1	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	OTHER NON-CATEGORIZED	4	4	
Positive Tier Change	CLIMARA PRO	ESTROGENS & PROGESTINS	3	4	
Positive Tier Change	ATROVENT HFA	ASTHMA/COPD	3	4	
Positive Tier Change	TRULANCE	GASTROINTESTINAL	2	4	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	4	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	1	4	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	1	4	
Positive Tier Change	KISQALI	CANCER	1	4	
Positive Tier Change	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	3	3	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	CIPRO	ANTI-INFECTIVE	2	3	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	NEMLUVIO	AUTOIMMUNE	2	3	
Positive Tier Change	VEMLIDY	ANTI-INFECTIVE	1	3	
Positive Tier Change	VASCEPA	ANTIHYPERLIPIDEMIC	1	3	
Positive Tier Change	SE-NATAL 19	VITAMINS & SUPPLEMENTS	1	3	
Positive Tier Change	REBIF REBIDOSE	MULTIPLE SCLEROSIS	1	3	
Positive Tier Change	FIASP PENFILL	DIABETES	1	3	
Positive Tier Change	EASY TOUCH FLIPLOCK NEEDLES 25GX1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD NEEDLE/20G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	3	
Positive Tier Change	WEGOVY	WEIGHT LOSS	2	2	
Positive Tier Change	LOTEMAX	OPHTHALMIC	2	2	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	2	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	EASIVENT/MASK-SMALL	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	DEXCOM G6 RECEIVER	DIABETES	2	2	
Positive Tier Change	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	DIABETES	2	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	POMALYST	CANCER	1	2	
Positive Tier Change	KISQALI	CANCER	1	2	
Positive Tier Change	DESCOVY	HIV	1	2	
Positive Tier Change	BRILINTA	ANTICOAGULANT	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ASMANEX TWISTHALER 120 METERED DOSES	ASTHMA/COPD	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ZYLET	OPHTHALMIC	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	WEGOVY	WEIGHT LOSS	1	1	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	VELTASSA	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	1	
Positive Tier Change	SOTYKTU	AUTOIMMUNE	1	1	
Positive Tier Change	SAVELLA	PAIN	1	1	
Positive Tier Change	SAVELLA	PAIN	1	1	
Positive Tier Change	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	1	1	
Positive Tier Change	OPTICHAMBER DIAMOND/SMALLFACE MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	OMNITROPE	GROWTH HORMONES	1	1	
Positive Tier Change	MICROCHAMBER	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	LOTEMAX SM	OPHTHALMIC	1	1	
Positive Tier Change	LANCETS ULTRA THIN 30G	DIABETES	1	1	
Positive Tier Change	HUMALOG	DIABETES	1	1	
Positive Tier Change	FC2 FEMALE CONDOM	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH LANCETS 30G/TWIST	DIABETES	1	1	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD NEEDLE/22G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD BLUNT FILL NEEDLE/18G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ASMANEX TWISTHALER 60 METERED DOSES	ASTHMA/COPD	1	1	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	1	1	
Positive Tier Change	BD PRECISIONGLIDE 23GX1-1/2"	OTHER NON-CATEGORIZED	1	1	

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Prime THERAPEUTICS™

Network Disruption Report for BCBSNE

As of June 25, 2025

Disruption Analysis

Description

This Disruption Analysis identifies members and pharmacies that will be out of network if the group/population transitions to a new network product.

- The query for this Disruption Analysis (NAR-00006995) was peer reviewed per our QA process
- The analysis was completed for a transition to the Open ESN Network
- The disruption was completed using the claims from the provided file with a days supply over 83

Network Disruption

BCBSNE - State of Nebraska
Open ESN Network
Based on claims provided

	Claim Count	Claim %	Pharmacy Count	Pharmacy %
Closed	1,162	1.19%	24	3.32%
In Network	95,903	98.00%	676	93.63%
Out of Network	792	0.81%	21	2.91%
ITU	1	0.00%	1	0.14%
Grand Total	**97,858**	**100.00%**	**722**	**100.00%**

Claims that processed through a Mail channel have been excluded.

Summary

- The total disruption is 0.81%.
- ITU identifies pharmacies that are not in network, but are still able to be utilized by Tribal members.

Network Disruption - Pharmacy Details

BCBSNE - State of Nebraska
Open ESN Network
Based on claims provided

NCPDP	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	Claim Count	Member Count	Network Pharmacy
0111257	CVS PHARMACY #04838	PRATTVILLE	AL	2	1	In Network
0111764	CVS PHARMACY #04819	TUSCALOOSA	AL	2	1	In Network
0131754	OPTUM PHARMACY 705 LLC	BIRMINGHAM	AL	17	16	Out Of Network
0135194	CVS PHARMACY #02899	ORANGE BEACH	AL	2	1	In Network
0228494	WALGREENS #16059	SOLDOTNA	AK	2	1	In Network
0305018	WALGREENS #01197	TEMPE	AZ	1	1	In Network
0305222	WALGREENS #5568	SUN CITY	AZ	2	1	In Network
0305361	WALGREENS #4045	TUCSON	AZ	3	1	In Network
0310564	ST. JOSEPH'S MCAULEY PHARMACY	PHOENIX	AZ	2	1	Out Of Network
0318611	WALMART PHARMACY 10-1442	PAGE	AZ	2	1	In Network
0320604	WALGREENS #11610	TEMPE	AZ	1	1	In Network
0321428	CVS PHARMACY #17312	PHOENIX	AZ	5	1	In Network
0323624	WALGREENS.COM	CHANDLER	AZ	195	69	In Network
0325490	WALGREENS #5209	TUCSON	AZ	1	1	In Network
0326442	WALGREENS #6666	PRESCOTT VALLEY	AZ	24	1	In Network
0327723	CVS PHARMACY #00086	CASA GRANDE	AZ	1	1	In Network
0352663	CVS PHARMACY #01716	BUCKEYE	AZ	3	1	In Network
0352916	EL RIO WEST PHARMACY	TUCSON	AZ	1	1	In Network
0356089	WALMART PHARMACY 10-4543	PARKER	AZ	1	1	In Network
0358122	CVS PHARMACY #10184	TUCSON	AZ	1	1	In Network
0360987	OPTUM PHARMACY 801 INC	PHOENIX	AZ	13	13	Out Of Network
0362309	AMAZON PHARMACY #002	PHOENIX	AZ	135	38	In Network
0364339	FRY'S PHARMACY #658	GILBERT	AZ	10	1	In Network
0411835	WALMART PHARMACY 10-0358	ALMA	AR	2	1	In Network
0412964	WALMART PHARMACY 10-0141	FORT SMITH	AR	1	1	In Network
0421658	WALGREENS #07234	FORT SMITH	AR	2	1	In Network
0422991	WALGREENS #11987	ALMA	AR	3	1	In Network
0514667	WALGREENS #842	SAN JOSE	CA	3	1	Closed
0548175	EXPRESS RX PHARMACY AND MEDICAL S	LOS ANGELES	CA	2	1	In Network
0596455	RITE AID PHARMACY 05666	SAN DIEGO	CA	8	1	In Network
0601256	WALGREENS #7777	COLORADO SPRING	CO	1	1	In Network
0610255	KING SOOPERS PHARMACY	COLORADO SPRING	CO	2	1	In Network
0610306	CITY MARKET PHARMACY	WOODLAND PARK	CO	5	1	In Network
0610851	FOLTMER DRUG	WRAY	CO	14	2	In Network
0611461	WALMART PHARMACY 10-0924	STERLING	CO	8	1	In Network
0611889	WALMART PHARMACY 10-1019	CANON CITY	CO	1	1	In Network
0612742	WALMART PHARMACY 10-1384	LA JUNTA	CO	1	1	In Network
0613631	ROCKY MOUNTAIN PHARMACY	ESTES PARK	CO	4	1	Out Of Network
0617083	CVS PHARMACY #16035	COLORADO SPRING	CO	1	1	In Network
0617588	WALGREENS #6844	FORT COLLINS	CO	2	1	In Network
0617641	WALGREENS #5547	COLORADO SPRING	CO	1	1	Closed
0618198	CVS PHARMACY #16855	SILVERTHORNE	CO	2	1	In Network
0618403	WALGREENS #6343	LOVELAND	CO	4	1	In Network
0619126	WALGREENS #9212	GREELEY	CO	2	1	In Network
0619380	WALGREENS #9570	BROOMFIELD	CO	2	1	In Network
0619556	WALGREENS #9565	FORT COLLINS	CO	1	1	In Network
0619671	KING SOOPERS PHARMACY	CASTLE ROCK	CO	5	2	In Network
0620294	WALGREENS #11862	FORT COLLINS	CO	3	1	In Network
0620307	WALGREENS #11863	COLORADO SPRING	CO	2	1	Closed
0620383	UNIVERSITY OF COLORADO HOSPITAL A	AURORA	CO	2	1	In Network
0620787	WALGREENS #11615	AURORA	CO	1	1	In Network
0621335	WALGREENS SPECIALTY PHARMACY #13	DENVER	CO	1	1	In Network
0621715	WALGREENS #12683	BOULDER	CO	1	1	In Network
0621777	MEDICAL CENTER OF THE ROCKIES OUT	LOVELAND	CO	1	1	In Network
0623238	POUDRE VALLEY HOSPITAL PHARMACY	FORT COLLINS	CO	2	1	In Network
0624088	HARMONY EMERGENCY DEPARTMENT P	FORT COLLINS	CO	6	1	In Network
0625131	CVS PHARMACY #10785	PARKER	CO	3	1	In Network
0627779	CVS PHARMACY #17841	FORT COLLINS	CO	1	1	Closed
0628151	LOVELAND VA CLINIC PHARMACY	LOVELAND	CO	1	1	In Network
0902507	CVS PHARMACY #01344	WASHINGTON	DC	3	1	In Network
0904943	WALGREENS #15360	WASHINGTON	DC	2	1	In Network
0905147	WALGREENS #15953	WASHINGTON	DC	1	1	In Network
1006469	CVS PHARMACY #01771	LUTZ	FL	1	1	In Network
1013870	CVS PHARMACY #17148	FORT MYERS	FL	5	1	In Network
1031741	CVS PHARMACY #17384	ESTERO	FL	3	1	In Network
1042465	CVS PHARMACY #03490	WINTER SPRINGS	FL	4	1	In Network
1045512	CVS PHARMACY #03441	SANIBEL	FL	3	1	In Network
1052428	CVS PHARMACY #04015	CRESTVIEW	FL	3	1	In Network
1055791	WALGREENS #13850	HOLMES BEACH	FL	1	1	In Network
1061554	WALGREENS #12672	ORLANDO	FL	2	1	Closed
1062467	WALGREENS #4278	JACKSONVILLE	FL	1	1	In Network
1084463	WALGREENS #4638	JACKSONVILLE	FL	1	1	In Network
1088384	FMC PHARMACY SERVICES	SAINT PETERSBUR	FL	3	1	In Network
1146794	WALMART PHARMACY 10-2811	ATHENS	GA	2	1	In Network
1173664	SYNERGEN RX, LLC	DORAVILLE	GA	3	2	In Network
1308635	WALMART PHARMACY 10-5869	MOSCOW	ID	9	1	In Network

1440990	WALGREENS #04936	CHICAGO	IL	1	1	In Network
1445700	WALMART PHARMACY 10-0216	MARION	IL	4	1	In Network
1448744	WALMART PHARMACY 10-0633	KEWANEE	IL	6	1	In Network
1449102	WALGREENS #06762	CHICAGO	IL	1	1	In Network
1463455	WALGREENS #02840	CHICAGO	IL	5	2	In Network
1467679	WALGREENS #04042	DEKALB	IL	1	1	In Network
1470385	WALGREENS #03927	STREAMWOOD	IL	1	1	In Network
1479903	WALGREENS #09038	CHICAGO	IL	10	1	In Network
1488990	HY-VEE PHARMACY (1640)	SPRINGFIELD	IL	1	1	In Network
1493826	CAREPOINT PHARMACY	SCHAUMBURG	IL	78	48	Out Of Network
1561326	WALGREENS #10074	KOKOMO	IN	1	1	In Network
1564930	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	274	128	Out Of Network
1570882	AMAZON PHARMACY #006	INDIANAPOLIS	IN	13	5	In Network
1600293	WALGREENS #4405	COUNCIL BLUFFS	IA	185	26	In Network
1602071	DRILLING PHARMACY	SIOUX CITY	IA	6	1	In Network
1602778	OARD ROSS DRUG INC	COUNCIL BLUFFS	IA	6	2	Closed
1603972	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	60	9	In Network
1604099	LEHAN PHARMACY	MINDEN	IA	7	2	Closed
1606233	STONER DRUG	HAMBURG	IA	32	4	In Network
1607665	FOOD LAND PHARMACY	WOODBINE	IA	1	1	In Network
1608299	VALLEY DRUG STORE	MISSOURI VALLEY	IA	9	1	In Network
1609897	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	5	2	In Network
1610802	HY-VEE PHARMACY #1 (1013)	AMES	IA	3	1	In Network
1610890	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	50	7	In Network
1612541	WALGREENS #4714	DES MOINES	IA	1	1	In Network
1614937	WALGREENS #5306	COUNCIL BLUFFS	IA	62	13	In Network
1615345	WALMART PHARMACY 10-1152	SIOUX CENTER	IA	1	1	In Network
1616032	WALMART PHARMACY 10-1361	SIOUX CITY	IA	2	1	In Network
1616739	WALMART PHARMACY 10-1683	SHENANDOAH	IA	21	3	In Network
1616804	WALGREENS #12108	AMES	IA	7	2	In Network
1617135	STONER DRUG	TABOR	IA	2	2	In Network
1617173	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	20	3	In Network
1617250	SUPER SAVER PHARMACY #12	COUNCIL BLUFFS	IA	75	7	In Network
1617464	WALMART PHARMACY 10-1965	COUNCIL BLUFFS	IA	43	9	In Network
1617832	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	10	2	In Network
1618795	WALGREENS #3700	COUNCIL BLUFFS	IA	69	17	In Network
1619139	HY-VEE PHARMACY #2 (1018)	AMES	IA	2	2	In Network
1619189	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1	1	In Network
1620245	WALGREENS #5470	SIOUX CITY	IA	8	4	In Network
1620334	HY-VEE MAINSTREET (7070)	SIOUX CITY	IA	7	2	In Network
1620601	CVS PHARMACY #16893	ANKENY	IA	2	1	In Network
1620625	WALGREENS #5941	MASON CITY	IA	2	1	In Network
1620663	IOWA CITY VAMC PHARMACY	IOWA CITY	IA	3	3	In Network
1620827	HY-VEE PHARMACY (1544)	RED OAK	IA	4	1	In Network
1621312	CVS PHARMACY #16022	DUBUQUE	IA	9	1	In Network
1621588	CVS PHARMACY #16923	SIOUX CITY	IA	28	4	In Network
1621590	WALMART PHARMACY 10-3590	SIOUX CITY	IA	7	1	In Network
1621968	HY-VEE PHARMACY (1124)	DENISON	IA	1	1	In Network
1622352	HY-VEE PHARMACY (1241)	HARLAN	IA	12	2	In Network
1622489	WALGREENS #9791	ALTOONA	IA	2	1	In Network
1622516	SAMS PHARMACY 10-6472	COUNCIL BLUFFS	IA	2	1	In Network
1622895	WALGREENS #10557	CEDAR FALLS	IA	2	1	In Network
1623102	MEDICAP PHARMACY	GLENWOOD	IA	21	3	In Network
1623330	HY-VEE PHARMACY (1619)	SHENANDOAH	IA	15	3	In Network
1623366	WALMART PHARMACY 10-4256	AMES	IA	1	1	In Network
1623568	CVS PHARMACY #17507	COUNCIL BLUFFS	IA	40	4	In Network
1623986	CVS PHARMACY #04816	COUNCIL BLUFFS	IA	52	13	In Network
1624659	HY-VEE PHARMACY (3527)	GLENWOOD	IA	25	5	In Network
1624700	WALGREENS #15647	SIOUX CITY	IA	6	4	In Network
1624813	CHI HEALTH PHARMACY - WEST BROADV	COUNCIL BLUFFS	IA	17	3	In Network
1624902	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	97	11	In Network
1626033	KOHLL'S RX	MALVERN	IA	10	1	In Network
1626211	CHI HEALTH PHARMACY - VALLEY VIEW	COUNCIL BLUFFS	IA	14	4	In Network
1626780	EBY DRUG	LOGAN	IA	1	1	In Network
1700093	WALGREENS #3069	TOPEKA	KS	2	1	In Network
1701348	AUBURN PHARMACY #175	ABILENE	KS	1	1	In Network
1703950	LAFENE HEALTH CENTER PHARMACY	MANHATTAN	KS	3	1	In Network
1710676	DILLON PHARMACY	LAWRENCE	KS	1	1	In Network
1711286	WALMART PHARMACY 10-0664	HAYS	KS	2	1	In Network
1711628	WALMART PHARMACY 10-0794	HUTCHINSON	KS	4	1	In Network
1711654	WALGREENS #7778	TOPEKA	KS	2	1	In Network
1712238	LEEKERS FAMILY PHARMACY	WICHITA	KS	3	1	In Network
1712315	DILLON PHARMACY	LAWRENCE	KS	14	1	In Network
1712555	WALMART PHARMACY 10-0026	LEAVENWORTH	KS	1	1	In Network
1712771	DILLON PHARMACY	MANHATTAN	KS	3	1	In Network
1713482	WALMART PHARMACY 10-0341	MARYSVILLE	KS	9	1	In Network
1714321	WALMART PHARMACY 10-0035	MANHATTAN	KS	5	2	In Network
1715210	WALGREENS #3055	LAWRENCE	KS	5	1	In Network
1715272	WALGREENS #5768	WICHITA	KS	4	1	In Network
1715311	DILLON PHARMACY	MANHATTAN	KS	1	1	In Network
1715537	WALMART PHARMACY 10-0342	HIAWATHA	KS	2	2	In Network
1716046	DILLON PHARMACY	COLBY	KS	2	1	In Network
1717707	WALMART PHARMACY 10-3492	WICHITA	KS	3	1	In Network
1718418	CVS PHARMACY #08237	LEAWOOD	KS	3	1	In Network
1718747	CVS PHARMACY #08602	OVERLAND PARK	KS	2	1	In Network

1718824	CVS PHARMACY #08580	SHAWNEE	KS	1	1	In Network
1719193	CVS PHARMACY #00676	LAWRENCE	KS	1	1	In Network
1719458	CVS PHARMACY #04521	SHAWNEE	KS	1	1	In Network
1719838	WALGREENS #12923	LEAVENWORTH	KS	5	1	In Network
1719927	WALGREENS #11370	OVERLAND PARK	KS	8	2	In Network
1720122	WALGREENS #13032	PRAIRIE VILLAGE	KS	1	1	In Network
1721376	WARD DRUG	OBERLIN	KS	2	1	In Network
1721895	RUSH COUNTY PHARMACY	LA CROSSE	KS	3	1	In Network
1723370	OPTUMRX, INC.	OVERLAND PARK	KS	51	41	Out Of Network
1830391	WALGREENS #11198	OWENSBORO	KY	2	1	Closed
2006458	WALMART PHARMACY 10-2153	BIDDEFORD	ME	1	1	In Network
2343882	CVS PHARMACY #08078	STERLING HEIGHTS	MI	1	1	In Network
2363404	CVS PHARMACY #08282	EAST LANSING	MI	1	1	In Network
2363846	WALGREENS #7160	GRANDVILLE	MI	1	1	In Network
2368288	WALGREENS #10186	TRAVERSE CITY	MI	1	1	In Network
2369797	OPTUM PHARMACY 701, LLC	FLINT	MI	32	30	Out Of Network
2417904	MAYO CLINIC PHARMACY	ROCHESTER	MN	7	1	In Network
2420040	WALGREENS #16361	MINNEAPOLIS	MN	2	1	In Network
2420660	WALMART PHARMACY 10-1657	FARIBAULT	MN	1	1	In Network
2420963	CVS PHARMACY #16300	CHANHASSEN	MN	3	1	In Network
2423666	HY-VEE PHARMACY (1400)	MARSHALL	MN	2	1	In Network
2425646	CVS PHARMACY #16954	SAVAGE	MN	1	1	In Network
2426408	CVS PHARMACY #07197	MAPLE GROVE	MN	1	1	In Network
2430875	MAYO CLINIC PHARMACY SUBWAY	ROCHESTER	MN	2	1	In Network
2434037	HY-VEE PHARMACY (1531)	PLYMOUTH	MN	8	1	In Network
2434227	CVS PHARMACY #11046	PLYMOUTH	MN	10	1	In Network
2623610	STEVENSON FAMILY PHARMACY	SAINT JOSEPH	MO	2	1	In Network
2625018	WALMART PHARMACY 10-1188	BRIDGETON	MO	8	1	In Network
2632607	WALMART PHARMACY 10-0243	WENTZVILLE	MO	1	1	In Network
2632710	HY-VEE PHARMACY (1406)	MARYVILLE	MO	5	3	In Network
2632950	WALGREENS #4439	LIBERTY	MO	17	1	In Network
2634423	WALGREENS #5145	COLUMBIA	MO	4	1	In Network
2634752	HY-VEE PHARMACY (1552)	SAINT JOSEPH	MO	2	1	In Network
2635994	HY-VEE PHARMACY (1475)	OSAGE BEACH	MO	2	1	In Network
2636768	CVS PHARMACY #08565	KANSAS CITY	MO	3	1	In Network
2636782	CVS PHARMACY #08554	GLADSTONE	MO	3	1	In Network
2638015	CVS PHARMACY #17480	KANSAS CITY	MO	2	1	In Network
2639928	CVS PHARMACY #04080	LAKE OZARK	MO	3	1	In Network
2640882	CVS PHARMACY #10118	NIXA	MO	1	1	In Network
2647797	ADVANCED FAMILY CARE PHARMACY	SAINT LOUIS	MO	1	1	In Network
2649032	CVS PHARMACY #17887	SAINT LOUIS	MO	3	1	In Network
2782971	CVS PHARMACY #08621	BOZEMAN	MT	5	1	In Network
2800034	WALGREENS #00541	LINCOLN	NE	507	74	In Network
2800046	WALGREENS #03182	LINCOLN	NE	1319	233	In Network
2800058	WALGREENS #05143	OMAHA	NE	77	19	In Network
2800072	WALGREENS #15237	OMAHA	NE	40	14	In Network
2800147	WALGREENS #07693	OMAHA	NE	50	17	In Network
2800173	WALGREENS #04443	OMAHA	NE	35	12	In Network
2800185	WALGREENS #03269	HASTINGS	NE	293	55	In Network
2800197	WALGREENS #03621	OMAHA	NE	156	27	In Network
2800236	WALGREENS #03694	BELLEVUE	NE	457	65	In Network
2800248	WALGREENS #07272	OMAHA	NE	341	56	In Network
2800541	FARRELL'S PHARMACY	MCCOOK	NE	130	22	In Network
2800628	GERING U-SAVE PHARMACY	GERING	NE	445	57	In Network
2800642	U SAVE PHARMACY SOUTH	GRAND ISLAND	NE	331	36	In Network
2801098	A & A DRUG COMPANY	FREMONT	NE	145	13	In Network
2801199	BREHM DRUG	SAINT PAUL	NE	258	27	In Network
2801442	ADAMS DRUG COMPANY INC	IMPERIAL	NE	3	2	Closed
2801466	TOOLEY DRUG INC	COLUMBUS	NE	23	6	In Network
2801517	ABC DRUG	KEARNEY	NE	12	4	In Network
2801555	SCRIBNER DRUGSTORE	SCRIBNER	NE	8	2	In Network
2801694	WALGREENS #00515	LINCOLN	NE	565	92	In Network
2801808	WELLS DRUG	ALBION	NE	83	7	In Network
2801810	HAYS PHARMACY	ALMA	NE	40	4	In Network
2801858	WEST HOLT PHARMACY	ATKINSON	NE	44	9	In Network
2802038	RONS PHARMACY	BLUE HILL	NE	30	4	Closed
2802090	BURWELL PHARMACY	BURWELL	NE	110	15	In Network
2802266	SERVICE DRUG STORE	COZAD	NE	24	6	In Network
2802280	MANION'S DRUG STORE	CREIGHTON	NE	97	13	In Network
2802444	KORBEL DRUG	FAIRBURY	NE	21	3	In Network
2802533	JOHNSON PHARMACY	FRIEND	NE	15	2	In Network
2802634	GRANT PHARMACY	GRANT	NE	32	5	In Network
2802660	STEFFEN DRUG	HARTINGTON	NE	104	14	In Network
2802684	BERTS PHARMACY	HASTINGS	NE	298	47	In Network
2802773	HOLDREGE PHARMACY	HOLDREGE	NE	155	27	In Network
2802850	VALLEY PHARMACY INC	KEARNEY	NE	211	34	In Network
2802874	BEMIS DRUG LLC	KIMBALL	NE	81	16	In Network
2803232	STOCKWELL PHARMACY	LINCOLN	NE	196	20	In Network
2803244	UNIVERSITY HEALTH CENTER PHARMAC	LINCOLN	NE	33	15	In Network
2803422	LT PEDLEY DRUG	MINDEN	NE	14	3	In Network
2803460	CODY'S USAVE PHARMACY	NEBRASKA CITY	NE	155	25	In Network
2803648	O'NEILL FAMILY PHARMACY	ONEILL	NE	359	43	In Network
2803674	U SAVE PHARMACY OGALLALA	OGALLALA	NE	130	25	In Network
2803763	CREIGHTON UNIVERSITY MEDICAL CENT	OMAHA	NE	40	7	In Network
2803927	THE NEBRASKA MEDICAL CENTER CLINI	OMAHA	NE	392	64	In Network

2803991	ANDERSON PHARMACY	ORD	NE	82	11	In Network
2804119	PLAINVIEW FAMILY PHARMACY	PLAINVIEW	NE	27	7	In Network
2804133	KELLER PHARMACY	PONCA	NE	44	8	In Network
2804171	SVANDA PHARMACY	RAVENNA	NE	27	6	In Network
2804183	VILLAGE PHARMACY	RED CLOUD	NE	55	6	In Network
2804311	WESTERN DRUG	SIDNEY	NE	67	13	In Network
2804359	SUPERIOR PHARMACY	SUPERIOR	NE	109	13	In Network
2804385	SYRACUSE U-SAVE PHARMACY	SYRACUSE	NE	411	63	In Network
2804400	CHIEF DRUG	TECUMSEH	NE	217	38	In Network
2804513	U-SAVE PHARMACY	WAYNE	NE	115	20	In Network
2804551	BARNAS DRUG INC	WILBER	NE	241	35	In Network
2805060	RX EXPRESS PHARMACY	NORTH PLATTE	NE	144	22	Closed
2805109	JEFFERSON COMMUNITY HEALTH CENTE	FAIRBURY	NE	41	5	In Network
2805147	HASSELBALCH PHARMACY	TECUMSEH	NE	451	58	In Network
2809599	CHI HEALTH PHARMACY - BERGAN MERC	OMAHA	NE	6	3	In Network
2809688	GOTHENBURG DISCOUNT PHARMACY	GOTHENBURG	NE	68	12	In Network
2809690	U SAVE PHARMACY	NORTH PLATTE	NE	275	52	In Network
2809777	USAVE PHARMACY LEX	LEXINGTON	NE	175	38	In Network
2809878	JIMS U SAVE PHARMACY	AURORA	NE	146	22	In Network
2810009	SPALDING PHARMACY	SPALDING	NE	7	2	In Network
2810112	WALGREENS #03467	GRAND ISLAND	NE	210	32	In Network
2810136	TRAV'S U-SAVE PHARMACY	CENTRAL CITY	NE	57	15	In Network
2810249	WEAVER PHARMACY	GENEVA	NE	326	41	In Network
2810390	SAFEWAY PHARMACY #0556	SCOTTSBLUFF	NE	555	62	In Network
2810439	WALGREENS #04754	LA VISTA	NE	307	42	In Network
2810489	WALGREENS #05540	BELLEVUE	NE	91	17	In Network
2810833	U-SAVE PHARMACY & MEDICAL SUPPLY	MCCOOK	NE	258	48	In Network
2810845	MAIN ST APOTHECARY	LAUREL	NE	47	8	In Network
2810910	HY-VEE PHARMACY #1 (1465)	OMAHA	NE	216	37	In Network
2810922	RELYCARE PHARMACY	LINCOLN	NE	98	12	In Network
2810946	CLABAUGH PHARMACY	BEATRICE	NE	340	64	In Network
2810996	DEPOT DRUG	NORTH PLATTE	NE	28	4	In Network
2811063	HY-VEE PHARMACY #2 (1386)	LINCOLN	NE	1476	184	In Network
2811188	WALGREENS #06962	OMAHA	NE	30	9	In Network
2811215	GOOD LIFE PHARMACY	ORD	NE	38	9	In Network
2811253	LAKE CREST PHARMACY	ADAMS	NE	48	10	In Network
2811304	WALGREENS #04088	LINCOLN	NE	779	104	In Network
2811330	PAC N SAVE DISCOUNT PHARMACY	SEWARD	NE	110	21	In Network
2811532	CHI HEALTH PHARMACY - IMMANUEL	OMAHA	NE	36	8	In Network
2812356	WALMART PHARMACY 10-0645	NORFOLK	NE	406	47	In Network
2812419	CHARLIES U SAVE PHARMACY	YORK	NE	67	17	In Network
2812433	WALGREENS #03716	KEARNEY	NE	645	101	In Network
2812508	WALMART PHARMACY 10-0637	LEXINGTON	NE	260	35	In Network
2812546	WALMART PHARMACY 10-0776	FREMONT	NE	393	49	In Network
2812558	WALMART PHARMACY 10-0774	COLUMBUS	NE	144	18	In Network
2812712	WALGREENS #01430	LINCOLN	NE	882	153	In Network
2812736	WALGREENS #12115	COLUMBUS	NE	276	44	In Network
2812750	WALMART PHARMACY 10-0790	MCCOOK	NE	483	51	In Network
2812786	WESTFIELD PHARMACY	NORTH PLATTE	NE	109	26	In Network
2812798	HY-VEE PHARMACY #4 (1388)	LINCOLN	NE	2200	289	In Network
2812837	ARAPAHOE PHARMACY	ARAPAHOE	NE	18	5	In Network
2812887	WALGREENS #04974	OMAHA	NE	355	59	In Network
2812899	WALMART PHARMACY 10-0867	SCOTTSBLUFF	NE	663	93	In Network
2812914	WALMART PHARMACY 10-0885	SEWARD	NE	472	72	In Network
2813017	WALMART PHARMACY 10-0598	KEARNEY	NE	515	74	In Network
2813029	REIMER PHARMACY	FULLERTON	NE	61	9	In Network
2813031	HAEBERLE'S GRAND CENTRAL PHARMAC	KEARNEY	NE	171	21	In Network
2813156	FULMER PHARMACY	HOLDREGE	NE	90	20	In Network
2813295	WALGREENS #09899	FREMONT	NE	522	85	In Network
2813358	WALGREENS #13137	OMAHA	NE	108	29	In Network
2813461	SUPER SAVER PHARMACY #9	LINCOLN	NE	68	9	In Network
2813473	HY-VEE PHARMACY #8 (1471)	OMAHA	NE	96	19	In Network
2813512	DAVID CITY DISCOUNT PHARMACY	DAVID CITY	NE	129	18	In Network
2813548	WALMART PHARMACY 10-1326	GRAND ISLAND	NE	486	50	In Network
2813550	OSMOND PHARMACY	OSMOND	NE	89	10	In Network
2813586	WALMART PHARMACY 10-1332	SOUTH SIOUX CITY	NE	32	8	In Network
2813598	WALGREENS #10502	SOUTH SIOUX CITY	NE	54	10	In Network
2813625	MEDICINE MAN PHARMACY	OMAHA	NE	1	1	In Network
2813637	HY-VEE PHARMACY #6 (1535)	OMAHA	NE	106	26	In Network
2813651	WALMART PHARMACY 10-0350	YORK	NE	372	59	In Network
2813687	OMNICARE OF NEBRASKA	LA VISTA	NE	1	1	In Network
2813702	CODY'S USAVE PHARMACY	AUBURN	NE	224	30	In Network
2813803	WALMART PHARMACY 10-1460	HASTINGS	NE	323	55	In Network
2813877	WALMART PHARMACY 10-1585	NORTH PLATTE	NE	117	27	In Network
2813889	SEWARD FAMILY PHARMACY	SEWARD	NE	190	21	In Network
2813904	SONNYS PHARMACY	BRIDGEPORT	NE	48	9	Closed
2813916	WALMART PHARMACY 10-1637	OMAHA	NE	93	14	In Network
2813928	KUBAT HEALTHCARE	BEATRICE	NE	361	98	Closed
2813954	KENS U SAVE PHARMACY	CRETE	NE	120	13	In Network
2813978	HY-VEE PHARMACY #4 (1467)	OMAHA	NE	191	24	In Network
2813980	WALMART PHARMACY 10-1671	PAPILLION	NE	121	28	In Network
2813992	RUSS PHARMACY #1	LINCOLN	NE	243	32	In Network
2814146	WALGREENS #02845	LINCOLN	NE	933	136	In Network
2814259	WALMART PHARMACY 10-1943	LINCOLN	NE	729	117	In Network
2814261	ELGIN PHARMACY	ELGIN	NE	51	11	In Network

2814285	WALGREENS #05736	LINCOLN	NE	319	61	In Network
2814350	HY-VEE PHARMACY #2 (1466)	OMAHA	NE	216	35	In Network
2814362	WALMART PHARMACY 10-0418	FAIRBURY	NE	193	33	In Network
2814386	CAMPBELL DRUG	OSHKOSH	NE	32	6	Closed
2814437	CVS PHARMACY #17446	OMAHA	NE	75	12	In Network
2814526	WALGREENS #03186	OMAHA	NE	198	38	In Network
2814552	CVS PHARMACY #16146	OMAHA	NE	174	18	In Network
2814564	OMAHA VAMC PHARMACY	OMAHA	NE	223	53	In Network
2814627	WALGREENS #03202	OMAHA	NE	53	16	In Network
2814665	THE NEBRASKA MED CTR BELLEVUE PH/	BELLEVUE	NE	52	17	In Network
2814766	CVS PHARMACY #16148	PAPILLION	NE	156	24	In Network
2814778	U-SAVE PHARMACY NW	GRAND ISLAND	NE	310	39	In Network
2814805	CVS PHARMACY #17208	OMAHA	NE	148	18	In Network
2814831	FAITH REGIONAL HEALTH SERVICES - TH	NORFOLK	NE	24	8	In Network
2814879	CHI HEALTH PHARMACY - LAKESIDE	OMAHA	NE	45	4	In Network
2814893	HY-VEE PHARMACY #3 (1387)	LINCOLN	NE	1307	179	In Network
2814906	ELMWOOD PHARMACY	OMAHA	NE	5	1	In Network
2815035	DIABETES SUPPLY CENTER OF THE MIDL	OMAHA	NE	25	8	In Network
2815047	HY-VEE PHARMACY #1 (1460)	NORFOLK	NE	873	102	In Network
2815059	HY-VEE PHARMACY #2 (1461)	NORFOLK	NE	686	89	In Network
2815061	HY-VEE PHARMACY #5 (1470)	OMAHA	NE	169	27	In Network
2815186	WALMART PHARMACY 10-2579	CHADRON	NE	230	33	In Network
2815198	BLOOMFIELD PHARMACY	BLOOMFIELD	NE	75	10	In Network
2815201	TOOLEY DRUG INC CLINICAL PHARMACY	COLUMBUS	NE	58	8	In Network
2815213	RUSS'S PHARMACY #2	LINCOLN	NE	147	23	In Network
2815237	BENKELMAN PHARMACY	BENKELMAN	NE	8	3	In Network
2815263	HY-VEE DRUGSTORE (7062)	OMAHA	NE	60	7	In Network
2815388	HY-VEE PHARMACY #5 (1390)	LINCOLN	NE	1435	195	In Network
2815403	WALGREENS #04531	NORFOLK	NE	817	115	In Network
2815439	COMMUNITY PHARMACY AT REGIONAL W	SCOTTSBLUFF	NE	83	20	In Network
2815453	SAFEWAY PHARMACY #0557	OGALLALA	NE	130	16	In Network
2815504	WALGREENS #04772	OMAHA	NE	120	19	In Network
2815528	SUPER SAVER PHARMACY #18	COLUMBUS	NE	13	4	In Network
2815542	SAFEWAY PHARMACY #2555	SIDNEY	NE	48	5	In Network
2815566	LOUDERBACK DRUG	MADISON	NE	27	2	Out Of Network
2815578	HY-VEE PHARMACY #3 (1469)	OMAHA	NE	79	15	In Network
2815605	WALGREENS #04753	LINCOLN	NE	2719	432	In Network
2815643	CHI HEALTH PHARMACY - BELLEVUE	BELLEVUE	NE	61	8	In Network
2815655	CHI HEALTH PHARMACY - MIDLANDS	PAPILLION	NE	82	11	In Network
2815667	HY-VEE PHARMACY (1078)	COLUMBUS	NE	323	45	In Network
2815679	EMPLOYER'S HEALTH CARE PHARMACY	GRAND ISLAND	NE	49	4	In Network
2815693	SUPER SAVER PHARMACY #17	LINCOLN	NE	340	46	In Network
2815732	CHI HEALTH PHARMACY - FLORENCE	OMAHA	NE	8	1	In Network
2815744	WALMART PHARMACY 10-2784	BEATRICE	NE	1108	156	In Network
2815768	WALGREENS #05360	OMAHA	NE	310	53	In Network
2815770	WALGREENS #05190	OMAHA	NE	53	9	Closed
2815821	SAFEWAY PHARMACY #2563	CHADRON	NE	105	14	In Network
2815908	WALGREENS #05874	LINCOLN	NE	2493	381	In Network
2815910	WALGREENS #05059	OMAHA	NE	129	32	In Network
2815934	WALGREENS #05966	OMAHA	NE	137	31	In Network
2815960	WALMART PHARMACY 10-2847	BELLEVUE	NE	116	15	In Network
2815972	CVS PHARMACY #16903	OMAHA	NE	74	19	In Network
2816001	BAKERS PHARMACY #311	OMAHA	NE	29	8	In Network
2816037	BAKERS PHARMACY #315	OMAHA	NE	81	13	In Network
2816049	BAKER'S PHARMACY #316	OMAHA	NE	166	18	In Network
2816051	BAKERS PHARMACY #319	OMAHA	NE	258	24	In Network
2816063	BAKERS PHARMACY #320	OMAHA	NE	51	9	In Network
2816075	BAKERS PHARMACY #321	OMAHA	NE	29	10	In Network
2816087	BAKERS PHARMACY #323	FREMONT	NE	277	36	In Network
2816099	WALMART PHARMACY 10-3267	OMAHA	NE	97	16	In Network
2816114	USAVE PHARMACY MILFORD	MILFORD	NE	43	7	In Network
2816140	SAMS PHARMACY	LINCOLN	NE	373	35	In Network
2816152	HY-VEE PHARMACY (1620)	SOUTH SIOUX CITY	NE	49	10	In Network
2816164	RUSS'S PHARMACY #21	LINCOLN	NE	1516	192	In Network
2816188	BAKERS PHARMACY #318	BELLEVUE	NE	111	15	In Network
2816203	WALGREENS #06884	LINCOLN	NE	1592	258	In Network
2816253	MARKS PHARMACY CAMBRIDGE	CAMBRIDGE	NE	172	21	In Network
2816277	PHARMACY SOLUTIONS	LINCOLN	NE	2	1	Out Of Network
2816405	CVS PHARMACY #16055	LINCOLN	NE	465	69	In Network
2816417	WALGREENS #05741	OMAHA	NE	77	20	In Network
2816431	ONEWORLD PHARMACY	OMAHA	NE	16	5	In Network
2816481	REDLINE SPECIALTY PHARMACY	HASTINGS	NE	2	1	In Network
2816506	CVS PHARMACY #16867	BELLEVUE	NE	117	21	In Network
2816518	WALGREENS #07383	SCOTTSBLUFF	NE	1015	149	In Network
2816520	WALGREENS #07563	OMAHA	NE	39	14	In Network
2816532	WALMART PHARMACY 10-3278	LINCOLN	NE	808	116	In Network
2816568	WALGREENS #06802	OMAHA	NE	289	52	In Network
2816594	SUPER SAVER PHARMACY #4	LINCOLN	NE	43	6	In Network
2816633	HY-VEE PHARMACY #9 (1472)	OMAHA	NE	91	13	In Network
2816645	MEDICAP PHARMACY	KEARNEY	NE	150	22	Closed
2816671	WALMART PHARMACY 10-5170	SIDNEY	NE	128	21	In Network
2816734	SAMS PHARMACY 10-8146	OMAHA	NE	70	9	In Network
2816746	WALMART PHARMACY 10-5361	OMAHA	NE	136	19	In Network
2816758	HEALTH MART PHARMACY	BENNINGTON	NE	77	4	In Network
2816823	HY-VEE PHARMACY (1185)	FREMONT	NE	374	55	In Network

2816835	BAKERS PHARMACY #301	OMAHA	NE	100	12	In Network
2816847	BAKERS PHARMACY #302	OMAHA	NE	158	22	In Network
2816859	BAKERS PHARMACY #300	BELLEVUE	NE	269	44	In Network
2816897	WALGREENS #02472	OMAHA	NE	262	42	In Network
2816912	GRAND ISLAND VAMC PHARMACY	GRAND ISLAND	NE	257	36	In Network
2816924	LINCOLN VA CLINIC PHARMACY	LINCOLN	NE	587	86	In Network
2816948	NEIN PHARMACY	BRIDGEPORT	NE	54	10	In Network
2816950	HY-VEE PHARMACY #10 (1474)	OMAHA	NE	174	25	In Network
2816974	WALGREENS #01162	LINCOLN	NE	1081	158	In Network
2817077	VARNEY PHARMACY	BROKEN BOW	NE	148	29	In Network
2817089	WALMART PHARMACY 10-3395	GRAND ISLAND	NE	252	30	In Network
2817091	CROSIER PARK PHARMACY	HASTINGS	NE	206	18	In Network
2817116	WALMART PHARMACY 10-5141	OMAHA	NE	100	20	In Network
2817154	U SAVE PHARMACY OF NORFOLK	NORFOLK	NE	737	115	In Network
2817192	CVS PHARMACY #08626	LINCOLN	NE	2344	306	In Network
2817205	CVS PHARMACY #08616	LINCOLN	NE	1519	198	In Network
2817217	CVS PHARMACY #08615	LINCOLN	NE	2268	285	In Network
2817229	CVS PHARMACY #08610	LINCOLN	NE	1413	158	In Network
2817231	CVS PHARMACY #17105	OMAHA	NE	68	9	In Network
2817279	CVS PHARMACY #16297	KEARNEY	NE	345	56	In Network
2817306	WALGREENS #10437	OMAHA	NE	174	17	In Network
2817332	WALGREENS #10408	LINCOLN	NE	1146	193	In Network
2817344	WALMART PHARMACY 10-4209	NEBRASKA CITY	NE	232	29	In Network
2817382	HY-VEE PHARMACY (1514)	PAPILLION	NE	315	42	In Network
2817394	WALGREENS #11089	LINCOLN	NE	1084	164	In Network
2817421	WALMART PHARMACY 10-4322	CRETE	NE	404	57	In Network
2817433	CVS PHARMACY #17371	LINCOLN	NE	876	129	In Network
2817457	WALGREENS #10892	YORK	NE	500	91	In Network
2817469	WALGREENS #11204	ELKHORN	NE	217	34	In Network
2817471	CVS PHARMACY #17392	OMAHA	NE	122	16	In Network
2817495	SUTTON PHARMACY	SUTTON	NE	82	10	In Network
2817508	WALGREENS #11205	OMAHA	NE	202	25	In Network
2817510	COSTCO PHARMACY #1012	OMAHA	NE	86	17	In Network
2817546	URBAN CLINIC PHARMACY INC	WAHOO	NE	55	17	Closed
2817560	HY-VEE PHARMACY (1221)	GRAND ISLAND	NE	298	48	In Network
2817609	WALGREENS #11203	OMAHA	NE	89	15	In Network
2817647	WALGREENS #11957	BLAIR	NE	95	19	In Network
2817659	HY-VEE PHARMACY #1 (1385)	LINCOLN	NE	1299	194	In Network
2817673	WALGREENS #11356	PAPILLION	NE	249	54	In Network
2817697	WALMART PHARMACY 10-4358	OMAHA	NE	75	15	In Network
2817700	WALMART PHARMACY 10-3823	LINCOLN	NE	822	106	In Network
2817724	FAMILY FRESH MARKET PHARMACY 376	KEARNEY	NE	33	8	In Network
2817736	KUBAT HEALTHCARE	NELIGH	NE	3	1	Closed
2817798	GENOA COMMUNITY PHARMACY	GENOA	NE	7	4	Closed
2817801	WALGREENS #12538	GRAND ISLAND	NE	567	68	In Network
2817837	WALGREENS #11355	PAPILLION	NE	83	24	In Network
2817875	WALGREENS #12854	NEBRASKA CITY	NE	334	48	In Network
2817902	WALGREENS #12405	NORTH PLATTE	NE	415	62	In Network
2817914	CANCER PARTNERS OF NEBRASKA	LINCOLN	NE	14	7	In Network
2817976	CVS PHARMACY #05863	OMAHA	NE	211	32	In Network
2817990	WALMART PHARMACY 10-4600	GRETNA	NE	213	36	In Network
2818043	U SAVE PHARMACY 4TH STREET	GRAND ISLAND	NE	25	5	In Network
2818067	SOUTH LOUP COMMUNITY PHARMACY	CALLAWAY	NE	25	4	In Network
2818081	CVS PHARMACY #02931	OMAHA	NE	282	34	In Network
2818106	CVS PHARMACY #03085	BELLEVUE	NE	164	30	Closed
2818120	MEDS & MORE	NORFOLK	NE	415	40	In Network
2818132	CORE LTC PHARMACY	LA VISTA	NE	1	1	In Network
2818194	NEBRASKA LTC PHARMACY	LINCOLN	NE	30	5	In Network
2818221	CVS PHARMACY #05714	OMAHA	NE	309	38	In Network
2818233	CVS PHARMACY #03478	OMAHA	NE	40	15	Closed
2818269	HY-VEE PHARMACY #11 (1478)	OMAHA	NE	82	13	In Network
2818271	CVS PHARMACY #04033	LINCOLN	NE	2055	254	In Network
2818283	WALMART PHARMACY 10-4568	BLAIR	NE	201	30	In Network
2818295	CVS PHARMACY #00473	LINCOLN	NE	1985	258	In Network
2818308	CVS PHARMACY #05634	OMAHA	NE	331	28	In Network
2818334	CHI HEALTH PHARMACY - LAVISTA	LAVISTA	NE	23	4	In Network
2818346	PHARMACY EXPRESS IN TOWER PLAZA	OMAHA	NE	74	6	In Network
2818358	SAMS PHARMACY 10-4873	LINCOLN	NE	339	45	In Network
2818360	FAMILY FARE PHARMACY 3811	OMAHA	NE	25	5	In Network
2818372	CVS PHARMACY #02741	LA VISTA	NE	325	48	In Network
2818384	CHI HEALTH PHARMACY - 132ND AND CE	OMAHA	NE	6	1	In Network
2818409	SAFEWAY PHARMACY #0549	ALLIANCE	NE	49	10	In Network
2818411	PONCA HILLS HEALTH AND WELLNESS C	NORFOLK	NE	1	1	In Network
2818423	ROCK COUNTY PHARMACY	BASSETT	NE	236	38	In Network
2818447	SUPER SAVER PHARMACY #27	LINCOLN	NE	724	115	In Network
2818459	U SAVE PHARMACY GRETNA	GRETNA	NE	191	31	In Network
2818473	WALMART PHARMACY 10-3154	BELLEVUE	NE	117	18	In Network
2818485	WALMART PHARMACY 10-4138	OMAHA	NE	109	11	In Network
2818524	WALMART PHARMACY 10-3153	OMAHA	NE	111	25	In Network
2818536	WALMART PHARMACY 10-2432	LINCOLN	NE	547	80	In Network
2818548	WALMART PHARMACY 10-3172	OMAHA	NE	121	16	In Network
2818574	CVS PHARMACY #10243	GRAND ISLAND	NE	253	30	In Network
2818586	NEBRASKA ORTHOPAEDIC HOSPITAL RE	OMAHA	NE	2	1	In Network
2818598	WALMART PHARMACY 10-3173	LA VISTA	NE	248	22	In Network
2818613	CVS PHARMACY #10293	NORFOLK	NE	579	55	In Network

2818625	WALMART PHARMACY 10-3151	OMAHA	NE	82	8	In Network
2818637	WALMART PHARMACY 10-3152	OMAHA	NE	42	11	In Network
2818651	HY-VEE PHARMACY (1527)	PLATTSMOUTH	NE	301	42	In Network
2818687	VIARX	OMAHA	NE	1	1	In Network
2818702	HY-VEE PHARMACY (1323)	KEARNEY	NE	617	96	In Network
2818714	ARBOR STATE PHARMACY	WYMORE	NE	125	15	In Network
2818726	WALMART PHARMACY 10-4139	OMAHA	NE	59	14	In Network
2818738	RUSS'S MARKET PHARMACY #7	HASTINGS	NE	117	24	In Network
2818740	THE APOTHECARY SHOP	PENDER	NE	151	14	In Network
2818752	LOUP CITY RX SHOPPE	LOUP CITY	NE	17	3	In Network
2818764	NEIGHBORHOOD LTC PHARMACY	LINCOLN	NE	2	1	In Network
2818788	WALGREENS SPECIALTY PHARMACY #16	OMAHA	NE	19	6	In Network
2818790	MEDICINE MAN PHARMACY	NORTH BEND	NE	79	7	In Network
2818815	KEX RX PHARMACY & HOME CARE	FALLS CITY	NE	92	16	In Network
2818827	DOD OFFUTT PHARMACY	OFFUTT	NE	10	3	In Network
2818841	SAM'S CLUB PHARMACY 10-6181	PAPILLION	NE	31	5	In Network
2818889	GENOA HEALTHCARE, LLC	LINCOLN	NE	178	18	In Network
2818891	WALMART PHARMACY 10-7129	OGALLALA	NE	23	4	In Network
2818904	CHI HEALTH PHARMACY - 161ST AND MA	OMAHA	NE	47	9	In Network
2818966	CVS PHARMACY #10441	COLUMBUS	NE	40	10	In Network
2819019	CHI HEALTH PHARMACY - 42ND AND L	OMAHA	NE	38	3	In Network
2819045	FRONTIER FAMILY PHARMACY	COZAD	NE	51	8	In Network
2819134	U-SAVE PAVILION PHARMACY	NORTH PLATTE	NE	10	5	Closed
2819146	SUPER SAVER PHARMACY #28	GRAND ISLAND	NE	199	15	In Network
2819158	WELLNESS PHARMACY, INC	LINCOLN	NE	23	2	In Network
2819209	WISNER APOTHECARY	WISNER	NE	20	6	In Network
2819259	COSTCO PHARMACY #1237	LA VISTA	NE	47	8	In Network
2819285	NEBRASKA MEDICINE PHARMACY AT LA	OMAHA	NE	41	6	In Network
2819297	HEART CITY DRUG	VALENTINE	NE	182	25	In Network
2819336	ALIVATION PHARMACY, LLC	LINCOLN	NE	119	17	In Network
2819386	COSTCO PHARMACY #1285	LINCOLN	NE	387	62	In Network
2819398	SUPER SAVER PHARMACY #11	LINCOLN	NE	260	40	In Network
2819413	NEBRASKA HEMATOLOGY-ONCOLOGY P	LINCOLN	NE	19	8	In Network
2819425	MEADOWLARK PHARMACY	HICKMAN	NE	326	38	In Network
2819449	ALLIANCE COMMUNITY PHARMACY	ALLIANCE	NE	7	3	In Network
2819463	DAVE'S PHARMACY	ALLIANCE	NE	1	1	In Network
2819615	KOHLL'S RX	OMAHA	NE	2	2	In Network
2819627	KOHLL'S RX	LINCOLN	NE	88	19	In Network
2819704	METHODIST FREMONT HEALTH PHARMA	FREMONT	NE	26	3	In Network
2819716	EMERSON APOTHECARY	EMERSON	NE	50	3	In Network
2819730	UROLOGY CENTER PC	OMAHA	NE	1	1	In Network
2819742	PIERCE PHARMACY	PIERCE	NE	22	8	In Network
2819754	HY-VEE PHARMACY (7090)	WEST POINT	NE	73	12	In Network
2819778	PROVIDENCE COMMUNITY PHARMACY	WAYNE	NE	64	10	In Network
2819805	AINSWORTH DRUG	AINSWORTH	NE	91	19	Out Of Network
2819817	U-SAVE PHARMACY	KEARNEY	NE	394	42	In Network
2819831	LINCOLN PHARMACY	LINCOLN	NE	168	33	In Network
2819843	GENOA HEALTHCARE, LLC	LINCOLN	NE	96	14	In Network
2819867	OUR TOWN PHARMACY	CHAPPELL	NE	17	5	In Network
2819994	FRONTIER FAMILY PHARMACY	BROKEN BOW	NE	132	25	In Network
2820151	STONER DRUG	AUBURN	NE	53	8	In Network
2820238	SIDNEY REGIONAL MEDICAL CENTER OU	SIDNEY	NE	3	2	In Network
2820252	HEALTHFIRST PHARMACY	PAWNEE CITY	NE	85	14	In Network
2820276	THAYER COUNTY PHARMACY	HEBRON	NE	7	3	In Network
2820327	U-SAVE PHARMACY	WAVERLY	NE	127	25	In Network
2820377	FRANCISCAN PHARMACY	WEST POINT	NE	50	6	In Network
2820391	MEDICINE MAN PHARMACY	WAHOO	NE	205	37	In Network
2820404	PONCA HEALTH SERVICES, LINCOLN	LINCOLN	NE	1	1	Out Of Network - ITU
2820466	MEDICINE MAN PHARMACY	SCHUYLER	NE	23	7	In Network
2820478	SYRACUSE AREA HEALTH RETAIL PHARM	WEEPING WATER	NE	111	17	In Network
2820555	SIOUXLAND COMMUNITY HEALTH CENTE	SOUTH SIOUX CITY	NE	8	2	In Network
2820567	HENDERSON PHARMACY	HENDERSON	NE	30	4	In Network
2820593	NEBRASKA METHODIST HOSPITAL, RETA	OMAHA	NE	1	1	In Network
2820618	GENOA HEALTHCARE, LLC	LINCOLN	NE	38	8	In Network
2820632	TIBBALS STREET PHARMACY	HOLDREGE	NE	7	2	In Network
2820644	GENOA HEALTHCARE, LLC	LINCOLN	NE	3	2	In Network
2820668	MIDWEST LTC PHARMACY	GRAND ISLAND	NE	2	1	In Network
2820670	CHI HEALTH PHARMACY - YANKEE HILL	LINCOLN	NE	86	18	In Network
2820694	BLOOD PHARMACY TILDEN	TILDEN	NE	37	14	Closed
2820719	GLOBE REXALL DRUG	FAIRBURY	NE	91	9	In Network
2820745	STOCKMEN'S DRUG	GORDON	NE	65	7	In Network
2820783	NEBRASKA MEDICINE VILLAGE POINTE P	OMAHA	NE	5	3	In Network
2820795	CHILDREN'S NEBRASKA	OMAHA	NE	16	7	In Network
2820810	GENOA HEALTHCARE, LLC	GRAND ISLAND	NE	1	1	In Network
2820822	HY-VEE PHARMACY (1227)	OMAHA	NE	116	28	In Network
2820846	GENOA HEALTHCARE, LLC	OMAHA	NE	1	1	In Network
2820858	CHI HEALTH PHARMACY - ELKHORN	ELKHORN	NE	17	2	In Network
2820923	MEDICINE MAN PHARMACY	WAHOO	NE	3	1	In Network
2820961	STOCKMEN'S DRUG CRAWFORD	CRAWFORD	NE	3	2	In Network
2820997	KUBAT HEALTHCARE	BEATRICE	NE	552	115	In Network
2821014	WALGREENS #21446	GRETNA	NE	87	16	In Network
2821052	HILLTOP COMMUNITY PHARMACY	NELIGH	NE	11	3	In Network
2821115	BLUE HILL PHARMACY	BLUE HILL	NE	3	2	In Network
2989676	CVS PHARMACY #08821	LAS VEGAS	NV	2	1	In Network
2992750	OPTUM FRONTIER THERAPIES II LLC	LAS VEGAS	NV	4	1	Out Of Network

3005077	WALMART PHARMACY 10-2055	CONCORD	NH	3	1	In Network
3061582	PILLPACK BY AMAZON PHARMACY	MANCHESTER	NH	7	1	In Network
3149209	WALGREENS #15649	WHITING	NJ	4	1	In Network
3158955	AMWELL PHARMACY	HILLSBOROUGH	NJ	4	1	In Network
3203750	DAVIS-FLECK UNITED PHARMACY	TRUTH OR CONSEQ	NM	1	1	In Network
3211240	WALMART PHARMACY 10-3428	FARMINGTON	NM	1	1	In Network
3212747	WALMART PHARMACY 10-3517	RIO RANCHO	NM	1	1	In Network
3317927	CVS PHARMACY #00502	ITHACA	NY	2	1	In Network
3342792	CVS PHARMACY #02414	JOHNSON CITY	NY	12	1	In Network
3348263	WALGREENS #1918	BROOKLYN	NY	1	1	In Network
3361970	CVS PHARMACY #08968	NEW YORK	NY	1	1	In Network
3410103	WALGREENS #10274	BREVARD	NC	4	1	In Network
3421257	CVS PHARMACY #01944	WINSTON SALEM	NC	1	1	In Network
3437161	CVS PHARMACY #02559	CHARLOTTE	NC	1	1	In Network
3440637	WALGREENS #7476	KILL DEVIL HILLS	NC	1	1	In Network
3468990	WALGREENS #17554	SOUTHERN PINES	NC	1	1	In Network
3469168	WALGREENS #19644	FAYETTEVILLE	NC	8	1	In Network
3503807	WHITE DRUG #45	JAMESTOWN	ND	2	1	In Network
3504138	WHITE DRUG #61	FARGO	ND	2	1	In Network
3618759	CLEVELAND CLINIC EUCLID AVE OUTPAT	CLEVELAND	OH	2	1	In Network
3645453	WALGREENS #7435	NORWOOD	OH	2	1	In Network
3674086	WALMART PHARMACY 10-5471	MANSFIELD	OH	1	1	In Network
3715224	WALMART PHARMACY 10-0130	MUSKOGEE	OK	1	1	In Network
3719234	WALGREENS #3037	TULSA	OK	1	1	In Network
3722926	WALGREENS #5530	STILLWATER	OK	2	2	In Network
3723132	WALGREENS #6436	EDMOND	OK	1	1	In Network
3807899	SAFEWAY PHARMACY #1665	REDMOND	OR	1	1	In Network
3809362	SAFEWAY PHARMACY #0514	BEND	OR	2	1	In Network
3814452	COSTCO PHARMACY #682	ALBANY	OR	2	2	In Network
3847223	WALGREENS # 21407	PRINEVILLE	OR	2	1	In Network
3958898	CVS/SPECIALTY	MONROEVILLE	PA	1	1	Out Of Network
3965665	WAL-MART PHARMACY 10-1769	DU BOIS	PA	3	1	In Network
3972696	RITE AID PHARMACY 04682	MUNHALL	PA	1	1	In Network
3985198	WALGREENS #7225	ELKINS PARK	PA	8	1	In Network
3985934	WALGREENS #9674	HOMESTEAD	PA	1	1	Closed
4216657	CVS PHARMACY #07016	PAWLEYS ISLAND	SC	2	1	In Network
4226747	WALGREENS #10162	FORT MILL	SC	3	1	In Network
4229464	WALGREENS #11968	FORT MILL	SC	1	1	In Network
4231229	PUBLIX PHARMACY #1379	CLEMSON	SC	1	1	In Network
4233552	PUBLIX PHARMACY #1510	MYRTLE BEACH	SC	3	1	In Network
4301608	MARTIN DRUG AND MERCANTILE	MARTIN	SD	9	1	In Network
4303397	LEWIS DRUG #5	MADISON	SD	3	1	In Network
4303501	THE MEDICINE SHOPPE PHARMACY	RAPID CITY	SD	23	1	In Network
4304010	AVERA MCKENNAN CAMPUS PHARMACY	SIOUX FALLS	SD	2	1	In Network
4304135	LEWIS DRUG #7	SIOUX FALLS	SD	1	1	In Network
4304173	WALMART PHARMACY 10-1483	YANKTON	SD	11	3	In Network
4304236	WALMART PHARMACY 10-1538	BROOKINGS	SD	2	1	In Network
4304375	SAFEWAY PHARMACY #0583	SPEARFISH	SD	2	1	In Network
4304488	BURKE COMMUNITY PHARMACY	BURKE	SD	14	3	In Network
4304616	SIOUX FALLS VAMC PHARMACY	SIOUX FALLS	SD	21	4	In Network
4304806	FORT MEADE VAMC PHARMACY	FORT MEADE	SD	2	2	In Network
4304921	WALGREENS #5243	SIOUX FALLS	SD	4	1	In Network
4305036	HY-VEE PHARMACY (1899)	YANKTON	SD	20	5	In Network
4305149	HY-VEE PHARMACY (1820)	VERMILLION	SD	11	3	In Network
4351742	WALMART PHARMACY 10-3237	SIOUX FALLS	SD	3	1	In Network
4352768	HOT SPRINGS VAMC PHARMACY	HOT SPRINGS	SD	54	10	In Network
4353342	DUNES FAMILY PHARMACY	DAKOTA DUNES	SD	16	1	In Network
4353568	BON HOMME PHARMACY	TYNDALL	SD	2	1	In Network
4353809	WALMART PHARMACY 10-3734	VERMILLION	SD	8	1	In Network
4353811	YANKTON MEDICAL CLINIC PHARMACY	YANKTON	SD	26	7	In Network
4353897	WALGREENS #9806	YANKTON	SD	22	6	In Network
4353924	WALGREENS #10347	MITCHELL	SD	5	1	In Network
4354623	ROGER'S FAMILY PHARMACY	YANKTON	SD	1	1	In Network
4354647	LEWIS FAMILY DRUG #37	ELK POINT	SD	1	1	In Network
4354659	WALMART PHARMACY 10-2443	SIOUX FALLS	SD	1	1	In Network
4354863	LEWIS DRUG #15	SIOUX FALLS	SD	4	1	In Network
4429583	MURFREESBORO VAMC PHARMACY	MURFREESBORO	TN	1	1	In Network
4435447	FRESENIUS MEDICAL CARE RX	FRANKLIN	TN	3	1	In Network
4436552	NASHVILLE VAMC PHARMACY	NASHVILLE	TN	1	1	In Network
4436615	OPTUM PHARMACY 705, LLC	FRANKLIN	TN	36	34	Out Of Network
4436920	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	5	1	Out Of Network
4437213	WALGREENS #7911	COVINGTON	TN	1	1	In Network
4444410	CVS PHARMACY #04992	MEMPHIS	TN	3	2	In Network
4508149	WALGREENS #16465	HOUSTON	TX	1	1	In Network
4508632	HEB PHARMACY	AUSTIN	TX	2	1	In Network
4515637	COSTCO PHARMACY #664	PLANO	TX	2	1	In Network
4522276	WALGREENS #6660	DALLAS	TX	4	1	In Network
4526111	WALGREENS #6663	RICHARDSON	TX	2	1	In Network
4528533	CVS PHARMACY #05667	HOUSTON	TX	4	1	In Network
4532203	CVS PHARMACY #08323	GEORGETOWN	TX	2	1	In Network
4533382	WALGREENS #9205	ROCKPORT	TX	12	1	In Network
4535994	WALGREENS #9180	SAN ANTONIO	TX	1	1	In Network
4539079	OPTUM PHARMACY 704, INC	SAN ANTONIO	TX	17	16	Out Of Network
4543927	WALGREENS SPECIALTY PHARMACY #10	HOUSTON	TX	1	1	In Network
4545414	WALGREENS #11175	KILGORE	TX	7	2	In Network

4550908	WALGREENS #12356	HUDSON OAKS	TX	5	1	In Network
4551075	CVS PHARMACY #05641	SOUTH PADRE ISLA	TX	1	1	In Network
4559691	CVS PHARMACY #07220	PORTLAND	TX	2	1	In Network
4567030	WALMART PHARMACY 10-0768	KATY	TX	4	1	In Network
4578312	HEB PHARMACY	CEDAR PARK	TX	1	1	In Network
4598643	WALGREENS #4054	IRVING	TX	1	1	In Network
4609129	CVS PHARMACY #16237	TAYLORSVILLE	UT	6	1	In Network
4611984	HARMONS PHARMACY STATION PARK	FARMINGTON	UT	1	1	In Network
4613344	CVS PHARMACY #10370	WEST JORDAN	UT	1	1	In Network
4837045	COSTCO PHARMACY #340	FREDERICKSBURG	VA	10	2	In Network
4839708	WALGREENS #9975	WILLIAMSBURG	VA	3	1	In Network
4843290	CVS PHARMACY #02224	WILLIAMSBURG	VA	1	1	In Network
4845206	WALGREENS #12359	ALEXANDRIA	VA	1	1	In Network
4848529	WALGREENS #17626	CHARLOTTESVILLE	VA	2	1	In Network
4916409	SAFEWAY PHARMACY #1799	SPOKANE	WA	1	1	In Network
4927806	WALGREENS #5571	OLYMPIA	WA	6	1	In Network
4928480	WALMART PHARMACY 10-2476	COLLEGE PLACE	WA	7	1	In Network
4928543	WALGREENS #5697	TACOMA	WA	3	1	In Network
4931982	WALGREENS #10107	WALLA WALLA	WA	50	1	In Network
4938126	CENTRALIA PHARMACY	CENTRALIA	WA	12	1	In Network
4939306	OPTUM PHARMACY 701 LLC	WOODINVILLE	WA	2	1	Out Of Network
4939902	AMAZON PHARMACY #005	KENT	WA	10	3	In Network
5117937	WALGREENS #6132	MADISON	WI	10	1	In Network
5128447	CVS PHARMACY #16302	DELAFIELD	WI	2	1	In Network
5130872	WALGREENS #12498	PLATTEVILLE	WI	1	1	In Network
5200922	VANDEL DRUG LLC	TORRINGTON	WY	24	4	In Network
5203497	COMMUNITY DRUG	TORRINGTON	WY	5	3	In Network
5203651	CHEYENNE VAMC PHARMACY	CHEYENNE	WY	18	5	In Network
5203699	KING SOOPERS PHARMACY	CHEYENNE	WY	17	1	In Network
5203803	SMITHS PHARMACY #184	JACKSON	WY	3	1	In Network
5203928	WALGREENS #9548	CHEYENNE	WY	1	1	In Network
5204019	RAWHIDE DRUG LLC	LUSK	WY	3	2	In Network
5204639	WALMART PHARMACY 10-4653	CHEYENNE	WY	1	1	In Network
5615666	CVS PHARMACY #16337	FRESNO	CA	2	1	In Network
5623031	OPTUM PHARMACY 707, INC	IRWINDALE	CA	1	1	Out Of Network
5660091	TRUEPILL	HAYWARD	CA	8	4	Out Of Network
5662033	CVS PHARMACY #10478	CRESCENT CITY	CA	7	1	In Network
5666839	CVS PHARMACY #17745	SAN DIEGO	CA	1	1	In Network
5673404	CVS PHARMACY #17794	LOS ANGELES	CA	3	1	In Network
5729871	AMAZON PHARMACY #003	MIAMI	FL	19	9	In Network
5732676	OPTUM PHARMACY 700, LLC	OVIEDO	FL	40	35	Out Of Network
5755965	PUBLIX PHARMACY #1877	WESLEY CHAPEL	FL	6	1	In Network
5817133	PROPEL PHARMACY	CICERO	NY	87	28	Out Of Network
5827843	TRIBECA APOTHECARY	NEW YORK	NY	4	1	In Network
5833721	WALGREENS #21337	BROOKLYN	NY	1	1	In Network
5919177	AMAZON PHARMACY #001	AUSTIN	TX	45	17	In Network
5922100	WOODHAVEN PHARMACY	FORT WORTH	TX	1	1	In Network
5924801	WALMART PHARMACY 10-4111	RICHMOND	TX	3	1	In Network
5934636	GLENDALE PHARMACY	SAN ANTONIO	TX	1	1	In Network
5940007	WALGREENS #21464	KILGORE	TX	1	1	In Network
6002670	CVS PHARMACY #10526	PHILADELPHIA	PA	13	1	In Network

Network Disruption Report for BCBSNE

As of June 25, 2025

Disruption Analysis

Description

This Disruption Analysis identifies members and pharmacies that will be out of network if the group/population transitions to a new network product.

- The query for this Disruption Analysis (NAR-00006995) was peer reviewed per our QA process
- The analysis was completed for a transition to the Open Network
- The disruption was completed using the claims from the provided file with a days supply between 0 and 84

Network Disruption

BCBSNE - State of Nebraska
Open Network
Based on claims provided

	Claim Count	Claim %	Pharmacy Count	Pharmacy %
Closed	4,053	1.64%	30	2.41%
In Network	239,242	96.54%	1,181	94.78%
Out of Network	4,140	1.67%	33	2.65%
ITU	378	0.15%	2	0.16%
Grand Total	**247,813**	**100.00%**	**1,246**	**100.00%**

Claims that processed through a Mail channel have been excluded.

Summary

- The total disruption is 1.67%.
- ITU identifies pharmacies that are not in network, but are still able to be utilized by Tribal members.

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx
Excluded	3977	15598	4.4%
Negative Tier Change	547	2112	0.6%
No Disruption	23280	325356	92.2%
Positive Tier Change	2371	9782	2.8%
TOTAL	**3,977**	**352,848**	**100%**

Disclaimers:

**Positive/Negative Tier Change based on brand drugs only*

**Exclusions include both brands and generics*
**Any claim reversals removed from the analysis*
**Unidentified & Inactive NDC's removed from the analysis*

**Vaccines & COVID Test Kits removed*

**R3/Z3 Claims Exlcuded*

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	LANTUS SOLOSTAR	DIABETES	288	1244	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	SYMBICORT	ASTHMA/COPD	233	795	FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 45/21, TRELEGY AER 100MCG, DULERA AER 50-5MCG, FLUTIC/SALME AER 100/50, WIXELA INHUB AER 100/50, BUDES/FORMOT AER 160-4.5
Excluded	HUMIRA PEN	AUTOIMMUNE	71	618	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	INSULIN LISPRO	DIABETES	127	579	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	VYVANSE	ADHD	131	436	LISDEXAMFETA CAP 40MG, LISDEXAMFETA CHW 40MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	SYMBICORT	ASTHMA/COPD	152	424	FLUTIC/SALME INH 113/14, FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 45/21, TRELEGY AER 100MCG, WIXELA INHUB AER 250/50, FLUTIC/SALME AER 250/50, BUDES/FORMOT AER 80-4.5, BREZTRI AERO AER SPHERE
Excluded	VYVANSE	ADHD	140	400	LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	INSULIN LISPRO KWIKPEN	DIABETES	102	386	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG KWIK INJ 200/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	VYVANSE	ADHD	110	371	LISDEXAMFETA CAP 50MG, LISDEXAMFETA CHW 50MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	66	337	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	SPRAVATO 84MG DOSE	DEPRESSION	16	316	Medical Drug, Check Medical Benefit
Excluded	VYVANSE	ADHD	62	283	LISDEXAMFETA CAP 70MG, LISDEXAMFETA CHW 60MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	VYVANSE	ADHD	74	274	LISDEXAMFETA CAP 60MG, LISDEXAMFETA CHW 60MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	LINZESS	GASTROINTESTINAL	77	207	MOVANTIK, SYMPROIC, TRULANCE
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	86	203	Available OTC, Products not covered on Pharmacy Benefit
Excluded	YAZ	ESTROGENS & PROGESTINS	67	182	DROSPIRENONE TAB ETHY EST, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, NORTREL TAB 7/7/7, LUTERA TAB, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, BLISOVI 24 TAB FE 1/20, AUROVELA TAB 1.5/30, OCELLA TAB 3-0.03MG, NORTREL TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35, NIKKI TAB 3-0.02MG
Excluded	VYVANSE	ADHD	73	157	LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	TRADJENTA	DIABETES	39	157	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, TRIJARDY XR TAB
Excluded	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	25	146	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	LINZESS	GASTROINTESTINAL	34	145	MOVANTIK, SYMPROIC, TRULANCE
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	47	128	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	122	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	ADDERALL XR	ADHD	39	122	AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 36MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	ELURYNG	ESTROGENS & PROGESTINS	39	120	ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	VEOZAH	OTHER NON-CATEGORIZED	21	113	PREMARIN VAG CRE 0.625MG
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	37	107	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	CONCERTA	ADHD	34	106	METHYLPHENID TAB 36MG ER, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 60MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 10MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 40MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	LINZESS	GASTROINTESTINAL	43	98	MOVANTIK, SYMPROIC, TRULANCE
Excluded	ENILLORING	ESTROGENS & PROGESTINS	39	96	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	APRISO	GASTROINTESTINAL	18	96	MESALAMINE CAP 0.375GM, MESALAMINE TAB 800MG DR, MESALAMINE TAB 1.2GM, MESALAMINE SUP 1000MG, MESALAMINE ENE 4GM, MESALAMINE CAP 400MG DR, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG DR
Excluded	XIIDRA	OPHTHALMIC	29	93	RESTASIS EMU 0.05% OP
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	24	92	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GUAIFENESIN/CODEINE	ALLERGY	66	89	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SLYND	ESTROGENS & PROGESTINS	22	89	INCASSIA TAB 0.35MG, DEBLITANE TAB 0.35MG, SHAROBEL TAB 0.35MG, ERRIN TAB 0.35MG, CAMILA TAB 0.35MG, LYLEQ TAB 0.35MG, LYZA TAB 0.35MG, NORA-BE TAB 0.35MG, NORLYDA TAB 0.35MG, JENCYCLA TAB 0.35MG, HEATHER TAB 0.35MG, NORLYROC TAB 0.35MG, NORETHINDRON TAB 0.35MG
Excluded	CONCERTA	ADHD	26	88	METHYLPHENID TAB 54MG ER, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CAP 60MG, METHYLPHENID CAP 40MG ER, METHYLPHENID CAP 50MG, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW 40MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	LANTUS	DIABETES	18	87	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	35	85	ARNUITY ELPT INH 50MCG, ASMANEX 60 AER 220MCG, ASMANEX HFA AER 50MCG, QVAR REDIHAL AER 40MCG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	32	85	cap0.5 gm, 1 gm
Excluded	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	35	82	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	CODEINE/GUAIFENESIN	ALLERGY	74	81	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	69	76	Meter Coupon Program available for Contour Next Gen Meter and FreeStyle
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	61	74	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	28	74	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	CONCERTA	ADHD	27	70	METHYLPHENID TAB 27MG ER, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 15MG ER, LISDEXAMFETA CAP 40MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	QELBREE	ADHD	16	69	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 2MG ER
Excluded	EPINEPHRINE	ALLERGY	54	67	EPINEPHRINE INJ 0.15MG, AUVI-Q INJ 0.3MG
Excluded	STELARA	AUTOIMMUNE	14	67	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HADLIMA PUSH INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	HUMIRA PEN	AUTOIMMUNE	6	64	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	MOTEGRITY	GASTROINTESTINAL	9	62	MOVANTIK, SYMPROIC, TRULANCE
Excluded	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	36	61	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
Excluded	CONCERTA	ADHD	23	60	METHYLPHENID TAB 18MG ER, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	COMBIGAN	OPHTHALMIC	16	60	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
Excluded	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	26	58	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ONETOUCH ULTRA 2	DIABETES	52	57	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	17	56	cap0.5 gm, 1 gm
Excluded	TRIAZOLAM	SLEEP DISORDERS	35	53	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	VICTOZA	DIABETES	18	53	MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	19	52	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	TESTIM	ANDROGENS	13	52	TESTOSTERONE GEL 1%(50MG), METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Excluded	YASMIN 28	ESTROGENS & PROGESTINS	17	50	LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER TAB, NORTREL TAB 7/7/7, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28 TAB 0.15/30, NIKKI TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, NECON TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
Excluded	TRADJENTA	DIABETES	15	46	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, TRIJARDY XR TAB
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	10	44	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	LEVALBUTEROL TARTRATE HFA	ASTHMA/COPD	24	43	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER
Excluded	ADDERALL XR	ADHD	14	43	AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	HALOETTE	ESTROGENS & PROGESTINS	22	42	
Excluded	LUBIPROSTONE	GASTROINTESTINAL	21	42	MOVANTIK, SYMPROIC, TRULANCE
Excluded	INSULIN GLARGINE SOLOSTAR	DIABETES	17	42	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	16	42	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	DIABETES	6	40	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	ADDERALL XR	ADHD	28	39	AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPHE CAP 20MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 20MG, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	12	37	AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 40MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER, JORNAY PM CAP 20MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	ADDERALL XR	ADHD	15	36	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew
Excluded	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	17	35	tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	17	35	DICYCLOMINE CAP 10MG
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	13	35	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	VYVANSE	ADHD	19	34	LISDEXAMFETA CAP 10MG, LISDEXAMFETA CHW 10MG, AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPH CAP 40MG ER, DEXTROAMPHET CAP 15MG ER, METHYLPHENID CAP 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 10MG ER, METHYLPHENID TAB 27MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	7	34	VERAPAMIL CAP 180MG SR, VERAPAMIL TAB 240MG ER, VERAPAMIL CAP 240MG SR, VERAPAMIL TAB 80MG, CARTIA XT CAP 180/24HR, FELODIPINE TAB 10MG ER, TAZTIA XT CAP 360MG/24, TIADYLT CAP 360MG/24, NIFEDIPINE CAP 10MG, NIFEDIPINE TAB 60MG ER
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	18	33	Available OTC, Products not covered on Pharmacy Benefit
Excluded	LUBIPROSTONE	GASTROINTESTINAL	11	33	MOVANTIK, SYMPROIC, TRULANCE
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	33	ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	CEPHALEXIN	ANTI-INFECTIVE	28	32	CEPHALEXIN CAP 500MG, CEFADROXIL CAP 500MG, CEFADROXIL SUS 500/5ML, CEPHALEXIN SUS 250/5ML, AZITHROMYCIN TAB 250MG, CEFDINIR CAP 300MG, CLINDAMYCIN CAP 150MG, AZITHROMYCIN SUS 200/5ML, CEFDINIR SUS 125/5ML, CEFIXIME CAP 400MG, CEFIXIME SUS 100/5ML, CEFPROZIL SUS 125/5ML, CEFPROZIL TAB 250MG, CEFUROXIME TAB 250MG, CLARITHROMYC TAB 250MG, LINEZOLID SUS 100/5ML, LINEZOLID TAB 600MG, XIFAXAN TAB 550MG
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	6	31	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	ACCU-CHEK GUIDE	DIABETES	17	30	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	27	29	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PRENATAL	VITAMINS & SUPPLEMENTS	12	28	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	10	28	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	HUMIRA PEN	AUTOIMMUNE	4	28	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	LIRAGLUTIDE	DIABETES	9	27	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 3/0.5, RYBELSUS TAB 3MG, MOUNJARO INJ 2.5/0.5, TRULICITY INJ 1.5/0.5
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	9	27	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	HUMIRA	AUTOIMMUNE	5	27	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	JENTADUETO XR	DIABETES	4	27	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	ONETOUCH VERIO REFLECT	DIABETES	23	25	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	T:SLIM X2 3 ML CARTRIDGE	DIABETES	11	25	Device, Check Medical Benefit
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	4	25	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	HYOSCYAMINE SULFATE SL	OTHER NON-CATEGORIZED	20	24	DICYCLOMINE CAP 10MG
Excluded	INSULIN GLARGINE MAX SOLOSTAR	DIABETES	10	24	HUMULIN N, HUMULIN R U-500, NOVOLIN N, SEMGLEE-YFGN, TOUJEO, TRESIBA
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	10	24	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	RASUVO	PAIN	5	24	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 20MG
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	24	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ADDERALL XR	ADHD	13	23	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CHW 10MG, METHYLPHENID CAP 10MG, METHYLPHENID CAP 10MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 20MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	TEMAZEPAM	SLEEP DISORDERS	4	23	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	TALTZ	AUTOIMMUNE	2	23	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	BD SWABS SINGLE USE	OTHER NON-CATEGORIZED	11	22	Obsolete NDC or Invalid NDC
Excluded	BIJUVA	ESTROGENS & PROGESTINS	6	22	ESTRA/NORETH TAB 0.5-0.1, PREMPHASE TAB, PREMPRO TAB, CLIMARA PRO DIS WEEKLY, DUAVEE TAB 0.45-20
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	4	22	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	RABEPRAZOLE SODIUM	PPIs	7	21	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	SAVELLA	PAIN	5	21	DULOXETINE CAP 30MG
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	20	20	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PIMECROLIMUS	DERMATOLOGICS	16	20	TACROLIMUS OIN 0.1%
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	11	20	ARNUITY ELPT INH 50MCG, ASMANEX 30 AER 110MCG, ASMANEX HFA AER 50MCG, QVAR REDIHAL AER 40MCG
Excluded	INSULIN GLARGINE SOLOSTAR	DIABETES	9	20	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	BEVESPI AEROSPHERE	ASTHMA/COPD	6	20	BREZTRI AERO AER SPHERE, DULERA AER 50-5MCG, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25, BREO ELLIPTA INH 200-25, COMBIVENT AER 20-100, FLUTIC/SALME INH 55/14, TRELEGY AER 200MCG, FLUTIC/SALME AER 100/50
Excluded	CODEINE/GUAIFENESIN	ALLERGY	15	19	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ZORYVE	DERMATOLOGICS	11	19	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%
Excluded	VYVANSE	ADHD	5	19	LISDEXAMFETA CHW 20MG, LISDEXAMFETA CAP 20MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	QELBREE	ADHD	5	19	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 1MG ER
Excluded	DRYSOL	DERMATOLOGICS	14	18	available OTC, Products not covered on Pharmacy Benefit
Excluded	METAXALONE	OTHER NON-CATEGORIZED	11	18	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	8	18	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	VYVANSE	ADHD	7	18	LISDEXAMFETA CHW 40MG, LISDEXAMFETA CAP 40MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	7	18	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	DAYVIGO	SLEEP DISORDERS	3	18	BELSOMRA TAB 10MG
Excluded	BUPRENORPHINE	PAIN	3	18	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS 25MCG/HR, XTAMPZA ER CAP 18MG, BELBUCA MIS 75MCG
Excluded	KETOSTIX	DIABETES	13	17	Available OTC, Products not covered on Pharmacy Benefit
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	12	17	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	SPRAVATO 56MG DOSE	DEPRESSION	11	17	Covered under the medical benefit. BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER, VILAZODONE TAB 40MG
Excluded	QELBREE	ADHD	10	17	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 1MG ER
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	17	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	ACTEMRA ACTPEN	AUTOIMMUNE	6	17	TYENNE INJ 162MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	PIMECROLIMUS	DERMATOLOGICS	16	16	TACROLIMUS OIN 0.1%

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	16	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	16	BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER, VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	AMANTADINE HCL	PARKINSON	4	16	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	SAVELLA	PAIN	2	16	DULOXETINE CAP 30MG
Excluded	CALCITRIOL	VITAMINS & SUPPLEMENTS	2	16	CALCITRIOL CAP 0.25MCG, CALCITRIOL CAP 0.5MCG
Excluded	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	15	Available OTC, NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	15	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ALCOHOL PREPS	OTHER NON-CATEGORIZED	13	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	CODEINE/GUAIFENESIN	ALLERGY	13	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	VYVANSE	ADHD	9	15	LISDEXAMFETA CHW 30MG, LISDEXAMFETA CAP 30MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	6	15	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	PREVIDENT 5000 DRY MOUTH	OTHER NON-CATEGORIZED	6	15	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	INSULIN LISPRO JUNIOR KWIKPEN	DIABETES	4	15	HUMALOG JR INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Excluded	UREA	DERMATOLOGICS	4	15	Available OTC, Products not covered on Pharmacy Benefit
Excluded	OCALIVA	GASTROINTESTINAL	2	15	URSODIOL TAB 250MG, URSODIOL CAP 300MG, URSODIOL TAB 500MG
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	ESTROGENS & PROGESTINS	2	15	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	13	14	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	SODIUM CHLORIDE	ALLERGY	13	14	Device, Check Medical Benefit
Excluded	DRYSOL	DERMATOLOGICS	11	14	available OTC, Products not covered on Pharmacy Benefit
Excluded	ZTLIDO	DERMATOLOGICS	7	14	LIDOCAINE PAD 5%
Excluded	MIEBO	OTHER NON-CATEGORIZED	4	14	RESTASIS EMU 0.05% OP
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	14	DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	4	14	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	14	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	RABEPRAZOLE SODIUM	PPIs	2	14	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	13	13	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, PEG-3350/KCL SOL /SODIUM, GAVILYTE-N SOL FLAV PK
Excluded	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	13	13	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
Excluded	ACCU-CHEK GUIDE ME	DIABETES	13	13	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	TRIAZOLAM	SLEEP DISORDERS	7	13	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	13	FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON 20MG/ML, 20MG/ML, FLUVOXAMINE TAB 100MG
Excluded	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	13	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETH TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	SIMPONI	AUTOIMMUNE	4	13	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HADLIMA PUSH INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, TYENNE INJ 162MG, ZEPOSIA CAP 0.92MG
Excluded	BUPRENORPHINE	PAIN	3	13	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	3	13	FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG, FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG, SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML, SERTRALINE TAB 25MG
Excluded	LYRICA	ANTICONVULSANT	2	13	PREGABALIN SOL 20MG/ML, PREGABALIN CAP 150MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG
Excluded	KEPPRA	ANTICONVULSANT	2	13	LEVETIRACETA TAB 500MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN CAP 100MG, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, PREGABALIN CAP 150MG, TOPIRAMATE CAP ER 25MG, TOPIRAMATE TAB 25MG
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	13	LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG, VIGABATRIN TAB 500MG, VIGADRONE POW 500MG
Excluded	GUAIFENESIN/CODEINE	ALLERGY	10	12	Available OTC, Products not covered on Pharmacy Benefit
Excluded	TOBRADEX	OPHTHALMIC	8	12	TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX OIN 0.1% OP, NEO/POLY/DEX SUS 0.1% OP, NEO/POLY/BAC OIN /HC 1%OP, NEO-POLYCIN OIN HC 1%OP
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	12	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	NAPROXEN	PAIN	6	12	NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	ALREX	OPHTHALMIC	5	12	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%
Excluded	CORLANOR	OTHER NON-CATEGORIZED	5	12	IVABRADINE TAB 5MG
Excluded	JENTADUETO XR	DIABETES	3	12	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	JENTADUETO	DIABETES	3	12	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	12	TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	ENBRACE HR	VITAMINS & SUPPLEMENTS	1	12	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	TALTZ	AUTOIMMUNE	1	12	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG,TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR
Excluded	PERTZYE	CYSTIC FIBROSIS	1	12	TAB 11MG, SIMPONI INJ 100MG/ML
Excluded	NUPLAZID	ANTIPSYCHOTIC	1	12	CREON CAP 24000UNT, ZENPEP CAP 3000UNIT
Excluded	NUCYNTA	PAIN	1	12	QUETIAPINE TAB 25MG, CLOZAPINE TAB 25MG
Excluded	OXYCODONE HYDROCHLORIDE	PAIN	11	11	HYDROMORPHON TAB 2MG, OXYCODONE TAB 10MG, TRAMADL/APAP TAB 37.5-325, TRAMADOL HCL TAB 50MG, APAP/CODEINE TAB 300-60MG, HYDROCO/APAP SOL 5-217MG, HYDROCO/APAP TAB 10-325MG, HYDROMORPHON LIQ 1MG/ML, MORPHINE SUL TAB 30MG, OXYCOD/APAP TAB 10-325MG, OXYCODONE CON 100/5ML, OXYCODONE SOL 5MG/5ML, OXYMORPHONE TAB HCL 10MG, MORPHINE SUL SOL 20MG/5ML
Excluded	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	CLOTRIM/BETA CRE DIPROP, CICLOPIROX GEL 0.77%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%, KETOCONAZOLE CRE 2%, CICLOPIROX SUS 0.77%
Excluded	FEMRING	ESTROGENS & PROGESTINS	5	11	ESTRADIOL CRE 0.01%, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG, ESTRADIOL TAB 1MG, DOTTI DIS 0.1MG, ESTRA/NORETH TAB 1-0.5MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, LYLLANA DIS 0.1MG, MIMVEY TAB 1-0.5MG, PREMARIN TAB 0.3MG, PREMARIN VAG CRE 0.625MG, ESTRADIOL TAB 10MCG
Excluded	MINIMED RESERVOIR 3ML	DIABETES	4	11	Device, Check Medical Benefit
Excluded	VYVANSE	ADHD	4	11	LISDEXAMFETA CHW 60MG, LISDEXAMFETA CAP 60MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	RHOFADE	DERMATOLOGICS	4	11	AZELAIC ACID GEL 15%, METRONIDAZOL GEL 0.75%, METRONIDAZOL GEL 1%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, SOOLANTRA CRE 1%, ZILXI AER 1.5%
Excluded	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	MONTELUKAST CHW 4MG, ZAFIRLUKAST TAB 10MG
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	2	11	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	11	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	AMPHETAMINE SULFATE	ADHD	1	11	METHYLPHENID TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 2.5MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 5MG
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	1	11	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	QNASL	ALLERGY	1	11	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	10	10	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	9	10	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	7	10	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	NUCYNTA	PAIN	5	10	APAP/CODEINE TAB 300-30MG, HYDROCO/APAP TAB 5-325MG, HYDROMORPHON TAB 2MG, OXYCOD/APAP TAB 5-325MG, OXYCODONE TAB 5MG, TRAMADL/APAP TAB 37.5-325, TRAMADOL HCL TAB 50MG, CODEINE SULF TAB 30MG, HYDROCO/APAP SOL 5-217MG, HYDROMORPHON LIQ 1MG/ML, MORPHINE SUL TAB 15MG, OXYCODONE CON 100/5ML, OXYCODONE SOL 5MG/5ML, OXYMORPHONE TAB HCL 10MG, MORPHINE SUL SOL 20MG/5ML
Excluded	DIFLUPREDNATE	OPHTHALMIC	5	10	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	VELPHORO	GASTROINTESTINAL	4	10	SEVELAM CARB TAB 800MG, CALC ACETATE CAP 667MG, CALC ACETATE TAB 667MG, LANTHANUM CHW 500MG, SEVELAM CARB POW 0.8GM, SEVELAM HCL TAB 800MG
Excluded	OXYCODONE HCL	PAIN	4	10	OXYCODONE TAB 5MG
Excluded	FEMRING	ESTROGENS & PROGESTINS	4	10	ESTRADIOL CRE 0.01%, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG, ESTRADIOL TAB 1MG, DOTTI DIS 0.1MG, ESTRA/NORETH TAB 1-0.5MG, ESTRADIOL DIS 0.1MG, LYLLANA DIS 0.1MG, PREMARIN TAB 0.3MG, MIMVEY TAB 1-0.5MG, PREMARIN VAG CRE 0.625MG, ESTRADIOL DIS 0.1MG, ESTRADIOL TAB 10MCG
Excluded	DICLOFENAC SODIUM ER	PAIN	2	10	DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN TAB 600MG, PIROXICAM CAP 20MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	10	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
Excluded	NORDITROPIN FLEXPRO	GROWTH HORMONES	2	10	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Excluded	DIOVAN	ANTIHYPERTENSIVE	1	10	VALSARTAN TAB 160MG, LOSARTAN POT TAB 50MG, IRBESARTAN TAB 150MG, OLMESA MEDOX TAB 20MG, CANDESARTAN TAB 8MG, TELMISARTAN TAB 40MG
Excluded	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	10	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	GOCOVRI	PARKINSON	1	10	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG
Excluded	PERFOROMIST	ASTHMA/COPD	1	10	ARFORMOTEROL NEB 15/2ML, IPRATROPIUM SOL 0.02%INH, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG
Excluded	PENTASA	GASTROINTESTINAL	1	10	BALSALAZIDE CAP 750MG, MESALAMINE CAP 0.375GM, MESALAMINE CAP 400MG DR, MESALAMINE ENE 4GM, MESALAMINE TAB 1.2GM, SULFASALAZIN TAB 500MG, SULFASALAZIN TAB 500MG DR, MESALAMINE TAB 800MG DR
Excluded	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	9	9	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	9	9	PREVALITE POW 4GM, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	8	9	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	CIPRO HC	OTHER NON-CATEGORIZED	7	9	CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SUS 1% OTIC, NEO/POLY/HC SOL 1% OTIC, NEO/POLY/HC SOL 1% OTIC
Excluded	RABEPRAZOLE SODIUM	PPIs	4	9	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	4	9	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	4	9	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	4	9	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	MITIGARE	OTHER NON-CATEGORIZED	2	9	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	HUMIRA	AUTOIMMUNE	2	9	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	9	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	BIJUVA	ESTROGENS & PROGESTINS	2	9	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 0.5MG, ESTRA/NORETH TAB 1-0.5MG, LYLLANA DIS 0.05MG, MIMVEY TAB 1-0.5MG, PREMPRO TAB 0.3-1.5, PREMPHASE TAB, PREMARIN TAB 0.625MG, ESTRING MIS 7.5/24HR, DOTTI DIS 0.05MG, YUVAFEM TAB 10MCG
Excluded	VIIBRYD	DEPRESSION	1	9	VILAZODONE TAB 10MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	TEMAZEPAM	SLEEP DISORDERS	1	9	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	9	Medical Drug, Check Medical Benefit
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	9	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	9	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	NARCAN	OTHER NON-CATEGORIZED	8	8	NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	PLENVU	OTHER NON-CATEGORIZED	8	8	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, GAVILYTE-N SOL FLAV PK, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	TRIAZOLAM	SLEEP DISORDERS	7	8	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	BUPRENORPHINE	PAIN	6	8	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	6	8	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	WEGOVY	WEIGHT LOSS	5	8	weight loss is optional coverage, check plan benefit
Excluded	ALCOHOL SWABS	OTHER NON-CATEGORIZED	5	8	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	5	8	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	8	QUETIAPINE TAB 100MG, QUETIAPINE TAB 50MG, QUETIAPINE TAB 300MG
Excluded	ZORYVE	DERMATOLOGICS	4	8	SELENIUM SUL LOT 2.5%
Excluded	VICTOZA	DIABETES	4	8	MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5
Excluded	CORLANOR	OTHER NON-CATEGORIZED	3	8	IVABRADINE TAB 7.5MG
Excluded	OSPHENA	ESTROGENS & PROGESTINS	2	8	ESTRADIOL CRE 0.01%, ESTRADIOL TAB 10MCG, ESTRING MIS 7.5/24HR, PREMARIN VAG CRE 0.625MG, PREMPRO TAB, PREMPHASE TAB, PREMARIN TAB 0.625MG
Excluded	VIMPAT	ANTICONVULSANT	2	8	LACOSAMIDE TAB 200MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, DIVALPROEX TAB 125MG DR, PRIMIDONE TAB 50MG, CARBAMAZEPIN TAB 200MG, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, LAMOTRIGINE CHW 25MG, LEVETIRACETA TAB 500MG ER, DIVALPROEX TAB 250MG ER, DIVALPROEX CAP 125MG DR, PHENYTOIN EX CAP 100MG, PHENYTOIN CHW 50MG, VALPROIC ACD CAP 250MG, TOPIRAMATE CAP ER 25MG
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	2	8	VASCEPA CAP 1GM
Excluded	TRIMETHOPRIM	ANTI-INFECTIVE	2	8	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFUR MAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Excluded	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	8	BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 4MG, DIAZEPAM TAB 5MG
Excluded	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	verapamil hcl cap er 24hr 120 mg,180 mg, 240 mg (Verelan), verapamil hcl tab er 120 mg,180 mg, 240 mg, verapamil hcl tab 40 mg, 80 mg,120 mg
Excluded	REZDIFFRA	GASTROINTESTINAL	1	8	WEGOVY INJ 0.25MG, SAXENDA INJ 18MG/3ML
Excluded	PIFELTRO	HIV	1	8	NEVIRAPINE TAB 200MG, EFAVIRENZ TAB 600MG, ETRAVIRINE TAB 100MG, NEVIRAPINE TAB 400MG ER, INTELENCE TAB 25MG
Excluded	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	ADHD	1	8	amphetamine/ dextroamphetamine, amphetamine/ dextroamphetamine XR, armodafinil, atomoxetine, AZSTARYS, clonidine ER tablet, dexmethylphenidate ER, dextroamphetamine solution, dextroamphetamine, JORNAY PM, lisdexamfetamine, methylphenidate, methylphenidate ER (generic CONCERTA), modafinil, QUILLICHEW ER, QUILLIVANT XR SUSPENSION, SUNOSI
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	1	8	RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
Excluded	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	DIABETES	7	7	DEXCOM G6 RECEIVER, DEXCOM G7 RECEIVER
Excluded	WEGOVY	WEIGHT LOSS	6	7	weight loss is optional coverage, check plan benefit
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	6	7	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	MOMETASONE FUROATE	ALLERGY	5	7	FLUTICASONE SPR 50MCG
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	5	7	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	ACCU-CHEK GUIDE	DIABETES	4	7	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	TEMAZEPAM	SLEEP DISORDERS	3	7	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	PRECISION XTRA	DIABETES	3	7	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	OLOPATADINE HCL	ALLERGY	3	7	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	7	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	DIABETES	2	7	HUMALOG MIX INJ 50/50KWP, HUMALOG MIX INJ 75/25KWP, NOVOLIN INJ 70/30, NOVOLIN INJ 70/30 FP, NOVOLIN INJ 70/30 FP, NOVOLIN70/30 INJ RELION, NOVOLOG MIX INJ 70/30, NOVOLOG MIX INJ FLEXPEN, NOVOLOG RELI INJ 70/30, HUMULIN INJ 70/30KWP
Excluded	NICORETTE	OTHER NON-CATEGORIZED	1	7	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER-nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	COPAXONE	MULTIPLE SCLEROSIS	1	7	DIMETHYL FUM CAP 120MG DR, FINGOLIMOD CAP 0.5MG, GLATIRAMER INJ 40MG/ML, TERIFLUNOMID TAB 7MG, PLEGRIDY INJ PEN, BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, VUMERITY CAP 231MG, MAYZENT TAB 0.25MG, GLATOPA INJ 40MG/ML, REBIF INJ 22/0.5, REBIF REBIDO INJ 22/0.5, MAVENCLAD PAK
Excluded	NUTROPIN AQ NUSPIN 10	GROWTH HORMONES	1	7	10MG(10), ZEPOSIA CAP 0.92MG, KESIMPTA INJ 20/.4ML
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	6	6	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	FT LAXATIVE	OTHER NON-CATEGORIZED	6	6	SUCRALFATE TAB 1GM
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	6	6	Available OTC, Products not covered on Pharmacy Benefit
Excluded	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OPHTHALMIC	6	6	Available OTC, Products not covered on Pharmacy Benefit NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	5	6	Available OTC, PREVIDENT 5000 ENAMELPRO- sodium fluoride-potassiumnitrate gel 1.1-5%, PREVIDENT 5000 SENSITIVE-sodium fluoride-potassiumnitrate gel 1.1-5%, sodium fluoride cream 1.1%(Prevident 5000 plus), sodium fluoride gel 1.1% (0.5% f)(Prevident fluoride), sodium fluoride paste 1.1%(Prevident 5000 boost), sodium fluoride rinse 0.2%(Prevident rinse)
Excluded	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	4	6	ARNUITY ELPT INH 200MCG, ASMANEX 60 AER 220MCG, ASMANEX HFA AER 200 MCG, QVAR REDIHA AER 80MCG
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	6	TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	3	6	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	3	6	RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
Excluded	QELBREE	ADHD	3	6	ATOMOXETINE CAP 25MG, CLONIDINE TAB 0.1MG ER, GUANFACINE TAB 2MG ER
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	3	6	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	2	6	CARTIA XT CAP 240/24HR, DILTIAZEM CAP 240MG ER, DILTIAZEM CAP 240MG CD, VERAPAMIL CAP 240MG SR, AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, VERAPAMIL TAB 80MG, DILTIAZEM TAB 60MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, NIFEDIPINE TAB 90MG ER, DILT-XR CAP 240MG, CARTIA XT CAP 300/24HR, DILTIAZEM CAP 300MG ER, TIADYLT CAP 300MG/24, DILTIAZEM CAP 300MG ER, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	LIRAGLUTIDE	DIABETES	2	6	OZEMPIC INJ 2MG/3ML, TRULICITY INJ 3/0.5, RYBELSUS TAB 3MG, MOUNJARO INJ 2.5/0.5, TRULICITY INJ 1.5/0.5
Excluded	TRIMETHOPRIM	ANTI-INFECTIVE	2	6	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFUR MAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Excluded	AUTOSOFT 30 INFUSION SET/23"/13MM	DIABETES	2	6	Device, Check Medical Benefit

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	6	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	ADDERALL	ADHD	2	6	AMPHET/DEXTR TAB 20MG, DEXMETHYLPH TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 10MG/5ML, METHYLPHENID TAB 20MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Excluded	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	2	6	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	RABEPRAZOLE SODIUM	PPIs	2	6	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	PREVIDENT RINSE	OTHER NON-CATEGORIZED	2	6	DENTA 5000 CRE PLUS, FLUORIDEX PST 1.1%, SOD FLUORIDE SOL 0.2%MINT, SODIUM FLUOR CRE 5000 PPM, FLUORMX 5000 PST 1.1%, DENTAGEL GEL 1.1%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	6	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	6	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	6	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl cap0.5 gm, 1 gm
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	2	6	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	6	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	CALCIPOTRIENE	DERMATOLOGICS	1	6	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.05%, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.05%, TAZAROTENE GEL 0.1%
Excluded	ENDOMETRIN	ESTROGENS & PROGESTINS	1	6	may be covered, check plan benefit booklet for coverage, progesterone cap 100 mg, 200 mg
Excluded	BUTRANS	PAIN	1	6	BELBUCA MIS 450MCG, TRAMADOL HCL TAB 50MG, TRAMADOL HCL TAB 200MG ER
Excluded	BUPRENORPHINE	PAIN	1	6	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	6	AMPHET/DEXTR CAP 30MG ER, DEXTROAMPHET CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 30MG, AZSTARYS CAP 39.2-7.8, JORNAY PM CAP 40MG ER
Excluded	SKYTROFA	GROWTH HORMONES	1	6	GENOTROPIN INJ 1MG, OMNITROPE INJ 5/1.5ML
Excluded	POTASSIUM CITRATE/CITRIC ACID	OTHER NON-CATEGORIZED	1	6	CYTRA-2 SOL, SOD CITRATE SOL CITR ACD, POT CITRA ER TAB 1620MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	6	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	NARCAN	OTHER NON-CATEGORIZED	5	5	NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	Available OTC, NALOXONE HCL SOL 0.4MG/ML, NALOXONE SPR 4MG, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Excluded	ACCU-CHEK GUIDE	DIABETES	5	5	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	5	5	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	5	5	DICYCLOMINE CAP 10MG
Excluded	HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	5	5	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG
Excluded	SUFLAVE	OTHER NON-CATEGORIZED	5	5	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, GAVILYTE-N SOL FLAV PK, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
Excluded	PEG 3350	OTHER NON-CATEGORIZED	5	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	5	5	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	5	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	AZELEX	DERMATOLOGICS	4	5	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%, CLINDAMY/BEN GEL 1.2-5%
Excluded	ZOLMITRIPTAN ODT	MIGRAINE	4	5	ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR 20MG/ACT
Excluded	KETOSTIX	DIABETES	4	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WEGOVY	WEIGHT LOSS	4	5	weight loss is optional coverage, check plan benefit
Excluded	VYVANSE	ADHD	4	5	LISDEXAMFETA CHW 10MG, LISDEXAMFETA CAP 10MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	RABEPRAZOLE SODIUM	PPIs	4	5	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NAPROXEN DR	PAIN	3	5	NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	MORPHINE SULFATE	PAIN	3	5	METHADONE SOL 10MG/5ML, METHADONE SOL 5MG/5ML, FENTANYL DIS 25MCG/HR, HYDROMORPHON LIQ 1MG/ML, OXYMORPHONE TAB HCL 5MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, METHADONE TAB 10MG, OXYCODONE TAB 5MG
Excluded	VERSABASE	OTHER NON-CATEGORIZED	3	5	No Formulary Alternative without diagnosis, Compound drug
Excluded	TRUSTEEL INFUSION SET/23"/6MM	DIABETES	3	5	Device, Check Medical Benefit
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	3	5	VASCEPA CAP 1GM
Excluded	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	5	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%, HALOBETASOL CRE 0.05%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	3	5	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	OLOPATADINE HCL	ALLERGY	3	5	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	5	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	NESINA	DIABETES	3	5	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	2	5	LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG, VIGABATRIN TAB 500MG, VIGADRONE POW 500MG
Excluded	BUPRENORPHINE	PAIN	2	5	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	5	DICYCLOMINE TAB 20MG, DICYCLOMINE CAP 10MG, GLYCOPYRROL TAB 1MG, METHSCOPOLAM TAB 5MG, DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROLA SOL 1MG/5ML
Excluded	COMBIGAN	OPHTHALMIC	2	5	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
Excluded	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	DIABETES	2	5	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	PLAN B ONE-STEP	ESTROGENS & PROGESTINS	2	5	Available OTC, Products not covered on Pharmacy Benefit
Excluded	RABEPRAZOLE SODIUM	PPIs	2	5	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	2	5	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%,
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	5	SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
Excluded	MINIMED QUICK SET INFUSION SET/43"/9MM	DIABETES	1	5	Device, Check Medical Benefit
					TYENNE INJ 162MG, ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG,
Excluded	ACTEMRA	AUTOIMMUNE	1	5	SIMPONI INJ 100MG/ML
Excluded	LUBIPROSTONE	GASTROINTESTINAL	1	5	MOVANTIK, SYMPROIC, TRULANCE
Excluded	VARISOFT INFUSION SET/23"/17MM	DIABETES	1	5	Device, Check Medical Benefit
Excluded	ULORIC	OTHER NON-CATEGORIZED	1	5	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	5	VASCEPA CAP 1GM
					OXYCODONE TAB 10MG, XTAMPZA ER CAP 18MG, HYDROCO/APAP TAB 10-325MG, FENTANYL DIS 25MCG/HR, OXYMORPHONE TAB HCL 10MG, HYDROMORPHON TAB
Excluded	HYDROCODONE BITARTRATE ER	PAIN	1	5	2MG, MORPHINE SUL TAB 30MG, METHADONE TAB 5MG, TRAMADOL HCL TAB 50MG
					METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ
Excluded	RASUVO	PAIN	1	5	1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 25MG
Excluded	PROGESTERONE MICRONIZED	OTHER NON-CATEGORIZED	1	5	No Formulary Alternative without diagnosis, Compound drug
Excluded	FLUNISOLIDE	ALLERGY	1	5	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
					PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	5	20MG/ML
					FELBAMATE TAB 600MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, CLOBAZAM TAB 20MG, DIVALPROEX TAB 250MG DR, DIVALPROEX TAB 250MG ER, GABAPENTIN CAP 100MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 250MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN EX CAP 100MG, RUFINAMIDE TAB 200MG, TOPIRAMATE CAP ER 25MG, TOPIRAMATE
Excluded	FELBATOL	ANTICONVULSANT	1	5	TAB 100MG, VALPROIC ACD CAP 250MG
Excluded	BD SHARPS CONTAINER HOME	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MOTEGRITY	GASTROINTESTINAL	4	4	MOVANTIK, SYMPROIC, TRULANCE
Excluded	DRYSOL	DERMATOLOGICS	4	4	available OTC, Products not covered on Pharmacy Benefit
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	KETONE	DIABETES	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	XDEMVY	OPHTHALMIC	4	4	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%
					ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	4	4	CLINDAMYCIN LOT 10MG/ML
Excluded	CVS PREP PADS	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	4	4	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
					CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL
Excluded	CLEOCIN	OTHER NON-CATEGORIZED	4	4	0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	Available OTC, Products not covered on Pharmacy Benefit
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	100000
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	100000
Excluded	EPINEPHRINE	ALLERGY	3	4	EPINEPHRINE INJ 0.15MG, AUVI-Q INJ 0.15MG
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, BRIMONIDINE GEL 0.33%, ZILXI AER
Excluded	METRONIDAZOLE	DERMATOLOGICS	3	4	1.5%
					BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER,
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
Excluded	UREA	DERMATOLOGICS	3	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	COMBIGAN	OPHTHALMIC	3	4	DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP
					BETAMETH DIP CRE 0.05%, BETAMETH DIP LOT 0.05%, BETAMETH DIP OIN 0.05%,
Excluded	TACLONEX	DERMATOLOGICS	3	4	CALCIPOTRIEN CRE 0.005%
					ESTRA/NORETH TAB 0.5-0.1, PREMPHASE TAB, PREMPRO TAB, CLIMARA PRO DIS
Excluded	BIJUVA	ESTROGENS & PROGESTINS	3	4	WEEKLY, DUAVEE TAB 0.45-20
Excluded	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	2	4	Available OTC, Products not covered on Pharmacy Benefit
					NEBIVOLOL TAB 20MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 20MG,
Excluded	BYSTOLIC	ANTIHYPERTENSIVE	2	4	BISOPROL FUM TAB 10MG
Excluded	MINIMED QUICK SET INFUSION SET/23"/9MM	DIABETES	2	4	Device, Check Medical Benefit
					ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	4	TAB 50-325MG
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	4	MOVANTIK, SYMPROIC, TRULANCE
					LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 200MG, LAMOTRIGINE TAB 200MG ER, GABAPENTIN CAP 100MG, LEVETIRACETA TAB 250MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 100MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, FELBAMATE TAB 600MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 50MG, VALPROIC ACD
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	2	4	CAP 250MG
Excluded	BUPRENORPHINE	PAIN	2	4	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	AUTOSOFT XC INFUSION SET/23"/9MM	DIABETES	2	4	Device, Check Medical Benefit
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	JENTADUETO	DIABETES	2	4	XR TAB
Excluded	AUTOSOFT XC INFUSION SET/23"/6MM	DIABETES	2	4	Device, Check Medical Benefit
					RIZATRIPTAN TAB 5MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN SPR 20MG/ACT, SUMATRIPTAN TAB 50MG, ZOLMITRIPTAN
Excluded	FROVATRIPTAN SUCCINATE	MIGRAINE	2	4	TAB 5MG, NURTEC TAB 75MG ODT, REYVOW TAB 50MG
					FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG, FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG, SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML,
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	2	4	SERTRALINE TAB 25MG
					PREVALITE POW 4GM, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG,
Excluded	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	4	COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
					FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	4	20MG/ML, FLUVOXAMINE TAB 100MG
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	2	4	ER, CHLORZOXAZON TAB 500MG
					ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG,
Excluded	NAPROXEN DR	PAIN	1	4	DIFLUNISAL TAB 500MG
Excluded	MINIMED QUICK SET INFUSION SET/32"/9MM	DIABETES	1	4	Device, Check Medical Benefit
					HYDROCORT ENE 100MG, MESALAMINE SUP 1000MG, BALSALAZIDE CAP 750MG,
Excluded	MESALAMINE	GASTROINTESTINAL	1	4	SULFASALAZIN TAB 500MG DR
					CARTIA XT CAP 240/24HR, DILTIAZEM CAP 240MG ER, DILTIAZEM CAP 240MG CD, VERAPAMIL CAP 240MG SR, AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, VERAPAMIL TAB 80MG, DILTIAZEM TAB 60MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, NIFEDIPINE TAB 90MG ER, DILT-XR CAP 240MG, CARTIA XT CAP 300/24HR, DILTIAZEM CAP 300MG ER, TIADYLT CAP 300MG/24, DILTIAZEM CAP
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	300MG ER, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	LYRICA	ANTICONVULSANT	1	4	PREGABALIN CAP 200MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG
Excluded	LYRICA	ANTICONVULSANT	1	4	PREGABALIN CAP 150MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PRIMIDONE TAB 50MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG ER, LEVETIRACETA TAB 500MG ER, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG, VALPROIC ACD CAP 250MG
Excluded	LIVALO	ANTIHYPERLIPIDEMIC	1	4	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, SIMVASTATIN TAB 20MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 10MG, PRAVASTATIN TAB 20MG, ROSUVASTATIN TAB 20MG, ROSUVASTATIN TAB 10MG, SIMVASTATIN TAB 5MG, SIMVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, LOVASTATIN TAB 20MG
Excluded	LAMICTAL XR	ANTICONVULSANT	1	4	LAMOTRIGINE TAB 200MG ER, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 100MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LEVETIRACETA TAB 250MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, VALPROIC ACD CAP 250MG
Excluded	LAMICTAL	ANTICONVULSANT	1	4	LAMOTRIGINE TAB 100MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 125MG DR, DIVALPROEX TAB 250MG ER, FELBAMATE TAB 600MG, GABAPENTIN CAP 100MG, LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 200MG ER, LEVETIRACETA TAB 250MG, LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN TAB 150MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, PREGABALIN CAP 150MG, VALPROIC ACD CAP 250MG
Excluded	KYZATREX	ANDROGENS	1	4	TESTOSTERONE GEL PUMP 1%, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, METHYLTESTOS CAP 10MG
Excluded	ZETONNA	ALLERGY	1	4	azelastine nasal 0.1 %,fluticasone nasal
Excluded	KEPPRA XR	ANTICONVULSANT	1	4	LEVETIRACETA TAB 750MG ER, LEVETIRACETA TAB 750MG, DIVALPROEX TAB 125MG DR, GABAPENTIN CAP 100MG, LAMOTRIGINE TAB 25MG, PREGABALIN CAP 150MG, PRIMIDONE TAB 50MG, TOPIRAMATE TAB 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN TAB 200MG, DIVALPROEX CAP 125MG DR, DIVALPROEX TAB 250MG ER, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, PHENYTOIN CHW 50MG, PHENYTOIN EX CAP 100MG, TOPIRAMATE CAP ER 25MG
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	4	VASCEPA CAP 1GM
Excluded	TRANDOLAPRIL/VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	4	AMLOD/BENAZP CAP 10-20MG, TRANDOLAPRIL TAB 2MG, VERAPAMIL TAB 120MG ER
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	LOSARTAN/HCT TAB 100-12.5, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	1	4	COLESEVELAM TAB 625MG, COLESTIPOL TAB 1GM, GLIMEPIRIDE TAB 4MG, GLIP/METFORM TAB 5-500MG, GLIPIZIDE ER TAB 10MG, GLIPIZIDE TAB 10MG, GLYBURIDE TAB 5MG, METFORMIN TAB 1000MG, METFORMIN TAB 500MG ER, NATEGLINIDE TAB 60MG, PIOGLITA/MET TAB 15-500MG, PIOGLITAZONE TAB 30MG, FARXIGA TAB 10MG, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-1000, JANUVIA TAB 50MG, XIGDUO XR TAB 10-500MG
Excluded	RABEPRAZOLE SODIUM	PPIs	1	4	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	BETOPTIC-S	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Excluded	PRENATAL PLUS VITAMIN ANDMINERAL	VITAMINS & SUPPLEMENTS	1	4	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	FIASP PUMPCART	DIABETES	1	4	FIASP, HUMALOG, HUMULIN R, LYUMJEV, NOVOLIN R, NOVOLOG
Excluded	CETIRIZINE HYDROCHLORIDE	ALLERGY	1	4	Available OTC, Products not covered on Pharmacy Benefit
Excluded	OLOPATADINE HYDROCHLORIDE	ALLERGY	1	4	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	4	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	EXTENDED RESERVOIR 3.0 ML	DIABETES	1	4	Device, Check Medical Benefit
Excluded	EPINASTINE HCL	OPHTHALMIC	3	3	AZELASTINE DRO 0.05%
Excluded	EC-NAPROXEN	PAIN	3	3	NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG, PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	XIIDRA	OPHTHALMIC	3	3	RESTASIS EMU 0.05% OP
Excluded	CVS MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	TRIAZOLAM	SLEEP DISORDERS	3	3	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	ALMOTRIPTAN	MIGRAINE	3	3	RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 50MG, DIHYDROERGOT INJ 1MG/ML, ELETRIPTAN TAB 20MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 4MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR 20MG/ACT, ZOLMITRIPTAN TAB 5MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	DICYCLOMINE CAP 10MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	DICYCLOMINE CAP 10MG
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	3	3	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	3	3	SUCRALFATE TAB 1GM
Excluded	ALCOHOL SWABS	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	3	3	Device, Check Medical Benefit
Excluded	CODEINE/GUAIFENESIN	ALLERGY	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GOLYTELY	OTHER NON-CATEGORIZED	3	3	PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, GAVILYTE-N SOL FLAV PK, SODIUM/POTAS SOL MAGNESIU
Excluded	PIMECROLIMUS	DERMATOLOGICS	3	3	TACROLIMUS OIN 0.1%
Excluded	PIMECROLIMUS	DERMATOLOGICS	3	3	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	3	3	DEXCOM G6 RECEIVER, DEXCOM G7 RECEIVER
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	3	3	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	2	3	ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	3	MOVANTIK, SYMPROIC, TRULANCE
Excluded	DIFLUPREDNATE	OPHTHALMIC	2	3	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	YUPELRI	ASTHMA/COPD	2	3	SPIRIVA AER 1.25MCG, SPIRIVA CAP HANDIHLR
Excluded	XPHOZAH	OTHER NON-CATEGORIZED	2	3	CALC ACETATE CAP 667MG, LANTHANUM CHW 500MG, SEVELAM CARB POW 2.4GM, SEVELAM CARB TAB 800MG, SEVELAM HCL TAB 800MG, VELPHORO CHW 500MG
Excluded	XOPENEX HFA	ASTHMA/COPD	2	3	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					LISDEXAMFETA CHW 50MG, LISDEXAMFETA CAP 50MG, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS
Excluded	VYVANSE	ADHD	2	3	25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	DAPAGLIFLOZIN PROPANEDIOL	DIABETES	2	3	FARXIGA TAB 10MG, JARDIANCE TAB 25MG, XIGDUO XR TAB 10-500MG, SYNJARDY TAB 12.5-500, SYNJARDY XR TAB 25-1000, GLYXAMBI TAB 25-5 MG
Excluded	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	TRAZODONE TAB 100MG, VILAZODONE TAB 40MG, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, DULOXETINE CAP 30MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG,
Excluded	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	2	3	VENLAFAXINE CAP 150MG ER, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	DICYCLOMINE CAP 10MG
Excluded	SYMLINPEN 60	DIABETES	2	3	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	2	3	TRULICITY INJ 4.5/0.5, RYBELSUS TAB 14MG
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	2	3	SUCRALFATE TAB 1GM
Excluded	BRINZOLAMIDE	OPHTHALMIC	2	3	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	RASUVO	PAIN	2	3	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 15MG
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	3	PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM,
Excluded	AMANTADINE HCL	PARKINSON	2	3	COLESTIPOL TAB 1GM
Excluded	NASCOBAL	VITAMINS & SUPPLEMENTS	1	3	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	1	3	CYANOCOBALAM INJ 1000MCG
Excluded	MINIMED MIO ADVANCE INFUSION SET/23"/6MM	DIABETES	1	3	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MATZIM LA	ANTIHYPERTENSIVE	1	3	Device, Check Medical Benefit
Excluded	LEVSIN/SL	OTHER NON-CATEGORIZED	1	3	CARTIA XT CAP 240/24HR, DILTIAZEM CAP 420MG/24, DILTIAZEM CAP 300MG ER, TIADYLT CAP 420MG/24, AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, DILTIAZEM
Excluded	KYZATREX	ANDROGENS	1	3	TAB 60MG
Excluded	ALPHAGAN P	OPHTHALMIC	1	3	DICYCLOMINE CAP 10MG
Excluded	DAPSONE	DERMATOLOGICS	1	3	TESTOSTERONE GEL PUMP 1%, TESTOSTERONE GEL 1%(25MG), TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1.62%, TESTOST CYP INJ 100MG/ML,
Excluded	ISOPROPYL ALCOHOL	OTHER NON-CATEGORIZED	1	3	TESTOSTERONE SOL 30MG/ACT, METHYLTESTOS CAP 10MG
Excluded	VIIBRYD	DEPRESSION	1	3	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2% ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	AUTOSOFT 90 INFUSION SET/23"/6MM	DIABETES	1	3	CLINDAMYCIN LOT 10MG/ML
Excluded	UCERIS	CORTICOSTEROIDS	1	3	Medical Drug, Check Medical Benefit
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	3	VILAZODONE TAB 40MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 30MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG,
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER
Excluded	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	Device, Check Medical Benefit
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	3	DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, BALSALAZIDE CAP 750MG, BUDESONIDE CAP 3MG DR, MESALAMINE CAP 0.375GM, MESALAMINE SUP 1000MG, MESALAMINE TAB 1.2GM, MESALAMINE TAB 800MG DR, SULFASALAZIN TAB 500MG,
Excluded	TEMAZEPAM	SLEEP DISORDERS	1	3	SULFASALAZIN TAB 500MG DR
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	VASCEPA CAP 1GM
Excluded	TAFLUPROST	OPHTHALMIC	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	SPRYCEL	CANCER	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	BRINZOLAMIDE	OPHTHALMIC	1	3	TIMOLOL MAL SOL 0.5% OP
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	3	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	GUARDIAN SENSOR 3	DIABETES	1	3	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	SKYTROFA	GROWTH HORMONES	1	3	LATANOPROST SOL 0.005%, LUMIGAN SOL 0.01% OP
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	3	DASATINIB TAB 100MG, BOSULIF TAB 100MG, TASIGNA CAP 50MG
Excluded	BREO ELLIPTA	ASTHMA/COPD	1	3	DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	RABEPRAZOLE SODIUM	PPIs	1	3	0.2%
Excluded	CITRANATAL MEDLEY	VITAMINS & SUPPLEMENTS	1	3	Medical Drug, Check Medical Benefit
Excluded	FLUVASTATIN	ANTIHYPERLIPIDEMIC	1	3	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	ADZENYS XR-ODT	ADHD	1	3	GENOTROPIN INJ 1MG, OMNITROPE INJ 5/1.5ML
Excluded	FIRST-LANSOPRAZOLE	PPIs	1	3	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	FLUTIC/SALME INH 113/14, FLUTIC/SALME INH 113/14, TRELEGY AER 200MCG, TRELEGY AER 200MCG, ADVAIR HFA AER 115/21, ADVAIR HFA AER 115/21, COMBIVENT AER 20-100, COMBIVENT AER 20-100, FLUTIC/SALME AER 250/50, FLUTIC/SALME AER 250/50, WIXELA INHUB AER 250/50, WIXELA INHUB AER 250/50, BUDES/FORMOT AER 160-4.5, BUDES/FORMOT AER 160-4.5, BREZTRI AERO AER
Excluded	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	SPHERE, BREZTRI AERO AER SPHERE
Excluded	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	EQ GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	DR, NEXIUM GRA 5MG DR
Excluded	EASIVENT	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	SIMVASTATIN TAB 10MG, LOVASTATIN TAB 20MG, SIMVASTATIN TAB 5MG, PRAVASTATIN TAB 10MG, LOVASTATIN TAB 10MG, ATORVASTATIN TAB 10MG, ROSUVASTATIN TAB 5MG
Excluded	METAXALONE	OTHER NON-CATEGORIZED	2	2	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, DEXTROAMPHET CAP 5MG ER, LISDEXAMFETA CAP 10MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 10MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 20MG ER, AZSTARYS CAP 26.1-5.2, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML
Excluded	METAXALONE	OTHER NON-CATEGORIZED	2	2	No Formulary Alternative without diagnosis, Compound drug
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	2	2	FENOFIBRATE CAP 67MG, FENOFIBRATE CAP 67MG, FENOFIBRATE TAB 145MG, FENOFIBRATE TAB 160MG, FENOFIBRATE TAB 48MG, FENOFIBRATE TAB 54MG,
Excluded	MECLOFENAMATE SODIUM	PAIN	2	2	GEMFIBROZIL TAB 600MG
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	FENOFIBRATE CAP 67MG, FENOFIBRATE CAP 67MG, FENOFIBRATE TAB 145MG, FENOFIBRATE TAB 160MG, FENOFIBRATE TAB 48MG, FENOFIBRATE TAB 54MG,
Excluded	LUBIPROSTONE	GASTROINTESTINAL	2	2	GEMFIBROZIL TAB 600MG
Excluded	ALPRAZOLAM ODT	ANXIETY	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	Device, Check Medical Benefit
Excluded	LIKMEZ	ANTI-INFECTIVE	2	2	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB,
Excluded	LIDOCAINE	OTHER NON-CATEGORIZED	2	2	BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	DEXLANSOPRAZOLE	PPIs	2	2	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
					CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
					BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
					DICLOFENAC TAB 50MG DR, ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, OXAPROZIN TAB 600MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, SULINDAC TAB 200MG, NAPROXEN SOD TAB 275MG, KETOROLAC TAB 10MG, ETODOLAC ER TAB 500MG, INDOMETHACIN CAP 75MG ER, PIROXICAM CAP
					20MG
					CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB,
					BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
					MOVANTIK, SYMPROIC, TRULANCE
					ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG, DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG, OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML,
					DIAZEPAM CON 5MG/ML
					BUSPIRONE TAB 10MG, BUSPIRONE TAB 15MG, BUSPIRONE TAB 5MG, BUSPIRONE TAB 30MG, DULOXETINE CAP 20MG, DULOXETINE CAP 30MG, DULOXETINE CAP 60MG, ESCITALOPRAM TAB 10MG, ESCITALOPRAM TAB 20MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, PAROXETINE TAB 30MG, PAROXETINE TAB 40MG, VENLAFAXINE CAP 150MG ER, VENLAFAXINE CAP 37.5 ER,
					VENLAFAXINE CAP 75MG ER, ESCITALOPRAM SOL 5MG/5ML
					METRONIDAZOL TAB 250MG, METRONIDAZOL TAB 500MG
					No Formulary Alternative without diagnosis, Compound drug
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG
					DR, NEXIUM GRA 5MG DR

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	LANSOPRAZOLE	PPIs	2	2	DR, NEXIUM GRA 5MG DR
Excluded	WEGOVY	WEIGHT LOSS	2	2	weight loss is optional coverage, check plan benefit
					NOVOLOG INJ 100/ML, NOVOLOG INJ RELION, NOVOLOG INJ FLEXPEN, NOVOLOG INJ PENFILL, FIASP FLEX INJ TOUCH, FIASP INJ 100/ML, HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV
Excluded	INSULIN ASPART	DIABETES	2	2	KWPN INJ 100UT/ML, HUMALOG JR INJ 100/ML
Excluded	CVS GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	INPEN 100/GREY/NOVOLOG/FIASP	DIABETES	2	2	Device, Check Medical Benefit
Excluded	BUPRENORPHINE	PAIN	2	2	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
					CIPROFLOXACN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, BACIT/POLYMY OIN OP, BACITRACIN OIN OP, GATIFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP,
Excluded	TOBREX	OPHTHALMIC	2	2	NATACYN SUS 5% OP, BESIVANCE SUS 0.6%
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
					METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL
Excluded	TESTOSTERONE	ANDROGENS	2	2	30MG/ACT
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	2	2	DICYCLOMINE CAP 10MG
Excluded	TEMAZEPAM	SLEEP DISORDERS	2	2	TEMAZEPAM CAP 15MG, ESTAZOLAM TAB 2MG
Excluded	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	2	HEMMOREX-HC SUP 25MG, HYDROCORT AC SUP 25MG, HYDROCORTISO CRE 2.5% HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%,
Excluded	HYDROCORTISONE	DERMATOLOGICS	2	2	TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	HM LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	2	2	Device, Check Medical Benefit
Excluded	SANCUSO	NAUSEA & VOMITING	2	2	ONDANSETRON TAB 4MG, ONDANSETRON TAB 8MG ODT
Excluded	GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
					CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL
Excluded	CLEOCIN	OTHER NON-CATEGORIZED	2	2	0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	RABEPRAZOLE SODIUM	PPIs	2	2	DR, NEXIUM GRA 5MG DR
Excluded	PREVIDENT FLUORIDE	OTHER NON-CATEGORIZED	2	2	sodium fluoride paste 1.1%, sodium fluoride cream 1.1%, sodium fluoride gel 1.1%
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	2	2	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
Excluded	BISACODYL EC	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PIMECROLIMUS	DERMATOLOGICS	2	2	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	Available OTC, Products not covered on Pharmacy Benefit
					PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, PEG-3350/KCL SOL /SODIUM,
Excluded	PEG-3350/ELECTROLYTES/ASCORBATE	OTHER NON-CATEGORIZED	2	2	SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
					PREVALITE POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM,
Excluded	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	2	COLESTIPOL TAB 1GM
					CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO,
Excluded	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	2	2	ONETOUCH ULTA BLUE TEST STRIPS
					LOVASTATIN TAB 40MG, PRAVASTATIN TAB 20MG, FENOFIBRATE TAB 160MG, SIMVASTATIN TAB 20MG, FENOFIBRATE CAP 134MG, ATORVASTATIN TAB 20MG, FENOFIBRATE TAB 145MG, ROSUVASTATIN TAB 10MG, VASCEPA- icosapent ethyl
Excluded	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	2	cap0.5 gm, 1 gm
					NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1% NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	100000
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	100000
					NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	BETIMOL	OPHTHALMIC	2	2	betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol solution
					ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG,
Excluded	NAPROXEN DR	PAIN	1	2	DIFLUNISAL TAB 500MG
Excluded	NALTREXONE HYDROCHLORIDE DIHYDRATE	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis, Compound drug
Excluded	MUPIROCIN	DERMATOLOGICS	1	2	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
					NEBIVOLOL TAB 20MG, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 20MG,
Excluded	BYSTOLIC	ANTIHYPERTENSIVE	1	2	BISOPROL FUM TAB 10MG
					MORPHINE SUL TAB 15MG ER, MORPHINE SUL TAB 15MG, XTAMPZA ER CAP 9MG, FENTANYL DIS 25MCG/HR, MORPHINE SUL TAB 30MG ER, TRAMADOL HCL TAB
Excluded	MORPHINE SULFATE ER	PAIN	1	2	100MG ER, NUCYNTA ER TAB 100MG, TRAMADOL HCL TAB 300MG ER
					DEXAMETHASONE SOLUTION, fluorometholone suspension 0.1%, LOTEMAX OINTMENT, LOTEMAX SM GEL, loteprednol gel, loteprednol suspension, prednisolone
Excluded	DUREZOL	OPHTHALMIC	1	2	suspension 1%
					METHYLPHENID SOL 5MG/5ML, DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB
Excluded	METHYLIN	ADHD	1	2	10MG
					AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 36MG ER, JORNAY PM CAP 60MG ER, QUILLICHEW CHW 30MG
Excluded	METHAMPHETAMINE HYDROCHLORIDE	ADHD	1	2	ER, QUILLIVANT SUS 25MG/5ML
					CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB,
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	2	BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
					DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG,
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	2	BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG
Excluded	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	DILTIAZEM CAP 420MG/24, TIADYLT CAP 420MG/24
Excluded	LUBIPROSTONE	GASTROINTESTINAL	1	2	MOVANTIK, SYMPROIC, TRULANCE
					FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.2%, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%,
Excluded	DIFLUPREDNATE	OPHTHALMIC	1	2	LOTEMAX SM GEL 0.38%, PREDNISOLONE SUS 1% OP
Excluded	LIBERVANT	ANTICONVULSANT	1	2	DIAZEPAM GEL 10MG, VALTOCO SPR 5MG, NAYZILAM SPR 5MG
					ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG, DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG, OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML,
Excluded	ALPRAZOLAM ODT	ANXIETY	1	2	DIAZEPAM CON 5MG/ML
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG
Excluded	DEXLANSOPRAZOLE	PPIs	1	2	DR, NEXIUM GRA 5MG DR
					HYDROCORT CRE 2.5%, TRIAMCINOLON CRE 0.1%, FLUOCIN ACET OIN 0.025%, MOMETASONE CRE 0.1%, MOMETASONE SOL 0.1%, TRIAMCINOLON OIN 0.1%,
Excluded	DESOXIMETASONE	DERMATOLOGICS	1	2	BETAMETH DIP CRE 0.05%
					ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR
Excluded	ZOLMITRIPTAN ODT	MIGRAINE	1	2	20MG/ACT
Excluded	DAYVIGO	SLEEP DISORDERS	1	2	BELSOMRA TAB 10MG
Excluded	AUTOSOFT XC INFUSION SET/43"/9MM	DIABETES	1	2	Device, Check Medical Benefit
					TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	BUPRENORPHINE	PAIN	1	2	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%,
Excluded	DAPSONE	DERMATOLOGICS	1	2	CLINDAMYCIN LOT 10MG/ML
					LACOSAMIDE TAB 50MG, GABAPENTIN CAP 100MG, GABAPENTIN TAB 600MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PREGABALIN CAP 150MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, CARBAMAZEPIN TAB 200MG, CARBAMAZEPIN TAB 100MG ER, CARBAMAZEPIN CAP 100MG ER, FELBAMATE SUS 600/5ML, FELBAMATE TAB 600MG, GABAPENTIN SOL 250/5ML, LAMOTRIGINE TAB 25MG ER, LAMOTRIGINE CHW 25MG,
Excluded	VIMPAT	ANTICONVULSANT	1	2	LEVETIRACETA TAB 500MG ER, OXCARBAZEPIN SUS 300/5ML
Excluded	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	2	BACLOFEN TAB 10MG, TIZANIDINE TAB 2MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 4MG, DIAZEPAM TAB 5MG
Excluded	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	verapamil hcl cap er 24hr 120 mg,180 mg, 240 mg (Verelan), verapamil hcl tab er 120 mg,180 mg, 240 mg, verapamil hcl tab 40 mg, 80 mg,120 mg

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY
Excluded	ALOGLIPTIN	DIABETES	1	2	XR TAB
Excluded	ULTICARE ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					DICYCLOMINE SOL 10MG/5ML, GLYCOPYRROL TAB 1MG, DICYCLOMINE SOL 10MG/5ML, METHSCOPOLAM TAB 2.5MG, DICYCLOMINE TAB 20MG, DICYCLOMINE
Excluded	CUVPOSA	OTHER NON-CATEGORIZED	1	2	CAP 10MG, METHSCOPOLAM TAB 5MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
					betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	2	solution
Excluded	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	2	HEMMOREX-HC SUP 25MG, HYDROCORT AC SUP 25MG, HYDROCORTISO CRE 2.5%
Excluded	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis, Compound drug
					KETOROLAC TAB 10MG, DICLOFENAC TAB 50MG DR, IBU TAB 800MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 375MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, DICLOFEN POT TAB 50MG, ETODOLAC CAP 300MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, NAPROXEN SOD TAB 550MG, OXAPROZIN
Excluded	SPRIX	PAIN	1	2	TAB 600MG, PIROXICAM CAP 10MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
Excluded	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, TRIAMTERENE CAP 50MG, AMILORIDE TAB 5MG
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE/SULFUR	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%,
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	2	ZILXI AER 1.5%
					DORZOLAMIDE SOL 2% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-
Excluded	BRINZOLAMIDE	OPHTHALMIC	1	2	0.2%
Excluded	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	2	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
					BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2%
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	1	2	OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	SILHOUETTE INFUSION SET 23"/17MM	DIABETES	1	2	Device, Check Medical Benefit
					AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, NEUAC
Excluded	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	2	GEL 1.2-5%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.025%
Excluded	GNP ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					ESZOPICLONE TAB 2MG, ZALEPLON CAP 5MG, ZOLPIDEM TAB 5MG, ZOLPIDEM ER
Excluded	RAMELTEON	SLEEP DISORDERS	1	2	TAB 6.25MG, BELSOMRA TAB 5MG
					OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG
Excluded	RABEPRAZOLE SODIUM	PPIs	1	2	DR, NEXIUM GRA 5MG DR
					TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE
Excluded	AMITIZA	GASTROINTESTINAL	1	2	SOL 10GM/15, CONSTULOSE SOL 10GM/15
Excluded	FOSAMAX PLUS D	BONE DENSITY	1	2	ALENDRONATE TAB 70MG, IBANDRONATE TAB 150MG, RISEDRONATE TAB 35MG
					Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew
Excluded	PRENATE MINI	VITAMINS & SUPPLEMENTS	1	2	tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
					DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 10MG ER, DEXTROAMPHET CAP 15MG ER, LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 40MG ER, METHYLPHENID CAP 40MG ER, METHYLPHENID TAB 20MG ER, AZSTARYS CAP 52.3-10., JORNAY PM CAP 20MG ER, QUILLICHEW CHW 20MG ER,
Excluded	FOCALIN XR	ADHD	1	2	QUILLIVANT SUS 25MG/5ML
Excluded	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	2	AMIODARONE TAB 200MG, AMIODARONE TAB 100MG, PACERONE TAB 200MG
Excluded	CIMETIDINE	OTHER NON-CATEGORIZED	1	2	FAMOTIDINE TAB 40MG, FAMOTIDINE SUS 40MG/5ML
					FLUVOXAMINE TAB 100MG, FLUVOXAMINE TAB 25MG, FLUVOXAMINE TAB 50MG, FLUOXETINE CAP 10MG, FLUOXETINE CAP 20MG, FLUOXETINE CAP 40MG, PAROXETINE TAB 10MG, PAROXETINE TAB 20MG, SERTRALINE TAB 100MG, SERTRALINE TAB 50MG, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML,
Excluded	FLUVOXAMINE MALEATE ER	DEPRESSION	1	2	SERTRALINE TAB 25MG
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	Available OTC, Products not covered on Pharmacy Benefit
					FLUOXETINE CAP 40MG, FLUOXETINE SOL 20MG/5ML, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, SERTRALINE CON
Excluded	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	20MG/ML, FLUVOXAMINE TAB 100MG
Excluded	FLUNISOLIDE	ALLERGY	1	2	FLUTICASONE SPR 50MCG, AZELASTINE SPR 0.1%
					AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB
Excluded	AMANTADINE HYDROCHLORIDE	PARKINSON	1	2	2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
					PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON
Excluded	PAROXETINE HCL ER	DEPRESSION	1	2	20MG/ML
Excluded	PACERONE	ANTIARRHYTHMICS	1	2	AMIODARONE TAB 200MG, AMIODARONE TAB 100MG
					FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG,
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
					FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG,
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	2	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
					FLUTIC/SALME INH 55/14, BREO ELLIPTA INH 100-25, TRELEGY AER 100MCG, FLUTIC/SALME AER 100/50, WIXELA INHUB AER 100/50, BUDES/FORMOT AER 80-4.5,
Excluded	ADVAIR HFA	ASTHMA/COPD	1	2	BREZTRI AERO AER SPHERE
Excluded	CAROSPIR	ANTIHYPERTENSIVE	1	2	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, TRIAMTERENE CAP 50MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	2	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG
					NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	2	100000
					CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	2	ER, CHLORZOXAZON TAB 500MG
					ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG,
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	PANTOPRAZOLE TAB 40MG
					DROSPIR/ETHI TAB 3-0.03MG, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER TAB, KELNOR TAB 1/35, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28 TAB 0.15/30, LUTERA TAB, OCELLA TAB 3-0.03MG, NECON TAB 0.5/35, NIKKI TAB 3-
Excluded	NEXTSTELLIS	ESTROGENS & PROGESTINS	1	2	0.02MG, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
					ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG,
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	PANTOPRAZOLE TAB 40MG
Excluded	NEEVO DHA	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit
					ERYTHROMYCIN GEL 2%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN LOT 1%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%,
Excluded	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	1	SULFACETAMID LOT 10%, TRETINOIN CRE 0.1%, TRETINOIN GEL 0.01%
					NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG,
Excluded	NAPROXEN DR	PAIN	1	1	PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
					NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOROLAC TAB 10MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBU TAB 600MG, SULINDAC TAB 150MG, INDOMETHACIN CAP 25MG, DICLOFEN POT TAB 50MG, NAPROXEN SOD TAB 275MG, OXAPROZIN TAB 600MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 500MG,
Excluded	NAPROXEN	PAIN	1	1	PIROXICAM CAP 10MG, ETODOLAC CAP 300MG
Excluded	EPLERENONE	ANTIHYPERTENSIVE	1	1	SPIRONOLACT TAB 50MG
					DONEPEZIL TAB 5MG, MEMANTINE TAB HCL 5MG, MEMANTINE HC SOL 2MG/ML,
Excluded	NAMZARIC	OTHER NON-CATEGORIZED	1	1	DONEPEZIL TAB 10MG ODT
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	ALREX	OPHTHALMIC	1	1	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%
					CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.05%, TAZAROTENE CRE 0.1%,
Excluded	CALCIPOTRIENE	DERMATOLOGICS	1	1	TAZAROTENE GEL 0.05%, TAZAROTENE GEL 0.1%

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	MUPIROCIN	DERMATOLOGICS	1	1	MUPIROCIN OIN 2%, GENTAMICIN CRE 0.1%, GENTAMICIN OIN 0.1%
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	MONTELUKAST CHW 4MG, ZAFIRLUKAST TAB 10MG
Excluded	EFFER-K	VITAMINS & SUPPLEMENTS	1	1	KLOR-CON 8 TAB 8MEQ ER, POT CHLORIDE TAB 8MEQ CR, POT CL MICRO TAB 20MEQ ER, POT CHLORIDE CAP 10MEQ ER, PHOSPHO-TRIN TAB K500, KLOR-CON PAK 20MEQ, KLOR-CON M10 TAB 10MEQ ER
Excluded	MOMETASONE FUROATE	ALLERGY	1	1	FLUTICASONE SPR 50MCG
Excluded	MINIMED RESERVOIR 1.8ML	DIABETES	1	1	Medical Drug, Check Medical Benefit
Excluded	BUTRANS	PAIN	1	1	BELBUCA MIS 450MCG, TRAMADOL HCL TAB 50MG, TRAMADOL HCL TAB 200MG ER
Excluded	METRONIDAZOLE	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	DRONABINOL	NAUSEA & VOMITING	1	1	MEGESTROL AC SUS 40MG/ML, ONDANSETRON TAB 8MG
Excluded	DOXEPIN HYDROCHLORIDE	SLEEP DISORDERS	1	1	ESZOPICLONE TAB 1MG, ZALEPLON CAP 5MG, ZOLPIDEM TAB 5MG, ZOLPIDEM ER TAB 6.25MG, BELSOMRA TAB 10MG, BELSOMRA TAB 5MG
Excluded	METFORMIN HYDROCHLORIDE	DIABETES	1	1	METFORMIN TAB 1000MG, METFORMIN TAB 500MG, METFORMIN TAB 850MG, METFORMIN TAB 500MG ER, METFORMIN TAB 750MG ER
Excluded	DIPENTUM	GASTROINTESTINAL	1	1	BALSALAZIDE CAP 750MG, MESALAMINE CAP 0.375GM, MESALAMINE CAP 400MG DR, MESALAMINE ENE 4GM, MESALAMINE SUP 1000MG, MESALAMINE TAB 1.2GM, MESALAMINE TAB 800MG DR, SULFASALAZIN TAB 500MG, SULFASALAZIN TAB 500MG DR
Excluded	METAXALONE	OTHER NON-CATEGORIZED	1	1	CYCLOBENZAPR TAB 10MG, METHOCARBAM TAB 750MG, ORPHENADRINE TAB 100MG ER
Excluded	METAXALONE	OTHER NON-CATEGORIZED	1	1	CYCLOBENZAPR TAB 5MG, CHLORZOXAZON TAB 500MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER
Excluded	ALPRAZOLAM ODT	ANXIETY	1	1	ALPRAZOLAM TAB 0.5MG, CLONAZEPAM TAB 1MG, LORAZEPAM TAB 1MG, DIAZEPAM TAB 2MG, ALPRAZOLAM TAB 1MG ER, CLORAZ DIPOT TAB 7.5MG, OXAZEPAM CAP 15MG, CLONAZEP ODT TAB 0.5MG, LORAZEPAM CON 2MG/ML, DIAZEPAM CON 5MG/ML
Excluded	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	CELECOXIB CAP 200MG, ASCOMP/COD CAP 30MG, BUT/APAP/CAF TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	MEPERIDINE HYDROCHLORIDE	PAIN	1	1	No Formulary Alternative without diagnosis
Excluded	MEFENAMIC ACID	PAIN	1	1	ETODOLAC CAP 200MG, IBUPROFEN TAB 600MG, NAPROXEN TAB 500MG, MELOXICAM TAB 15MG, DICLOFEN POT TAB 50MG, NABUMETONE TAB 500MG, INDOMETHACIN CAP 50MG, KETOROLAC TAB 10MG, OXAPROZIN TAB 600MG, INDOMETHACIN CAP 75MG ER, DICLOFENAC TAB 50MG DR, PIROXICAM CAP 20MG, DIFLUNISAL TAB 500MG
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	ME/NAPHOS/MB/HYO 1	ANTI-INFECTIVE	1	1	SMZ/TMP DS TAB 800-160, SULFATRIM PD SUS 200-40/5, CIPROFLOXACN TAB 500MG
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, FELODIPINE TAB 5MG ER, CARTIA XT CAP 180/24HR, TAZTIA XT CAP 180MG/24, TIADYLT CAP 180MG/24, DILTIAZEM CAP 180MG ER, ATENOLOL TAB 50MG, METOPROL SUC TAB 50MG ER, METOPROL TAR TAB 50MG, PROPRANOLOL TAB 40MG, ISOSORB MONO TAB 30MG ER, DILTIAZEM TAB 90MG, DILTIAZEM CAP 90MG ER, VERAPAMIL CAP 180MG SR, NIFEDIPINE TAB 60MG ER, DILT-XR CAP 180MG, PROPRANOLOL CAP 60MG ER, ISOSORB DIN TAB 20MG
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	DILTIAZEM TAB 60MG, CARTIA XT CAP 240/24HR, AMLODIPINE TAB 10MG, VERAPAMIL TAB 80MG, TAZTIA XT CAP 240MG/24, DILTIAZEM CAP 90MG ER amlodipine, diltiazem ER capsule (except 360mg), felodipine ER, nifedipine, verapamil ER
Excluded	DILTIAZEM HCL CD	ANTIHYPERTENSIVE	1	1	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN TAB 600MG, PIROXICAM CAP 20MG
Excluded	DICLOFENAC SODIUM ER	PAIN	1	1	LIDOCAINE SOL 4%
Excluded	LIDOCAINE HCL JELLY	DERMATOLOGICS	1	1	BACLOFEN TAB 10MG, BACLOFEN TAB 20MG, CYCLOBENZAPR TAB 10MG, CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, TIZANIDINE TAB 2MG, TIZANIDINE TAB 4MG, ORPHENADRINE TAB 100MG ER
Excluded	BACLOFEN	OTHER NON-CATEGORIZED	1	1	DICLOFENAC TAB 50MG DR, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, MELOXICAM TAB 15MG, NABUMETONE TAB 500MG, NAPROXEN TAB 500MG, SULINDAC TAB 200MG, ETODOLAC CAP 200MG, ETODOLAC ER TAB 400MG, ETODOLAC TAB 400MG, INDOMETHACIN CAP 75MG ER, OXAPROZIN TAB 600MG, PIROXICAM CAP 20MG
Excluded	DICLOFENAC SODIUM ER	PAIN	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	1	1	OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 40MG
Excluded	DEXLANSOPRAZOLE	PPIs	1	1	DR, NEXIUM GRA 5MG DR
Excluded	DESOXIMETASONE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	DESONIDE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	LANSOPRAZOLE	PPIs	1	1	OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG, ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR
Excluded	DESONIDE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	LAMOTRIGINE CHW 25MG, LACOSAMIDE SOL 10MG/ML, SUBVENITE TAB 25MG, TOPIRAMATE CAP 25MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN SUS 100/5ML, LEVETIRACETA SOL 100MG/ML, OXCARBAZEPIN SUS 300/5ML, PREGABALIN SOL 20MG/ML, TOPIRAMATE TAB 25MG, CARBAMAZEPIN TAB 200MG, LEVETIRACETA TAB 250MG, OXCARBAZEPIN TAB 150MG, PRIMIDONE TAB 250MG, RUFINAMIDE TAB 200MG, ZONISAMIDE CAP 25MG
Excluded	ALPHAGAN P	OPHTHALMIC	1	1	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2% OP, CIPROFLOXACN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, BACIT/POLYMY OIN OP, BACITRACIN OIN OP, GATIFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP, NATACYN SUS 5% OP, BESIVANCE SUS 0.6%
Excluded	AZASITE	OPHTHALMIC	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Excluded	DESONIDE	DERMATOLOGICS	1	1	FLUOCIN ACET OIL 0.01% SC, ALCLOMETASON CRE 0.05%, ALCLOMETASON OIN 0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET SOL 0.01%
Excluded	DERMA-SMOOTHE/FS SCALP	DERMATOLOGICS	1	1	
Excluded	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	LAMOTRIGINE CHW 25MG, LAMOTRIGINE TAB 25MG, LAMOTRIGINE TAB 50MG ER, PRIMIDONE TAB 250MG, PREGABALIN SOL 20MG/ML, LEVETIRACETA TAB 750MG ER, RUFINAMIDE TAB 400MG, LACOSAMIDE TAB 50MG, ZONISAMIDE CAP 50MG
Excluded	ZOLMITRIPTAN	MIGRAINE	1	1	ZOLMITRIPTAN TAB 5MG, RIZATRIPTAN TAB 10MG, RIZATRIPTAN TAB 10MG ODT, SUMATRIPTAN TAB 100MG, ELETRIPTAN TAB 40MG, NARATRIPTAN TAB 2.5MG, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN INJ 6MG/0.5, SUMATRIPTAN SPR 20MG/ACT
Excluded	ZITHROMAX	ANTI-INFECTIVE	1	1	AZITHROMYCIN TAB 250MG, AZITHROMYCIN TAB 250MG, AZITHROMYCIN TAB 500MG, CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 500MG, ERYTHROMYCIN TAB 250MG, ERYTHROM ETH SUS 200/5ML, ERYTHROMYCIN TAB 333MG EC

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	ZIRGAN	OPHTHALMIC	1	1	TRIFLURIDINE SOL 1% OP
Excluded	KRISTALOSE	OTHER NON-CATEGORIZED	1	1	LACTULOSE SOL 10GM/15, LINZESS CAP 145MCG, TRULANCE TAB 3MG
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	XOPENEX HFA	ASTHMA/COPD	1	1	ALBUTEROL AER HFA, ALBUTEROL AER HFA, VENTOLIN HFA AER
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	KETONE TEST STRIPS	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	XELSTRYM	ADHD	1	1	DEXTROAMPHET CAP 5MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CAP 20MG, LISDEXAMFETA CHW 20MG, METHYLPHENID CAP 20MG ER, METHYLPHENID TAB 18MG ER, METHYLPHENID TAB 10MG ER, AZSTARYS CAP 26.1-5.2, JORNAY PM CAP 20MG ER
Excluded	XELSTRYM	ADHD	1	1	DEXTROAMPHET CAP 15MG ER, AMPHET/DEXTR CAP 20MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG ER, METHYLPHENID CAP 10MG, DEXMETHYLPHE CAP 10MG ER, LISDEXAMFETA CAP 10MG, ATOMOXETINE CAP 10MG, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, AZSTARYS CAP 26.1-5.2
Excluded	BUPRENORPHINE	PAIN	1	1	BELBUCA MIS 150MCG, METHADONE TAB 10MG, MORPHINE SUL TAB 15MG ER, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS 25MCG/HR, BELBUCA MIS 75MCG
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	KETO-DIASTIX	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WHITE PETROLATUM	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	WEGOVY	WEIGHT LOSS	1	1	weight loss is optional coverage, check plan benefit
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	KAZANO	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	KAPSPARGO SPRINKLE	ANTIHYPERTENSIVE	1	1	METOPROL SUC TAB 50MG ER, ATENOLOL TAB 50MG, METOPROL TAR TAB 25MG, ACEBUTOLOL CAP 200MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG, NEBIVOLOL TAB 5MG
Excluded	IVERMECTIN	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	DAPSONE	DERMATOLOGICS	1	1	ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML
Excluded	VIVJOA	ANTI-INFECTIVE	1	1	FLUCONAZOLE TAB 150MG
Excluded	INVOKANA	DIABETES	1	1	JARDIANCE TAB 25MG, FARXIGA TAB 10MG, XIGDUO XR TAB 10-500MG, SYNJARDY TAB 12.5-500, SYNJARDY XR TAB 25-1000, GLYXAMBI TAB 25-5 MG
Excluded	VIMPAT	ANTICONVULSANT	1	1	LACOSAMIDE TAB 100MG, LAMOTRIGINE TAB 25MG, LEVETIRACETA TAB 250MG, DIVALPROEX TAB 125MG DR, PRIMIDONE TAB 50MG, CARBAMAZEPIN TAB 200MG, LAMOTRIGINE TAB 25MG ER, OXCARBAZEPIN TAB 600MG, CARBAMAZEPIN CHW 100MG, CARBAMAZEPIN TAB 100MG ER, LAMOTRIGINE CHW 25MG, LEVETIRACETA TAB 500MG ER, DIVALPROEX TAB 250MG ER, DIVALPROEX CAP 125MG DR, PHENYTOIN EX CAP 100MG, PHENYTOIN CHW 50MG, VALPROIC ACD CAP 250MG, TOPIRAMATE CAP ER 25MG
Excluded	BUPRENORPHINE	PAIN	1	1	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, BELBUCA MIS 75MCG, XTAMPZA ER CAP 13.5MG
Excluded	VEREGEN	DERMATOLOGICS	1	1	IMIQUIMOD CRE 5%
Excluded	BUPRENORPHINE	PAIN	1	1	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER
Excluded	UREA	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	UREA	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	INSULIN GLARGINE	DIABETES	1	1	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Excluded	UPNEEQ	OPHTHALMIC	1	1	Talk to your pharmacist or doctor about clinically appropriate options
Excluded	INPEN 100/PINK/HUMALOG	DIABETES	1	1	Device, Check Medical Benefit
Excluded	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Excluded	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Excluded	TWIRLA	ESTROGENS & PROGESTINS	1	1	ZAFEMY DIS 150/35, XULANE DIS 150-35, NORELGE/ETHI DIS 150/35, NUVARING MIS, APRI TAB, DROSPIRENONE TAB ETHY EST, ETHY ETH EST TAB 1-35, LEVONOR/ETHI TAB 0.1-0.02, LEVONOR/ETHI TAB, NYLIA TAB 1/35, NYLIA TAB 7/7/7, NORETH/ETHIN TAB 1/20, NORGEST/ETHI TAB 0.25/35, NORGEST/ETHI TAB ESTRADIO, LOW-OGESTREL TAB
Excluded	BUPRENORPHINE	PAIN	1	1	BELBUCA MIS 150MCG, METHADONE TAB 10MG, TRAMADOL HCL TAB 100MG ER, MORPHINE SUL TAB 30MG ER, FENTANYL DIS 25MCG/HR, XTAMPZA ER CAP 18MG, BELBUCA MIS 75MCG
Excluded	TROPICAMIDE	OPHTHALMIC	1	1	ATROPINE SUL SOL 1% OP, CYCLOPENTOL SOL 1% OP
Excluded	TRINATAL RX 1	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	CORTISPORIN-TC	OTHER NON-CATEGORIZED	1	1	NEO/POLY/HC SUS 1% OTIC, CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SOL 1% OTIC
Excluded	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	1	VASCEPA CAP 1GM
Excluded	BUPRENORPHINE	PAIN	1	1	TRAMADOL HCL TAB 50MG, BELBUCA MIS 75MCG, TRAMADOL HCL TAB 100MG ER, METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 25MG/ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, ACITRETIN CAP 25MG, AZATHIOPRINE TAB 50MG, CALCIPOTRIEN CRE 0.005%, CYCLOSPORINE CAP 50MG MOD, HYDROXYCHLOR TAB 200MG, LEFLUNOMIDE TAB 20MG, SULFASALAZIN TAB
Excluded	TREXALL	OTHER NON-CATEGORIZED	1	1	500MG DR, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%
Excluded	HYPERSAL	ALLERGY	1	1	PULMOSAL NEB 7%, SODIUM CHLOR NEB 3%, NEBUSAL NEB 3%
Excluded	HYOSYNE	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	TRAVOPROST	OPHTHALMIC	1	1	LATANOPROST SOL 0.005%, LUMIGAN SOL 0.01% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, TIMOLOL MAL SOL 0.5% OP
Excluded	HYOSYNE	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis
Excluded	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ARZOL SILVER NITRATE APP LICATORS	DERMATOLOGICS	1	1	Check Medical Benefit
Excluded	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	1	1	PROMETH/COD SYP 6.25-10, PROMETHAZINE SOL DM
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 4MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	TIZANIDINE TAB 2MG, BACLOFEN TAB 10MG
Excluded	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	1	1	DICYCLOMINE CAP 10MG
Excluded	TIMOLOL MALEATE	OPHTHALMIC	1	1	TIMOLOL MAL SOL 0.5% OP
Excluded	TEXACORT	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%
Excluded	TETRACAINE HYDROCHLORIDE	OPHTHALMIC	1	1	Medical Drug, Check Medical Benefit
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	HYDROCORT CRE 2.5%
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	PROCTOCORT- hydrocortisoneperianal cream 1%, CORTIFOAM- hydrocortisone acetateperianal foam 10% (90 mg/dose), HYDROCORTISONE- hydrocortisoneperianal cream 1%, hydrocortisone perianal cream2.5% (Anusol-hc)
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	HYDROCORTISONE ACETATE/PRAMOXINE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%
Excluded	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	LOSARTAN/HCT TAB 100-25, CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, OLM MED/HCTZ TAB 40-25MG, VALSART/HCTZ TAB 320-12.5
Excluded	TADALAFIL	OTHER NON-CATEGORIZED	1	1	optional coverage category: may be covered by some plans, check benefit booklet for coverage
Excluded	ANNOVERA	ESTROGENS & PROGESTINS	1	1	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	T:SLIM X2 3 ML CARTRIDGE	DIABETES	1	1	Medical Drug, Check Medical Benefit
Excluded	HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	1	1	ADALIMU-AATY KIT 80/0.8ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ 100MG/ML, SIMPONI INJ 100MG/ML, ZEPOSIA CAP 0.92MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	COLISTIMETHATE SODIUM	CYSTIC FIBROSIS	1	1	Medical Drug, Check Medical Benefit
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	SUCRALFATE TAB 1GM
Excluded	BROMFENAC	OPHTHALMIC	1	1	DICLOFENAC SOL 0.1% OP, KETOROLAC SOL 0.5%, KETOROLAC SOL 0.4%
Excluded	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	SUCRALFATE TAB 1GM
Excluded	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	1	AMPHET/DEXTR CAP 30MG ER, DEXTROAMPHET CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, METHYLPHENID TAB 36MG ER, METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 30MG, AZSTARYS CAP 39.2-7.8, JORNAY PM CAP 40MG ER
Excluded	COLCHICINE	OTHER NON-CATEGORIZED	1	1	COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG
Excluded	HM MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	HEPARIN LOCK FLUSH	ANTICOAGULANT	1	1	Medical Drug, Check Medical Benefit
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	HALOETTE	ESTROGENS & PROGESTINS	1	1	NUVARING MIS, ZAFEMY DIS 150/35, TRI-LO- TAB SPRINTEC, ENPRESSE-28 TAB, SRONYX TAB, NORTREL TAB 1/35, AVIANE TAB, NORGEST/ETHI TAB ESTRADIO, ETHY ETH EST TAB 1-35, TRI-NYMYO TAB, AUROVELA TAB 1/20, ISIBLOOM TAB, AZURETTE TAB
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, SOOLANTRA CRE 1%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, ZILXI AER 1.5%
Excluded	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HALOBETASOL CRE 0.05%, HYDROCORT CRE 2.5%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL E CRE 0.05%, CLOBETASOL GEL 0.05%, CLOBETASOL SOL 0.05%, DESONIDE CRE 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	1	Medical Drug, Check Medical Benefit
Excluded	SODIUM CHLORIDE	ALLERGY	1	1	Device, Check Medical Benefit
Excluded	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	1	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR
Excluded	GUAIFENESIN/CODEINE PHOSPHATE	ALLERGY	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SIMPLE SYRUP	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	GUAIFENESIN/CODEINE	ALLERGY	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB
Excluded	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%
Excluded	GNP TERBINAFINE HYDROCHLORIDE	DERMATOLOGICS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	GNP MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	SAVELLA	PAIN	1	1	DULOXETINE CAP 30MG
Excluded	SAVELLA	PAIN	1	1	DULOXETINE CAP 30MG
Excluded	GNP GENTLE LAXATIVE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	BRIMONIDINE TARTRATE	OPHTHALMIC	1	1	BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%
Excluded	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	AVITA CRE 0.025%, CLINDACIN MIS ETZ 1%, CLINDACIN-P PAD 1%, CLINDAMY/BEN GEL 1.2-5%, CLINDAMYCIN GEL 1%, CLINDAMYCIN LOT 10MG/ML, CLINDAMYCIN MIS 1%, CLINDAMYCIN SOL 1%, ERYTHROMYCIN GEL 2%, ERYTHROMYCIN SOL 2%, NEUAC GEL 1.2-5%, SULFACETAMID LOT 10%, TRETINOIN CRE 0.025%
Excluded	RELISTOR	GASTROINTESTINAL	1	1	MOVANTIK TAB 25MG, SYMPROIC TAB 0.2MG, Trulance
Excluded	RELISTOR	GASTROINTESTINAL	1	1	MOVANTIK TAB 25MG, SYMPROIC TAB 0.2MG, Trulance
Excluded	FT MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	RECTIV	OTHER NON-CATEGORIZED	1	1	NITROGLYCERI OIN 0.4%
Excluded	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	ADDERALL	ADHD	1	1	AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 5MG
Excluded	AMITIZA	GASTROINTESTINAL	1	1	TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15
Excluded	FT LAXATIVE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	CLENPIQ	OTHER NON-CATEGORIZED	1	1	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
Excluded	BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO	OTHER NON-CATEGORIZED	1	1	TALICIA CAP
Excluded	CIPRO HC	OTHER NON-CATEGORIZED	1	1	CIPRO/DEXA SUS 0.3-0.1%, NEO/POLY/HC SUS 1% OTIC, NEO/POLY/HC SOL 1% OTIC, NEO/POLY/HC SOL 1% OTIC
Excluded	PRODIGY VOICE BLOOD GLUCOSE METER KIT	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	CIPRO	ANTI-INFECTIVE	1	1	CIPROFLOXACN TAB 500MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 400MG
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	PREVALITE	ANTIHYPERLIPIDEMIC	1	1	CHOLESTYRAM POW 4GM LITE, CHOLESTYRAM POW 4GM, COLESEVELAM TAB 625MG, COLESTIPOL GRA 5GM, COLESTIPOL TAB 1GM
Excluded	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	ARFORMOTEROL NEB 15/2ML, SEREVENT DIS AER 50MCG, STRIVERDI AER 2.5MCG, IPRATROPIUM SOL 0.02%INH
Excluded	PRENATE ELITE	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit, SE-NATAL 19- prenatal vit w/ dss-fefumarate-fa tab 29-1 mg, SE-NATAL 19- prenatal vit w/ fefumarate-fa chew tab 29-1 mg, TRINATE- prenatal vit w/ fe fumarate-fa tab 28-1 mg
Excluded	ALCOHOL PREP PADS	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	FOCALIN	ADHD	1	1	DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Excluded	PREDNISONE INTENSOL	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PREDNISONE SOL 5MG/5ML, PRED SOD PHO SOL 5MG/5ML, METHYLPRED TAB 16MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG
Excluded	PREDNISOLONE SODIUM PHOSPHATE ODT	CORTICOSTEROIDS	1	1	DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PREDNISOLONE SOL 15MG/5ML
Excluded	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, LOTEPREDNOL SUS 0.2%
Excluded	PREDNISOLONE	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PRED SOD PHO SOL 5MG/5ML, PREDNISOLONE SOL 25MG/5ML, PREDNISONE PAK 10MG, PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, PREDNISONE SOL 5MG/5ML
Excluded	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, DEXAMETH PHO SOL 0.1% OP, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, LOTEPREDNOL SUS 0.2%
Excluded	PRALUENT	ANTIHYPERLIPIDEMIC	1	1	REPATHA PUSH INJ 420/3.5, REPATHA SURE INJ 140MG/ML
Excluded	PIMECROLIMUS	DERMATOLOGICS	1	1	TACROLIMUS OIN 0.1%
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	PEG-3350/SODIUM SULF/NACLPOTASSIUM CL/NA ASCORBATE/ASCORBIC	OTHER NON-CATEGORIZED	1	1	PEG-3350 SOL ELECTROL, GAVILYTE-G SOL, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU, GAVILYTE-N SOL FLAV PK
Excluded	FLAVOXATE HCL	OTHER NON-CATEGORIZED	1	1	OXYBUTYNIN TAB 5MG, TROSPIUM CHL CAP 60MG ER, TOLTERODINE TAB 2MG, SOLIFENACIN TAB 5MG
Excluded	ADDERALL	ADHD	1	1	AMPHET/DEXTR TAB 5MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 5MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 5MG
Excluded	FIRST-OMEPRAZOLE	PPIs	1	1	No Formulary Alternative without diagnosis, Compound drug

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Excluded	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	1	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG, SERTRALINE TAB 50MG, CITALOPRAM SOL 10MG/5ML, ESCITALOPRAM SOL 5MG/5ML, FLUOXETINE SOL 20MG/5ML, SERTRALINE CON 20MG/ML
Excluded	FINACEA	DERMATOLOGICS	1	1	AZELAIC ACID GEL 15%, METRONIDAZOL GEL 1%, METRONIDAZOL GEL 0.75%, METRONIDAZOL CRE 0.75%, BRIMONIDINE GEL 0.33%, SOOLANTRA CRE 1%, ZILXI AER 1.5%
Excluded	PANCREAZE	CYSTIC FIBROSIS	1	1	CREON CAP 24000UNT, ZENPEP CAP 20000UNT
Excluded	BIMATOPROST	OPHTHALMIC	1	1	LUMIGAN SOL 0.01% OP, LATANOPROST SOL 0.005%
Excluded	FERROUS GLUCONATE	VITAMINS & SUPPLEMENTS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Excluded	ONETOUCH VERIO REFLECT	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	1	FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 145MG, FENOFIBRATE CAP 134MG, FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG
Excluded	ONETOUCH ULTRA 2	DIABETES	1	1	CONTOUR, CONTOUR NEXT, CONTOUR PLUS, ONETOUCH ULTRA, ONETOUCH VERIO, ONETOUCH ULTA BLUE TEST STRIPS
Excluded	OLOPATADINE HYDROCHLORIDE	OPHTHALMIC	1	1	AZELASTINE DRO 0.05%
Excluded	CEPHALEXIN	ANTI-INFECTIVE	1	1	CEPHALEXIN CAP 250MG, CEFADROXIL CAP 500MG, CEFADROXIL SUS 250/5ML, CEPHALEXIN SUS 250/5ML, AZITHROMYCIN TAB 250MG, CEFDINIR CAP 300MG, CLINDAMYCIN CAP 150MG, AZITHROMYCIN SUS 200/5ML, CEFDINIR SUS 125/5ML, CEFIXIME CAP 400MG, CEFIXIME SUS 100/5ML, CEFPROZIL SUS 125/5ML, CEFPROZIL TAB 250MG, CEFUROXIME TAB 250MG, CLARITHROMYC TAB 250MG, LINEZOLID SUS 100/5ML, LINEZOLID TAB 600MG, XIFAXAN TAB 550MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	1	FLUOXETINE CAP 20MG, OLANZAPINE TAB 5MG
Excluded	CAROSPIR	ANTIHYPERTENSIVE	1	1	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, TRIAMTERENE CAP 50MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 100MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	AMANTADINE HCL	PARKINSON	1	1	AMANTADINE CAP 100MG, AMANTADINE SOL 50MG/5ML, BROMOCRIPTIN TAB 2.5MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
Excluded	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, COLCHICINE TAB 0.6MG
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN OIN 100000, TRIAMCINOLON OIN 0.1%, NYSTATIN CRE 100000, NYSTATIN POW 100000, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1% ESTRADIOL GEL 0.06%, PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.075MG, DOTTI DIS 0.075MG, ESTRADIOL DIS 0.075MG, ESTRADIOL DIS 0.075MG, ESTRING MIS 7.5/24HR, PREMARIN TAB
Excluded	ESTROGEL	ESTROGENS & PROGESTINS	1	1	0.625MG, YUVAFEM TAB 10MCG
Excluded	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	NYSTATIN CRE 100000, NYSTATIN OIN 100000, TRIAMCINOLON CRE 0.1%, CICLOPIROX CRE 0.77%, CICLOPIROX SUS 0.77%, ECONAZOLE CRE 1%, NYSTATIN POW 100000
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	NYSTATIN	OTHER NON-CATEGORIZED	1	1	CLOTRIMAZOLE TRO 10MG
Excluded	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	ESTRADIOL TAB 0.5MG, ESTRADIOL DIS 0.06MG, ESTRAD VAL INJ 40MG/ML, DOTTI DIS 0.075MG, PREMPRO TAB 0.625-5, CLIMARA PRO DIS WEEKLY, PREMARIN TAB 0.625MG
Excluded	NICORETTE STARTER KIT	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER-nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	NICORETTE MINI	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER-nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	NICODERM CQ	OTHER NON-CATEGORIZED	1	1	Available OTC, nicotine polacrilex gum 2 mg, 4 mg, nicotine polacrilex lozenge 2 mg,4 mg, nicotine td patch 24hr 7 mg/24hr,14 mg/24hr, 21 mg/24hr, NICOTINE TRANSDERMALSYST- nicotine td patch 24 hr kit21-14-7 mg/24hr, NICOTROL INHALER-nicotineinhaler system 10 mg (4 mgdelivered), NICOTROL NS- nicotine nasal spray10 mg/ml (0.5 mg/spray)
Excluded	ESOMEPRAZOLE MAGNESIUM	PPIs	1	1	ESOMEPRAZOLE GRA 40MG DR, NEXIUM GRA 5MG DR, OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG
Excluded	BENZOCAINE	OTHER NON-CATEGORIZED	1	1	No Formulary Alternative without diagnosis, Compound drug
Excluded	CARISOPRODOL	OTHER NON-CATEGORIZED	1	1	CYCLOBENZAPR TAB 5MG, METHOCARBAM TAB 500MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG
Negative Tier Change	NURTEC	MIGRAINE	90	418	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	UBRELVY	MIGRAINE	93	358	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	UBRELVY	MIGRAINE	38	145	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	QULIPTA	MIGRAINE	44	110	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	NP THYROID 60	THYROID AGENTS	31	108	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 90	THYROID AGENTS	25	88	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	37	75	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	NP THYROID 30	THYROID AGENTS	22	60	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 15	THYROID AGENTS	19	60	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	NP THYROID 120	THYROID AGENTS	13	59	EUTHYROX TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG, SYNTHROID TAB 200MCG
Negative Tier Change	BYDUREON BCISE	DIABETES	8	54	OZEMPIC INJ 8MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5, MOUNJARO INJ 2.5/0.5
Negative Tier Change	CIMZIA	AUTOIMMUNE	9	44	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG,TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	LEVOBUNOLOL HCL	OPHTHALMIC	13	41	TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%
Negative Tier Change	BENLYSTA	AUTOIMMUNE	4	30	Medical Drug, Check Medical Benefit
Negative Tier Change	UBRELVY	MIGRAINE	11	29	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	SUCRAID	ENZYME DEFICIENCIES	9	23	No Formulary Alternative without diagnosis
Negative Tier Change	QULIPTA	MIGRAINE	7	22	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	TESTOSTERONE ENANTHATE	ANDROGENS	10	21	DEPO-TESTOST INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	HYDROXYZINE PAMOATE	ANXIETY	4	21	BUSPIRONE TAB 10MG, HYDROXYZ HCL TAB 25MG, HYDROXYZ HCL SYP 10MG/5ML
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	20	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	EVAMIST	ESTROGENS & PROGESTINS	5	20	PREMARIN VAG CRE 0.625MG, ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.1MG, DOTTI DIS 0.1MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, PREMARIN TAB 1.25MG, ESTRING MIS 7.5/24HR, YUVAFEM TAB 10MCG
Negative Tier Change	THYROID	THYROID AGENTS	6	17	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	AMOXICILLIN	ANTI-INFECTIVE	14	14	AMOXICILLIN SUS 250/5ML, AMOXICILLIN SUS 400/5ML, AMOXICILLIN CAP 250MG, AMOX/K CLAV SUS 200/5ML, AMOX/K CLAV TAB 250-125
Negative Tier Change	NATAZIA	ESTROGENS & PROGESTINS	4	14	DROS/ETH EST TAB LEVOMEFO, DROS/ETH EST TAB LEVOMEFO, OCELLA TAB 3-0.03MG, DROSPIR/ETHI TAB 3-0.03MG, DROSPIRENONE TAB ETHY EST, JASMIEL TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, LO-ZUMANDIMI TAB 3-0.02MG, NIKKI TAB 3-0.02MG, VESTURA TAB 3-0.02MG, SYEDA TAB 3-0.03MG, LORYNA TAB 3-0.02MG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	13	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	THYROID	THYROID AGENTS	4	12	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	12	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	ADEMPAS	PULMONARY HYPERTENSION	1	12	TADALAFIL TAB 20MG, AMBRISENTAN TAB 5MG, SILDENAFIL TAB 20MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, UPTRAVI TAB 400MCG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					SRONYX TAB, PORTIA-28 TAB, LESSINA TAB, LUTERA TAB, AVIANE TAB, LEVORA-28 TAB 0.15/30, LEVONOR/ETHI TAB ESTRADIO, LEVONOR/ETHI TAB 0.1-0.02, AFIRMELLE TAB 0.1-0.02, AYUNA TAB, VIENVA TAB 0.1-20, DELYLA TAB 0.1-0.02, AUBRA EQ TAB 0.1-0.02, ORSYTHIA TAB, CHATEAL EQ TAB 0.15/30, KURVELO TAB
Negative Tier Change	TYBLUME	ESTROGENS & PROGESTINS	5	11	0.15/30, FALMINA TAB, MARLISSA TAB 0.15/30
Negative Tier Change	NITRO-BID	OTHER NON-CATEGORIZED	2	11	NITROGLYCERN SUB 0.4MG, NITROGLYCRN SPR 400MCG
Negative Tier Change	SPINOSAD	DERMATOLOGICS	8	10	MALATHION LOT 0.5%, PERMETHRIN CRE 5%
Negative Tier Change	PHENELZINE SULFATE	DEPRESSION	1	10	SELEGILINE TAB 5MG, TRANYLCYPROM TAB 10MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	10	PENICILN VK TAB 250MG, PENICILN VK TAB 500MG
					METHYLPRED TAB 4MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PRED
Negative Tier Change	DEXAMETHASONE	CORTICOSTEROIDS	7	9	SOD PHO SOL 5MG/5ML
Negative Tier Change	TRIHEXYPHENIDYL HCL	PARKINSON	1	9	CARB/LEVO TAB 10-100MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE TAB 0.25MG
					HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%,
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	7	8	TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	QULIPTA	MIGRAINE	4	8	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
					CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	2	7	12.5MG
					Available OTC, PROCTOCORT- hydrocortisoneperianal cream 1%, CORTIFOAM-
Negative Tier Change	PROCTOFOAM HC	OTHER NON-CATEGORIZED	6	6	hydrocortisone acetateperianal foam 10% (90 mg/dose), HYDROCORTISONE- hydrocortisone perianal cream 1%, hydrocortisone perianal cream2.5% (Anusol-hc)
Negative Tier Change	CROMOLYN SODIUM	OPHTHALMIC	6	6	KETOROLAC SOL 0.5%, AZELASTINE DRO 0.05%
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	4	6	PENICILN VK TAB 250MG, PENICILN VK TAB 500MG
					EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG,
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	6	UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	PODOFILOX	DERMATOLOGICS	4	5	IMIQUIMOD CRE 5%
Negative Tier Change	MAXIDEX	OPHTHALMIC	4	5	prednisolone acetate ophth susp 1% (Pred forte)
					CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, TAZAROTENE CRE 0.05%,
Negative Tier Change	CALCIPOTRIENE	DERMATOLOGICS	3	5	TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%
					EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG,
Negative Tier Change	THYROID	THYROID AGENTS	2	5	UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	ALLERGY	4	4	PROMETH/COD SYP 6.25-10
					METHYLPRED TAB 4MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, PRED
Negative Tier Change	DEXAMETHASONE	CORTICOSTEROIDS	4	4	SOD PHO SOL 5MG/5ML
Negative Tier Change	TRUQAP	CANCER	1	4	No Formulary Alternative without diagnosis
Negative Tier Change	DROXIA	BLOOD MODIFIERS	1	4	HYDROXYUREA CAP 500MG
					TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	4	0.2%
					PREDNISOLONE SOL 15MG/5ML, PREDNISONE TAB 2.5MG, METHYLPRED TAB 4MG,
Negative Tier Change	DEXAMETHASONE INTENSOL	CORTICOSTEROIDS	3	3	HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG
Negative Tier Change	NITRO-BID	OTHER NON-CATEGORIZED	2	3	NITROGLYCERN SUB 0.4MG, NITROGLYCRN SPR 400MCG
					EUTHYROX TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG,
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	3	UNITHROID TAB 150MCG, SYNTHROID TAB 150MCG
Negative Tier Change	PREVYMIS	ANTI-INFECTIVE	1	3	VALGANCICLOV TAB 450MG, VALGANCICLOV SOL 50MG/ML
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	3	INJ 100MG/ML
					LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	3	450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	JYNARQUE	ENDOCRINE	1	3	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	2	2	HYDROCORT CRE 2.5%, CORTIFOAM AER 90MG
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ
Negative Tier Change	CIMZIA STARTER KIT	AUTOIMMUNE	2	2	TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
					NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC
Negative Tier Change	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	1	2	1%OP
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HADLIMA PUSH INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	2	XR TAB 11MG, SIMPONI INJ 100MG/ML
					LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	450MG ER, LITHIUM SOL 8MEQ/5ML
					HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%,
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	1	2	TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	ELMIRON	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis
					DEPO-TESTOST INJ 200MG/ML, METHYLTESTOS CAP 10MG, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL
Negative Tier Change	XYOSTED	ANDROGENS	1	1	30MG/ACT
					EUTHYROX TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG,
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	1	UNITHROID TAB 137MCG, SYNTHROID TAB 137MCG
					EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG,
Negative Tier Change	THYROID	THYROID AGENTS	1	1	UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
					CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	1	1	12.5MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	PENICILN VK TAB 250MG, PENICILN VK TAB 500MG
Negative Tier Change	OPILL	ESTROGENS & PROGESTINS	1	1	Available OTC, Products not covered on Pharmacy Benefit
					METHYLPHENID TAB 27MG ER, METHYLPHENID TAB 20MG, AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 5MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, METHYLPHENID CAP 30MG, METHYLPHENID CAP 30MG ER, METHYLPHENID TAB 20MG ER, ZENZEDI TAB 10MG, AMPHET/DEXTR CAP 5MG ER, JORNAY PM CAP 40MG ER, QUILLICHEW CHW 30MG ER, QUILLIVANT SUS 25MG/5ML, ATOMOXETINE CAP 80MG, CLONIDINE TAB
Negative Tier Change	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	0.1MG ER, DEXTROAMPHET CAP 5MG ER, GUANFACINE TAB 4MG ER
					METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG,
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	1	OTREXUP INJ 10MG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	1	TOLVAPTAN TAB 15MG, TOLVAPTAN TAB 30MG
Negative Tier Change	FIRDAPSE	AUTOIMMUNE	1	1	pyridostigmine 60 mg, pyridostigmine ER 100 mg, pyridostigmine sol 60 mg/5 mL
Negative Tier Change	CLEMASTINE FUMARATE	ALLERGY	1	1	MONTELUKAST TAB 10MG
					CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 250MG, CLARITHROMYC TAB
Negative Tier Change	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	500MG
					TIMOLOL MAL SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	1	0.2%
					ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 100MG, RISPERIDONE TAB 2MG, ARIPIPRAZOLE TAB 10MG ODT, ASENAPINE SUB 5MG, CLOZAPINE TAB 100/ODT, CLOZAPINE TAB 100MG, OLANZAPINE TAB 5MG ODT, PALIPERIDONE TAB ER 6MG, QUETIAPINE TAB 50MG ER, RISPERIDONE TAB 2MG ODT,
Negative Tier Change	CAPLYTA	ANTIPSYCHOTIC	1	1	ZIPRASIDONE CAP 40MG, REXULTI TAB 2MG, VRAYLAR CAP 3MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
					DESONIDE OIN 0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET CRE 0.01%, TRIAMCINOLON CRE 0.025%, FLUOCIN ACET SOL 0.01%, BETAMETH VAL LOT 0.1%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET OIL 0.01%BDY, TRIAMCINOLON LOT
Negative Tier Change	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	1	1	0.025%
No Disruption	PANTOPRAZOLE SODIUM	PPIs	593	1767	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	564	1702	
No Disruption	JARDIANCE	DIABETES	361	1679	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	834	1663	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	567	1615	
No Disruption	OZEMPIC	DIABETES	351	1540	
No Disruption	OZEMPIC	DIABETES	401	1530	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	513	1389	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	442	1362	
No Disruption	OZEMPIC	DIABETES	239	1335	
No Disruption	JARDIANCE	DIABETES	282	1249	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MELOXICAM	PAIN	454	1161	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	369	1141	
No Disruption	PREDNISONE	CORTICOSTEROIDS	940	1114	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	540	1049	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	920	1044	
No Disruption	ELIQUIS	ANTICOAGULANT	220	1032	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	567	1019	
No Disruption	MOUNJARO	DIABETES	347	983	
No Disruption	OMEPRAZOLE	PPIs	390	958	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	313	953	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	834	927	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	611	922	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	283	907	
No Disruption	MOUNJARO	DIABETES	258	904	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	512	902	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	305	896	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	294	881	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	482	830	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	289	829	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	449	808	
No Disruption	OMEPRAZOLE	PPIs	280	797	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	313	778	
No Disruption	MELOXICAM	PAIN	306	759	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	289	736	
No Disruption	SERTRALINE HCL	DEPRESSION	238	715	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	243	706	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	250	693	
No Disruption	OMEPRAZOLE	PPIs	258	688	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	512	669	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	513	666	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	566	659	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	468	656	
No Disruption	OMEPRAZOLE	PPIs	189	643	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	195	638	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	266	627	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	609	
No Disruption	MOUNJARO	DIABETES	202	604	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	502	600	
No Disruption	MOUNJARO	DIABETES	255	587	
No Disruption	OMEPRAZOLE DR	PPIs	203	585	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	210	583	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	445	582	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	494	580	
No Disruption	CEFDINIR	ANTI-INFECTIVE	504	567	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	202	566	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	565	
No Disruption	MELOXICAM	PAIN	180	563	
No Disruption	MELOXICAM	PAIN	214	555	
No Disruption	XARELTO	ANTICOAGULANT	126	555	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	438	538	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	259	538	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	306	535	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	208	531	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	222	529	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	192	518	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	177	517	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	198	516	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	179	516	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	143	514	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	224	510	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	153	510	
No Disruption	DUPIXENT	AUTOIMMUNE	64	509	
No Disruption	SERTRALINE HCL	DEPRESSION	179	505	
No Disruption	MOUNJARO	DIABETES	98	501	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	349	495	
No Disruption	IBUPROFEN	PAIN	349	488	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	70	487	
No Disruption	ALPRAZOLAM	ANXIETY	119	485	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	188	484	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	441	478	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	167	475	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	324	470	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	148	469	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	183	464	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	181	458	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	192	452	
No Disruption	GABAPENTIN	ANTICONVULSANT	124	445	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	81	442	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	175	441	
No Disruption	SPRINTEC 28	ESTROGENS & PROGESTINS	132	438	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	346	423	
No Disruption	GABAPENTIN	ANTICONVULSANT	127	419	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	162	417	
No Disruption	TOUJEO SOLOSTAR	DIABETES	94	417	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	108	415	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	376	414	
No Disruption	EMGALITY	MIGRAINE	65	413	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	355	411	
No Disruption	MOUNJARO	DIABETES	127	411	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	380	409	
No Disruption	OMEPRAZOLE	PPIs	188	405	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	162	402	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	119	402	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	119	401	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	119	400	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	305	398	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	156	397	
No Disruption	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	DIABETES	64	397	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	163	395	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	139	395	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	117	395	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	129	392	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	288	389	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	187	389	
No Disruption	OMEPRAZOLE	PPIs	172	389	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	106	385	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	146	380	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	351	378	
No Disruption	HUMALOG KWIKPEN	DIABETES	97	378	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	340	375	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	337	374	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	156	373	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	329	372	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	119	371	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	143	370	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	127	368	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	161	367	
No Disruption	AIMOVIG	MIGRAINE	55	365	
No Disruption	CEFDINIR	ANTI-INFECTIVE	331	361	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	138	361	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	165	359	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	181	356	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	167	356	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	293	354	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	106	353	
No Disruption	MELOXICAM	PAIN	175	352	
No Disruption	SERTRALINE HCL	DEPRESSION	136	352	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	306	351	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	152	351	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	135	351	
No Disruption	TOUJEO MAX SOLOSTAR	DIABETES	84	351	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	124	349	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	277	347	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	163	347	
No Disruption	OMEPRAZOLE DR	PPIs	270	346	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	109	345	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	158	344	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	173	341	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	93	339	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	249	337	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	128	336	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	124	336	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	95	334	
No Disruption	PREDNISONE	CORTICOSTEROIDS	266	333	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	286	328	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	125	327	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	144	326	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	270	325	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	183	325	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	153	325	
No Disruption	OMEPRAZOLE DR	PPIs	116	325	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	112	324	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	135	323	
No Disruption	REPATHA SURECLICK	ANTIHYPERLIPIDEMIC	52	323	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	89	321	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	87	320	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	123	317	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	183	315	
No Disruption	PREDNISONE	CORTICOSTEROIDS	256	313	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	304	312	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	270	309	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	216	305	
No Disruption	LORAZEPAM	ANXIETY	139	304	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	96	304	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	150	303	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	116	303	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	101	301	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	98	300	
No Disruption	TRINTELLIX	DEPRESSION	64	299	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	152	298	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	72	298	
No Disruption	BENZONATATE	ALLERGY	279	297	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	262	297	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	85	297	
No Disruption	OMEPRAZOLE	PPIs	100	296	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	82	295	
No Disruption	RYBELSUS	DIABETES	56	295	
No Disruption	GABAPENTIN	ANTICONVULSANT	87	294	
No Disruption	PREDNISONE	CORTICOSTEROIDS	265	293	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	133	293	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	99	293	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	121	292	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	117	292	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	72	291	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	120	290	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	120	288	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	243	287	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	111	287	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	100	286	
No Disruption	MUPIROCIN	DERMATOLOGICS	257	285	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	284	
No Disruption	JARDIANCE	DIABETES	84	284	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	112	283	
No Disruption	SERTRALINE HCL	DEPRESSION	97	283	
No Disruption	PAXLOVID	ANTI-INFECTIVE	278	281	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	113	281	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	120	276	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	104	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	78	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	101	275	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	142	273	
No Disruption	GABAPENTIN	ANTICONVULSANT	111	273	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	84	273	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	175	271	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	109	270	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	98	269	
No Disruption	TRI-SPRINTEC	ESTROGENS & PROGESTINS	77	268	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	97	267	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	154	265	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	217	264	
No Disruption	CEFDINIR	ANTI-INFECTIVE	204	263	
No Disruption	TRULICITY	DIABETES	60	263	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	109	262	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	102	262	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	DIABETES	99	258	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	225	257	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	193	256	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	93	256	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	214	255	
No Disruption	LO LOESTRIN FE	ESTROGENS & PROGESTINS	63	255	
No Disruption	DUPIXENT	AUTOIMMUNE	30	255	
No Disruption	ALPRAZOLAM	ANXIETY	96	252	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	220	251	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	211	251	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	82	251	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	93	250	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	83	250	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	185	249	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	95	247	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	158	245	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	216	243	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	72	243	
No Disruption	TRULICITY	DIABETES	62	243	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	75	241	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	68	241	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	214	240	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	183	240	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	61	239	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	191	236	
No Disruption	BUSPIRONE HCL	ANXIETY	76	235	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	76	235	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	68	234	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	122	233	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	112	233	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	111	233	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	74	233	
No Disruption	LATANOPROST	OPHTHALMIC	64	233	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	140	232	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	115	232	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	65	232	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	84	230	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	104	229	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	103	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	77	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	70	228	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	152	227	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	96	227	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	83	227	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	75	227	
No Disruption	IBUPROFEN	PAIN	195	226	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	84	225	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	64	225	
No Disruption	TRULICITY	DIABETES	46	223	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	195	222	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	88	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	76	221	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	107	220	
No Disruption	LATANOPROST	OPHTHALMIC	57	220	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	105	219	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	77	219	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	58	219	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	105	217	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	82	217	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	190	216	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	43	216	
No Disruption	MUPIROCIN	DERMATOLOGICS	182	215	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	83	215	
No Disruption	ALPRAZOLAM	ANXIETY	72	215	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	86	214	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	95	212	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	86	212	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	87	211	
No Disruption	ALPRAZOLAM	ANXIETY	74	211	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	73	211	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	98	210	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	79	209	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	124	208	
No Disruption	GABAPENTIN	ANTICONVULSANT	73	208	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	208	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	61	208	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	81	206	
No Disruption	TOPIRAMATE	ANTICONVULSANT	63	206	
No Disruption	ALPRAZOLAM	ANXIETY	42	206	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	139	205	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	49	205	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	111	204	
No Disruption	LORAZEPAM	ANXIETY	85	204	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	82	204	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	82	203	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	74	203	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	71	203	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	187	202	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	111	202	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	60	202	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	86	201	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	71	201	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	84	200	
No Disruption	GABAPENTIN	ANTICONVULSANT	81	200	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	170	199	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	159	199	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	93	199	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	75	199	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	199	
No Disruption	TOBRAMYCIN	OPHTHALMIC	188	198	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	100	198	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	73	197	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	50	197	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	195	196	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	117	196	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	32	196	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	176	195	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	169	195	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	130	195	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	195	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	56	195	
No Disruption	TOPIRAMATE	ANTICONVULSANT	74	194	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	189	193	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	101	193	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	50	193	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	192	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	65	192	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	59	192	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	192	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	119	191	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	57	191	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	85	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	77	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	73	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	70	190	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	70	190	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	67	190	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	65	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	57	190	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	56	190	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	90	189	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	84	188	
No Disruption	PREDNISONE	CORTICOSTEROIDS	174	187	
No Disruption	PREDNISONE	CORTICOSTEROIDS	167	187	
No Disruption	ASPIRIN LOW DOSE	PAIN	114	187	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	79	187	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	177	185	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	168	185	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	79	185	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	60	184	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	54	184	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	135	183	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	92	182	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	69	182	
No Disruption	ZAFEMY	ESTROGENS & PROGESTINS	58	182	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	116	181	
No Disruption	OMEPRAZOLE DR	PPIs	112	181	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	84	181	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	112	180	
No Disruption	RYBELSUS	DIABETES	59	180	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	85	179	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	79	179	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	54	179	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	74	178	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	152	177	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	44	177	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	92	176	
No Disruption	TOPIRAMATE	ANTICONVULSANT	67	176	
No Disruption	MILI	ESTROGENS & PROGESTINS	62	176	
No Disruption	MELOXICAM	PAIN	77	175	
No Disruption	LORAZEPAM	ANXIETY	61	175	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	52	175	
No Disruption	BENZONATATE	ALLERGY	158	174	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	135	174	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	56	174	
No Disruption	AUVELITY	DEPRESSION	36	174	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	57	173	
No Disruption	ALPRAZOLAM	ANXIETY	56	173	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	68	172	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	172	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	65	171	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	171	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	108	170	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	82	170	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	66	170	
No Disruption	TRINTELLIX	DEPRESSION	52	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	48	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	169	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	50	169	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	142	167	
No Disruption	GABAPENTIN	ANTICONVULSANT	68	167	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	55	167	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	54	167	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	51	167	
No Disruption	MELOXICAM	PAIN	62	166	
No Disruption	PREDNISONE	CORTICOSTEROIDS	141	165	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	96	165	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	75	165	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	109	164	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	69	164	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	68	164	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	62	164	
No Disruption	OTEZLA	AUTOIMMUNE	34	164	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BENZONATATE	ALLERGY	135	163	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	97	163	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	67	163	
No Disruption	NAPROXEN	PAIN	105	162	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	67	162	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	126	161	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	111	161	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	65	161	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	53	161	
No Disruption	ALPRAZOLAM	ANXIETY	49	161	
No Disruption	ALPRAZOLAM	ANXIETY	36	161	
No Disruption	BENZONATATE	ALLERGY	149	160	
No Disruption	PROMETHAZINE DM	ALLERGY	149	160	
No Disruption	PREDNISONE	CORTICOSTEROIDS	140	160	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	160	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	149	159	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	128	159	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	85	159	
No Disruption	ALPRAZOLAM	ANXIETY	67	159	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	66	159	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	159	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	69	158	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	68	158	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	63	158	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	55	158	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	52	158	
No Disruption	CRYSELLE-28	ESTROGENS & PROGESTINS	38	158	
No Disruption	PREDNISONE	CORTICOSTEROIDS	131	157	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	131	157	
No Disruption	GABAPENTIN	ANTICONVULSANT	64	157	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	45	157	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	99	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	156	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	156	
No Disruption	GABAPENTIN	ANTICONVULSANT	50	156	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	49	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	48	156	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	152	155	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	68	155	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	59	155	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	74	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	68	154	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	49	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	45	154	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	84	153	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	71	153	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	48	153	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	47	153	
No Disruption	BENZONATATE	ALLERGY	136	152	
No Disruption	ALPRAZOLAM	ANXIETY	73	152	
No Disruption	CLONAZEPAM	ANTICONVULSANT	64	152	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	36	152	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	131	151	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	117	151	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	99	151	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	38	151	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	62	150	
No Disruption	MELOXICAM	PAIN	69	149	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	61	149	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	55	149	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	53	149	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	50	149	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	76	148	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	73	148	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	53	148	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	44	148	
No Disruption	MUPIROCIN	DERMATOLOGICS	125	147	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	71	147	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	52	147	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	42	147	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	86	146	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	80	146	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	58	146	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	146	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	146	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	146	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	71	145	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	57	145	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	145	
No Disruption	TRULICITY	DIABETES	35	145	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	74	144	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	54	144	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	43	144	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	116	143	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	63	143	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	59	143	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	54	143	
No Disruption	IBUPROFEN	PAIN	105	142	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	142	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	68	142	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	142	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	48	142	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	32	142	
No Disruption	ENBREL SURECLICK	AUTOIMMUNE	24	142	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	78	141	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	141	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	26	141	
No Disruption	NAPROXEN	PAIN	91	140	
No Disruption	PREDNISONE	CORTICOSTEROIDS	66	140	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	59	140	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	55	140	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	42	139	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	36	139	
No Disruption	HUMALOG KWIKPEN	DIABETES	27	139	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	79	138	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	64	138	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	138	
No Disruption	CELECOXIB	PAIN	48	138	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	37	138	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	54	137	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	137	
No Disruption	XULANE	ESTROGENS & PROGESTINS	34	137	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	85	136	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	85	136	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	73	136	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	64	136	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	48	136	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	136	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	114	135	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	95	135	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	135	
No Disruption	CELECOXIB	PAIN	66	135	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	49	135	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	45	135	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	44	135	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	134	
No Disruption	TOPIRAMATE	ANTICONVULSANT	48	134	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	38	134	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	32	134	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	76	133	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	58	133	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	58	133	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	53	133	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	133	
No Disruption	JUNEL FE 1/20	ESTROGENS & PROGESTINS	43	133	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	42	133	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	39	133	
No Disruption	CLONAZEPAM	ANTICONVULSANT	37	133	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	133	
No Disruption	ALPRAZOLAM	ANXIETY	27	133	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	125	132	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	92	132	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	68	132	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	58	132	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	52	132	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	33	132	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	68	131	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	131	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	27	131	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	76	130	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	51	130	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	130	
No Disruption	JUNEL FE 1.5/30	ESTROGENS & PROGESTINS	39	130	
No Disruption	SYNJARDY XR	DIABETES	24	130	
No Disruption	IBUPROFEN	PAIN	91	129	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	59	129	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	121	128	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	90	128	
No Disruption	DIAZEPAM	ANXIETY	84	128	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	68	128	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	57	128	
No Disruption	CLONAZEPAM	ANTICONVULSANT	48	128	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	43	128	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	42	128	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	39	128	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	64	127	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	58	127	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	127	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	127	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	27	127	
No Disruption	DICLOFENAC SODIUM DR	PAIN	51	126	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	40	126	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	38	126	
No Disruption	PREDNISONE	CORTICOSTEROIDS	95	125	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	74	125	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	59	125	
No Disruption	GABAPENTIN	ANTICONVULSANT	36	125	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	106	124	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	124	
No Disruption	TOPIRAMATE	ANTICONVULSANT	56	124	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	62	123	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	49	123	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	44	123	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	123	
No Disruption	JARDIANCE	DIABETES	41	123	
No Disruption	TOPIRAMATE	ANTICONVULSANT	40	123	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	117	122	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	66	122	
No Disruption	XARELTO	ANTICOAGULANT	45	122	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	43	122	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	122	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	42	122	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	41	122	
No Disruption	CEFDINIR	ANTI-INFECTIVE	100	121	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	50	121	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	50	121	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	38	120	
No Disruption	CLONAZEPAM	ANTICONVULSANT	66	119	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	54	119	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	119	
No Disruption	GABAPENTIN	ANTICONVULSANT	46	119	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	37	119	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	119	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	36	119	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	86	118	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	60	118	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	42	118	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	33	118	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	87	117	
No Disruption	MONO-LINYAH	ESTROGENS & PROGESTINS	42	117	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	60	116	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	48	116	
No Disruption	LORAZEPAM	ANXIETY	48	116	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	47	116	
No Disruption	PREGABALIN	ANTICONVULSANT	42	116	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	42	116	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	39	116	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	25	116	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	105	115	
No Disruption	GABAPENTIN	ANTICONVULSANT	47	115	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	42	115	
No Disruption	GLIMEPIRIDE	DIABETES	38	115	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	115	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	115	
No Disruption	OMEPRAZOLE	PPIs	69	114	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	114	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	56	114	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	114	
No Disruption	BLISOVI FE 1/20	ESTROGENS & PROGESTINS	45	114	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	114	
No Disruption	PREDNISONE	CORTICOSTEROIDS	102	113	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	89	113	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	49	113	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	42	113	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	41	112	
No Disruption	RINVOQ	AUTOIMMUNE	21	112	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	15	112	
No Disruption	PREDNISONE	CORTICOSTEROIDS	98	111	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	95	111	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	91	111	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	64	111	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	53	111	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	46	111	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	42	111	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	42	111	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	40	111	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	111	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	34	111	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	33	111	
No Disruption	AVIANE	ESTROGENS & PROGESTINS	33	111	
No Disruption	PREGABALIN	ANTICONVULSANT	24	111	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	104	110	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	96	110	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	56	110	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	36	110	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	30	110	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	46	109	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	109	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	32	109	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	96	108	
No Disruption	IBUPROFEN	PAIN	79	108	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	108	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	52	108	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	108	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	35	108	
No Disruption	PREGABALIN	ANTICONVULSANT	32	108	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	89	107	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	58	107	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	47	107	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	43	107	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	107	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	37	107	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DESVENLAFAXINE ER	DEPRESSION	37	107	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	33	107	
No Disruption	LATANOPROST	OPHTHALMIC	26	107	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	81	106	
No Disruption	CELECOXIB	PAIN	55	106	
No Disruption	MIRTAZAPINE	DEPRESSION	32	106	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	106	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	87	105	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	105	
No Disruption	PREGABALIN	ANTICONVULSANT	40	105	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	39	105	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	104	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	59	104	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	51	104	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	104	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	28	104	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	103	
No Disruption	OMEPRAZOLE	PPIs	72	103	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	53	103	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	46	103	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	38	103	
No Disruption	LORAZEPAM	ANXIETY	35	103	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	34	103	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	103	
No Disruption	ROPINIROLE HCL	PARKINSON	29	103	
No Disruption	CELECOXIB	PAIN	58	102	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	54	102	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	52	102	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	34	102	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	102	
No Disruption	GAVILYTE-G	OTHER NON-CATEGORIZED	101	101	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	53	101	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	48	101	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	47	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	101	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	101	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	39	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	101	
No Disruption	LETROZOLE	CANCER	31	101	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	101	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	101	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	81	100	
No Disruption	NAPROXEN	PAIN	62	100	
No Disruption	TOPIRAMATE	ANTICONVULSANT	54	100	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	100	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	38	100	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	100	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	18	100	
No Disruption	CEFDINIR	ANTI-INFECTIVE	93	99	
No Disruption	PREDNISONE	CORTICOSTEROIDS	85	99	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	73	99	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	45	99	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	42	99	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	40	99	
No Disruption	BUDESONIDE	ASTHMA/COPD	35	99	
No Disruption	ANASTROZOLE	CANCER	34	99	
No Disruption	CELECOXIB	PAIN	33	99	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	33	99	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	60	98	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	53	98	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	48	98	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	37	98	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	26	98	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	54	97	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	53	97	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	42	97	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	97	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	97	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	29	97	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	28	97	
No Disruption	APRI	ESTROGENS & PROGESTINS	26	97	
No Disruption	TRI-LINYAH	ESTROGENS & PROGESTINS	23	97	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	61	96	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	50	96	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	49	96	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	36	96	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	87	95	
No Disruption	OFLOXACIN	OPHTHALMIC	86	95	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	85	95	
No Disruption	NAPROXEN	PAIN	62	95	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	34	95	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	95	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	27	95	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	21	95	
No Disruption	AIMOVIG	MIGRAINE	16	95	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	84	94	
No Disruption	BENZONATATE	ALLERGY	83	94	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	62	94	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	40	94	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	94	
No Disruption	CLONAZEPAM	ANTICONVULSANT	21	94	
No Disruption	BENZONATATE	ALLERGY	86	93	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	42	93	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	41	93	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	40	93	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	37	93	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	35	93	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	34	93	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	29	93	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	26	93	
No Disruption	EPINEPHRINE	ALLERGY	78	92	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	70	92	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	50	92	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	49	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	40	92	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	39	92	
No Disruption	ALPRAZOLAM	ANXIETY	38	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	92	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	30	92	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	92	
No Disruption	PAROXETINE HCL	DEPRESSION	27	92	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	26	92	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	92	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	83	91	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	79	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	60	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	38	91	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	38	91	
No Disruption	ELIQUIS	ANTICOAGULANT	35	91	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	91	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	91	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	28	91	
No Disruption	ELINEST	ESTROGENS & PROGESTINS	24	91	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	77	90	
No Disruption	CEFDINIR	ANTI-INFECTIVE	77	90	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	64	90	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	47	90	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	36	90	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	33	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	31	90	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	90	
No Disruption	GABAPENTIN	ANTICONVULSANT	28	90	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	90	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	23	90	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	17	90	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	89	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	71	89	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	49	89	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	41	89	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	89	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	89	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	89	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	24	89	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	20	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	68	88	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	56	88	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	88	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	46	88	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	39	88	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	36	88	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	36	88	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	35	88	
No Disruption	LORAZEPAM	ANXIETY	29	88	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	28	88	
No Disruption	CLARAVIS	DERMATOLOGICS	26	88	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	88	
No Disruption	IBUPROFEN	PAIN	81	87	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	69	87	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	60	87	
No Disruption	BUSPIRONE HCL	ANXIETY	54	87	
No Disruption	MELOXICAM	PAIN	40	87	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	38	87	
No Disruption	SODIUM FLUORIDE 5000 PLUS	OTHER NON-CATEGORIZED	35	87	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	35	87	
No Disruption	CELECOXIB	PAIN	35	87	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	87	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	33	87	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	33	87	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	87	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	25	87	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	24	87	
No Disruption	TAMOXIFEN CITRATE	CANCER	21	87	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	18	87	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	81	86	
No Disruption	PREDNISONE	CORTICOSTEROIDS	76	86	
No Disruption	GABAPENTIN	ANTICONVULSANT	54	86	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	38	86	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	86	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	86	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	29	86	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	86	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	18	86	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	17	86	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	75	85	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	69	85	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	47	85	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	38	85	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	85	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	85	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	34	85	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	31	85	
No Disruption	CLONAZEPAM	ANTICONVULSANT	30	85	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	85	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	85	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	25	85	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	24	85	
No Disruption	ENSKYCE	ESTROGENS & PROGESTINS	21	85	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	21	85	
No Disruption	MUPIROCIN	DERMATOLOGICS	81	84	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	69	84	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	84	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	40	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	32	84	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	84	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	28	84	
No Disruption	TOPIRAMATE	ANTICONVULSANT	28	84	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	27	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	84	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	83	83	
No Disruption	OFLOXACIN	OPHTHALMIC	79	83	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	75	83	
No Disruption	PREDNISONE	CORTICOSTEROIDS	67	83	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	49	83	
No Disruption	INDOMETHACIN	PAIN	47	83	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	45	83	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	83	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	41	83	
No Disruption	OMEPRAZOLE	PPIs	34	83	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	32	83	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	32	83	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	83	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	30	83	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	18	83	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	75	82	
No Disruption	DENTA 5000 PLUS	OTHER NON-CATEGORIZED	48	82	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	44	82	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	38	82	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	32	82	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	82	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	29	82	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	82	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	27	82	
No Disruption	GLIMEPIRIDE	DIABETES	22	82	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	79	81	
No Disruption	CEFDINIR	ANTI-INFECTIVE	78	81	
No Disruption	PREDNISONE	CORTICOSTEROIDS	74	81	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	69	81	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	66	81	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	53	81	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	81	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	34	81	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	30	81	
No Disruption	RYBELSUS	DIABETES	28	81	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	27	81	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	25	81	
No Disruption	DICLOFENAC SODIUM DR	PAIN	24	81	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	81	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	22	81	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	81	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	20	81	
No Disruption	BENZONATATE	ALLERGY	75	80	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	70	80	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	70	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	65	80	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	60	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	55	80	
No Disruption	TOPIRAMATE	ANTICONVULSANT	43	80	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	42	80	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	80	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	35	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	32	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	31	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	80	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	80	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	26	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	24	80	
No Disruption	ALPRAZOLAM	ANXIETY	11	80	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BENZONATATE	ALLERGY	76	79	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	66	79	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	61	79	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	79	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	44	79	
No Disruption	CELECOXIB	PAIN	40	79	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	38	79	
No Disruption	OPZELURA	AUTOIMMUNE	36	79	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	34	79	
No Disruption	LATANOPROST	OPHTHALMIC	26	79	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	21	79	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	68	78	
No Disruption	MUPIROCIN	DERMATOLOGICS	61	78	
No Disruption	LORAZEPAM	ANXIETY	42	78	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	37	78	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	36	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	30	78	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	28	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	27	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	25	78	
No Disruption	LYUMJEV KWIKPEN	DIABETES	23	78	
No Disruption	TREMFYA	AUTOIMMUNE	17	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	78	
No Disruption	XOLAIR	LUNG DISORDERS	11	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	77	
No Disruption	CELECOXIB	PAIN	42	77	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	77	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	77	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	29	77	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	24	77	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	16	77	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	68	76	
No Disruption	OMEPRAZOLE DR	PPIs	59	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	76	
No Disruption	GABAPENTIN	ANTICONVULSANT	39	76	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	33	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	76	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	76	
No Disruption	OFLOXACIN	OPHTHALMIC	68	75	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	75	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	50	75	
No Disruption	XARELTO	ANTICOAGULANT	33	75	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	75	
No Disruption	ALPRAZOLAM	ANXIETY	29	75	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	75	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	27	75	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	26	75	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	24	75	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	24	75	
No Disruption	GABAPENTIN	ANTICONVULSANT	24	75	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	75	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	18	75	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	73	74	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	68	74	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	65	74	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	47	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	74	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	33	74	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	32	74	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	30	74	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	74	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	74	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	72	73	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	45	73	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	73	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	33	73	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	32	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	31	73	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	31	73	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	73	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	25	73	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	73	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	23	73	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	23	73	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	23	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	22	73	
No Disruption	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	8	73	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	65	72	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	72	
No Disruption	NABUMETONE	PAIN	26	72	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	24	72	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	22	72	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	72	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	21	72	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	69	71	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	59	71	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	58	71	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	57	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	51	71	
No Disruption	DIAZEPAM	ANXIETY	50	71	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	40	71	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	34	71	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	71	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	71	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	26	71	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	25	71	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	71	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	71	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	71	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	71	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	17	71	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	60	70	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	59	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	47	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	70	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	35	70	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	34	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	70	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	70	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	70	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	70	
No Disruption	JUNEL 1.5/30	ESTROGENS & PROGESTINS	23	70	
No Disruption	ALPRAZOLAM	ANXIETY	21	70	
No Disruption	SYNJARDY XR	DIABETES	15	70	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	70	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	68	69	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	69	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	69	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	38	69	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	69	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	69	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	28	69	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	69	
No Disruption	XARELTO	ANTICOAGULANT	20	69	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	20	69	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	69	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	17	69	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	58	68	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	68	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	31	68	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	31	68	
No Disruption	MELOXICAM	PAIN	28	68	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	26	68	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	68	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	68	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	25	68	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	68	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	68	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	22	68	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	68	
No Disruption	DUPIXENT	AUTOIMMUNE	11	68	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	52	67	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	67	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	42	67	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	33	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	28	67	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	27	67	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	21	67	
No Disruption	TRI-LO-MILI	ESTROGENS & PROGESTINS	18	67	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	67	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	67	
No Disruption	EPINEPHRINE	ALLERGY	55	66	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	49	66	
No Disruption	CELECOXIB	PAIN	34	66	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	32	66	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	28	66	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	27	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	24	66	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	66	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	66	
No Disruption	ROPINIROLE HCL	PARKINSON	16	66	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	14	66	
No Disruption	PREDNISONE	CORTICOSTEROIDS	62	65	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	60	65	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	51	65	
No Disruption	SF 5000 PLUS	OTHER NON-CATEGORIZED	41	65	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	37	65	
No Disruption	ALPRAZOLAM	ANXIETY	37	65	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	33	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	30	65	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	25	65	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	21	65	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	65	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	17	65	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	65	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	61	64	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	41	64	
No Disruption	LORAZEPAM	ANXIETY	40	64	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	37	64	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	64	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	36	64	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	36	64	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	32	64	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	25	64	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	24	64	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	24	64	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	64	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	64	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	20	64	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	20	64	
No Disruption	NEOMYCIN/POLYMYXIN/HC	OTHER NON-CATEGORIZED	56	63	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	63	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	30	63	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	29	63	
No Disruption	LETROZOLE	CANCER	26	63	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	63	
No Disruption	DICLOFENAC SODIUM DR	PAIN	23	63	
No Disruption	CELECOXIB	PAIN	18	63	
No Disruption	HAILEY FE 1.5/30	ESTROGENS & PROGESTINS	15	63	
No Disruption	TRI-MILI	ESTROGENS & PROGESTINS	12	63	
No Disruption	MORPHINE SULFATE ER	PAIN	11	63	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	61	62	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	51	62	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	34	62	
No Disruption	ATOMOXETINE	ADHD	31	62	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	62	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	29	62	
No Disruption	JUNEL 1/20	ESTROGENS & PROGESTINS	23	62	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	22	62	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	22	62	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	22	62	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	19	62	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	62	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	62	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	61	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	51	61	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	50	61	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	37	61	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	32	61	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	30	61	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	61	
No Disruption	LORAZEPAM	ANXIETY	27	61	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	27	61	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	27	61	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	26	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	26	61	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	25	61	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	24	61	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	23	61	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	61	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	61	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	61	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	20	61	
No Disruption	GLIPIZIDE	DIABETES	17	61	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	16	61	
No Disruption	BENZONATATE	ALLERGY	58	60	
No Disruption	PREDNISONE	CORTICOSTEROIDS	51	60	
No Disruption	CEFDINIR	ANTI-INFECTIVE	49	60	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	38	60	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	31	60	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	60	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	60	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	28	60	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	27	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	60	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	23	60	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	60	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	60	
No Disruption	KURVELO	ESTROGENS & PROGESTINS	19	60	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	19	60	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	18	60	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	18	60	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	60	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	16	60	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	60	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	55	59	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	48	59	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	59	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	32	59	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	59	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	30	59	
No Disruption	PREGABALIN	ANTICONVULSANT	28	59	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	27	59	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	24	59	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	23	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	22	59	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	18	59	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	59	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	17	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	59	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	59	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	59	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	55	58	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	51	58	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	49	58	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	58	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	31	58	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	58	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	58	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	24	58	
No Disruption	CLONAZEPAM	ANTICONVULSANT	24	58	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	24	58	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	58	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	20	58	
No Disruption	SKYRIZI PEN	AUTOIMMUNE	19	58	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	58	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	15	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	58	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	57	57	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	57	
No Disruption	PREDNISONE	CORTICOSTEROIDS	48	57	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	44	57	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	40	57	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	36	57	
No Disruption	GABAPENTIN	ANTICONVULSANT	34	57	
No Disruption	HYDROMORPHONE HCL	PAIN	34	57	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	28	57	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	26	57	
No Disruption	LORAZEPAM	ANXIETY	25	57	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	57	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	19	57	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	18	57	
No Disruption	TOPIRAMATE	ANTICONVULSANT	18	57	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	57	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	15	57	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	15	57	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	15	57	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	14	57	
No Disruption	SYNJARDY	DIABETES	14	57	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	13	57	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	57	
No Disruption	SPIRIVA HANDIHALER	ASTHMA/COPD	11	57	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	56	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	51	56	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	56	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	41	56	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	36	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	56	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	34	56	
No Disruption	CLONAZEPAM	ANTICONVULSANT	32	56	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	56	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	25	56	
No Disruption	AUROVELA FE 1/20	ESTROGENS & PROGESTINS	22	56	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	21	56	
No Disruption	ZENATANE	DERMATOLOGICS	21	56	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	56	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	56	
No Disruption	ALPRAZOLAM ER	ANXIETY	14	56	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	56	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	52	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	55	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	39	55	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	39	55	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	36	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	55	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	55	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	32	55	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	32	55	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	30	55	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	30	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	55	
No Disruption	LORAZEPAM	ANXIETY	25	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	24	55	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	24	55	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	24	55	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	23	55	
No Disruption	OMEPRAZOLE	PPIs	22	55	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	55	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	21	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	55	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	20	55	
No Disruption	DICLOFENAC SODIUM DR	PAIN	20	55	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	18	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	55	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	NABUMETONE	PAIN	16	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	55	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	13	55	
No Disruption	SYNJARDY XR	DIABETES	12	55	
No Disruption	SOLIQUA 100/33	DIABETES	10	55	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	48	54	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	42	54	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	54	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	33	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	54	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	30	54	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	26	54	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	20	54	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	20	54	
No Disruption	MODAFINIL	SLEEP DISORDERS	19	54	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	17	54	
No Disruption	HYDROMORPHONE HCL	PAIN	16	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	54	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	15	54	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	15	54	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	54	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	54	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	54	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	48	53	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	45	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	42	53	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	53	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	53	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	31	53	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	53	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	28	53	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	28	53	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	28	53	
No Disruption	WIXELA INHUB	ASTHMA/COPD	26	53	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	23	53	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	21	53	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	20	53	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	53	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	19	53	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	17	53	
No Disruption	NARATRIPTAN HCL	MIGRAINE	16	53	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	53	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	48	52	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	47	52	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	47	52	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	44	52	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	41	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	52	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	52	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	33	52	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	52	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	27	52	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	27	52	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	27	52	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	21	52	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	20	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	19	52	
No Disruption	AMNESTEEM	DERMATOLOGICS	18	52	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	52	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	16	52	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	52	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	9	52	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	46	51	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	51	
No Disruption	TRETINOIN	DERMATOLOGICS	40	51	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	40	51	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	33	51	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	32	51	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	23	51	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	22	51	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	51	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	51	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	20	51	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	20	51	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	19	51	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	19	51	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	51	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	13	51	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	51	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	13	51	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	47	50	
No Disruption	IBUPROFEN	PAIN	46	50	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	45	50	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	45	50	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	39	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	37	50	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	50	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	34	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	34	50	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	32	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	50	
No Disruption	LORAZEPAM	ANXIETY	28	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	24	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	23	50	
No Disruption	DICLOFENAC SODIUM DR	PAIN	22	50	
No Disruption	WIXELA INHUB	ASTHMA/COPD	21	50	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	21	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	50	
No Disruption	DIAZEPAM	ANXIETY	19	50	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	50	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	17	50	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	12	50	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	50	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	50	
No Disruption	DOVATO	HIV	6	50	
No Disruption	SUTAB	OTHER NON-CATEGORIZED	49	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	48	49	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	41	49	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	37	49	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	49	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	32	49	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	32	49	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	31	49	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	26	49	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	49	
No Disruption	TRETINOIN	DERMATOLOGICS	24	49	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	49	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	19	49	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	18	49	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	18	49	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	17	49	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	15	49	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	13	49	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	49	
No Disruption	EMGALITY	MIGRAINE	8	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	46	48	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	45	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	44	48	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	43	48	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	40	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	25	48	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	24	48	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	23	48	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	22	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	18	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	48	
No Disruption	TOPIRAMATE	ANTICONVULSANT	16	48	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	48	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	14	48	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	14	48	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	14	48	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	13	48	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	13	48	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	48	
No Disruption	TRIKAFTA	CYSTIC FIBROSIS	5	48	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	47	
No Disruption	TOBRAMYCIN	OPHTHALMIC	43	47	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	41	47	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	47	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	34	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	32	47	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	31	47	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	30	47	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	28	47	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	47	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	47	
No Disruption	DIAZEPAM	ANXIETY	26	47	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	24	47	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	47	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	23	47	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	22	47	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	47	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	20	47	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	47	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	17	47	
No Disruption	LARIN FE 1/20	ESTROGENS & PROGESTINS	16	47	
No Disruption	GLIPIZIDE ER	DIABETES	16	47	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	14	47	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	14	47	
No Disruption	TRI-LO-MARZIA	ESTROGENS & PROGESTINS	13	47	
No Disruption	LARIN FE 1.5/30	ESTROGENS & PROGESTINS	13	47	
No Disruption	XELJANZ XR	AUTOIMMUNE	11	47	
No Disruption	METHOTREXATE	OTHER NON-CATEGORIZED	11	47	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	47	
No Disruption	MYFEMBREE	ESTROGENS & PROGESTINS	9	47	
No Disruption	ZALEPLON	SLEEP DISORDERS	9	47	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	44	46	
No Disruption	IBUPROFEN	PAIN	44	46	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	42	46	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	46	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	41	46	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	38	46	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	37	46	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	46	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	31	46	
No Disruption	PREDNISONE	CORTICOSTEROIDS	27	46	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	23	46	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	46	
No Disruption	CELECOXIB	PAIN	22	46	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	46	
No Disruption	ANASTROZOLE	CANCER	18	46	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	18	46	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	46	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	15	46	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	15	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	46	
No Disruption	MIRTAZAPINE	DEPRESSION	13	46	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	46	
No Disruption	STIOLTO RESPIMAT	ASTHMA/COPD	10	46	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	46	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	10	46	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	46	
No Disruption	PREGABALIN	ANTICONVULSANT	8	46	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	44	45	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	42	45	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	45	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	41	45	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	40	45	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	45	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	31	45	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	30	45	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	45	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	45	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	25	45	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	24	45	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	21	45	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	20	45	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	45	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	18	45	
No Disruption	ROPINIROLE HCL	PARKINSON	18	45	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	45	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	45	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	45	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	14	45	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	45	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	45	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	12	45	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	45	
No Disruption	HYDROXYUREA	CANCER	10	45	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	39	44	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	31	44	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	30	44	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	30	44	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	28	44	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	44	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	27	44	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	44	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	22	44	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	44	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	20	44	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	20	44	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	19	44	
No Disruption	MIRTAZAPINE	DEPRESSION	19	44	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	18	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	18	44	
No Disruption	LETROZOLE	CANCER	16	44	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	44	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	15	44	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	13	44	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	12	44	
No Disruption	ARMOUR THYROID	THYROID AGENTS	10	44	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	8	44	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	39	43	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	38	43	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	37	43	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	43	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	22	43	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	43	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	43	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	21	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	43	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	18	43	
No Disruption	XARELTO	ANTICOAGULANT	18	43	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	43	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	16	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	16	43	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	14	43	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	43	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	12	43	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	39	42	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	37	42	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	37	42	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	42	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	30	42	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	28	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	42	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	24	42	
No Disruption	HYDROXYZINE HCL	ANXIETY	24	42	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	22	42	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	42	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	19	42	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	19	42	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	19	42	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	18	42	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	42	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	16	42	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	16	42	
No Disruption	ARMOUR THYROID	THYROID AGENTS	15	42	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	13	42	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	42	
No Disruption	CYPROHEPTADINE HCL	ALLERGY	12	42	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	11	42	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	42	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	42	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	7	42	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	38	41	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	36	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	35	41	
No Disruption	PROCTO-MED HC	OTHER NON-CATEGORIZED	31	41	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	29	41	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	29	41	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	29	41	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	24	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	24	41	
No Disruption	IMIQUIMOD	DERMATOLOGICS	24	41	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	21	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	41	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	41	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	41	
No Disruption	MODAFINIL	SLEEP DISORDERS	18	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	41	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	41	
No Disruption	ATOMOXETINE	ADHD	17	41	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	17	41	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	17	41	
No Disruption	VENLAFAXINE HCL	DEPRESSION	16	41	
No Disruption	ALPRAZOLAM	ANXIETY	15	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	41	
No Disruption	ALPRAZOLAM	ANXIETY	13	41	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	13	41	
No Disruption	LOW-OGESTREL	ESTROGENS & PROGESTINS	13	41	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	41	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	41	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	41	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	10	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	41	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	10	41	
No Disruption	MIRTAZAPINE	DEPRESSION	6	41	
No Disruption	OFLOXACIN	OPHTHALMIC	38	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	38	40	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	35	40	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	35	40	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	34	40	
No Disruption	NYSTATIN	DERMATOLOGICS	34	40	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	30	40	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	29	40	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	26	40	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	25	40	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	40	
No Disruption	LETROZOLE	CANCER	22	40	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	21	40	
No Disruption	ALPRAZOLAM	ANXIETY	20	40	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	40	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	18	40	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	18	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	16	40	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	40	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	15	40	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	40	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	11	40	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	10	40	
No Disruption	ANASTROZOLE	CANCER	9	40	
No Disruption	BUPRENORPHINE HCL	PAIN	9	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	40	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	39	39	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	38	39	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	37	39	
No Disruption	CEFDINIR	ANTI-INFECTIVE	36	39	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	34	39	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	33	39	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	31	39	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	29	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	26	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	25	39	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	39	
No Disruption	ASPIRIN	PAIN	22	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	22	39	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	22	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	22	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	21	39	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	39	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	39	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	39	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	39	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	17	39	
No Disruption	ALPRAZOLAM	ANXIETY	16	39	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	39	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	15	39	
No Disruption	METHIMAZOLE	THYROID AGENTS	14	39	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	14	39	
No Disruption	GLIMEPIRIDE	DIABETES	11	39	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	10	39	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	10	39	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	9	39	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	8	39	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	8	39	
No Disruption	ALPRAZOLAM	ANXIETY	4	39	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	38	38	
No Disruption	LIDOCAINE VISCOUS	OTHER NON-CATEGORIZED	37	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	38	
No Disruption	IBUPROFEN	PAIN	36	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	38	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	34	38	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	31	38	
No Disruption	PREDNISONE	CORTICOSTEROIDS	29	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	29	38	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	26	38	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	26	38	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	24	38	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	23	38	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	22	38	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	21	38	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	38	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	38	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	19	38	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	38	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	16	38	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	38	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	15	38	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	15	38	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	14	38	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	38	
No Disruption	WIXELA INHUB	ASTHMA/COPD	14	38	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	14	38	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	38	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	13	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	12	38	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	12	38	
No Disruption	ASPIRIN LOW DOSE	PAIN	11	38	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	38	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	38	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	38	
No Disruption	NEXLIZET	ANTIHYPERLIPIDEMIC	9	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	38	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	38	
No Disruption	TOPIRAMATE	ANTICONVULSANT	6	38	
No Disruption	MORPHINE SULFATE ER	PAIN	6	38	
No Disruption	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	4	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	33	37	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	33	37	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	33	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	37	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	32	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	37	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	29	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	37	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	37	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	25	37	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	25	37	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	23	37	
No Disruption	DIAZEPAM	ANXIETY	23	37	
No Disruption	TRETINOIN	DERMATOLOGICS	22	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	21	37	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	21	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	37	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	17	37	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	37	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	15	37	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	37	
No Disruption	ALPRAZOLAM	ANXIETY	15	37	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	37	
No Disruption	LUMIGAN	OPHTHALMIC	14	37	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	37	
No Disruption	GLIMEPIRIDE	DIABETES	13	37	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	13	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	12	37	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	37	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	11	37	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	11	37	
No Disruption	DASETTA 1/35	ESTROGENS & PROGESTINS	10	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	10	37	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	37	
No Disruption	TREMFYA	AUTOIMMUNE	7	37	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	6	37	
No Disruption	REPATHA	ANTIHYPERLIPIDEMIC	6	37	
No Disruption	ORENCIA CLICKJECT	AUTOIMMUNE	6	37	
No Disruption	VERZENIO	CANCER	5	37	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	36	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	34	36	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	34	36	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	31	36	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	30	36	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	30	36	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	36	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	26	36	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	36	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	25	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	NAPROXEN	PAIN	23	36	
No Disruption	PREGABALIN	ANTICONVULSANT	21	36	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	21	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	36	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	19	36	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	36	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	17	36	
No Disruption	DICLOFENAC SODIUM DR	PAIN	16	36	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	14	36	
No Disruption	LETROZOLE	CANCER	14	36	
No Disruption	OMEPRAZOLE	PPIs	13	36	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	OMEPRAZOLE	PPIs	12	36	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	36	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	12	36	
No Disruption	TYRVAYA	OPHTHALMIC	11	36	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	36	
No Disruption	MIRTAZAPINE	DEPRESSION	11	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	36	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	36	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	36	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	7	36	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	35	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	32	35	
No Disruption	CEFDINIR	ANTI-INFECTIVE	31	35	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	31	35	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	CELECOXIB	PAIN	26	35	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	35	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	24	35	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	22	35	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	21	35	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	21	35	
No Disruption	PREDNISONE	CORTICOSTEROIDS	20	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	35	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	18	35	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	18	35	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	16	35	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	35	
No Disruption	PREGABALIN	ANTICONVULSANT	15	35	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	14	35	
No Disruption	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	OTHER NON-CATEGORIZED	14	35	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	13	35	
No Disruption	ALPRAZOLAM	ANXIETY	12	35	
No Disruption	GLIPIZIDE	DIABETES	12	35	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	11	35	
No Disruption	TRI-LO-ESTARYLLA	ESTROGENS & PROGESTINS	11	35	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	35	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	10	35	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	10	35	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	35	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	35	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	35	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	35	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	35	
No Disruption	BUPRENORPHINE HCL	PAIN	5	35	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	35	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	34	34	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	33	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	33	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	31	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	29	34	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	26	34	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	34	
No Disruption	PREDNISONE	CORTICOSTEROIDS	24	34	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	34	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	34	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	22	34	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	22	34	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	19	34	
No Disruption	MIRTAZAPINE	DEPRESSION	18	34	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	34	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	16	34	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	16	34	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	16	34	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	34	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	34	
No Disruption	GABAPENTIN	ANTICONVULSANT	15	34	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	14	34	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	14	34	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	14	34	
No Disruption	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	OTHER NON-CATEGORIZED	14	34	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	34	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	34	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	13	34	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	12	34	
No Disruption	NARATRIPTAN HCL	MIGRAINE	12	34	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	11	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	11	34	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	11	34	
No Disruption	ZOLMITRIPTAN	MIGRAINE	10	34	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	9	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	9	34	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	34	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	34	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	9	34	
No Disruption	ROPINIROLE HCL	PARKINSON	9	34	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	34	
No Disruption	SUNOSI	SLEEP DISORDERS	7	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	34	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	33	33	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	32	33	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	32	33	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	30	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	29	33	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	33	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	28	33	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	24	33	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	33	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	33	
No Disruption	ASPIRIN LOW DOSE	PAIN	23	33	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	23	33	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	33	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	22	33	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	33	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	33	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	20	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	17	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	16	33	
No Disruption	METHIMAZOLE	THYROID AGENTS	16	33	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	33	
No Disruption	PREGABALIN	ANTICONVULSANT	15	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	14	33	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	14	33	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	13	33	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	33	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	33	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	12	33	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	11	33	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	11	33	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	10	33	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	33	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	33	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	9	33	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	33	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	8	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	8	33	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	8	33	
No Disruption	HUMULIN N KWIKPEN	DIABETES	8	33	
No Disruption	MORPHINE SULFATE ER	PAIN	4	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	32	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	OFLOXACIN	OPHTHALMIC	31	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	29	32	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	32	
No Disruption	AUVI-Q	ALLERGY	29	32	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	32	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	21	32	
No Disruption	ASPIRIN LOW DOSE	PAIN	21	32	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	20	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	20	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	20	32	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	20	32	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	19	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	32	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	16	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	14	32	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	14	32	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	14	32	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	14	32	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	32	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	13	32	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	32	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	12	32	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	11	32	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	32	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	32	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	10	32	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	10	32	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	10	32	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	10	32	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	32	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	9	32	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	32	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	32	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	8	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	32	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	32	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	7	32	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	32	
No Disruption	PRIMIDONE	ANTICONVULSANT	4	32	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	30	31	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	29	31	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	28	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	27	31	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	31	
No Disruption	INDOMETHACIN	PAIN	21	31	
No Disruption	CELECOXIB	PAIN	19	31	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	17	31	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	31	
No Disruption	GABAPENTIN	ANTICONVULSANT	16	31	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	31	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	31	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	15	31	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	14	31	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	14	31	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	31	
No Disruption	METHIMAZOLE	THYROID AGENTS	12	31	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	12	31	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	12	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	12	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	12	31	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	11	31	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	31	
No Disruption	LORAZEPAM	ANXIETY	11	31	
No Disruption	NORELGESTROMIN/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	31	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	11	31	
No Disruption	PREGABALIN	ANTICONVULSANT	10	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	10	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	31	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	8	31	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	8	31	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	8	31	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	7	31	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	31	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	31	
No Disruption	DICLOFENAC SODIUM DR	PAIN	6	31	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	31	
No Disruption	OFLOXACIN	OPHTHALMIC	29	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	29	30	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	30	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	27	30	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	26	30	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	26	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	30	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	30	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	21	30	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	20	30	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	19	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	30	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	17	30	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	30	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	17	30	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	17	30	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	16	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	30	
No Disruption	NAYZILAM	ANTICONVULSANT	16	30	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	16	30	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	15	30	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	30	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	30	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	14	30	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	13	30	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	12	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	30	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	30	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	11	30	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	10	30	
No Disruption	XARELTO	ANTICOAGULANT	10	30	
No Disruption	CELECOXIB	PAIN	9	30	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	30	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	30	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	9	30	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	9	30	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	30	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	7	30	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	30	
No Disruption	DUPIXENT	AUTOIMMUNE	5	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	30	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	30	
No Disruption	XYWAV	SLEEP DISORDERS	4	30	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	30	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	28	29	
No Disruption	TOPIRAMATE	ANTICONVULSANT	24	29	
No Disruption	TRETINOIN	DERMATOLOGICS	24	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	24	29	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	24	29	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	29	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	20	29	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	29	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	19	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	19	29	
No Disruption	CLONAZEPAM	ANTICONVULSANT	19	29	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	29	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	17	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	17	29	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	29	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	29	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	29	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	29	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	14	29	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	13	29	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	13	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	13	29	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	12	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	29	
No Disruption	CREON	CYSTIC FIBROSIS	11	29	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	11	29	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	29	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	29	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	29	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	10	29	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	10	29	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	9	29	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	9	29	
No Disruption	CELECOXIB	PAIN	9	29	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	29	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	7	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	29	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	29	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	29	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	29	
No Disruption	ENBREL	AUTOIMMUNE	5	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	29	
No Disruption	WAKIX	SLEEP DISORDERS	3	29	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	27	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	25	28	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	24	28	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	23	28	
No Disruption	ELLA	ESTROGENS & PROGESTINS	23	28	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	28	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	BAQSIMI TWO PACK	DIABETES	19	28	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	19	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	18	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	28	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	18	28	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	17	28	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	17	28	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	17	28	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	16	28	
No Disruption	BUDESONIDE	ASTHMA/COPD	16	28	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	15	28	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	28	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	14	28	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	28	
No Disruption	GLIPIZIDE ER	DIABETES	14	28	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	13	28	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	13	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	28	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	12	28	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	12	28	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	28	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	12	28	
No Disruption	PREGABALIN	ANTICONVULSANT	12	28	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	28	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	11	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	28	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	10	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	28	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	28	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	8	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	8	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	28	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	28	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	8	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	28	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	7	28	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	28	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	28	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	28	
No Disruption	BUPRENORPHINE HCL	PAIN	4	28	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	27	27	
No Disruption	CEFDINIR	ANTI-INFECTIVE	26	27	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	26	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	26	27	
No Disruption	FLUOROURACIL	DERMATOLOGICS	26	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	25	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	25	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	27	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	24	27	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	27	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	23	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	27	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	21	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	27	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	17	27	
No Disruption	NAPROXEN	PAIN	17	27	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	17	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	27	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	16	27	
No Disruption	MIRTAZAPINE	DEPRESSION	15	27	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	15	27	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	15	27	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	27	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	27	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	27	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	13	27	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	27	
No Disruption	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	DIABETES	13	27	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	12	27	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	27	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	27	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	27	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	27	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	27	
No Disruption	SRONYX	ESTROGENS & PROGESTINS	8	27	
No Disruption	JUNEL FE 24	ESTROGENS & PROGESTINS	8	27	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	27	
No Disruption	ORILISSA	ENDOCRINE	7	27	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	7	27	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	27	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	27	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	6	27	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	27	
No Disruption	HUMALOG	DIABETES	5	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	27	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	27	
No Disruption	MIRTAZAPINE	DEPRESSION	4	27	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	27	
No Disruption	ERLEADA	CANCER	3	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	25	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	25	26	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	25	26	
No Disruption	PROMETHAZINE/DEXTROMETHORPHAN	ALLERGY	25	26	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	23	26	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	23	26	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	22	26	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	26	
No Disruption	TRETINOIN	DERMATOLOGICS	22	26	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	22	26	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	21	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	26	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	20	26	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	20	26	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	20	26	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	20	26	
No Disruption	NYSTATIN	DERMATOLOGICS	20	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	19	26	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	26	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	19	26	
No Disruption	DIAZEPAM	ANXIETY	18	26	
No Disruption	JENCYCLA	ESTROGENS & PROGESTINS	16	26	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	16	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	26	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	26	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	26	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	14	26	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	14	26	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	13	26	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	26	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	13	26	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	12	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	11	26	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	11	26	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	11	26	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	10	26	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	10	26	
No Disruption	MIRTAZAPINE	DEPRESSION	10	26	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	9	26	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	9	26	
No Disruption	MORPHINE SULFATE ER	PAIN	9	26	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	9	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	26	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	26	
No Disruption	LARIN 1/20	ESTROGENS & PROGESTINS	8	26	
No Disruption	HAILEY 1.5/30	ESTROGENS & PROGESTINS	8	26	
No Disruption	GLIPIZIDE ER	DIABETES	8	26	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	8	26	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	26	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	26	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	26	
No Disruption	HUMULIN N	DIABETES	7	26	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	7	26	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	6	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	26	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	26	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	26	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	26	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	26	
No Disruption	RISPERIDONE ODT	ANTIPSYCHOTIC	2	26	
No Disruption	TRETINOIN	DERMATOLOGICS	24	25	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	23	25	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	25	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	23	25	
No Disruption	CEFDINIR	ANTI-INFECTIVE	23	25	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	23	25	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	25	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	19	25	
No Disruption	MORPHINE SULFATE	PAIN	18	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	25	
No Disruption	TRETINOIN	DERMATOLOGICS	17	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	25	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	15	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	15	25	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	25	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	14	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	14	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	13	25	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	13	25	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	25	
No Disruption	GLIMEPIRIDE	DIABETES	13	25	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	12	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	12	25	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	12	25	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	25	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	25	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	25	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	25	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	11	25	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	11	25	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	25	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	10	25	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	25	
No Disruption	TOPIRAMATE	ANTICONVULSANT	10	25	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	10	25	
No Disruption	ATOMOXETINE	ADHD	9	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	9	25	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	9	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	8	25	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	25	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	25	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HCL	ANTIHYPERTENSIVE	8	25	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	25	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	8	25	
No Disruption	ALPRAZOLAM	ANXIETY	8	25	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	25	
No Disruption	NORTREL 0.5/35 (28)	ESTROGENS & PROGESTINS	7	25	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	25	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	7	25	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	6	25	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	25	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	25	
No Disruption	HUMALOG JUNIOR KWIKPEN	DIABETES	6	25	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	25	
No Disruption	SERTRALINE HCL	DEPRESSION	4	25	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	25	
No Disruption	CLOBAZAM	ANTICONVULSANT	4	25	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	4	25	
No Disruption	XOLAIR	LUNG DISORDERS	4	25	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	25	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	22	24	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	22	24	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	22	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	24	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	24	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	20	24	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	20	24	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	24	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	24	
No Disruption	TRETINOIN	DERMATOLOGICS	19	24	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	19	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	24	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	18	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	24	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	18	24	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	18	24	
No Disruption	TACROLIMUS	DERMATOLOGICS	17	24	
No Disruption	SODIUM FLUORIDE 5000 PPM SENSITIVE	OTHER NON-CATEGORIZED	17	24	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	17	24	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	24	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	24	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	15	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	24	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	14	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	24	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	13	24	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	24	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	12	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	12	24	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	24	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	12	24	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	11	24	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	11	24	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	24	
No Disruption	GLIMEPIRIDE	DIABETES	11	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	24	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	10	24	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	10	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	24	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	9	24	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	9	24	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PREGABALIN	ANTICONVULSANT	8	24	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	8	24	
No Disruption	LORAZEPAM	ANXIETY	8	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	8	24	
No Disruption	LARIN 24 FE	ESTROGENS & PROGESTINS	8	24	
No Disruption	INCASSIA	ESTROGENS & PROGESTINS	8	24	
No Disruption	ALPRAZOLAM	ANXIETY	8	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	24	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	7	24	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	24	
No Disruption	SYMPROIC	GASTROINTESTINAL	7	24	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	24	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	6	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	24	
No Disruption	NABUMETONE	PAIN	6	24	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	24	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	5	24	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	24	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	24	
No Disruption	KELNOR 1/35	ESTROGENS & PROGESTINS	4	24	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	24	
No Disruption	IBRANCE	CANCER	2	24	
No Disruption	PREDNISONE	CORTICOSTEROIDS	23	23	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	23	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	CEFDINIR	ANTI-INFECTIVE	22	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	23	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	21	23	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	23	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	21	23	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	21	23	
No Disruption	TRETINOIN	DERMATOLOGICS	21	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	20	23	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	19	23	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	18	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	INDOMETHACIN	PAIN	15	23	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	23	
No Disruption	CLONAZEPAM	ANTICONVULSANT	14	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	23	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	23	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	23	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	13	23	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	23	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	13	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	12	23	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	12	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	23	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	23	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	23	
No Disruption	CAPECITABINE	CANCER	11	23	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	11	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	11	23	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	23	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	11	23	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	PREDNISONE	CORTICOSTEROIDS	10	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	23	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	10	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	10	23	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	23	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	10	23	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	10	23	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	10	23	
No Disruption	PIOGLITAZONE HCL	DIABETES	9	23	
No Disruption	GLIPIZIDE	DIABETES	9	23	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	23	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	9	23	
No Disruption	LESSINA	ESTROGENS & PROGESTINS	9	23	
No Disruption	SIMPESSE	ESTROGENS & PROGESTINS	8	23	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	23	
No Disruption	SYNJARDY	DIABETES	8	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	23	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	23	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	23	
No Disruption	NORTREL 7/7/7	ESTROGENS & PROGESTINS	7	23	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	7	23	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1"	OTHER NON-CATEGORIZED	7	23	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	23	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	6	23	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TEMAZEPAM	SLEEP DISORDERS	6	23	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	23	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	6	23	
No Disruption	PULMOZYME	CYSTIC FIBROSIS	6	23	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	5	23	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	23	
No Disruption	FETZIMA	DEPRESSION	5	23	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	5	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	23	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	5	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	5	23	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	4	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	4	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	23	
No Disruption	MORPHINE SULFATE ER	PAIN	3	23	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	22	22	
No Disruption	PREDNISONE	CORTICOSTEROIDS	22	22	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	22	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	21	22	
No Disruption	IBUPROFEN	PAIN	20	22	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	22	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	20	22	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	19	22	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	19	22	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	18	22	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	18	22	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	17	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	22	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	15	22	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	15	22	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	15	22	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	15	22	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	22	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	14	22	
No Disruption	IMIQUIMOD	DERMATOLOGICS	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	22	
No Disruption	CELECOXIB	PAIN	13	22	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	13	22	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	12	22	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	22	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	12	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	22	
No Disruption	ZALEPLON	SLEEP DISORDERS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	22	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	10	22	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	9	22	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	22	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	9	22	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	9	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	9	22	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	8	22	
No Disruption	JOLESSA	ESTROGENS & PROGESTINS	8	22	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	22	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	8	22	
No Disruption	GLIPIZIDE	DIABETES	8	22	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	22	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	22	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	22	
No Disruption	GLIPIZIDE	DIABETES	7	22	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	6	22	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	22	
No Disruption	PREGABALIN	ANTICONVULSANT	6	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	22	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	6	22	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	22	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	6	22	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	22	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	5	22	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	22	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	22	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	22	
No Disruption	BUPRENORPHINE HCL	PAIN	5	22	
No Disruption	BLISOVI FE 1.5/30	ESTROGENS & PROGESTINS	4	22	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	22	
No Disruption	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	4	22	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	22	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	22	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	22	
No Disruption	XHANCE	ALLERGY	2	22	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	21	21	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	21	21	
No Disruption	EPINEPHRINE	ALLERGY	19	21	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	19	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	19	21	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	19	21	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	18	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	17	21	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	17	21	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	17	21	
No Disruption	CELECOXIB	PAIN	17	21	
No Disruption	CEFDINIR	ANTI-INFECTIVE	17	21	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	16	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	16	21	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	16	21	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	15	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	21	
No Disruption	IBUPROFEN	PAIN	15	21	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	15	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	15	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	21	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	14	21	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	14	21	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	21	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	21	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	21	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	13	21	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	21	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	21	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	21	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	12	21	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	12	21	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	21	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	12	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	11	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	11	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	21	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	11	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	11	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	10	21	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	10	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	21	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	21	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	10	21	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	10	21	
No Disruption	TRI-ESTARYLLA	ESTROGENS & PROGESTINS	10	21	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	21	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	21	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	9	21	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	9	21	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	9	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	8	21	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	8	21	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	8	21	
No Disruption	ANASTROZOLE	CANCER	8	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	21	
No Disruption	HEATHER	ESTROGENS & PROGESTINS	7	21	
No Disruption	TAMOXIFEN CITRATE	CANCER	7	21	
No Disruption	PREGABALIN	ANTICONVULSANT	7	21	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	6	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	21	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	21	
No Disruption	JULEBER	ESTROGENS & PROGESTINS	6	21	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	21	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	5	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	21	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	5	21	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	21	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	5	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	21	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	5	21	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	21	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	21	
No Disruption	PREGABALIN	ANTICONVULSANT	4	21	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	21	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	21	
No Disruption	FLUOXETINE DR	DEPRESSION	3	21	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	3	21	
No Disruption	VERZENIO	CANCER	3	21	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	3	21	
No Disruption	OFLOXACIN	OPHTHALMIC	20	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	20	20	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	20	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	19	20	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	19	20	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	19	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	18	20	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	18	20	
No Disruption	IBUPROFEN	PAIN	18	20	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	17	20	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	16	20	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	16	20	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	20	
No Disruption	PERMETHRIN	DERMATOLOGICS	15	20	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	20	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	20	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	20	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	14	20	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	14	20	
No Disruption	PREGABALIN	ANTICONVULSANT	14	20	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	20	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	20	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	20	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	13	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	12	20	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	12	20	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	20	
No Disruption	DOXEPIN HCL	DEPRESSION	11	20	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	20	
No Disruption	PREGABALIN	ANTICONVULSANT	11	20	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	10	20	
No Disruption	SSD	DERMATOLOGICS	10	20	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	20	
No Disruption	ATOMOXETINE	ADHD	10	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	20	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	20	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	20	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	20	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	9	20	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	9	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	8	20	
No Disruption	BUDESONIDE	ASTHMA/COPD	8	20	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	8	20	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	20	
No Disruption	CELECOXIB	PAIN	8	20	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	20	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	20	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	20	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	8	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	20	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	7	20	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	6	20	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	20	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	6	20	
No Disruption	MORPHINE SULFATE ER	PAIN	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	20	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	20	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	20	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	20	
No Disruption	SKYRIZI	AUTOIMMUNE	4	20	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	4	20	
No Disruption	ELMIRON	OTHER NON-CATEGORIZED	4	20	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	20	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	20	
No Disruption	AMANTADINE HCL	PARKINSON	4	20	
No Disruption	METHSCOPOLAMINE BROMIDE	OTHER NON-CATEGORIZED	3	20	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	3	20	
No Disruption	ROPINIROLE HCL	PARKINSON	3	20	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MORPHINE SULFATE	PAIN	1	20	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	19	19	
No Disruption	BENZONATATE	ALLERGY	19	19	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	18	19	
No Disruption	IBUPROFEN	PAIN	18	19	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	19	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	17	19	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	17	19	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	16	19	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	16	19	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	15	19	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	15	19	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	15	19	
No Disruption	LORAZEPAM	ANXIETY	14	19	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	14	19	
No Disruption	DICLOFENAC SODIUM DR	PAIN	13	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	19	
No Disruption	OMEPRAZOLE	PPIs	13	19	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	13	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	19	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	13	19	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	19	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	19	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	12	19	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	19	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	11	19	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	10	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	19	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	9	19	
No Disruption	ANASTROZOLE	CANCER	9	19	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	19	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	9	19	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	19	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	9	19	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	9	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	19	
No Disruption	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	OTHER NON-CATEGORIZED	9	19	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	19	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	19	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	8	19	
No Disruption	ARMOUR THYROID	THYROID AGENTS	8	19	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	8	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	19	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	8	19	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	19	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	19	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	7	19	
No Disruption	PAROXETINE HCL	DEPRESSION	6	19	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	19	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	19	
No Disruption	OMEPRAZOLE	PPIs	6	19	
No Disruption	PORTIA-28	ESTROGENS & PROGESTINS	6	19	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	19	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	19	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	19	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	5	19	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	19	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	19	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	5	19	
No Disruption	LETROZOLE	CANCER	4	19	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	19	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	4	19	
No Disruption	DIAZEPAM	ANXIETY	4	19	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	19	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	19	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	19	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	3	19	
No Disruption	TRIVORA-28	ESTROGENS & PROGESTINS	3	19	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	3	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	19	
No Disruption	SERTRALINE HCL	DEPRESSION	2	19	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	18	18	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	18	18	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	18	18	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	17	18	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	17	18	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	18	
No Disruption	CEFDINIR	ANTI-INFECTIVE	16	18	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	16	18	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	18	
No Disruption	NYSTATIN	DERMATOLOGICS	16	18	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	16	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	15	18	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	15	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	15	18	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	15	18	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	14	18	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	18	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	13	18	
No Disruption	CELECOXIB	PAIN	13	18	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	13	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	18	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	18	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	12	18	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	18	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	12	18	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	12	18	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	11	18	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	18	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	11	18	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	11	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	18	
No Disruption	SULFACETAMIDE SODIUM	DERMATOLOGICS	11	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	18	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	HM ASPIRIN EC LOW DOSE	PAIN	10	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	18	
No Disruption	LO-ZUMANDIMINE	ESTROGENS & PROGESTINS	10	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	10	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	10	18	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	10	18	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	18	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	9	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	9	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	9	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	9	18	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	18	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	8	18	
No Disruption	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	OTHER NON-CATEGORIZED	8	18	
No Disruption	GLIPIZIDE ER	DIABETES	8	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	18	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	18	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	18	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	7	18	
No Disruption	DIAZEPAM	ANXIETY	7	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	TESTOSTERONE	ANDROGENS	7	18	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	18	
No Disruption	KLOR-CON M10	VITAMINS & SUPPLEMENTS	7	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	18	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	7	18	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	18	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	6	18	
No Disruption	PAROXETINE HCL	DEPRESSION	6	18	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	6	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	18	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	6	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	LETROZOLE	CANCER	6	18	
No Disruption	LARIN 1.5/30	ESTROGENS & PROGESTINS	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	18	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	6	18	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	18	
No Disruption	XOLAIR	LUNG DISORDERS	5	18	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	18	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	18	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	18	
No Disruption	VOLNEA	ESTROGENS & PROGESTINS	5	18	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	18	
No Disruption	LORAZEPAM	ANXIETY	5	18	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	18	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	5	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	18	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	18	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	18	
No Disruption	ZALEPLON	SLEEP DISORDERS	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	18	
No Disruption	SYNJARDY XR	DIABETES	4	18	
No Disruption	MIRTAZAPINE	DEPRESSION	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	4	18	
No Disruption	ENPRESSE-28	ESTROGENS & PROGESTINS	4	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	18	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	18	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	18	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	18	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	2	18	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	2	18	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	18	
No Disruption	IMBRUVICA	CANCER	2	18	
No Disruption	ORENCIA	AUTOIMMUNE	2	18	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	17	17	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	17	17	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	17	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	17	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	15	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	17	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	15	17	
No Disruption	BENZONATATE	ALLERGY	14	17	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	17	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	17	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	17	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	12	17	
No Disruption	TRETINOIN	DERMATOLOGICS	12	17	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	12	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	11	17	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	11	17	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	17	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	17	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	17	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	17	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	10	17	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	10	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	17	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	9	17	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	17	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	17	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	8	17	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	8	17	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	17	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	17	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	17	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	7	17	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	17	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	7	17	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	7	17	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	6	17	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	17	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	17	
No Disruption	CAPECITABINE	CANCER	6	17	
No Disruption	GLIPIZIDE	DIABETES	6	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	5	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	17	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	17	
No Disruption	CLARAVIS	DERMATOLOGICS	5	17	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	17	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	5	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	17	
No Disruption	TESTOSTERONE PUMP	ANDROGENS	5	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	17	
No Disruption	ALPRAZOLAM	ANXIETY	4	17	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	4	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	4	17	
No Disruption	DIAZEPAM	ANXIETY	4	17	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	4	17	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	4	17	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	17	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	17	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	17	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	17	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	17	
No Disruption	LORAZEPAM	ANXIETY	3	17	
No Disruption	OMEPRAZOLE DR	PPIs	3	17	
No Disruption	EXEMESTANE	CANCER	3	17	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	17	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	17	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	16	16	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	16	16	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	BENZONATATE	ALLERGY	16	16	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	16	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	15	16	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	15	16	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	15	16	
No Disruption	PREDNISONE	CORTICOSTEROIDS	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	16	
No Disruption	INDOMETHACIN	PAIN	14	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	13	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	13	16	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	13	16	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	12	16	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	16	
No Disruption	CLONAZEPAM	ANTICONVULSANT	11	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	16	
No Disruption	KLAYESTA	DERMATOLOGICS	11	16	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	11	16	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	11	16	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	10	16	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	10	16	
No Disruption	NYSTATIN	DERMATOLOGICS	10	16	
No Disruption	PAROXETINE HCL	DEPRESSION	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	9	16	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	9	16	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	16	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	9	16	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	9	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	9	16	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	16	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	8	16	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	16	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	16	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	8	16	
No Disruption	ALPRAZOLAM ER	ANXIETY	8	16	
No Disruption	ROPINIROLE HCL	PARKINSON	8	16	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	8	16	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	16	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	16	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	16	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	7	16	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	7	16	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	16	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	ZALEPLON	SLEEP DISORDERS	7	16	
No Disruption	DICLOFENAC POTASSIUM	PAIN	7	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	16	
No Disruption	OMEPRAZOLE DR	PPIs	6	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	6	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	16	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	16	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	5	16	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	5	16	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	16	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	16	
No Disruption	CRESEMBA	ANTI-INFECTIVE	5	16	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	5	16	
No Disruption	GLIPIZIDE ER	DIABETES	5	16	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	16	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	5	16	
No Disruption	AUROVELA 24 FE	ESTROGENS & PROGESTINS	4	16	
No Disruption	OMEPRAZOLE	PPIs	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	4	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	16	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	16	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	4	16	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	16	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	16	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	16	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	3	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HCL ER	ADHD	3	16	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	ALPRAZOLAM	ANXIETY	3	16	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	3	16	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	3	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	16	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	3	16	
No Disruption	MYFORTIC	IMMUNOSUPPRESSANTS	2	16	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	2	16	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	16	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	16	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	RINVOQ	AUTOIMMUNE	2	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	2	16	
No Disruption	PREGABALIN	ANTICONVULSANT	2	16	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	16	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	CEFDINIR	ANTI-INFECTIVE	15	15	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	14	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	IBUPROFEN	PAIN	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	14	15	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	13	15	
No Disruption	DIAZEPAM	ANXIETY	13	15	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	13	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	13	15	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	15	
No Disruption	NYSTATIN	DERMATOLOGICS	13	15	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	13	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	15	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	15	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	12	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	12	15	
No Disruption	NAPROXEN	PAIN	11	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	11	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	10	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	10	15	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	10	15	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	10	15	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	15	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	10	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	15	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	9	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	15	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	15	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	9	15	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	15	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	15	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	9	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	9	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	8	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	15	
No Disruption	NAPROXEN	PAIN	8	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	8	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	15	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	15	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	6	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	6	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	15	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	15	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	15	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	15	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	15	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	6	15	
No Disruption	GLIPIZIDE ER	DIABETES	6	15	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	15	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	6	15	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	6	15	
No Disruption	SYNJARDY XR	DIABETES	6	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	6	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	15	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	5	15	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	15	
No Disruption	ASPIRIN	PAIN	5	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	15	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	5	15	
No Disruption	GLYBURIDE	DIABETES	5	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	15	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	5	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	PREGABALIN	ANTICONVULSANT	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	15	
No Disruption	PAROXETINE HCL	DEPRESSION	4	15	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	15	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	4	15	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	15	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	15	
No Disruption	GLIPIZIDE	DIABETES	4	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	4	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	15	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	15	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	ACARBOSE	DIABETES	3	15	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	15	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	15	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	15	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	3	15	
No Disruption	ALPRAZOLAM	ANXIETY	3	15	
No Disruption	ROPINIROLE HCL	PARKINSON	3	15	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	15	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	15	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	15	
No Disruption	OMEPRAZOLE	PPIs	2	15	
No Disruption	XARELTO	ANTICOAGULANT	2	15	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	15	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	15	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	15	
No Disruption	BUTORPHANOL TARTRATE	PAIN	2	15	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	15	
No Disruption	TUROZ	ESTROGENS & PROGESTINS	2	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	15	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	15	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	15	
No Disruption	BENZONATATE	ALLERGY	14	14	
No Disruption	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	DIABETES	14	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	14	14	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	14	
No Disruption	NYSTOP	DERMATOLOGICS	14	14	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	14	14	
No Disruption	GAVILYTE-C	OTHER NON-CATEGORIZED	14	14	
No Disruption	PREDNISONE	CORTICOSTEROIDS	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	EPINEPHRINE	ALLERGY	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	14	
No Disruption	BENZONATATE	ALLERGY	13	14	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	12	14	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	14	
No Disruption	NYSTATIN	DERMATOLOGICS	12	14	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	12	14	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	11	14	
No Disruption	OMEPRAZOLE	PPIs	11	14	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	11	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	11	14	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	11	14	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	14	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	11	14	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	11	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	VTAMA	DERMATOLOGICS	10	14	
No Disruption	TRINTELLIX	DEPRESSION	10	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	BD 3ML LUER-LOK SYRINGE/25G X 1"	OTHER NON-CATEGORIZED	10	14	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	9	14	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	14	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	14	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	14	
No Disruption	VALTOCO 10 MG DOSE	ANTICONVULSANT	9	14	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	9	14	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	8	14	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	14	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	8	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	7	14	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	7	14	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	14	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	14	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	7	14	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	7	14	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	14	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	14	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	14	
No Disruption	SULINDAC	PAIN	6	14	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	14	
No Disruption	SYNJARDY XR	DIABETES	6	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	6	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	14	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	14	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	6	14	
No Disruption	BUSPIRONE HCL	ANXIETY	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	14	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	14	
No Disruption	DICLOFENAC SODIUM DR	PAIN	5	14	
No Disruption	MIRTAZAPINE	DEPRESSION	5	14	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	5	14	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	14	
No Disruption	TESTOSTERONE	ANDROGENS	5	14	
No Disruption	ANASTROZOLE	CANCER	5	14	
No Disruption	LUMIGAN	OPHTHALMIC	5	14	
No Disruption	HAILEY FE 1/20	ESTROGENS & PROGESTINS	5	14	
No Disruption	HAILEY 24 FE	ESTROGENS & PROGESTINS	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	14	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	14	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	14	
No Disruption	GLIPIZIDE	DIABETES	5	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	14	
No Disruption	MODAFINIL	SLEEP DISORDERS	5	14	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	14	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	4	14	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	4	14	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	14	
No Disruption	QULIPTA	MIGRAINE	4	14	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	14	
No Disruption	ENBREL MINI	AUTOIMMUNE	3	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	14	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	14	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	3	14	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	14	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	14	
No Disruption	CREON	CYSTIC FIBROSIS	3	14	
No Disruption	LYUMJEV KWIKPEN	DIABETES	3	14	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	14	
No Disruption	OMEPRAZOLE	PPIs	3	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	3	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	14	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	14	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	14	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	14	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	DELSTRIGO	HIV	2	14	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	2	14	
No Disruption	DABIGATRAN ETEXILATE	ANTICOAGULANT	2	14	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	14	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	14	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	14	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	14	
No Disruption	NITROFURANTOIN MONOHYDRATE	ANTI-INFECTIVE	13	13	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	13	13	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	13	13	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	13	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	13	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	13	13	
No Disruption	BAQSIMI TWO PACK	DIABETES	13	13	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	13	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	13	13	
No Disruption	PROMETHAZINE DM	ALLERGY	13	13	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	13	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	12	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	12	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	13	
No Disruption	NYSTATIN	DERMATOLOGICS	12	13	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	13	
No Disruption	SSD	DERMATOLOGICS	11	13	
No Disruption	MELOXICAM	PAIN	11	13	
No Disruption	AZELASTINE HCL	OPHTHALMIC	11	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	11	13	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	11	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	11	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	13	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	10	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	10	13	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	13	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	9	13	
No Disruption	NYSTATIN	DERMATOLOGICS	9	13	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	NABUMETONE	PAIN	8	13	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	13	
No Disruption	LEUCOVORIN CALCIUM	CANCER	8	13	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	8	13	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	13	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	7	13	
No Disruption	MODAFINIL	SLEEP DISORDERS	7	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	13	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	13	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	7	13	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	7	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	7	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	13	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	7	13	
No Disruption	TESTOSTERONE	ANDROGENS	7	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	13	
No Disruption	OMEPRAZOLE	PPIs	6	13	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	6	13	
No Disruption	SUMATRIPTAN	MIGRAINE	6	13	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	6	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	13	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	13	
No Disruption	PAROXETINE HCL	DEPRESSION	6	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	13	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	5	13	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	GLIPIZIDE ER	DIABETES	5	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	13	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	13	
No Disruption	TAMOXIFEN CITRATE	CANCER	5	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	13	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	4	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	4	13	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	4	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	4	13	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	13	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	13	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	13	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	13	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	13	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	4	13	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	4	13	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	13	
No Disruption	ROPINIROLE HCL	PARKINSON	4	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	13	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	4	13	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	OMEPRAZOLE	PPIs	3	13	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	13	
No Disruption	BALZIVA	ESTROGENS & PROGESTINS	3	13	
No Disruption	MIRTAZAPINE	DEPRESSION	3	13	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	13	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	LUMIGAN	OPHTHALMIC	3	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	13	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VERAPAMIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	13	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	13	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	13	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	13	
No Disruption	MORPHINE SULFATE ER	PAIN	2	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	13	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	2	13	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	13	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	13	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	13	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	13	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	PAIN	2	13	
No Disruption	HUMULIN R U-500 (CONCENTRATED)	DIABETES	2	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	13	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	1	13	
No Disruption	AVONEX PEN	MULTIPLE SCLEROSIS	1	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	13	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	13	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	13	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	13	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	12	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	12	12	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	12	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	12	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	12	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	12	
No Disruption	SERTRALINE HCL	DEPRESSION	11	12	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	11	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	11	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	11	12	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	11	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	12	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	11	12	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	12	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	10	12	
No Disruption	NYSTATIN	DERMATOLOGICS	10	12	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	10	12	
No Disruption	BAQSIMI ONE PACK	DIABETES	10	12	
No Disruption	ATOMOXETINE	ADHD	10	12	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	10	12	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	12	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	12	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	12	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	10	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	12	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	SSD	DERMATOLOGICS	10	12	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	12	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	9	12	
No Disruption	MODAFINIL	SLEEP DISORDERS	9	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	9	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	12	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	12	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	8	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	8	12	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	12	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	12	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	8	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	7	12	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	7	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	7	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	7	12	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	7	12	
No Disruption	OMEPRAZOLE	PPIs	6	12	
No Disruption	ACCU-CHEK FASTCLIX LANCETS	DIABETES	6	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	12	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	6	12	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	12	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	12	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	6	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	12	
No Disruption	PIOGLITAZONE HCL	DIABETES	6	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	12	
No Disruption	CAPECITABINE	CANCER	6	12	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	12	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	12	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	5	12	
No Disruption	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	OTHER NON-CATEGORIZED	5	12	
No Disruption	NOVOFINE PEN NEEDLE 32G X 6MM	DIABETES	5	12	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	SULINDAC	PAIN	5	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	BLISOVI 24 FE	ESTROGENS & PROGESTINS	5	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	12	
No Disruption	DAPSONE	ANTI-INFECTIVE	5	12	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	12	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	12	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	12	
No Disruption	ROPINIROLE HCL	PARKINSON	5	12	
No Disruption	ETODOLAC	PAIN	5	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	12	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	12	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	12	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	12	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	12	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	4	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	12	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	3	12	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	3	12	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ZONISAMIDE	ANTICONVULSANT	3	12	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	12	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	3	12	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	ANASTROZOLE	CANCER	3	12	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	PAIN	3	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	12	
No Disruption	SYNJARDY	DIABETES	3	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	12	
No Disruption	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	DIABETES	2	12	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	PHOSPHA 250 NEUTRAL	VITAMINS & SUPPLEMENTS	2	12	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	12	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	2	12	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	12	
No Disruption	EMGALITY	MIGRAINE	2	12	
No Disruption	HYDROXYUREA	CANCER	2	12	
No Disruption	GLYXAMBI	DIABETES	2	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	12	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	12	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	12	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	DIABETES	2	12	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	12	
No Disruption	PREGABALIN	ANTICONVULSANT	2	12	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	12	
No Disruption	PAROXETINE HCL	DEPRESSION	1	12	
No Disruption	BRIVIACT	ANTICONVULSANT	1	12	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	12	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	12	
No Disruption	LEVONEST	ESTROGENS & PROGESTINS	1	12	
No Disruption	TRIUMEQ	HIV	1	12	
No Disruption	IMBRUVICA	CANCER	1	12	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	12	
No Disruption	REVLIMID	CANCER	1	12	
No Disruption	NUBEQA	CANCER	1	12	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	12	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	1	12	
No Disruption	PAXLOVID	ANTI-INFECTIVE	11	11	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	11	11	
No Disruption	TACROLIMUS	DERMATOLOGICS	11	11	
No Disruption	XOFLUZA	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	LAGEVRIO	ANTI-INFECTIVE	11	11	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	11	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	11	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	11	
No Disruption	NYSTOP	DERMATOLOGICS	10	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	10	11	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	10	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	11	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	11	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	10	11	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	11	
No Disruption	TRETINOIN	DERMATOLOGICS	10	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	9	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	11	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	9	11	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	9	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	9	11	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	11	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	11	
No Disruption	LIDOCAINE	DERMATOLOGICS	8	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	8	11	
No Disruption	CELECOXIB	PAIN	8	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	11	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	8	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	11	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	8	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	11	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	7	11	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	7	11	
No Disruption	MIRTAZAPINE	DEPRESSION	7	11	
No Disruption	DENTAGEL	OTHER NON-CATEGORIZED	7	11	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	7	11	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	7	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	11	
No Disruption	MELOXICAM	PAIN	7	11	
No Disruption	LINEZOLID	ANTI-INFECTIVE	7	11	
No Disruption	CELECOXIB	PAIN	7	11	
No Disruption	IBUPROFEN	PAIN	7	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	7	11	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	11	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	7	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	11	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	7	11	
No Disruption	SSD	DERMATOLOGICS	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	6	11	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	11	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	6	11	
No Disruption	MODAFINIL	SLEEP DISORDERS	6	11	
No Disruption	NIKKI	ESTROGENS & PROGESTINS	6	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	6	11	
No Disruption	ANASTROZOLE	CANCER	6	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	6	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	11	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	6	11	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	6	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	11	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	6	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	11	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	11	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	6	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	6	11	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	5	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	11	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	5	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	11	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	5	11	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	11	
No Disruption	MORPHINE SULFATE	PAIN	5	11	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	11	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	11	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	11	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	5	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	5	11	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	5	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	11	
No Disruption	DOXAZOSIN	ANTIHYPERTENSIVE	4	11	
No Disruption	MIRTAZAPINE	DEPRESSION	4	11	
No Disruption	EASY TOUCH PEN NEEDLES/31G X 3/16"	DIABETES	4	11	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	4	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	11	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	11	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	11	
No Disruption	VENLAFAXINE HCL	DEPRESSION	4	11	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	4	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	11	
No Disruption	TAMOXIFEN CITRATE	CANCER	4	11	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	11	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	11	
No Disruption	PREGABALIN	ANTICONVULSANT	3	11	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	3	11	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	11	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	3	11	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	11	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	11	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	11	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	11	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	3	11	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	3	11	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	11	
No Disruption	ODACTRA	OTHER NON-CATEGORIZED	3	11	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	11	
No Disruption	ALPRAZOLAM	ANXIETY	2	11	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	11	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	11	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	11	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	11	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	11	
No Disruption	ULTICARE SHORT PEN NEEDLES/31G X 8MM	DIABETES	2	11	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	11	
No Disruption	SEREVENT DISKUS	ASTHMA/COPD	2	11	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	11	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	11	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	11	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	11	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	11	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	11	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	11	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	11	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	11	
No Disruption	OCELLA	ESTROGENS & PROGESTINS	1	11	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	11	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	11	
No Disruption	DIAZEPAM	ANXIETY	1	11	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	11	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	11	
No Disruption	LYBALVI	ANTIPSYCHOTIC	1	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	11	
No Disruption	JAKAFI	CANCER	1	11	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	11	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	11	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	11	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	11	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	11	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	11	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	11	
No Disruption	SERTRALINE HCL	DEPRESSION	1	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	10	
No Disruption	NAPROXEN	PAIN	10	10	
No Disruption	MUPIROCIN	DERMATOLOGICS	10	10	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	10	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	10	10	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	10	10	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	10	10	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	10	10	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	10	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	10	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	GAVILYTE-N/FLAVOR PACK	OTHER NON-CATEGORIZED	10	10	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	10	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	9	10	
No Disruption	OFLOXACIN	OPHTHALMIC	9	10	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	9	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	9	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	10	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	10	
No Disruption	INDOMETHACIN	PAIN	9	10	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	9	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	8	10	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	10	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	10	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	8	10	
No Disruption	IMIQUIMOD	DERMATOLOGICS	8	10	
No Disruption	IBUPROFEN	PAIN	8	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	10	
No Disruption	PREGABALIN	ANTICONVULSANT	7	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	10	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	7	10	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	10	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	10	
No Disruption	CELECOXIB	PAIN	7	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	7	10	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	7	10	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	10	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	10	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	7	10	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	7	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	7	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	10	
No Disruption	OMEPRAZOLE DR	PPIs	6	10	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	6	10	
No Disruption	MIRTAZAPINE	DEPRESSION	6	10	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	ASPIRIN	PAIN	6	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	6	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	6	10	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	10	
No Disruption	CELECOXIB	PAIN	6	10	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	6	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	6	10	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	6	10	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	DIABETES	6	10	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	6	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	5	10	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	5	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	10	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	5	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	10	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	5	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	10	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	RAGWITEK	OTHER NON-CATEGORIZED	5	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	10	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	10	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	10	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NAPROXEN	PAIN	4	10	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	10	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	10	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	10	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	4	10	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	GLYBURIDE	DIABETES	4	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	10	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	4	10	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	10	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	3	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	10	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	3	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	10	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	10	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	10	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	10	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	3	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	10	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	10	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	10	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	10	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	GLIPIZIDE	DIABETES	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	HUMULIN R U-500 KWIKPEN	DIABETES	3	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	10	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	10	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	CALCITONIN-SALMON	BONE DENSITY	3	10	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	2	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	10	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	10	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	10	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	ACEBUTOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	FELBAMATE	ANTICONVULSANT	2	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	10	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	10	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	10	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	10	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	VENCLEXTA	CANCER	2	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	10	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	10	
No Disruption	NARATRIPTAN HCL	MIGRAINE	2	10	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	10	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	10	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	10	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	10	
No Disruption	LORAZEPAM	ANXIETY	1	10	
No Disruption	CELECOXIB	PAIN	1	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	10	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	10	
No Disruption	HEMLIBRA	HEMOPHILIA	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	10	
No Disruption	AUVI-Q	ALLERGY	9	9	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	9	9	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	9	9	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	9	9	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	9	9	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	9	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	9	9	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	9	9	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	9	9	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	9	9	
No Disruption	XOFLUZA	ANTI-INFECTIVE	9	9	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	9	9	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	9	9	
No Disruption	FLUOROURACIL	DERMATOLOGICS	9	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	9	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	9	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	8	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	8	9	
No Disruption	M-M-R II	VACCINES	8	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	9	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	8	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	8	9	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	8	9	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	8	9	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	9	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	9	
No Disruption	AUVI-Q	ALLERGY	7	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	7	9	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	7	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	9	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	7	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	9	
No Disruption	DESONIDE	DERMATOLOGICS	7	9	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	7	9	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	9	
No Disruption	CELECOXIB	PAIN	7	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	7	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	9	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	6	9	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	6	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	9	
No Disruption	ORILISSA	ENDOCRINE	6	9	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	6	9	
No Disruption	LORAZEPAM	ANXIETY	6	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	9	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	9	
No Disruption	PREGABALIN	ANTICONVULSANT	5	9	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	9	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	5	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	9	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	9	
No Disruption	IBUPROFEN	PAIN	5	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	5	9	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	5	9	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	5	9	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	5	9	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	9	
No Disruption	SULINDAC	PAIN	5	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	4	9	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	4	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	4	9	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	4	9	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	9	
No Disruption	LORAZEPAM	ANXIETY	4	9	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	9	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	9	
No Disruption	CAPECITABINE	CANCER	4	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	9	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	9	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	9	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	9	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	4	9	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	4	9	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	9	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	9	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	3	9	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	9	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	3	9	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	3	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	9	
No Disruption	AMANTADINE HCL	PARKINSON	3	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	9	
No Disruption	DASETTA 7/7/7	ESTROGENS & PROGESTINS	3	9	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	9	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LORAZEPAM	ANXIETY	3	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LEVORA 0.15/30-28	ESTROGENS & PROGESTINS	3	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	9	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	IMIPRAMINE HCL	DEPRESSION	3	9	
No Disruption	NABUMETONE	PAIN	3	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	GLIPIZIDE ER	DIABETES	3	9	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	GLYBURIDE	DIABETES	3	9	
No Disruption	GLIPIZIDE	DIABETES	3	9	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	3	9	
No Disruption	ROPINIROLE HCL	PARKINSON	3	9	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	9	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	9	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	9	
No Disruption	FENTANYL	PAIN	2	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	9	
No Disruption	PAROXETINE HCL	DEPRESSION	2	9	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	9	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	9	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	2	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	MULTAQ	ANTIARRHYTHMICS	2	9	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	9	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	9	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	9	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	9	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	9	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	9	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	9	
No Disruption	FETZIMA	DEPRESSION	2	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	9	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	9	
No Disruption	ALPRAZOLAM	ANXIETY	1	9	
No Disruption	DOXEPIN HCL	DEPRESSION	1	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	9	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	9	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	9	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	9	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	9	
No Disruption	TRIJARDY XR	DIABETES	1	9	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	9	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	9	
No Disruption	GNP ULTICARE PEN NEEDLES 31G X 5MM	DIABETES	1	9	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	9	
No Disruption	SYNJARDY	DIABETES	1	9	
No Disruption	BACITRACIN/POLYMYXIN B	OPHTHALMIC	8	8	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	8	8	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	OMEPRAZOLE	PPIs	8	8	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	8	8	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	8	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	8	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	8	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	8	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	8	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	8	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	8	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	8	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	FLUOROURACIL	DERMATOLOGICS	8	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	8	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	8	8	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	7	8	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	7	8	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	7	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	8	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	BENZONATATE	ALLERGY	7	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	8	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	7	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	8	
No Disruption	HYDROCORTISONE/ACETIC ACID	OTHER NON-CATEGORIZED	7	8	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	6	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	6	8	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	6	8	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	6	8	
No Disruption	ASPIRIN LOW DOSE	PAIN	6	8	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	8	
No Disruption	IBUPROFEN	PAIN	6	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	8	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	6	8	
No Disruption	URSODIOL	GASTROINTESTINAL	6	8	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	6	8	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	6	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	8	
No Disruption	SERTRALINE HCL	DEPRESSION	6	8	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	8	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	5	8	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	NABUMETONE	PAIN	5	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	8	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	5	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	8	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	5	8	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	5	8	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	5	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	8	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	5	8	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	8	
No Disruption	ZENPEP	CYSTIC FIBROSIS	5	8	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	5	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	ZENATANE	DERMATOLOGICS	5	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	4	8	
No Disruption	NAPROXEN	PAIN	4	8	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	8	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	8	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	4	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	8	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	8	
No Disruption	LUTERA	ESTROGENS & PROGESTINS	4	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	8	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	4	8	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	8	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	4	8	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	4	8	
No Disruption	IBUPROFEN	PAIN	4	8	
No Disruption	GLIPIZIDE ER	DIABETES	4	8	
No Disruption	GLIPIZIDE	DIABETES	4	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	ROPINIROLE HCL	PARKINSON	4	8	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	ERRIN	ESTROGENS & PROGESTINS	3	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	8	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	3	8	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	3	8	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	NEXLETOL	ANTIHYPERLIPIDEMIC	3	8	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	3	8	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	8	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	3	8	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	3	8	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	GLIPIZIDE ER	DIABETES	3	8	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	ROPINIROLE HCL	PARKINSON	3	8	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	FENTANYL	PAIN	3	8	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	PREGABALIN	ANTICONVULSANT	3	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	PAROXETINE HCL	DEPRESSION	2	8	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	8	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	8	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	8	
No Disruption	ATOMOXETINE	ADHD	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	2	8	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	8	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	8	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	8	
No Disruption	KESIMPTA	MULTIPLE SCLEROSIS	2	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	8	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	8	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	2	8	
No Disruption	GLIPIZIDE ER	DIABETES	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	FENTANYL	PAIN	2	8	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	8	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	8	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	8	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	8	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	8	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	OMEPRAZOLE	PPIs	1	8	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	8	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	8	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	8	
No Disruption	MARLISSA	ESTROGENS & PROGESTINS	1	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	8	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	8	
No Disruption	HUMULIN 70/30	DIABETES	1	8	
No Disruption	EVEROLIMUS	CANCER	1	8	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	8	
No Disruption	FYCOMPA	ANTICONVULSANT	1	8	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	8	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	7	7	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	7	7	
No Disruption	ACETIC ACID	OTHER NON-CATEGORIZED	7	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	7	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	7	7	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	7	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	7	7	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	7	7	
No Disruption	IBUPROFEN	PAIN	7	7	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	7	
No Disruption	BUPRENORPHINE HCL	PAIN	7	7	
No Disruption	TACROLIMUS	DERMATOLOGICS	7	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	BENZONATATE	ALLERGY	7	7	
No Disruption	PERMETHRIN	DERMATOLOGICS	6	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	7	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	6	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	6	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	6	7	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATOMOXETINE	ADHD	6	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	7	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	7	
No Disruption	METHIMAZOLE	THYROID AGENTS	6	7	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	6	7	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	6	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	7	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	6	7	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	7	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	6	7	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	6	7	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	6	7	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	6	7	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	7	
No Disruption	XARELTO	ANTICOAGULANT	6	7	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	6	7	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	6	7	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	5	7	
No Disruption	SETLAKIN	ESTROGENS & PROGESTINS	5	7	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	5	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	OMEPRAZOLE	PPIs	5	7	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	7	
No Disruption	BD 3ML SYRINGE LUER-LOK 23GX1"	OTHER NON-CATEGORIZED	5	7	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	5	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	5	7	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	7	
No Disruption	IBU	PAIN	5	7	
No Disruption	GLIPIZIDE ER	DIABETES	5	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	7	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	7	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	5	7	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	REYVOW	MIGRAINE	5	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	5	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	7	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	4	7	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	7	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	4	7	
No Disruption	NYSTATIN	DERMATOLOGICS	4	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	7	
No Disruption	ATOMOXETINE	ADHD	4	7	
No Disruption	ASPIRIN	PAIN	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CREON	CYSTIC FIBROSIS	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	7	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	LIDOCAINE	DERMATOLOGICS	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	4	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	4	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	7	
No Disruption	GLIPIZIDE/METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	7	
No Disruption	ALYACEN 1/35	ESTROGENS & PROGESTINS	4	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	4	7	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	7	
No Disruption	ESTRING	ESTROGENS & PROGESTINS	4	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	7	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	7	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	3	7	
No Disruption	NYLIA 1/35	ESTROGENS & PROGESTINS	3	7	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ATOMOXETINE	ADHD	3	7	
No Disruption	DEBLITANE	ESTROGENS & PROGESTINS	3	7	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	7	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	3	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	3	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	7	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	7	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	7	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	7	
No Disruption	GLIMEPIRIDE	DIABETES	3	7	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	7	
No Disruption	HUMULIN R	DIABETES	3	7	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	7	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	7	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	3	7	
No Disruption	TESTOSTERONE	ANDROGENS	3	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	SKYRIZI	AUTOIMMUNE	3	7	
No Disruption	ALPRAZOLAM	ANXIETY	3	7	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	3	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	PREGABALIN	ANTICONVULSANT	3	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	7	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	7	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	OFEV	LUNG DISORDERS	2	7	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	2	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	7	
No Disruption	DEXTROAMPHETAMINE SULFATE ER	ADHD	2	7	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	7	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	7	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	7	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	7	
No Disruption	BUSPIRONE HCL	ANXIETY	2	7	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	2	7	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	2	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	7	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	2	7	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	7	
No Disruption	GLIPIZIDE ER	DIABETES	2	7	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	7	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	7	
No Disruption	ALPRAZOLAM	ANXIETY	2	7	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	7	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	ROPINIROLE HCL	PARKINSON	2	7	
No Disruption	RECLIPSEN	ESTROGENS & PROGESTINS	2	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	7	
No Disruption	EMSAM	DEPRESSION	1	7	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	7	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	7	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	7	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	7	
No Disruption	MORPHINE SULFATE ER	PAIN	1	7	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	7	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	7	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	7	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	1	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	7	
No Disruption	ANAGRELIDE HYDROCHLORIDE	ANTICOAGULANT	1	7	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	7	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	7	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	7	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	7	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	7	
No Disruption	VENCLEXTA	CANCER	1	7	
No Disruption	ACITRETIN	AUTOIMMUNE	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	RILUZOLE	OTHER NON-CATEGORIZED	1	7	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	7	
No Disruption	ETODOLAC	PAIN	1	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	7	
No Disruption	PREDNISONE	CORTICOSTEROIDS	6	6	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	6	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	6	6	
No Disruption	ELIQUIS STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	6	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	DIAZEPAM	ANXIETY	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	6	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	6	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	6	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	CEFDINIR	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	

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State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	XARELTO STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	6	6	
No Disruption	GALLIFREY	ESTROGENS & PROGESTINS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	6	6	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	6	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	6	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	6	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	5	6	
No Disruption	ACYCLOVIR	DERMATOLOGICS	5	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	5	6	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	ATOMOXETINE	ADHD	5	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	5	6	
No Disruption	MESALAMINE	GASTROINTESTINAL	5	6	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	6	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	5	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	6	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	6	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	5	6	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	5	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	6	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	5	6	
No Disruption	BAQSIMI ONE PACK	DIABETES	5	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	5	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	6	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	4	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	6	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	6	
No Disruption	NYSTOP	DERMATOLOGICS	4	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	4	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	6	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	4	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	6	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	4	6	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	4	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	6	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	4	6	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	ATOMOXETINE	ADHD	4	6	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	4	6	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	GLYBURIDE	DIABETES	4	6	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	6	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	6	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	DIABETES	4	6	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	6	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	6	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	6	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	OTHER NON-CATEGORIZED	4	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	3	6	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	DICLOFENAC SODIUM DR	PAIN	3	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	6	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	6	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	6	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	6	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	6	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	6	
No Disruption	OMEPRAZOLE	PPIs	3	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	NICOTINE MINI LOZENGE	OTHER NON-CATEGORIZED	3	6	
No Disruption	NAPROXEN	PAIN	3	6	
No Disruption	ZOVIA 1/35	ESTROGENS & PROGESTINS	3	6	
No Disruption	NABUMETONE	PAIN	3	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	3	6	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	3	6	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	BUPRENORPHINE HCL	PAIN	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	ANASTROZOLE	CANCER	3	6	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	3	6	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	6	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	6	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	3	6	
No Disruption	GLIMEPIRIDE	DIABETES	3	6	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	6	
No Disruption	GLIPIZIDE	DIABETES	3	6	
No Disruption	TRETINOIN	DERMATOLOGICS	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	6	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	3	6	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	SULINDAC	PAIN	3	6	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	3	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	6	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	RELION PEN NEEDLES 31G X 6MM	DIABETES	3	6	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	2	6	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	6	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	6	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	6	
No Disruption	OXERVATE	OPHTHALMIC	2	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	DOXEPIN HCL	DEPRESSION	2	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	6	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	6	
No Disruption	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	OTHER NON-CATEGORIZED	2	6	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	6	
No Disruption	SUMATRIPTAN	MIGRAINE	2	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	6	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	6	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	2	6	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	2	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	6	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	6	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	6	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	6	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	6	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	2	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	6	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	6	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	6	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	TEMOZOLOMIDE	CANCER	2	6	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	6	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	HUMULIN 70/30 KWIKPEN	DIABETES	2	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	2	6	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	REVLIMID	CANCER	2	6	
No Disruption	EXEMESTANE	CANCER	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	6	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	6	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	2	6	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	6	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	6	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	6	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	6	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	6	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	6	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	6	
No Disruption	CELECOXIB	PAIN	1	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	6	
No Disruption	CALQUENCE	CANCER	1	6	
No Disruption	CABOMETYX	CANCER	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	6	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	6	
No Disruption	BUSPIRONE HCL	ANXIETY	1	6	
No Disruption	TRIMETHOPRIM	ANTI-INFECTIVE	1	6	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	OTHER NON-CATEGORIZED	1	6	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	6	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	6	
No Disruption	FENTANYL	PAIN	1	6	
No Disruption	SELEGILINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	6	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	6	
No Disruption	PREGABALIN	ANTICONVULSANT	5	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	5	5	
No Disruption	AUVI-Q	ALLERGY	5	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	5	5	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	5	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	OFLOXACIN	OPHTHALMIC	5	5	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	ASPIRIN ADULT LOW STRENGTH	PAIN	5	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	5	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	5	5	
No Disruption	MELOXICAM	PAIN	5	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	5	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	5	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	5	5	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	5	5	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	5	5	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	5	5	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	5	5	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	5	5	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	5	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	5	5	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALTOCO 15 MG DOSE	ANTICONVULSANT	5	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	5	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	5	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	5	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	PROMETHEGAN	ALLERGY	5	5	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	4	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	5	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	5	
No Disruption	AZELASTINE HCL	OPHTHALMIC	4	5	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	4	5	
No Disruption	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	DIABETES	4	5	
No Disruption	OMEPRAZOLE	PPIs	4	5	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	4	5	
No Disruption	NYSTATIN	DERMATOLOGICS	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	NYAMYC	DERMATOLOGICS	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	DIAZEPAM	ANXIETY	4	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	4	5	
No Disruption	ATOMOXETINE	ADHD	4	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	4	5	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	5	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	5	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	5	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	4	5	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	5	
No Disruption	URSODIOL	GASTROINTESTINAL	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	5	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ALPRAZOLAM	ANXIETY	4	5	
No Disruption	SERTRALINE HCL	DEPRESSION	4	5	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	5	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	3	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	5	
No Disruption	PREGABALIN	ANTICONVULSANT	3	5	
No Disruption	PERMETHRIN	DERMATOLOGICS	3	5	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	3	5	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	5	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	5	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	5	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	3	5	
No Disruption	ATOMOXETINE	ADHD	3	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	3	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	5	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	5	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	3	5	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	3	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	3	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	5	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	3	5	
No Disruption	IBUPROFEN	PAIN	3	5	
No Disruption	IBU	PAIN	3	5	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	5	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	3	5	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TRIFLURIDINE	OPHTHALMIC	3	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	5	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	3	5	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	5	
No Disruption	SYNJARDY XR	DIABETES	3	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	5	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	5	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	5	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	DIABETES	3	5	
No Disruption	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	DIABETES	3	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	PREGABALIN	ANTICONVULSANT	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	5	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	5	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	2	5	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	5	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	NAPROXEN	PAIN	2	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	5	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	5	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	5	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	5	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	5	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	2	5	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	5	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	5	
No Disruption	LORAZEPAM	ANXIETY	2	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	5	
No Disruption	LEUCOVORIN CALCIUM	CANCER	2	5	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	5	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	5	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	5	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	2	5	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	5	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	5	
No Disruption	GLYBURIDE	DIABETES	2	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	5	
No Disruption	GNP ULTICARE PEN NEEDLES /31GX5/16"	DIABETES	2	5	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	VALPROIC ACID	ANTICONVULSANT	2	5	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	5	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	5	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	5	
No Disruption	TEMOZOLOMIDE	CANCER	2	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	5	
No Disruption	ALPRAZOLAM ER	ANXIETY	2	5	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	SERTRALINE HCL	DEPRESSION	2	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	5	
No Disruption	REVLIMID	CANCER	2	5	
No Disruption	RELION PEN NEEDLES 32G X 4MM	DIABETES	2	5	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	2	5	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	5	
No Disruption	AVONEX	MULTIPLE SCLEROSIS	1	5	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	5	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	5	
No Disruption	OZEMPIC	DIABETES	1	5	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	5	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	5	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	5	
No Disruption	OMEPRAZOLE	PPIs	1	5	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DESIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	5	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	1	5	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOXYL	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	5	
No Disruption	CELECOXIB	PAIN	1	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	5	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	1	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	5	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	AMNESTEEM	DERMATOLOGICS	1	5	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	ZUMANDIMINE	ESTROGENS & PROGESTINS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	XYOSTED	ANDROGENS	1	5	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	5	
No Disruption	GLYXAMBI	DIABETES	1	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	GLYBURIDE	DIABETES	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	5	
No Disruption	BUSPIRONE HCL	ANXIETY	1	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	5	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	5	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	5	
No Disruption	TERIPARATIDE	BONE DENSITY	1	5	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	1	5	
No Disruption	TEGRETOL-XR	ANTICONVULSANT	1	5	
No Disruption	AMETHYST	ESTROGENS & PROGESTINS	1	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	5	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	5	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	ROCKLATAN	OPHTHALMIC	1	5	
No Disruption	RIVASTIGMINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	5	
No Disruption	EXEMESTANE	CANCER	1	5	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	DIABETES	1	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	5	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	5	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	4	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	4	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	4	4	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OFLOXACIN	OPHTHALMIC	4	4	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	4	4	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	4	
No Disruption	CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX4MM	DIABETES	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	CELECOXIB	PAIN	4	4	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	IBUPROFEN	PAIN	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	4	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	4	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	4	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	4	
No Disruption	ZALEPLON	SLEEP DISORDERS	4	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	VORTEX VALVED HOLDING CHAMBER	OTHER NON-CATEGORIZED	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	4	4	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	4	4	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	4	4	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	4	4	
No Disruption	BUDESONIDE	ASTHMA/COPD	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	SODIUM FLUORIDE 5000 PPM DRY MOUTH	OTHER NON-CATEGORIZED	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	4	4	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	4	4	
No Disruption	SANTYL	DERMATOLOGICS	4	4	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	DIABETES	4	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	OTHER NON-CATEGORIZED	4	4	
No Disruption	HYDROMORPHONE HCL	PAIN	4	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	4	4	
No Disruption	ENULOSE	GASTROINTESTINAL	3	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	3	4	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ATROVENT HFA	ASTHMA/COPD	3	4	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	4	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	3	4	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	3	4	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	4	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	4	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	NAPROXEN SODIUM	PAIN	3	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATOMOXETINE	ADHD	3	4	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	3	4	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	METHIMAZOLE	THYROID AGENTS	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	APREPITANT	NAUSEA & VOMITING	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	3	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	4	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	4	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	4	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	3	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	4	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	4	
No Disruption	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	3	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	BUSPIRONE HCL	ANXIETY	3	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HCL	DEPRESSION	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	URSODIOL	GASTROINTESTINAL	3	4	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	3	4	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	3	4	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	4	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	4	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	4	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	3	4	
No Disruption	FETZIMA	DEPRESSION	3	4	
No Disruption	ALPRAZOLAM	ANXIETY	3	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	4	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	4	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	3	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX5/8"	OTHER NON-CATEGORIZED	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	4	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	4	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX5MM	DIABETES	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	OMEPRAZOLE	PPIs	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	4	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	2	4	
No Disruption	NUEDEXTA	OTHER NON-CATEGORIZED	2	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	2	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	4	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	4	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	ASPIRIN/DIPYRIDAMOLE	ANTICOAGULANT	2	4	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	4	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	4	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	2	4	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	4	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	CELECOXIB	PAIN	2	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	4	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	4	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	ZENPEP	CYSTIC FIBROSIS	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	GRASTEK	OTHER NON-CATEGORIZED	2	4	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	4	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	DIABETES	2	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TRETINOIN	DERMATOLOGICS	2	4	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	2	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	4	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	2	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	4	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	4	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	FENTANYL	PAIN	2	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	4	
No Disruption	RINVOQ	AUTOIMMUNE	2	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	4	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	4	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	4	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	4	
No Disruption	PIMTREA	ESTROGENS & PROGESTINS	1	4	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	4	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	4	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	DOXEPIN HCL	DEPRESSION	1	4	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	ALPRAZOLAM ER	ANXIETY	1	4	
No Disruption	NYLIA 7/7/7	ESTROGENS & PROGESTINS	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	ATOMOXETINE	ADHD	1	4	
No Disruption	MORPHINE SULFATE	PAIN	1	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	4	
No Disruption	MICROGESTIN FE 1/20	ESTROGENS & PROGESTINS	1	4	
No Disruption	DAYSEE	ESTROGENS & PROGESTINS	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	4	
No Disruption	COMPLERA	HIV	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	4	
No Disruption	LOXAPINE SUCCINATE	ANTIPSYCHOTIC	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	1	4	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	4	
No Disruption	LEVOXYL	THYROID AGENTS	1	4	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	4	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	CHLORPROMAZINE HCL	ANTIPSYCHOTIC	1	4	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	1	4	
No Disruption	CHLORDIAZEPOXIDE HCL	ANXIETY	1	4	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LACTULOSE	GASTROINTESTINAL	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	KRAZATI	CANCER	1	4	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	4	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	4	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	4	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	CABOMETYX	CANCER	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	WES-PHOS 250 NEUTRAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	VOQUEZNA	PPIs	1	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GLYBURIDE	DIABETES	1	4	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	URSODIOL	GASTROINTESTINAL	1	4	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	4	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	4	
No Disruption	TRIJARDY XR	DIABETES	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	4	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	4	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	4	
No Disruption	TEMOZOLOMIDE	CANCER	1	4	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SYNJARDY	DIABETES	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	DIABETES	1	4	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	BETAXOLOL HCL	ANTIHYPERTENSIVE	1	4	
No Disruption	BETASERON	MULTIPLE SCLEROSIS	1	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	FENTANYL	PAIN	1	4	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	1	4	
No Disruption	EVEROLIMUS	CANCER	1	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	4	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	4	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	4	
No Disruption	PRENATAL-U	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PREGABALIN	ANTICONVULSANT	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	3	3	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	3	3	
No Disruption	EQ NICOTINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	3	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	3	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	3	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	3	
No Disruption	OTEZLA	AUTOIMMUNE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	3	3	
No Disruption	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION	DIABETES	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	ANTI-INFECTIVE	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICLOFENAC POTASSIUM	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	3	3	
No Disruption	ATOMOXETINE	ADHD	3	3	
No Disruption	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	3	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	MELOXICAM	PAIN	3	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	3	
No Disruption	ANASTROZOLE	CANCER	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	3	3	
No Disruption	LINEZOLID	ANTI-INFECTIVE	3	3	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	3	3	
No Disruption	CELECOXIB	PAIN	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	3	3	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	3	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	3	
No Disruption	IBU	PAIN	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	HYDROXYZINE HCL	ANXIETY	3	3	
No Disruption	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	ALLERGY	3	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	3	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRETINOIN	DERMATOLOGICS	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	3	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	3	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	3	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	BRIMONIDINE TARTRATE	DERMATOLOGICS	3	3	
No Disruption	SURE COMFORT PEN NEEDLES 32GX5/32"	DIABETES	3	3	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	3	
No Disruption	SULFATRIM PEDIATRIC	ANTI-INFECTIVE	3	3	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	3	3	
No Disruption	SSD	DERMATOLOGICS	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	3	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	SERTRALINE HCL	DEPRESSION	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	BENZONATATE	ALLERGY	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	RELENZA DISKHALER	ANTI-INFECTIVE	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	BD INTEGRA SYRINGE/3ML/25G X 5/8	OTHER NON-CATEGORIZED	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	3	3	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	3	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	3	
No Disruption	ENGERIX-B	VACCINES	2	3	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	ALBENDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	3	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	OXAPROZIN	PAIN	2	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	3	
No Disruption	NYSTATIN	DERMATOLOGICS	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	2	3	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 3	OTHER NON-CATEGORIZED	2	3	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	3	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	DICLOFENAC SODIUM	DERMATOLOGICS	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	NAPROXEN	PAIN	2	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	2	3	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	2	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	2	3	
No Disruption	ASPIRIN LOW DOSE	PAIN	2	3	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	2	3	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	3	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	3	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	3	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	2	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	3	
No Disruption	CIPRO	ANTI-INFECTIVE	2	3	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	3	
No Disruption	CELECOXIB	PAIN	2	3	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	3	
No Disruption	LEVALBUTEROL HYDROCHLORIDE	ASTHMA/COPD	2	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	ISONIAZID	ANTI-INFECTIVE	2	3	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	2	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	INDOMETHACIN ER	PAIN	2	3	
No Disruption	INDOMETHACIN	PAIN	2	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	3	
No Disruption	ZALEPLON	SLEEP DISORDERS	2	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	3	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	3	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	2	3	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	2	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	URSODIOL	GASTROINTESTINAL	2	3	
No Disruption	ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"	DIABETES	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	BUPRENORPHINE HCL	PAIN	2	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	3	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	3	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TAMOXIFEN CITRATE	CANCER	2	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	2	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	3	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	3	
No Disruption	ALPRAZOLAM	ANXIETY	2	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	3	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	3	
No Disruption	ROPINIROLE HCL	PARKINSON	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	3	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	2	3	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	3	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	2	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	3	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	3	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	3	
No Disruption	OXAZEPAM	ANXIETY	1	3	
No Disruption	OXAPROZIN	PAIN	1	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	ORLADEYO	HEMATOLOGICAL	1	3	
No Disruption	DOXEPIN HCL	DEPRESSION	1	3	
No Disruption	OMEPRAZOLE DR	PPIs	1	3	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	3	
No Disruption	ACARBOSE	DIABETES	1	3	
No Disruption	ABIRATERONE ACETATE	CANCER	1	3	
No Disruption	NUEDEXTA	OTHER NON-CATEGORIZED	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	3	
No Disruption	NIVA THYROID	THYROID AGENTS	1	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	3	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MOUNJARO	DIABETES	1	3	
No Disruption	ATOMOXETINE	ADHD	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	3	
No Disruption	MOEXIPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	MIRTAZAPINE	DEPRESSION	1	3	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	1	3	
No Disruption	DANAZOL	ANDROGENS	1	3	
No Disruption	ASPIRIN	PAIN	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	3	
No Disruption	COMPRO	ANTIPSYCHOTIC	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	MERCAPTOPURINE	CANCER	1	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	3	
No Disruption	LORAZEPAM	ANXIETY	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	3	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	3	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	LETROZOLE	CANCER	1	3	
No Disruption	CELECOXIB	PAIN	1	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	3	
No Disruption	KLOR-CON 10	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	3	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	IMATINIB MESYLATE	CANCER	1	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	3	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	1	3	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	3	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	3	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	3	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZENATANE	DERMATOLOGICS	1	3	
No Disruption	HUMALOG MIX 75/25 KWIKPEN	DIABETES	1	3	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	1	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	3	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	3	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	3	
No Disruption	GLYXAMBI	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	

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State of NE
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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	GLIMEPIRIDE	DIABETES	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	3	
No Disruption	ULTICARE PEN NEEDLES 31G X 5MM/MINI	DIABETES	1	3	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	3	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	DIABETES	1	3	
No Disruption	TRIJARDY XR	DIABETES	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TRI-LEGEST FE	ESTROGENS & PROGESTINS	1	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TOBRAMYCIN	CYSTIC FIBROSIS	1	3	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	3	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	3	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	SURE COMFORT PEN NEEDLES 29GX1/2" 12.7MM	DIABETES	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	SUMATRIPTAN	MIGRAINE	1	3	
No Disruption	SULINDAC	PAIN	1	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	3	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	3	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	EXEMESTANE	CANCER	1	3	
No Disruption	REVLIMID	CANCER	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	DIABETES	1	3	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	3	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	3	
No Disruption	QUININE SULFATE	ANTI-INFECTIVE	1	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	3	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	BD INSULIN SYRINGE ULTRA FINE/1ML/30G X 1/2"	DIABETES	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	BD AUTOSHIELD DUO 30G X 5MM	DIABETES	1	3	
No Disruption	PROGRAF	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	3	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	3	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	BACITRACIN	OPHTHALMIC	2	2	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	EQ ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	ENGERIX-B	VACCINES	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	AKLIEF	DERMATOLOGICS	2	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	2	
No Disruption	ELIQUIS	ANTICOAGULANT	2	2	
No Disruption	AZELAIC ACID	DERMATOLOGICS	2	2	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	2	2	
No Disruption	PERMETHRIN	DERMATOLOGICS	2	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	EASY TOUCH PEN NEEDLES 32GX5/32"	DIABETES	2	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	2	
No Disruption	ACYCLOVIR	DERMATOLOGICS	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	2	2	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	DOXYCYCLINE	ANTI-INFECTIVE	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	2	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	2	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NYAMYC	DERMATOLOGICS	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	2	
No Disruption	NEOMYCIN/BACITRACIN/POLYMYXIN	OPHTHALMIC	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	2	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	2	2	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	2	2	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	2	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	ASPIRIN 81	PAIN	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ASHLYNA	ESTROGENS & PROGESTINS	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	METHADONE HCL	PAIN	2	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	MESALAMINE	GASTROINTESTINAL	2	2	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	2	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	2	2	
No Disruption	MEFLOQUINE HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LORAZEPAM INTENSOL	ANXIETY	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	2	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	2	2	
No Disruption	CIPRO	ANTI-INFECTIVE	2	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LINEZOLID	ANTI-INFECTIVE	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	LETROZOLE	CANCER	2	2	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLAYESTA	DERMATOLOGICS	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	KELNOR 1/50	ESTROGENS & PROGESTINS	2	2	
No Disruption	IVERMECTIN	ANTI-INFECTIVE	2	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	2	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	IMIQUIMOD	DERMATOLOGICS	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	CAPECITABINE	CANCER	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN	PAIN	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	ZURZUVAE	OTHER NON-CATEGORIZED	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	2	2	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	2	
No Disruption	ZEGALOGUE	DIABETES	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	2	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLIPIZIDE ER	DIABETES	2	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	GLIMEPIRIDE	DIABETES	2	2	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	2	2	
No Disruption	UNIFINE PENTIPS 32GX4MM	DIABETES	2	2	
No Disruption	ULTICARE MINI PEN NEEDLES31GX6MM	DIABETES	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRI-LO-SPRINTEC	ESTROGENS & PROGESTINS	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	2	2	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	2	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	2	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	SUNOSI	SLEEP DISORDERS	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	2	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	SPS	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	BICALUTAMIDE	CANCER	2	2	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	2	
No Disruption	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	OTHER NON-CATEGORIZED	2	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FETZIMA TITRATION PACK	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FETZIMA	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ROPINIROLE HCL	PARKINSON	2	2	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	REPATHA PUSHTRONEX SYSTEM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROMETHEGAN	ALLERGY	2	2	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HCL	ALLERGY	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	2	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	2	
No Disruption	PHILITH	ESTROGENS & PROGESTINS	1	2	
No Disruption	PERIOGARD	OTHER NON-CATEGORIZED	1	2	
No Disruption	PENTIPS GENERIC PEN NEEDLES 32GX4MM	DIABETES	1	2	
No Disruption	EASY TOUCH PEN NEEDLES 31GX1/4"	DIABETES	1	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	2	
No Disruption	PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	AUBRA EQ	ESTROGENS & PROGESTINS	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	1	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOLISHALE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	OCTREOTIDE ACETATE	ENDOCRINE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NOVOEIGHT	HEMOPHILIA	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX STARTER KIT	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MORPHINE SULFATE ER	PAIN	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	ATOMOXETINE	ADHD	1	2	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	DEPO-ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	DASATINIB	CANCER	1	2	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	2	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	2	
No Disruption	MERCAPTOPURINE	CANCER	1	2	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ARANELLE	ESTROGENS & PROGESTINS	1	2	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	MAVYRET	HEPATITIS C	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	
No Disruption	LITFULO	AUTOIMMUNE	1	2	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	2	
No Disruption	CIBINQO	AUTOIMMUNE	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVOCARNITINE SF	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEUCOVORIN CALCIUM	CANCER	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	KROGER PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	INSULIN SYRINGE/1ML/30G X 5/16"	DIABETES	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	INDOMETHACIN ER	PAIN	1	2	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	1	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	WERA	ESTROGENS & PROGESTINS	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	1	2	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	2	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	2	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	GLYBURIDE	DIABETES	1	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	2	
No Disruption	VELIVET	ESTROGENS & PROGESTINS	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	VALTOCO 5 MG DOSE	ANTICONVULSANT	1	2	
No Disruption	GLIPIZIDE ER	DIABETES	1	2	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	DIABETES	1	2	
No Disruption	ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	DIABETES	1	2	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	TRANYLCYPROMINE SULFATE	DEPRESSION	1	2	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE ER	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	FRUZAQLA	CANCER	1	2	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TESTOSTERONE	ANDROGENS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	FLURBIPROFEN	PAIN	1	2	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMOXIFEN CITRATE	CANCER	1	2	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	SYNJARDY	DIABETES	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	BICALUTAMIDE	CANCER	1	2	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	2	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	FELBAMATE	ANTICONVULSANT	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	RIFABUTIN	ANTI-INFECTIVE	1	2	
No Disruption	RHOPRESSA	OPHTHALMIC	1	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	EVEROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	2	
No Disruption	RECOMBINATE	HEMOPHILIA	1	2	
No Disruption	RECOMBINATE	HEMOPHILIA	1	2	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ETODOLAC	PAIN	1	2	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	2	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	1	2	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	BD INTEGRA SYRINGE/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROTRIPTYLINE HCL	DEPRESSION	1	2	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	DIABETES	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	CABOMETYX	CANCER	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	2	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	PROBENECID	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN DR	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZIQUANTEL	ANTI-INFECTIVE	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ENDOCET	PAIN	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	1	
No Disruption	PIROXICAM	PAIN	1	1	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	1	1	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	1	
No Disruption	PIOGLITAZONE HCL	DIABETES	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	ELESTRIN	ESTROGENS & PROGESTINS	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	EASY TOUCH PEN NEEDLES 29GX1/2"	DIABETES	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	DIABETES	1	1	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AUROVELA 1/20	ESTROGENS & PROGESTINS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AUROVELA 1.5/30	ESTROGENS & PROGESTINS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ATOVAQUONE	ANTI-INFECTIVE	1	1	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX5MM	DIABETES	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ORGOVYX	CANCER	1	1	
No Disruption	ONETOUCH ULTRA	DIABETES	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	1	
No Disruption	DOXEPIN HCL	DEPRESSION	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OMEPRAZOLE DR	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	1	1	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	1	
No Disruption	OLUMIANT	AUTOIMMUNE	1	1	
No Disruption	DODEX	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OFLOXACIN	OPHTHALMIC	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	ANTI-INFECTIVE	1	1	
No Disruption	NYAMYC	DERMATOLOGICS	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NIVA THYROID	THYROID AGENTS	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN TRANSDERMAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN	ANTI-INFECTIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	1	
No Disruption	NICOTINE POLACRILEX REFILL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NEUPRO	PARKINSON	1	1	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	1	1	
No Disruption	NECON 0.5/35-28	ESTROGENS & PROGESTINS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIAZOXIDE	DIABETES	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NATEGLINIDE	DIABETES	1	1	
No Disruption	DIAZEPAM	ANXIETY	1	1	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MORPHINE SULFATE	PAIN	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ASPIRIN REGIMEN	PAIN	1	1	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DAPSONE	ANTI-INFECTIVE	1	1	
No Disruption	DANAZOL	ANDROGENS	1	1	
No Disruption	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	PAIN	1	1	
No Disruption	ASPIRIN EC ADULT LOW DOSE	PAIN	1	1	
No Disruption	CYRED EQ	ESTROGENS & PROGESTINS	1	1	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ASPIRIN 81	PAIN	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	ASPIRIN	PAIN	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOGYL	OPHTHALMIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CVS NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS NICOTINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	CVS ASPIRIN ADULT LOW DOSE	PAIN	1	1	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	1	1	
No Disruption	CREON	CYSTIC FIBROSIS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MERCAPTOPURINE	CANCER	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HCL TITRATION PAK	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	MELOXICAM	PAIN	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	CLONAZEPAM	ANTICONVULSANT	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LYNPARZA	CANCER	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LUPKYNIS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMZEEQ	DERMATOLOGICS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINPRO 5000	OTHER NON-CATEGORIZED	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	1	1	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CLARAVIS	DERMATOLOGICS	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CIPROFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	

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Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEFDINIR	ANTI-INFECTIVE	1	1	
No Disruption	KLISYRI	DERMATOLOGICS	1	1	
No Disruption	KLAYESTA	DERMATOLOGICS	1	1	
No Disruption	KEVZARA	AUTOIMMUNE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ISENTRESS HD	HIV	1	1	
No Disruption	ISENTRESS	HIV	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	INDOMETHACIN ER	PAIN	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	IMATINIB MESYLATE	CANCER	1	1	
No Disruption	ICATIBANT ACETATE	HEMATOLOGICAL	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CAMRESE LO	ESTROGENS & PROGESTINS	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	1	
No Disruption	CAMILA	ESTROGENS & PROGESTINS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	HYDROMET	ALLERGY	1	1	
No Disruption	HYDROCORTISONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUTORPHANOL TARTRATE	PAIN	1	1	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZYLET	OPHTHALMIC	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZALEPLON	SLEEP DISORDERS	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	1	1	
No Disruption	HEPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	XOLAIR	LUNG DISORDERS	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	XERMELO	GASTROINTESTINAL	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	WAKIX	SLEEP DISORDERS	1	1	
No Disruption	VYZULTA	OPHTHALMIC	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VOQUEZNA	PPIs	1	1	
No Disruption	VIORELE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	VERZENIO	CANCER	1	1	
No Disruption	GRISEOFULVIN ULTRAMICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	1	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	GLYBURIDE	DIABETES	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	VARENICLINE TARTRATE CONTINUING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANDAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALTOCO 20 MG DOSE	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	1	
No Disruption	UNITHROID	THYROID AGENTS	1	1	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	1	1	
No Disruption	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	DIABETES	1	1	
No Disruption	ULTICARE MINI PEN NEEDLES/32G X 1/4"	DIABETES	1	1	
No Disruption	UBRELVY	MIGRAINE	1	1	
No Disruption	TRUQAP	CANCER	1	1	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	DIABETES	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIHEXYPHENIDYL HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	FYAVOLV	ESTROGENS & PROGESTINS	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSCIX	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT NICOTINE MINI	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TILIA FE	ESTROGENS & PROGESTINS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	1	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	1	1	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	1	1	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TEGRETOL	ANTICONVULSANT	1	1	
No Disruption	TECHLITE PEN NEEDLES/31G X 8MM	DIABETES	1	1	
No Disruption	TECHLITE PEN NEEDLES 32G X 4MM	DIABETES	1	1	
No Disruption	AMINOCAPROIC ACID	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAKE ACTION	ESTROGENS & PROGESTINS	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BREYNA	ASTHMA/COPD	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	DIABETES	1	1	
No Disruption	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOROURACIL	DERMATOLOGICS	1	1	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	1	1	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUBVENITE STARTER KIT/ORANGE	ANTICONVULSANT	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM SULFACETAMIDE	DERMATOLOGICS	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	SF	OTHER NON-CATEGORIZED	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	SERTRALINE HCL	DEPRESSION	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	EXEMESTANE	CANCER	1	1	
No Disruption	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	1	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	EUCRISA	DERMATOLOGICS	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	DIABETES	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	1	
No Disruption	QULIPTA	MIGRAINE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML/22G X 1.5"	OTHER NON-CATEGORIZED	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML 25GX1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	DIABETES	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE PLAIN	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ALFUZOSIN HYDROCHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	PROCTOZONE-HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	1	
No Disruption	PRIFTIN	ANTI-INFECTIVE	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	135	663	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	139	466	
Positive Tier Change	DEXCOM G6 SENSOR	DIABETES	90	454	
Positive Tier Change	SHINGRIX	VACCINES	309	413	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	72	411	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	169	409	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	78	399	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	117	298	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	285	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	137	276	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	269	
Positive Tier Change	BREZTRI AEROSPHERE	ASTHMA/COPD	60	262	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	65	255	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	55	220	
Positive Tier Change	DEXCOM G6 TRANSMITTER	DIABETES	82	215	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	43	193	
Positive Tier Change	ANORO ELLIPTA	ASTHMA/COPD	30	160	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	63	158	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	40	143	
Positive Tier Change	BIKTARVY	HIV	20	138	
Positive Tier Change	AIRSUPRA	ASTHMA/COPD	83	131	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	41	126	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS FINE 30G	DIABETES	62	123	
Positive Tier Change	AZSTARYS	ADHD	24	109	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	24	109	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	21	102	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	23	88	
Positive Tier Change	AZSTARYS	ADHD	23	88	
Positive Tier Change	AREXVY	VACCINES	87	87	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	20	77	
Positive Tier Change	LYUMJEV	DIABETES	15	76	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	50	75	
Positive Tier Change	NUCALA	LUNG DISORDERS	8	73	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	RESTASIS	OPHTHALMIC	33	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	19	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	21	63	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	12	63	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	11	63	
Positive Tier Change	BRILINTA	ANTICOAGULANT	19	62	
Positive Tier Change	COMBIVENT RESPIMAT	ASTHMA/COPD	19	62	
Positive Tier Change	ABRYSVO	VACCINES	59	59	
Positive Tier Change	RESTASIS	OPHTHALMIC	24	57	
Positive Tier Change	XIFAXAN	ANTI-INFECTIVE	15	53	
Positive Tier Change	COSENTYX UNOREADY	AUTOIMMUNE	11	49	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	12	47	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	9	46	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	11	45	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	7	37	
Positive Tier Change	TEZSPIRE	LUNG DISORDERS	5	36	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	31	
Positive Tier Change	BD NEEDLE/18G 1-1/2"	OTHER NON-CATEGORIZED	11	30	
Positive Tier Change	JORNAY PM	ADHD	7	30	
Positive Tier Change	JORNAY PM	ADHD	5	28	
Positive Tier Change	KERENDIA	ENDOCRINE	7	27	
Positive Tier Change	BD HYPODERMIC NEEDLES 18GX1"	OTHER NON-CATEGORIZED	14	25	
Positive Tier Change	JORNAY PM	ADHD	9	25	
Positive Tier Change	NUCYNTA ER	PAIN	2	25	
Positive Tier Change	SOOLANTRA	DERMATOLOGICS	15	24	
Positive Tier Change	MICROLET LANCETS	DIABETES	13	24	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	7	24	
Positive Tier Change	KERENDIA	ENDOCRINE	7	24	
Positive Tier Change	MULTAQ	ANTIARRHYTHMICS	6	24	
Positive Tier Change	OPTICHAMBER DIAMOND	OTHER NON-CATEGORIZED	21	22	
Positive Tier Change	JORNAY PM	ADHD	10	22	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	9	22	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	JORNAY PM	ADHD	4	22	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	2	21	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	16	20	
Positive Tier Change	BIKTARVY	HIV	4	20	
Positive Tier Change	SHINGRIX	VACCINES	14	19	
Positive Tier Change	FASENRA PEN	LUNG DISORDERS	4	19	
Positive Tier Change	ONETOUCH ULTRA BLUE TEST STRIP	DIABETES	9	18	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	18	
Positive Tier Change	TRUEPLUS LANCETS 33G	DIABETES	9	17	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	6	17	
Positive Tier Change	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	OTHER NON-CATEGORIZED	10	16	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	8	16	
Positive Tier Change	BELSOMRA	SLEEP DISORDERS	4	16	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	16	
Positive Tier Change	TWINRIX	VACCINES	12	15	
Positive Tier Change	ZEPOSIA	MULTIPLE SCLEROSIS	2	15	
Positive Tier Change	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	OTHER NON-CATEGORIZED	11	14	
Positive Tier Change	OMNIPOD DASH PODS (GEN 4)	DIABETES	4	14	
Positive Tier Change	FARXIGA	DIABETES	3	14	
Positive Tier Change	AJOVY	MIGRAINE	2	14	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	14	
Positive Tier Change	ABRYSVO	VACCINES	13	13	
Positive Tier Change	EASIVENT	OTHER NON-CATEGORIZED	11	13	
Positive Tier Change	XTAMPZA ER	PAIN	2	13	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	13	
Positive Tier Change	BELBUCA	PAIN	2	13	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	13	
Positive Tier Change	POMALYST	CANCER	1	13	
Positive Tier Change	HAVRIX	VACCINES	10	12	
Positive Tier Change	BD HYPODERMIC NEEDLES 25GX1.5"	OTHER NON-CATEGORIZED	4	12	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	3	12	
Positive Tier Change	PLEGRIDY	MULTIPLE SCLEROSIS	2	12	
Positive Tier Change	FIASP	DIABETES	2	12	
Positive Tier Change	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	OTHER NON-CATEGORIZED	11	11	
Positive Tier Change	AZSTARYS	ADHD	8	11	
Positive Tier Change	NOVOLOG	DIABETES	3	11	
Positive Tier Change	BELBUCA	PAIN	2	11	
Positive Tier Change	DEXCOM G7 RECEIVER	DIABETES	10	10	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC	OTHER NON-CATEGORIZED	10	10	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	10	
Positive Tier Change	GENVOYA	HIV	2	10	
Positive Tier Change	BD NEEDLE/21G 1-1/2"	OTHER NON-CATEGORIZED	2	10	
Positive Tier Change	QUILLICHEW ER	ADHD	2	10	
Positive Tier Change	OPTICHAMBER DIAMOND/LARGEFACE MASK	OTHER NON-CATEGORIZED	8	9	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	OTHER NON-CATEGORIZED	6	9	
Positive Tier Change	LOKELMA	OTHER NON-CATEGORIZED	4	9	
Positive Tier Change	ENSTILAR	DERMATOLOGICS	2	9	
Positive Tier Change	BD HYPODERMIC NEEDLES 16GX1"	OTHER NON-CATEGORIZED	1	9	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	9	
Positive Tier Change	NUCALA	LUNG DISORDERS	1	9	
Positive Tier Change	EPIDIOLEX	ANTICONVULSANT	1	9	
Positive Tier Change	BRUKINSA	CANCER	1	9	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC	OTHER NON-CATEGORIZED	8	8	
Positive Tier Change	ABRYSVO	VACCINES	8	8	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	8	
Positive Tier Change	PREVIDENT 5000 ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	8	
Positive Tier Change	VARIVAX	VACCINES	7	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	4	8	
Positive Tier Change	BD HYPODERMIC NEEDLES 21GX1"	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	PREVIDENT 5000 SENSITIVE	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	TYMLOS	BONE DENSITY	3	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	1	8	
Positive Tier Change	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	8	
Positive Tier Change	PROCHAMBER VALVED HOLDINGCHAMBER	OTHER NON-CATEGORIZED	7	7	
Positive Tier Change	ONETOUCH DELICA PLUS LANCING DEVICE	DIABETES	6	7	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	5	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	4	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	3	7	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	7	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	7	
Positive Tier Change	BELBUCA	PAIN	2	7	
Positive Tier Change	FIASP FLEXTOUCH	DIABETES	2	7	
Positive Tier Change	ENTYVIO PEN	AUTOIMMUNE	1	7	
Positive Tier Change	LAGEVRIO	ANTI-INFECTIVE	6	6	
Positive Tier Change	DIFICID	ANTI-INFECTIVE	5	6	
Positive Tier Change	PRIORIX	VACCINES	5	6	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	5	6	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	4	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	NOVOLOG PENFILL	DIABETES	1	6	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	6	
Positive Tier Change	AEROCHAMBER PLUS FLOW VU MOUTHPIECE	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	EUCRISA	DERMATOLOGICS	4	5	
Positive Tier Change	TIVICAY	HIV	3	5	
Positive Tier Change	LONSURF	CANCER	2	5	
Positive Tier Change	INLYTA	CANCER	1	5	
Positive Tier Change	DUAVEE	ESTROGENS & PROGESTINS	1	5	
Positive Tier Change	FARXIGA	DIABETES	1	5	
Positive Tier Change	HUMALOG TEMPO PEN	DIABETES	1	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	OTHER NON-CATEGORIZED	4	4	
Positive Tier Change	FLUMIST NASAL VACCINE 2024-2025	VACCINES	4	4	
Positive Tier Change	CLIMARA PRO	ESTROGENS & PROGESTINS	3	4	
Positive Tier Change	TRULANCE	GASTROINTESTINAL	2	4	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	4	
Positive Tier Change	BELBUCA	PAIN	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	4	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	1	4	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	1	4	
Positive Tier Change	KISQALI	CANCER	1	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 25 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	MENVEO	VACCINES	3	3	
Positive Tier Change	NEMLUVIO	AUTOIMMUNE	2	3	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	VASCEPA	ANTIHYPERLIPIDEMIC	1	3	
Positive Tier Change	SE-NATAL 19	VITAMINS & SUPPLEMENTS	1	3	
Positive Tier Change	REBIF REBIDOSE	MULTIPLE SCLEROSIS	1	3	
Positive Tier Change	FIASP PENFILL	DIABETES	1	3	
Positive Tier Change	EASY TOUCH FLIPLOCK NEEDLES 25GX1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD NEEDLE/20G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	3	
Positive Tier Change	VEMLIDY	ANTI-INFECTIVE	1	3	
Positive Tier Change	LOTEMAX	OPHTHALMIC	2	2	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	2	
Positive Tier Change	EASIVENT/MASK-SMALL	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	DEXCOM G6 RECEIVER	DIABETES	2	2	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	BD SAFETYGLIDE NEEDLE 25GX1"	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	DIABETES	2	2	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	POMALYST	CANCER	1	2	
Positive Tier Change	KISQALI	CANCER	1	2	
Positive Tier Change	EUCRISA	DERMATOLOGICS	1	2	
Positive Tier Change	DESCOVY	HIV	1	2	
Positive Tier Change	BRILINTA	ANTICOAGULANT	1	2	
Positive Tier Change	BELBUCA	PAIN	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 25GXS/8"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ASMANEX TWISTHALER 120 METERED DOSES	ASTHMA/COPD	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	VELTASSA	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	1	
Positive Tier Change	SOTYKTU	AUTOIMMUNE	1	1	
Positive Tier Change	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
Positive Tier Change	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	1	1	
Positive Tier Change	PENBRAYA	VACCINES	1	1	
Positive Tier Change	OPTICHAMBER DIAMOND/SMALLFACE MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	OMNITROPE	GROWTH HORMONES	1	1	
Positive Tier Change	MICROCHAMBER	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	LOTEMAX SM	OPHTHALMIC	1	1	
Positive Tier Change	LANCETS ULTRA THIN 30G	DIABETES	1	1	
Positive Tier Change	HUMALOG	DIABETES	1	1	
Positive Tier Change	FORA LANCETS	DIABETES	1	1	
Positive Tier Change	FC2 FEMALE CONDOM	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH LANCETS 30G/TWIST	DIABETES	1	1	
Positive Tier Change	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML	DIABETES	1	1	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	1	1	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD PRECISIONGLIDE 23GX1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD NEEDLE/22G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD BLUNT FILL NEEDLE/18G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ASMANEX TWISTHALER 60 METERED DOSES	ASTHMA/COPD	1	1	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx
Negative Tier Change	1240	4704	1.3%
No Disruption	23390	337624	95.7%
Positive Tier Change	2181	10520	3.0%
TOTAL	**1,240**	**352,848**	**100%**

Disclaimers:

**Positive/Negative Tier Change based on brand drugs only*

**Exclusions include both brands and generics*

**Any claim reversals removed from the analysis*

**Unidentified & Inactive NDC's removed from the analysis*

**Vaccines & COVID Test Kits removed*

**R3/Z3 Claims Exlcuded*

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	INSULIN LISPRO	DIABETES	127	579	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Negative Tier Change	NURTEC	MIGRAINE	90	418	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	INSULIN LISPRO KWIKPEN	DIABETES	102	386	HUMALOG INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG KWIK INJ 200/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP INJ 100/ML
Negative Tier Change	UBRELVY	MIGRAINE	93	358	AIMOVIG, AJOVY, EMGALITY
Negative Tier Change	LINZESS	GASTROINTESTINAL	77	207	LUBIPROSTONE CAP 8MCG, MOVANTIK TAB 12.5MG, TRULANCE TAB 3MG
Negative Tier Change	YAZ	ESTROGENS & PROGESTINS	67	182	DROSPIRENONE TAB ETHY EST, LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, NORTREL TAB 7/7/7, LUTERA TAB, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, BLISOVI 24 TAB FE 1/20, AUROVELA TAB 1.5/30, OCELLA TAB 3-0.03MG, NORTREL TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35, NIKKI TAB 3-0.02MG
Negative Tier Change	TRADJENTA	DIABETES	39	157	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, SAXA/METFOR TAB 5-500MG, TRIJARDY XR TAB
Negative Tier Change	UBRELVY	MIGRAINE	38	145	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	LINZESS	GASTROINTESTINAL	34	145	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, MOVANTIK TAB 25MG
Negative Tier Change	QULIPTA	MIGRAINE	44	110	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	NP THYROID 60	THYROID AGENTS	31	108	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	LINZESS	GASTROINTESTINAL	43	98	LUBIPROSTONE CAP 8MCG, MOVANTIK TAB 12.5MG, TRULANCE TAB 3MG
Negative Tier Change	APRISO	GASTROINTESTINAL	18	96	MESALAMINE CAP 0.375GM, MESALAMINE TAB 800MG DR, MESALAMINE TAB 1.2GM, MESALAMINE SUP 1000MG, MESALAMINE ENE 4GM, MESALAMINE CAP 400MG DR, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG DR
Negative Tier Change	NP THYROID 90	THYROID AGENTS	25	88	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	37	75	methotrexate sodium for inj 1 gm, methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml), methotrexate sodium tab 2.5 mg (base equiv)
Negative Tier Change	NP THYROID 30	THYROID AGENTS	22	60	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg, SYNTHROID tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	NP THYROID 15	THYROID AGENTS	19	60	levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg
Negative Tier Change	COMBIGAN	OPHTHALMIC	16	60	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	NP THYROID 120	THYROID AGENTS	13	59	EUTHYROX TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG, SYNTHROID TAB 200MCG
Negative Tier Change	BYDUREON BCISE	DIABETES	8	54	LIRAGLUTIDE INJ 18MG/3ML, OZEMPIC INJ 8MG/3ML, RYBELSUS TAB 14MG, TRULICITY INJ 1.5/0.5, MOUNJARO INJ 2.5/0.5
Negative Tier Change	TESTIM	ANDROGENS	13	52	TESTOSTERONE GEL 1%(50MG), METHYLTESTOS CAP 10MG, TESTOST CYP INJ 100MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	YASMIN 28	ESTROGENS & PROGESTINS	17	50	LO LOESTRIN TAB 1-10-10, LOW-OGESTREL TAB, RECLIPSEN TAB, MILI TAB 0.25/35, FALMINA TAB, LARIN FE TAB 1.5/30, JULEBER TAB, NORTREL TAB 7/7/7, LESSINA TAB, NYMYO TAB 0.25-35, SRONYX TAB, LEVORA-28 TAB 0.15/30, NIKKI TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, NECON TAB 0.5/35, KELNOR TAB 1/35, WYMZYA FE CHW 0.4MG-35, VYFEMLA TAB 0.4-35
Negative Tier Change	TRADJENTA	DIABETES	15	46	METFORMIN TAB 500MG, METFORMIN TAB 500MG ER, GLYXAMBI TAB 10-5 MG, JANUMET TAB 50-500MG, JANUMET XR TAB 100-1000, JANUVIA TAB 50MG, SAXA/METFOR TAB 5-500MG, TRIJARDY XR TAB
Negative Tier Change	CIMZIA	AUTOIMMUNE	9	44	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA PEN INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	INSULIN GLARGINE SOLOSTAR	DIABETES	17	42	TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, GLARGIN YFGN INJ 100U/ML, GLARGIN YFGN SOL 100U/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Negative Tier Change	LEVOBUNOLOL HCL	OPHTHALMIC	13	41	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	BENLYSTA	AUTOIMMUNE	4	30	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	UBRELVY	MIGRAINE	11	29	AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ 120MG/ML
Negative Tier Change	JENTADUETO XR	DIABETES	4	27	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					HYDROMORPHON TAB 4MG, OXYCODONE TAB 5MG, BUTORPHANOL SOL 10MG/ML, CODEINE SULF TAB 15MG, TRAMADOL HCL TAB 50MG, ENDOCET TAB 5-325MG, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325, HYDROCO/APAP TAB 5-325MG, HYDROMORPHON TAB 2MG,
Negative Tier Change	MORPHINE SULFATE	PAIN	18	25	HYDROCOD/IBU TAB 7.5-200, LEVORPHANOL TAB 2MG
					TOUJEO SOLO INJ 300/ML, TOUJEO MAX INJ 300/ML, GLARGIN YFGN INJ 100U/ML, GLARGIN YFGN SOL 100U/ML, SEMGLEE INJ 100U/ML, SEMGLEE INJ 100U/ML, TRESIBA INJ 100UNIT, TRESIBA
Negative Tier Change	INSULIN GLARGINE MAX SOLOSTAR	DIABETES	10	24	FLEX INJ 200UNIT, TRESIBA FLEX INJ 100UNIT, LEVEMIR INJ
Negative Tier Change	RASUVO	PAIN	5	24	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 20MG
Negative Tier Change	SUCRAID	ENZYME DEFICIENCIES	9	23	No Formulary Alternative without diagnosis
					AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ
Negative Tier Change	QULIPTA	MIGRAINE	7	22	120MG/ML
Negative Tier Change	TESTOSTERONE ENANTHATE	ANDROGENS	10	21	Medical Drug, no Formulary Alternative without diagnosis
					BUSPIRONE TAB 10MG, HYDROXYZ HCL TAB 25MG, HYDROXYZ HCL TAB 50MG, HYDROXYZ HCL SYP 10MG/5ML, Hydroxyzine pamoate cap
Negative Tier Change	HYDROXYZINE PAMOATE	ANXIETY	4	21	25 mg, 50 mg
					LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	20	CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
					BREZTRI AERO AER SPHERE, DULERA AER 50-5MCG, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25, BREO ELLIPTA INH 200-25, COMBIVENT AER 20-100, FLUTIC/SALME INH 55/14, TRELEGY AER
Negative Tier Change	BEVESPI AEROSPHERE	ASTHMA/COPD	6	20	200MCG, FLUTIC/SALME AER 100/50
					ESTRADIOL CRE 0.01%, ESTRADIOL TAB 1MG, LYLLANA DIS 0.1MG, DOTTI DIS 0.1MG, ESTRADIOL DIS 0.1MG, ESTRADIOL DIS 0.1MG, PREMARIN TAB 1.25MG, ESTRING MIS 7.5/24HR,
Negative Tier Change	EVAMIST	ESTROGENS & PROGESTINS	5	20	YUVAFEM TAB 10MCG
Negative Tier Change	MORPHINE SULFATE	PAIN	1	20	There is a covered generic equivalent
Negative Tier Change	KETOSTIX	DIABETES	13	17	OTC not covered on pharmacy benefit
					SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg,
Negative Tier Change	THYROID	THYROID AGENTS	6	17	300 mcg (Synthroid)
					HUMALOG JR INJ 100/ML, HUMALOG KWIK INJ 100/ML, HUMALOG INJ 100/ML, LYUMJEV INJ 100UT/ML, LYUMJEV KWPN INJ 200UT/ML, LYUMJEV KWPN INJ 100UT/ML, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH, NOVOLOG INJ RELION, NOVOLOG INJ FLEX REL, NOVOLOG INJ PENFILL, NOVOLOG INJ 100/ML, FIASP
Negative Tier Change	INSULIN LISPRO JUNIOR KWIKPEN	DIABETES	4	15	INJ 100/ML
					DROS/ETH EST TAB LEVOMEFO, OCELLA TAB 3-0.03MG, DROSPIR/ETHI TAB 3-0.03MG, DROSPIRENONE TAB ETHY EST, JASMIEL TAB 3-0.02MG, ZUMANDIMINE TAB 3-0.03MG, LO-ZUMANDIMI TAB 3-0.02MG, NIKKI TAB 3-0.02MG, VESTURA TAB 3-0.02MG, SYEDA
Negative Tier Change	NATAZIA	ESTROGENS & PROGESTINS	4	14	TAB 3-0.03MG, LORYNA TAB 3-0.02MG
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	13	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
					ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, HUMIRA INJ 40/0.4ML, OTEZLA TAB 20MG, SIMLANDI 1PN KIT 40/0.4ML, SKYRIZI INJ 180/1.2, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, OMVOH INJ
Negative Tier Change	SIMPONI	AUTOIMMUNE	4	13	100MG/ML, TYENNE INJ 162MG, ZEPOSIA CAP 0.92MG
Negative Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	12	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	OTHER NON-CATEGORIZED	5	12	Device, Check Medical Benefit
					SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg,
Negative Tier Change	THYROID	THYROID AGENTS	4	12	300 mcg (Synthroid)
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB
Negative Tier Change	JENTADUETO XR	DIABETES	3	12	1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
					METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB
Negative Tier Change	JENTADUETO	DIABETES	3	12	1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
					TADALAFIL TAB 20MG, AMBRISENTAN TAB 5MG, SILDENAFIL TAB 20MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, UPTRAVI
Negative Tier Change	ADEMPAS	PULMONARY HYPERTENSION	1	12	TAB 400MCG, TREPROSTINIL INJ 5MG/ML
Negative Tier Change	JYNARQUE	ENDOCRINE	1	12	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
					CICLOPIROX GEL 0.77%, ECONAZOLE CRE 1%, CICLOPIROX CRE
Negative Tier Change	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	0.77%, KETOCONAZOLE CRE 2%, CICLOPIROX SUS 0.77%
					Available OTC, Prenatal 19 - prenatal vit w/fe fumarate-fa chew tab 29-1 mg, Prenatal U - prenatal vit w/o a vit w/fe fumarate-fa cap 106.5-1mg, SE-NATAL 19 – prenatal vit w/ fe fumarate-fachew tab 29-1 mg, SE-NATAL 19 – prenatal vit w/ dss-fefumarate-fa tab 29-1 mg,
Negative Tier Change	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	7	11	TRINATE – prenatal vit w/ fe fumarate-fa tab28-1 mg
Negative Tier Change	SPINOSAD	DERMATOLOGICS	8	10	MALATHION LOT 0.5%, PERMETHRIN CRE 5%
					SEVELAM CARB TAB 800MG, CALC ACETATE CAP 667MG, CALC ACETATE TAB 667MG, LANTHANUM CHW 500MG, SEVELAM CARB
Negative Tier Change	VELPHORO	GASTROINTESTINAL	4	10	POW 0.8GM, SEVELAM HCL TAB 800MG
Negative Tier Change	NORDITROPIN FLEXPRO	GROWTH HORMONES	2	10	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML
Negative Tier Change	PHENELZINE SULFATE	DEPRESSION	1	10	SELEGILINE TAB 5MG, TRANYLCYPROM TAB 10MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	10	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	M-M-R II	VACCINES	8	9	no alternative
					COLCHICINE CAP 0.6MG, COLCHICINE TAB 0.6MG, ALLOPURINOL TAB 300MG, ALLOPURINOL TAB 100MG, FEBUXOSTAT TAB 80MG,
Negative Tier Change	MITIGARE	OTHER NON-CATEGORIZED	2	9	FEBUXOSTAT TAB 40MG, ALLOPURINOL TAB 200MG
					CARB/LEVO TAB 10-100MG, ROPINIROLE TAB 1MG, PRAMIPEXOLE
Negative Tier Change	TRIHEXYPHENIDYL HCL	PARKINSON	1	9	TAB 0.25MG
					NALOXONE SPR 4MG, NALOXONE HCL SOL 0.4MG/ML, KLOXXADO
Negative Tier Change	NARCAN	OTHER NON-CATEGORIZED	8	8	SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
					HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	7	8	2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
					AIMOVIG INJ 70MG/ML, AJOVY INJ 225/1.5, EMGALITY INJ
Negative Tier Change	QULIPTA	MIGRAINE	4	8	120MG/ML
Negative Tier Change	TRIMETHOPRIM	ANTI-INFECTIVE	2	8	Obsolete NDC
					MOUNJARO INJ 2.5/0.5, OZEMPIC INJ 4MG/3ML, RYBELSUS
Negative Tier Change	VICTOZA	DIABETES	4	7	TAB 14MG, TRULICITY INJ 1.5/0.5, LIRAGLUTIDE INJ 18MG/3ML
					HUMALOG MIX INJ 50/50KWP, HUMALOG MIX INJ 75/25KWP, NOVOLIN INJ 70/30, NOVOLIN INJ 70/30 FP, NOVOLIN INJ 70/30 FP, NOVOLIN70/30 INJ RELION, NOVOLOG MIX INJ 70/30, NOVOLOG MIX INJ FLEXPEN, NOVOLOG RELI INJ 70/30, HUMULIN
Negative Tier Change	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	DIABETES	2	7	INJ 70/30KWP
					CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	2	7	TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	NUTROPIN AQ NUSPIN 10	GROWTH HORMONES	1	7	GENOTROPIN INJ 0.2MG, OMNITROPE INJ 5/1.5ML

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OPHTHALMIC	6	6	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Negative Tier Change	CROMOLYN SODIUM	OPHTHALMIC	6	6	KETOROLAC SOL 0.5%, AZELASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, OLOPATADINE SOL 0.2%, EPINASTINE DRO 0.05%
Negative Tier Change	PROCTOFOAM HC	OTHER NON-CATEGORIZED	6	6	hydrocortisone acetate suppos 25 mg, CORTIFOAM AER 90MG, hydrocortisone perianal cream 2.5%, hydrocortisone enema 100 mg/60ml
Negative Tier Change	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	6	6	GAVILYTE-G SOL, PEG-3350 SOL ELECTROL, PEG-3350/KCL SOL /SODIUM, GAVILYTE-N SOL FLAV PK, PEG/NASUL/C/ SOL NACL/POT, PEG/NASUL/C/ SOL NACL/POT
Negative Tier Change	SURE COMFORT PEN NEEDLES 31GX3/16" (5MM)	DIABETES	4	6	Device, Check Medical Benefit
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	4	6	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	RELION PEN NEEDLES 31G X 6MM	DIABETES	3	6	Device, Check Medical Benefit
Negative Tier Change	TRIMETHOPRIM	ANTI-INFECTIVE	2	6	SMZ-TMP TAB 400-80MG, NITROFURANTN CAP 100MG, NITROFURMAC CAP 100MG, NITROFURANTN SUS 25MG/5ML, NITROFUR MAC CAP 50MG
Negative Tier Change	3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	OTHER NON-CATEGORIZED	2	6	Device, Check Medical Benefit
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	6	EUTHYROX TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG, SYNTHROID TAB 100MCG
Negative Tier Change	SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	OTHER NON-CATEGORIZED	1	6	Device, Check Medical Benefit
Negative Tier Change	NARCAN	OTHER NON-CATEGORIZED	5	5	NALOXONE SPR 4MG, NALOXONE HCL SOL 0.4MG/ML, KLOXXADO SPR 8MG, REXTOVY SPR 4/0.25ML, OPVEE SPR 2.7/0.1
Negative Tier Change	MAXIDEX	OPHTHALMIC	4	5	prednisolone acetate ophth susp 1% (Pred forte)
Negative Tier Change	KETOSTIX	DIABETES	4	5	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	PODOFILOX	DERMATOLOGICS	4	5	IMIQUIMOD CRE 5%, IMIQUIMOD CRE 3.75%
Negative Tier Change	NESINA	DIABETES	3	5	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, SAXA/METFOR TAB 2.5-1000
Negative Tier Change	CALCIPOTRIENE	DERMATOLOGICS	3	5	CALCIPOTRIEN CRE 0.005%, CALCIPOTRIEN OIN 0.005%, TAZAROTENE CRE 0.1%, CALCITRENE OIN 0.005%, TAZAROTENE CRE 0.05%, TAZAROTENE GEL 0.1%, TAZAROTENE GEL 0.05%
Negative Tier Change	MORPHINE SULFATE	PAIN	3	5	METHADONE SOL 10MG/5ML, METHADONE SOL 5MG/5ML, FENTANYL DIS 25MCG/HR, HYDROMORPHON LIQ 1MG/ML, OXYMORPHONE TAB HCL 5MG, HYDROMORPHON TAB 4MG, METHADONE TAB 10MG, OXYCODONE TAB 5MG
Negative Tier Change	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	2	5	ATOVAQ/PROGU TAB 250-100, MEFLOQUINE TAB 250MG
Negative Tier Change	THYROID	THYROID AGENTS	2	5	SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg, 300 mcg (Synthroid)
Negative Tier Change	COMBIGAN	OPHTHALMIC	2	5	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	RELION PEN NEEDLES 32G X 4MM	DIABETES	2	5	OTC not covered on pharmacy benefit
Negative Tier Change	HYDROCODONE BITARTRATE ER	PAIN	1	5	OXYCODONE TAB 10MG, XTAMPZA ER CAP 18MG, HYDROCO/APAP TAB 10-325MG, FENTANYL DIS 25MCG/HR, OXYMORPHONE TAB HCL 10MG, HYDROMORPHON TAB 2MG, CODEINE SULF TAB 15MG, METHADONE TAB 5MG, TRAMADOL HCL TAB 50MG
Negative Tier Change	RASUVO	PAIN	1	5	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 25MG
Negative Tier Change	HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	ALLERGY	4	4	No Formulary alternative
Negative Tier Change	KETONE	DIABETES	4	4	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	CLEVER CHOICE COMFORT EZ PEN NEEDLES 32GX4MM	DIABETES	4	4	Device, Check Medical Benefit
Negative Tier Change	CLEOCIN	OTHER NON-CATEGORIZED	4	4	CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Negative Tier Change	COMBIGAN	OPHTHALMIC	3	4	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOL/TIMOL SOL 2%-0.5%
Negative Tier Change	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	PROPRANOLOL SOL 40MG/5ML, PROPRANOLOL TAB 40MG, PINDOLOL TAB 10MG, SOTALOL HCL TAB 80MG, PROPRANOLOL CAP 160MG ER, TIMOLOL MAL TAB 10MG
Negative Tier Change	NUEDEXTA	OTHER NON-CATEGORIZED	2	4	amitriptyline hcl tab, ESCITALOPRAM TAB 20MG, CITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, PAROXETINE TAB 40MG,FLUOXETINE TAB 20MG
Negative Tier Change	JENTADUETO	DIABETES	2	4	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	4	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	DROXIA	BLOOD MODIFIERS	1	4	HYDROXYUREA CAP 500MG
Negative Tier Change	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	4	Device, Check Medical Benefit
Negative Tier Change	TRUQAP	CANCER	1	4	No Formulary Alternative without diagnosis
Negative Tier Change	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	DIABETES	1	4	Device, Check Medical Benefit
Negative Tier Change	ALREX	OPHTHALMIC	1	4	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%, EPINASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, BEPOTASTINE DRO 1.5% OP
Negative Tier Change	DEXAMETHASONE SODIUM PHOSPHATE	OPHTHALMIC	3	3	FLUOROMETHOL SUS 0.1% OP, PRED SOD PHO SOL 1% OP, LOTEPREDNOL SUS 0.5%
Negative Tier Change	SURE COMFORT PEN NEEDLES 32GX5/32"	DIABETES	3	3	Device, Check Medical Benefit
Negative Tier Change	BD INTEGRA SYRINGE/3ML/25G X 5/8	OTHER NON-CATEGORIZED	3	3	Device, Check Medical Benefit
Negative Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	3	3	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ENGERIX-B	VACCINES	2	3	no alternative
Negative Tier Change	RASUVO	PAIN	2	3	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 15MG
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	3	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	NUEDEXTA	OTHER NON-CATEGORIZED	1	3	amitriptyline hcl tab, ESCITALOPRAM TAB 20MG, CITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, PAROXETINE TAB 40MG,FLUOXETINE TAB 20MG
Negative Tier Change	ALPHAGAN P	OPHTHALMIC	1	3	BRIMONIDINE SOL 0.1% OP, BRIMONIDINE SOL 0.2% OP, BRIMONIDINE SOL 0.15%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRINZOLAMIDE SUS 1%, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, TRAVOPROST DRO 0.004%
Negative Tier Change	ULTICARE PEN NEEDLES 31G X 5MM/MINI	DIABETES	1	3	Device, Check Medical Benefit
Negative Tier Change	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	3	LITHIUM CARB TAB 300MG, LITHIUM CARB TAB 300MG ER, LITHIUM CARB TAB 450MG ER, LITHIUM SOL 8MEQ/5ML
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	3	EUTHYROX TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG, SYNTHROID TAB 150MCG
Negative Tier Change	SURE COMFORT PEN NEEDLES 29GX1/2" 12.7MM	DIABETES	1	3	Device, Check Medical Benefit
Negative Tier Change	JYNARQUE	ENDOCRINE	1	3	TOLVAPTAN TAB 30MG, TOLVAPTAN TAB 15MG
Negative Tier Change	PREVYMIS	ANTI-INFECTIVE	1	3	VALGANCICLOV TAB 450MG, VALGANCICLOV SOL 50MG/ML, GANCICLOVIR INJ 500MG
Negative Tier Change	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	2	2	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	2	2	hydrocortisone acetate suppos 25 mg, CORTIFOAM AER 90MG, hydrocortisone perianal cream 2.5%, hydrocortisone enema 100 mg/60ml

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
					CEFADROXIL SUS 250/5ML, CEFDINIR SUS 125/5ML, CEFADROXIL CAP 500MG, CEFIXIME SUS 200/5ML, CEFPROZIL TAB 250MG, CEPHALEXIN SUS 125/5ML, CEFAZOLIN INJ 1GM, CEPHALEXIN CAP 500MG, CEFOTETAN INJ 2GM, CEFUROXIME INJ 750MG, CEFOXITIN
Negative Tier Change	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	2	2	INJ 1GM
Negative Tier Change	ENGERIX-B	VACCINES	2	2	no alternative
Negative Tier Change	MECLOFENAMATE SODIUM	PAIN	2	2	DICLOFENAC TAB 50MG DR, ETODOLAC CAP 200MG, NAPROXEN TAB 500MG, OXAPROZIN TAB 600MG, NABUMETONE TAB 500MG, MELOXICAM TAB 7.5MG, IBUPROFEN TAB 600MG, DICLOFEN POT TAB 50MG, IBU TAB 600MG, INDOMETHACIN CAP 50MG, SULINDAC TAB 200MG, NAPROXEN SOD TAB 275MG, KETOROLAC TAB 10MG, ETODOLAC ER TAB 500MG, INDOMETHACIN CAP 75MG ER, PIROXICAM CAP 20MG
Negative Tier Change	BETIMOL	OPHTHALMIC	2	2	betaxolol solution, dorzolamide solution, dorzolamide/timolol solution, timolol solution
Negative Tier Change	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	2	2	Device, Check Medical Benefit
Negative Tier Change	CLEOCIN	OTHER NON-CATEGORIZED	2	2	CLINDAMYCIN CAP 150MG, CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG, TINIDAZOLE TAB 250MG, SOLOSEC GRA 2GM
Negative Tier Change	CIMZIA STARTER KIT	AUTOIMMUNE	2	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA PEN INJ 40/0.4ML, SIMLANDI 1PN KIT 40/0.4ML, COSENTYX PEN INJ 150MG/ML, ENBREL SRCLK INJ 50MG/ML, ENTYVIO PEN INJ 108/0.68, OTEZLA TAB 20MG, SKYRIZI INJ 180/1.2, SOTYKTU TAB 6MG, STELARA INJ 90MG/ML, TREMFYA INJ 200/2ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	1	2	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE	DERMATOLOGICS	1	2	HYDROCORT CRE 2.5%, HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	OLUMIANT	AUTOIMMUNE	1	2	ADALIMU-AATY KIT 40/0.4ML, ADALIMU-ADAZ INJ 40/0.4ML, HUMIRA KIT 40MG/0.8, SIMLANDI 1PN KIT 40/0.4ML, ENBREL SRCLK INJ 50MG/ML, TYENNE INJ 162MG, RINVOQ TAB 15MG ER, XELJANZ TAB 5MG, XELJANZ XR TAB 11MG, SIMPONI INJ 100MG/ML
Negative Tier Change	MORPHINE SULFATE ER	PAIN	1	2	MORPHINE SUL TAB 15MG ER, XTAMPZA ER CAP 9MG, FENTANYL DIS 25MCG/HR, MORPHINE SUL TAB 30MG ER, HYDROMORPHON TAB 8MG ER, HYDROCODONE TAB 30MG ER, TRAMADOL HCL TAB 100MG ER, NUCYNTA ER TAB 100MG, TRAMADOL HCL TAB 300MG ER
Negative Tier Change	ELMIRON	OTHER NON-CATEGORIZED	1	2	No Formulary Alternative without diagnosis
Negative Tier Change	ALOGLIPTIN	DIABETES	1	2	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, SAXA/METFOR TAB 2.5-1000
Negative Tier Change	AMITIZA	GASTROINTESTINAL	1	2	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15, BISACODYL TAB 5MG EC, SENNA S TAB 8.6-50MG, SENNA-TIME S TAB 8.6-50MG, SENNA-TIME TAB 8.6MG, SENNA SYP 8.8MG, DOK TAB 100MG, DOCUSATE SOD CAP 250MG, DOCUSATE SOD LIQ 50MG/5ML, CLEARLAX POW, SM FIBER POW 51.7%, MOVANTIK, SYMPROIC, TRULANCE
Negative Tier Change	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	OPHTHALMIC	1	2	NEO/POLY/DEX SUS 0.1% OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO-POLYCIN OIN HC 1%OP
Negative Tier Change	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	2	Device, Check Medical Benefit
Negative Tier Change	RECOMBINATE	HEMOPHILIA	1	2	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	RECOMBINATE	HEMOPHILIA	1	2	Medical Drug, no Formulary Alternative without diagnosis
Negative Tier Change	INSULIN SYRINGE/1ML/30G X 5/16"	DIABETES	1	2	Device, Check Medical Benefit
Negative Tier Change	ONETOUCH VERIO REFLECT	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ONETOUCH ULTRA 2	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	1	BETA HC LOT 1%, HYDROCORT CRE 2.5%, ALCLOMETASON CRE 0.05%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, DESONIDE CRE 0.05%
Negative Tier Change	ONETOUCH ULTRA	DIABETES	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	NYSTATIN	OTHER NON-CATEGORIZED	1	1	CLOTRIMAZOLE TRO 10MG
Negative Tier Change	FOCALIN	ADHD	1	1	DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID SOL 5MG/5ML, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG
Negative Tier Change	AUSTEDO	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	CARTEOLOL HCL	OPHTHALMIC	1	1	TIMOLOL MAL SOL 0.5% OP, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MAL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, BRIMONIDINE SOL 0.2% OP, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRIMONIDINE SOL 0.1% OP, BRINZOLAMIDE SUS 1%, TRAVOPROST DRO 0.004%
Negative Tier Change	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PRED SOD PHO SOL 1% OP, LOTEPREDNOL SUS 0.2%, DIFLUPREDNAT EMU 0.05%
Negative Tier Change	FML LIQUIFILM	OPHTHALMIC	1	1	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL GEL 0.5% OP, LOTEPREDNOL SUS 0.5%, LOTEMAX OIN 0.5%, LOTEMAX SM GEL 0.38%, PRED SOD PHO SOL 1% OP, LOTEPREDNOL SUS 0.2%, DIFLUPREDNAT EMU 0.05%
Negative Tier Change	NICORETTE MINI	OTHER NON-CATEGORIZED	1	1	Obsolete NDC, available OTC
Negative Tier Change	CAPLYTA	ANTIPSYCHOTIC	1	1	ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 100MG, RISPERIDONE TAB 2MG, ARIPIPRAZOLE TAB 10MG ODT, ASENAPINE SUB 5MG, CLOZAPINE TAB 100/ODT, CLOZAPINE TAB 100MG, OLANZAPINE TAB 5MG ODT, PALIPERIDONE TAB ER 6MG, QUETIAPINE TAB 50MG ER, RISPERIDONE TAB 2MG ODT, ZIPRASIDONE CAP 40MG, REXULTI TAB 2MG, VRAYLAR CAP 3MG, LURASIDONE TAB 60MG, RISPERIDONE INJ 25MG ER
Negative Tier Change	FIRDAPSE	AUTOIMMUNE	1	1	pyridostigmine 60 mg, pyridostigmine ER 100 mg, pyridostigmine sol 60 mg/5 mL
Negative Tier Change	EUCRISA	DERMATOLOGICS	1	1	TACROLIMUS OIN 0.03%, 0.1%, HYDROCORT IN 2.5%, HYDROCORT CREAM2.5%, MOMETASONE OIN 0.1%, MOMETASONE CREAM 0.1%, TRIAMCINOLON OIN/Cream/Lotion 0.025% 0.1%, 0.5%, FLUOCINONIDE OIN/Cream/Soln/ 0.05%, BETAMETH VAL OIN 0.1%, BETAMETH DIP OIN/CREAM/LOTION 0.05%, FLUOCIN ACET OIN/GEL/CREAM/SOLN 0.025%, FLUTICASONE OIN 0.005%, D HALOBETASOL OIN 0.05%, HC VALERATE OIN 0.2%
Negative Tier Change	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	METHYLPHENID TAB 27MG ER, METHYLPHENID TAB 20MG, AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 30MG ER, DEXMETHYLPHE CAP 5MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, METHYLPHENID CAP 30MG CD, METHYLPHENID CAP 30MG ER, METHYLPHENID CAP 30MG ER, METHYLPHENID PAD 20MG/9HR, METHYLPHENID TAB 20MG ER, ZENZEDI TAB 10MG, AMPHET/DEXTR CAP 5MG ER, ATOMOXETINE CAP 80MG, CLONIDINE TAB 0.1MG ER, DEXTROAMPHET CAP 5MG ER, GUANFACINE TAB 4MG ER
Negative Tier Change	XYOSTED	ANDROGENS	1	1	DEPO-TESTOST INJ 200MG/ML, METHYLTESTOS CAP 10MG, TESTOST CYP INJ 200MG/ML, TESTOSTERONE GEL 1%(25MG), TESTOSTERONE GEL 1%(50MG), TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL 1.62%, TESTOSTERONE GEL PUMP 1%, TESTOSTERONE SOL 30MG/ACT
Negative Tier Change	METHYLIN	ADHD	1	1	METHYLPHENID SOL 5MG/5ML, DEXMETHYLPH TAB 5MG, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 10MG, DEXTROAMPHET SOL 5MG/5ML, DEXTROAMPHET TAB 10MG, METHYLPHENID CHW 10MG, METHYLPHENID TAB 10MG, PROCENTRA SOL 5MG/5ML, ZENZEDI TAB 10MG

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Negative Tier Change	VIIBRYD	DEPRESSION	1	1	VILAZODONE TAB 10MG, DULOXETINE CAP 30MG, VENLAFAXINE CAP 150MG ER, BUPROPION TAB 100MG, BUPROPION TAB 150MG SR, BUPROPION TAB 150MG XL, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 20MG, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 30MG, SERTRALINE TAB 100MG, VENLAFAXINE TAB 25MG, DESVENLAFAX TAB 50MG ER, FLUOXETINE TAB 20MG, PAROXETIN ER TAB 12.5MG, VENLAFAXINE TAB 75MG ER
Negative Tier Change	ADDERALL XR	ADHD	1	1	AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 25MG ER, DEXTROAMPHET CAP 10MG ER, LISDEXAMFETA CAP 30MG, LISDEXAMFETA CHW 30MG, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 20MG ER, METHYLPHENID CAP 40MG CD, METHYLPHENID PAD 20MG/9HR, METHYLPHENID TAB 20MG ER, METHYLPHENID TAB 27MG ER
Negative Tier Change	AMITIZA	GASTROINTESTINAL	1	1	LUBIPROSTONE CAP 8MCG, TRULANCE TAB 3MG, ENULOSE SOL 10GM/15, GENERLAC SOL 10GM/15, LACTULOSE SOL 10GM/15, CONSTULOSE SOL 10GM/15, BISACODYL TAB 5MG EC, SENNA S TAB 8.6-50MG, SENNA-TIME S TAB 8.6-50MG, SENNA-TIME TAB 8.6MG, SENNA SYP 8.8MG, DOK TAB 100MG, DOCUSATE SOD CAP 250MG, DOCUSATE SOD LIQ 50MG/5ML, CLEARLAX POW, SM FIBER POW 51.7%, MOVANTIK, SYMPROIC, TRULANCE
Negative Tier Change	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	1	METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG
Negative Tier Change	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Negative Tier Change	TYVASO DPI MAINTENANCE KIT	PULMONARY HYPERTENSION	1	1	ALYQ TAB 20MG, AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, SILDENAFIL TAB 20MG, TADALAFIL TAB 20MG, OPSUMIT TAB 10MG, UPTRAVI TAB 200MCG
Negative Tier Change	DESOXIMETASONE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%
Negative Tier Change	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	desmopressin tab 0.1 mg, desmopressin inj 4 mcg/mL; there is a covered generic equivalent DESMOPRESSIN SPR 0.01%
Negative Tier Change	TREXALL	OTHER NON-CATEGORIZED	1	1	METHOTREXATE INJ 250/10ML, METHOTREXATE INJ 1GM, METHOTREXATE TAB 2.5MG, OTREXUP INJ 10MG, ACITRETIN CAP 25MG, AZATHIOPRINE TAB 50MG, CALCIPOTRIEN CRE 0.005%, CYCLOSPORINE CAP 50MG MOD, HYDROXYCHLOR TAB 200MG, LEFLUNOMIDE TAB 20MG, SULFASALAZIN TAB 500MG DR, TAZAROTENE CRE 0.1%, TAZAROTENE GEL 0.1%, CALCIPOTRIEN OIN 0.005%
Negative Tier Change	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, TRIAMCINOLON OIN 0.1%, BETAMETH DIP CRE 0.05%, CLOBETASOL OIN 0.05%, CLOBETASOL CRE 0.05%, CLOBETASOL SOL 0.05%, CLOBETASOL GEL 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET SOL 0.01%, CLOBETASOL E CRE 0.05%, BETA DIPROP OIN 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE CRE 0.1%, HALOBETASOL CRE 0.05%, CLOBETASOL AER 0.05%, CLOBETASOL AER 0.05%, CLOBETASOL SPR 0.05%, HALOBETASOL OIN 0.05%
Negative Tier Change	TIROSINT-SOL	THYROID AGENTS	1	1	EUTHYROX TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG, SYNTHROID TAB 137MCG SYNTHROID- levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg,125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg; levothyroxine sodium tab 25 mcg,50 mcg, 75 mcg, 88 mcg,100 mcg, 112 mcg, 125 mcg,137 mcg, 150 mcg, 175 mcg,200 mcg,
Negative Tier Change	THYROID	THYROID AGENTS	1	1	300 mcg (Synthroid)
Negative Tier Change	CORLANOR	OTHER NON-CATEGORIZED	1	1	IVABRADINE TAB 7.5MG
Negative Tier Change	TEXACORT	DERMATOLOGICS	1	1	HYDROCORT CRE 2.5%, HYDROCORT OIN 2.5%
Negative Tier Change	SURE COMFORT PEN NEEDLES 31GX5/16" (8MM)	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	1	1	DESONIDE OIN 0.05%, DESONIDE CRE 0.05%, FLUOCIN ACET CRE 0.01%, TRIAMCINOLON CRE 0.025%, FLUOCIN ACET SOL 0.01%, DESONIDE LOT 0.05%, FLUOCIN ACET OIL 0.01% SC, FLUOCIN ACET OIL 0.01%BDY, TRIAMCINOLON LOT 0.025%
Negative Tier Change	ALREX	OPHTHALMIC	1	1	LOTEPREDNOL SUS 0.2%, AZELASTINE DRO 0.05%, LOTEPREDNOL SUS 0.5%, EPINASTINE DRO 0.05%, OLOPATADINE DRO 0.1%, BEPOTASTINE DRO 1.5% OP
Negative Tier Change	KAZANO	DIABETES	1	1	METFORMIN TAB 500MG, METFORMIN TAB 750MG ER, GLYXAMBI TAB 25-5 MG, JANUMET TAB 50-1000, JANUMET XR TAB 50-500MG, JANUVIA TAB 25MG, TRIJARDY XR TAB, METFORMIN SOL 500/5ML, METFORMN MOD TAB 500MG ER, METFORMN OSM TAB 1000 ER, SAXA/METFOR TAB 2.5-1000, SAXAGLIPTIN TAB 2.5MG
Negative Tier Change	JYNARQUE	ENDOCRINE	1	1	TOLVAPTAN TAB 15MG, TOLVAPTAN TAB 30MG
Negative Tier Change	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	1	Device, Check Medical Benefit
Negative Tier Change	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	1	Device, Check Medical Benefit
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG
Negative Tier Change	CLEMASTINE FUMARATE	ALLERGY	1	1	Obsolete NDC
Negative Tier Change	PREDNISONE INTENSOL	CORTICOSTEROIDS	1	1	PREDNISOLONE SOL 15MG/5ML, PREDNISONE SOL 5MG/5ML, PRED SOD PHO SOL 5MG/5ML, METHYLPRED TAB 16MG, PREDNISONE TAB 2.5MG, HYDROCORT TAB 20MG, DEXAMETHASON TAB 0.5MG DEXAMETHASON TAB 0.5MG, PREDNISONE TAB 2.5MG, HYDROCORT
Negative Tier Change	PREDNISOLONE SODIUM PHOSPHATE ODT	CORTICOSTEROIDS	1	1	TAB 20MG, PREDNISOLONE SOL 15MG/5ML
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
Negative Tier Change	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	CLARITHROMYC TAB 500MG ER, CLARITHROMYC TAB 250MG, CLARITHROMYC TAB 500MG
Negative Tier Change	PIMOZIDE	OTHER NON-CATEGORIZED	1	1	CLONIDINE TAB 0.2MG, RISPERIDONE TAB 1MG, TOPIRAMATE TAB 25MG, CLONIDINE DIS 0.1/24HR, RISPERIDONE TAB 1MG ODT, TOPIRAMATE CAP 25MG, ARIPIPRAZOLE TAB 5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 5MG ODT, ARIPIPRAZOLE TAB 10MG ODT, QUETIAPINE TAB 50MG ER, GUANFACINE TAB 2MG, GUANFACINE TAB 1MG ER, FLUPHENAZINE TAB 2.5MG, TETRABENAZIN TAB 12.5MG
Negative Tier Change	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	PENICILLN VK TAB 250MG, PENICILLN VK TAB 500MG
Negative Tier Change	HYPERSAL	ALLERGY	1	1	PULMOSAL NEB 7%, SOD CHLORIDE NEB 3%, NEBUSAL NEB 3%, SOD CHLORIDE NEB 0.9%
Negative Tier Change	OPILL	ESTROGENS & PROGESTINS	1	1	Available OTC, Products not covered on Pharmacy Benefit
Negative Tier Change	ALPHAGAN P	OPHTHALMIC	1	1	BRIMONIDINE SOL 0.1% OP, BRIMONIDINE SOL 0.2% OP, BRIMONIDINE SOL 0.15%, DORZOL/TIMOL SOL 2-0.5%OP, DORZOLAMIDE SOL 2% OP, LATANOPROST SOL 0.005%, TIMOLOL MAL SOL 0.5% OP, SIMBRINZA SUS 1-0.2%, BIMATOPROST SOL 0.03% OP, BRIMO/TIMOLO SOL 0.2/0.5%, BRINZOLAMIDE SUS 1%, TIMOLOL GEL SOL 0.5% OP, TIMOLOL MALE SOL 0.5%, TRAVOPROST DRO 0.004%
Negative Tier Change	AUSTEDO XR	OTHER NON-CATEGORIZED	1	1	TETRABENAZIN TAB 12.5MG, TETRABENAZIN TAB 25MG
No Disruption	PANTOPRAZOLE SODIUM	PPIs	593	1767	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	564	1702	
No Disruption	JARDIANCE	DIABETES	361	1679	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	834	1663	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	567	1615	
No Disruption	OZEMPIC	DIABETES	351	1540	
No Disruption	OZEMPIC	DIABETES	401	1530	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	513	1389	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	442	1362	
No Disruption	OZEMPIC	DIABETES	239	1335	
No Disruption	JARDIANCE	DIABETES	282	1249	
No Disruption	LANTUS SOLOSTAR	DIABETES	288	1244	
No Disruption	MELOXICAM	PAIN	454	1161	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	369	1141	
No Disruption	PREDNISONE	CORTICOSTEROIDS	940	1114	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	540	1049	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	920	1044	
No Disruption	ELIQUIS	ANTICOAGULANT	220	1032	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	567	1019	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MOUNJARO	DIABETES	347	983	
No Disruption	OMEPRAZOLE	PPIs	390	958	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	313	953	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	834	927	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	611	922	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	283	907	
No Disruption	MOUNJARO	DIABETES	258	904	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	512	902	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	305	896	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	294	881	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	482	830	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	289	829	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	449	808	
No Disruption	OMEPRAZOLE	PPIs	280	797	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	313	778	
No Disruption	MELOXICAM	PAIN	306	759	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	289	736	
No Disruption	SERTRALINE HCL	DEPRESSION	238	715	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	243	706	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	250	693	
No Disruption	OMEPRAZOLE	PPIs	258	688	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	512	669	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	513	666	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	566	659	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	468	656	
No Disruption	OMEPRAZOLE	PPIs	189	643	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	195	638	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	266	627	
No Disruption	HUMIRA PEN	AUTOIMMUNE	71	618	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	609	
No Disruption	MOUNJARO	DIABETES	202	604	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	502	600	
No Disruption	MOUNJARO	DIABETES	255	587	
No Disruption	OMEPRAZOLE DR	PPIs	203	585	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	210	583	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	445	582	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	494	580	
No Disruption	CEFDINIR	ANTI-INFECTIVE	504	567	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	202	566	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	172	565	
No Disruption	MELOXICAM	PAIN	180	563	
No Disruption	MELOXICAM	PAIN	214	555	
No Disruption	XARELTO	ANTICOAGULANT	126	555	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	438	538	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	259	538	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	306	535	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	208	531	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	222	529	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	192	518	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	177	517	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	198	516	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	179	516	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	143	514	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	224	510	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	153	510	
No Disruption	DUPIXENT	AUTOIMMUNE	64	509	
No Disruption	SERTRALINE HCL	DEPRESSION	179	505	
No Disruption	MOUNJARO	DIABETES	98	501	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	349	495	
No Disruption	IBUPROFEN	PAIN	349	488	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	70	487	
No Disruption	ALPRAZOLAM	ANXIETY	119	485	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	188	484	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	441	478	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	167	475	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	324	470	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	148	469	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	183	464	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	181	458	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	192	452	
No Disruption	GABAPENTIN	ANTICONVULSANT	124	445	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	81	442	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	175	441	
No Disruption	SPRINTEC 28	ESTROGENS & PROGESTINS	132	438	
No Disruption	VYVANSE	ADHD	131	436	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	346	423	
No Disruption	GABAPENTIN	ANTICONVULSANT	127	419	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	162	417	
No Disruption	TOUJEO SOLOSTAR	DIABETES	94	417	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	108	415	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	376	414	
No Disruption	SHINGRIX	VACCINES	309	413	
No Disruption	EMGALITY	MIGRAINE	65	413	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	355	411	
No Disruption	MOUNJARO	DIABETES	127	411	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	380	409	
No Disruption	OMEPRAZOLE	PPIs	188	405	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	162	402	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	119	402	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	119	401	
No Disruption	VYVANSE	ADHD	140	400	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	119	400	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	305	398	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	156	397	
No Disruption	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	DIABETES	64	397	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	163	395	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	139	395	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	117	395	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	129	392	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	288	389	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	187	389	
No Disruption	OMEPRAZOLE	PPIs	172	389	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	106	385	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	146	380	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	351	378	
No Disruption	HUMALOG KWIKPEN	DIABETES	97	378	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	340	375	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	337	374	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	156	373	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	329	372	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	119	371	
No Disruption	VYVANSE	ADHD	110	371	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	143	370	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	127	368	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	161	367	
No Disruption	AIMOVIG	MIGRAINE	55	365	
No Disruption	CEFDINIR	ANTI-INFECTIVE	331	361	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	138	361	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	165	359	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	181	356	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	167	356	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	293	354	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	106	353	
No Disruption	MELOXICAM	PAIN	175	352	
No Disruption	SERTRALINE HCL	DEPRESSION	136	352	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	306	351	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	152	351	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	135	351	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOUJEO MAX SOLOSTAR	DIABETES	84	351	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	124	349	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	277	347	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	163	347	
No Disruption	OMEPRAZOLE DR	PPIs	270	346	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	109	345	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	158	344	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	173	341	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	93	339	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	249	337	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	128	336	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	124	336	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	95	334	
No Disruption	PREDNISONE	CORTICOSTEROIDS	266	333	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	286	328	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	125	327	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	144	326	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	270	325	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	183	325	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	153	325	
No Disruption	OMEPRAZOLE DR	PPIs	116	325	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	112	324	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	135	323	
No Disruption	REPATHA SURECLICK	ANTIHYPERLIPIDEMIC	52	323	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	89	321	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	87	320	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	123	317	
No Disruption	SPRAVATO 84MG DOSE	DEPRESSION	16	316	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	183	315	
No Disruption	PREDNISONE	CORTICOSTEROIDS	256	313	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	304	312	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	270	309	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	216	305	
No Disruption	LORAZEPAM	ANXIETY	139	304	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	96	304	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	150	303	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	116	303	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	101	301	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	98	300	
No Disruption	TRINTELLIX	DEPRESSION	64	299	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	152	298	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	72	298	
No Disruption	BENZONATATE	ALLERGY	279	297	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	262	297	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	85	297	
No Disruption	OMEPRAZOLE	PPIs	100	296	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	82	295	
No Disruption	RYBELSUS	DIABETES	56	295	
No Disruption	GABAPENTIN	ANTICONVULSANT	87	294	
No Disruption	PREDNISONE	CORTICOSTEROIDS	265	293	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	133	293	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	99	293	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	121	292	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	117	292	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	72	291	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	120	290	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	120	288	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	243	287	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	111	287	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	100	286	
No Disruption	MUPIROCIN	DERMATOLOGICS	257	285	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	284	
No Disruption	JARDIANCE	DIABETES	84	284	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	112	283	
No Disruption	SERTRALINE HCL	DEPRESSION	97	283	
No Disruption	VYVANSE	ADHD	62	283	
No Disruption	PAXLOVID	ANTI-INFECTIVE	278	281	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	113	281	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	120	276	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	104	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	78	276	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	101	275	
No Disruption	VYVANSE	ADHD	74	274	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	142	273	
No Disruption	GABAPENTIN	ANTICONVULSANT	111	273	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	84	273	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	175	271	
No Disruption	ONETOUCH VERIO TEST STRIPS	DIABETES	109	270	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	98	269	
No Disruption	TRI-SPRINTEC	ESTROGENS & PROGESTINS	77	268	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	97	267	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	154	265	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	217	264	
No Disruption	CEFDINIR	ANTI-INFECTIVE	204	263	
No Disruption	TRULICITY	DIABETES	60	263	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	109	262	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	102	262	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"	DIABETES	99	258	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	225	257	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	193	256	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	93	256	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	214	255	
No Disruption	LO LOESTRIN FE	ESTROGENS & PROGESTINS	63	255	
No Disruption	DUPIXENT	AUTOIMMUNE	30	255	
No Disruption	ALPRAZOLAM	ANXIETY	96	252	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	220	251	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	211	251	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	82	251	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	93	250	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	83	250	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	185	249	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	95	247	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	158	245	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	216	243	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	72	243	
No Disruption	TRULICITY	DIABETES	62	243	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	75	241	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	68	241	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	214	240	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	183	240	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	61	239	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	191	236	
No Disruption	BUSPIRONE HCL	ANXIETY	76	235	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	76	235	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	68	234	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	122	233	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	112	233	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	111	233	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	74	233	
No Disruption	LATANOPROST	OPHTHALMIC	64	233	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	140	232	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	115	232	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	65	232	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	84	230	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	104	229	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	103	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	77	229	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	70	228	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	152	227	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	96	227	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	83	227	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	75	227	
No Disruption	IBUPROFEN	PAIN	195	226	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	84	225	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	64	225	
No Disruption	TRULICITY	DIABETES	46	223	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	195	222	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	88	221	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	76	221	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	107	220	
No Disruption	LATANOPROST	OPHTHALMIC	57	220	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	105	219	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	77	219	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	58	219	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	105	217	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	82	217	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	190	216	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	43	216	
No Disruption	MUPIROCIN	DERMATOLOGICS	182	215	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	83	215	
No Disruption	ALPRAZOLAM	ANXIETY	72	215	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	86	214	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	95	212	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	86	212	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	87	211	
No Disruption	ALPRAZOLAM	ANXIETY	74	211	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	73	211	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	98	210	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	79	209	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	124	208	
No Disruption	GABAPENTIN	ANTICONVULSANT	73	208	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	208	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	61	208	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	81	206	
No Disruption	TOPIRAMATE	ANTICONVULSANT	63	206	
No Disruption	ALPRAZOLAM	ANXIETY	42	206	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	139	205	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	49	205	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	111	204	
No Disruption	LORAZEPAM	ANXIETY	85	204	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	82	204	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	86	203	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	82	203	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	74	203	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	71	203	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	187	202	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	111	202	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	60	202	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	86	201	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	71	201	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	84	200	
No Disruption	GABAPENTIN	ANTICONVULSANT	81	200	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	170	199	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	159	199	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	93	199	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	75	199	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	72	199	
No Disruption	TOBRAMYCIN	OPHTHALMIC	188	198	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	100	198	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	73	197	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	50	197	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	195	196	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	117	196	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	32	196	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	176	195	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	169	195	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	130	195	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	87	195	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	56	195	
No Disruption	TOPIRAMATE	ANTICONVULSANT	74	194	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	189	193	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	101	193	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	50	193	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	192	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	65	192	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	59	192	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	192	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	119	191	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	57	191	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	85	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	77	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	73	190	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	70	190	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	70	190	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	67	190	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	65	190	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	57	190	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	56	190	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	90	189	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	84	188	
No Disruption	PREDNISONE	CORTICOSTEROIDS	174	187	
No Disruption	PREDNISONE	CORTICOSTEROIDS	167	187	
No Disruption	ASPIRIN LOW DOSE	PAIN	114	187	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	79	187	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	177	185	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	168	185	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	79	185	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	60	184	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	54	184	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	135	183	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	92	182	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	69	182	
No Disruption	ZAFEMY	ESTROGENS & PROGESTINS	58	182	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	116	181	
No Disruption	OMEPRAZOLE DR	PPIs	112	181	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	84	181	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	112	180	
No Disruption	RYBELSUS	DIABETES	59	180	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	85	179	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	79	179	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	54	179	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	74	178	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	152	177	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	44	177	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	92	176	
No Disruption	TOPIRAMATE	ANTICONVULSANT	67	176	
No Disruption	MILI	ESTROGENS & PROGESTINS	62	176	
No Disruption	MELOXICAM	PAIN	77	175	
No Disruption	LORAZEPAM	ANXIETY	61	175	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	52	175	
No Disruption	BENZONATATE	ALLERGY	158	174	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	135	174	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	56	174	
No Disruption	AUVELITY	DEPRESSION	36	174	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	57	173	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALPRAZOLAM	ANXIETY	56	173	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	68	172	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	172	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	65	171	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	171	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	108	170	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	82	170	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	66	170	
No Disruption	TRINTELLIX	DEPRESSION	52	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	48	170	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	169	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	50	169	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	142	167	
No Disruption	GABAPENTIN	ANTICONVULSANT	68	167	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	55	167	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	54	167	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	51	167	
No Disruption	MELOXICAM	PAIN	62	166	
No Disruption	PREDNISONE	CORTICOSTEROIDS	141	165	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	96	165	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	75	165	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	109	164	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	69	164	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	68	164	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	62	164	
No Disruption	OTEZLA	AUTOIMMUNE	34	164	
No Disruption	BENZONATATE	ALLERGY	135	163	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	97	163	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	67	163	
No Disruption	NAPROXEN	PAIN	105	162	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	67	162	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	126	161	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	111	161	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	65	161	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	53	161	
No Disruption	ALPRAZOLAM	ANXIETY	49	161	
No Disruption	ALPRAZOLAM	ANXIETY	36	161	
No Disruption	PROMETHAZINE DM	ALLERGY	149	160	
No Disruption	BENZONATATE	ALLERGY	149	160	
No Disruption	PREDNISONE	CORTICOSTEROIDS	140	160	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	160	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	149	159	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	128	159	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	85	159	
No Disruption	ALPRAZOLAM	ANXIETY	67	159	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	66	159	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	159	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	69	158	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	68	158	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	63	158	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	55	158	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	52	158	
No Disruption	CRYSELLE-28	ESTROGENS & PROGESTINS	38	158	
No Disruption	PREDNISONE	CORTICOSTEROIDS	131	157	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	131	157	
No Disruption	VYVANSE	ADHD	73	157	
No Disruption	GABAPENTIN	ANTICONVULSANT	64	157	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	45	157	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	99	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	53	156	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	156	
No Disruption	GABAPENTIN	ANTICONVULSANT	50	156	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	49	156	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	48	156	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	152	155	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	68	155	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	59	155	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	74	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	68	154	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	49	154	
No Disruption	TOPIRAMATE	ANTICONVULSANT	45	154	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	84	153	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	71	153	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	48	153	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	47	153	
No Disruption	BENZONATATE	ALLERGY	136	152	
No Disruption	ALPRAZOLAM	ANXIETY	73	152	
No Disruption	CLONAZEPAM	ANTICONVULSANT	64	152	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	36	152	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	131	151	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	117	151	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	99	151	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	38	151	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	62	150	
No Disruption	MELOXICAM	PAIN	69	149	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	61	149	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	55	149	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	53	149	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	50	149	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	76	148	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	73	148	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	53	148	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	44	148	
No Disruption	MUPIROCIN	DERMATOLOGICS	125	147	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	71	147	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	52	147	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	42	147	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	86	146	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	80	146	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	58	146	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	146	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	146	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	146	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	71	145	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	57	145	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	145	
No Disruption	TRULICITY	DIABETES	35	145	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	74	144	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	54	144	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	43	144	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	116	143	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	63	143	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	59	143	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	54	143	
No Disruption	IBUPROFEN	PAIN	105	142	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	142	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	68	142	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	142	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	48	142	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	32	142	
No Disruption	ENBREL SURECLICK	AUTOIMMUNE	24	142	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	78	141	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	141	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	26	141	
No Disruption	NAPROXEN	PAIN	91	140	
No Disruption	PREDNISONE	CORTICOSTEROIDS	66	140	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	59	140	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	55	140	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	42	139	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	36	139	
No Disruption	HUMALOG KWIKPEN	DIABETES	27	139	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	79	138	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	64	138	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	51	138	
No Disruption	CELECOXIB	PAIN	48	138	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	37	138	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	54	137	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	137	
No Disruption	XULANE	ESTROGENS & PROGESTINS	34	137	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	85	136	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	85	136	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	73	136	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	64	136	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	48	136	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	136	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	114	135	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	95	135	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	74	135	
No Disruption	CELECOXIB	PAIN	66	135	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	49	135	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	45	135	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	44	135	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	53	134	
No Disruption	TOPIRAMATE	ANTICONVULSANT	48	134	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	38	134	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	32	134	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	76	133	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	58	133	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	58	133	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	53	133	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	45	133	
No Disruption	JUNEL FE 1/20	ESTROGENS & PROGESTINS	43	133	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	42	133	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	39	133	
No Disruption	CLONAZEPAM	ANTICONVULSANT	37	133	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	133	
No Disruption	ALPRAZOLAM	ANXIETY	27	133	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	125	132	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	92	132	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	68	132	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	58	132	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	52	132	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	33	132	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	68	131	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	131	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	27	131	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	76	130	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	51	130	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	130	
No Disruption	JUNEL FE 1.5/30	ESTROGENS & PROGESTINS	39	130	
No Disruption	SYNJARDY XR	DIABETES	24	130	
No Disruption	IBUPROFEN	PAIN	91	129	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	59	129	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	121	128	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	90	128	
No Disruption	DIAZEPAM	ANXIETY	84	128	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	68	128	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	57	128	
No Disruption	CLONAZEPAM	ANTICONVULSANT	48	128	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	47	128	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	43	128	
No Disruption	QVAR REDIHALER	ASTHMA/COPD	42	128	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	39	128	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	64	127	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	58	127	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	127	
No Disruption	GABAPENTIN	ANTICONVULSANT	35	127	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	27	127	
No Disruption	DICLOFENAC SODIUM DR	PAIN	51	126	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	40	126	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	38	126	
No Disruption	PREDNISONE	CORTICOSTEROIDS	95	125	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	74	125	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	59	125	
No Disruption	GABAPENTIN	ANTICONVULSANT	36	125	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	106	124	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	98	124	
No Disruption	TOPIRAMATE	ANTICONVULSANT	56	124	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	62	123	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	49	123	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	44	123	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	123	
No Disruption	JARDIANCE	DIABETES	41	123	
No Disruption	TOPIRAMATE	ANTICONVULSANT	40	123	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	117	122	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	66	122	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	122	
No Disruption	XARELTO	ANTICOAGULANT	45	122	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	43	122	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	122	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	42	122	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	41	122	
No Disruption	ADDERALL XR	ADHD	39	122	
No Disruption	CEFDINIR	ANTI-INFECTIVE	100	121	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	50	121	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	50	121	
No Disruption	ELURYNG	ESTROGENS & PROGESTINS	39	120	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	38	120	
No Disruption	CLONAZEPAM	ANTICONVULSANT	66	119	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	54	119	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	50	119	
No Disruption	GABAPENTIN	ANTICONVULSANT	46	119	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	37	119	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	119	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	36	119	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	86	118	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	60	118	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	42	118	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	33	118	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	87	117	
No Disruption	MONO-LINYAH	ESTROGENS & PROGESTINS	42	117	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	60	116	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	48	116	
No Disruption	LORAZEPAM	ANXIETY	48	116	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	47	116	
No Disruption	PREGABALIN	ANTICONVULSANT	42	116	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	42	116	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	39	116	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	25	116	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	105	115	
No Disruption	GABAPENTIN	ANTICONVULSANT	47	115	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	42	115	
No Disruption	GLIMEPIRIDE	DIABETES	38	115	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	115	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	115	
No Disruption	OMEPRAZOLE	PPIs	69	114	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	114	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	56	114	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	114	
No Disruption	BLISOVI FE 1/20	ESTROGENS & PROGESTINS	45	114	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	40	114	
No Disruption	PREDNISONE	CORTICOSTEROIDS	102	113	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	89	113	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	49	113	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	42	113	
No Disruption	VEOZAH	OTHER NON-CATEGORIZED	21	113	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	41	112	
No Disruption	RINVOQ	AUTOIMMUNE	21	112	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	15	112	
No Disruption	PREDNISONE	CORTICOSTEROIDS	98	111	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	95	111	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	91	111	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	64	111	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	53	111	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	46	111	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	42	111	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	42	111	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	40	111	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	111	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	34	111	
No Disruption	AVIANE	ESTROGENS & PROGESTINS	33	111	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	33	111	
No Disruption	PREGABALIN	ANTICONVULSANT	24	111	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	104	110	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	96	110	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	56	110	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	36	110	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	30	110	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	46	109	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	39	109	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	32	109	
No Disruption	AZSTARYS	ADHD	24	109	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	96	108	
No Disruption	IBUPROFEN	PAIN	79	108	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	57	108	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	52	108	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	39	108	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	35	108	
No Disruption	PREGABALIN	ANTICONVULSANT	32	108	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	89	107	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	58	107	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	47	107	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	43	107	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	107	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	37	107	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	37	107	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	37	107	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	33	107	
No Disruption	LATANOPROST	OPHTHALMIC	26	107	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	81	106	
No Disruption	CELECOXIB	PAIN	55	106	
No Disruption	CONCERTA	ADHD	34	106	
No Disruption	MIRTAZAPINE	DEPRESSION	32	106	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	106	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	87	105	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	40	105	
No Disruption	PREGABALIN	ANTICONVULSANT	40	105	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	39	105	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	61	104	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	59	104	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	51	104	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	104	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	28	104	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	75	103	
No Disruption	OMEPRAZOLE	PPIs	72	103	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	53	103	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	46	103	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	38	103	
No Disruption	LORAZEPAM	ANXIETY	35	103	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	34	103	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	103	
No Disruption	ROPINIROLE HCL	PARKINSON	29	103	
No Disruption	CELECOXIB	PAIN	58	102	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	54	102	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	52	102	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	34	102	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	102	
No Disruption	GAVILYTE-G	OTHER NON-CATEGORIZED	101	101	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	53	101	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	48	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	47	101	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	47	101	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	43	101	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	39	101	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	101	
No Disruption	LETROZOLE	CANCER	31	101	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	101	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	101	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	81	100	
No Disruption	NAPROXEN	PAIN	62	100	
No Disruption	TOPIRAMATE	ANTICONVULSANT	54	100	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	100	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	38	100	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	100	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	18	100	
No Disruption	CEFDINIR	ANTI-INFECTIVE	93	99	
No Disruption	PREDNISONE	CORTICOSTEROIDS	85	99	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	73	99	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	45	99	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	42	99	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	40	99	
No Disruption	BUDESONIDE	ASTHMA/COPD	35	99	
No Disruption	ANASTROZOLE	CANCER	34	99	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	33	99	
No Disruption	CELECOXIB	PAIN	33	99	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	60	98	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	53	98	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	48	98	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	37	98	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	26	98	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	54	97	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	53	97	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	42	97	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	97	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	36	97	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	29	97	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	28	97	
No Disruption	APRI	ESTROGENS & PROGESTINS	26	97	
No Disruption	TRI-LINYAH	ESTROGENS & PROGESTINS	23	97	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	61	96	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	50	96	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	49	96	
No Disruption	ENILLORING	ESTROGENS & PROGESTINS	39	96	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	36	96	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	87	95	
No Disruption	OFLOXACIN	OPHTHALMIC	86	95	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	85	95	
No Disruption	NAPROXEN	PAIN	62	95	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	34	95	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	95	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	27	95	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	21	95	
No Disruption	AIMOVIG	MIGRAINE	16	95	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	84	94	
No Disruption	BENZONATATE	ALLERGY	83	94	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	62	94	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	40	94	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	94	
No Disruption	CLONAZEPAM	ANTICONVULSANT	21	94	
No Disruption	BENZONATATE	ALLERGY	86	93	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	42	93	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	41	93	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	40	93	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	37	93	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	35	93	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	34	93	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	29	93	
No Disruption	XIIDRA	OPHTHALMIC	29	93	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	26	93	
No Disruption	EPINEPHRINE	ALLERGY	78	92	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	70	92	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	50	92	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	49	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	92	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	40	92	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	39	92	
No Disruption	ALPRAZOLAM	ANXIETY	38	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	92	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	30	92	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	92	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	92	
No Disruption	PAROXETINE HCL	DEPRESSION	27	92	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	26	92	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	24	92	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	92	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	83	91	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	79	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	60	91	
No Disruption	ASPIRIN LOW DOSE	PAIN	38	91	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	38	91	
No Disruption	ELIQUIS	ANTICOAGULANT	35	91	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	33	91	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	91	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	28	91	
No Disruption	ELINEST	ESTROGENS & PROGESTINS	24	91	
No Disruption	CEFDINIR	ANTI-INFECTIVE	77	90	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	77	90	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	64	90	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	47	90	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	36	90	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	33	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	32	90	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	31	90	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	90	
No Disruption	GABAPENTIN	ANTICONVULSANT	28	90	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	27	90	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	23	90	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	17	90	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	89	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	71	89	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	66	89	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	49	89	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	41	89	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	89	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	89	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	89	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	24	89	
No Disruption	SLYND	ESTROGENS & PROGESTINS	22	89	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	20	89	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	68	88	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	56	88	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	47	88	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	46	88	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	39	88	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	36	88	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	36	88	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	35	88	
No Disruption	LORAZEPAM	ANXIETY	29	88	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	28	88	
No Disruption	CONCERTA	ADHD	26	88	
No Disruption	CLARAVIS	DERMATOLOGICS	26	88	
No Disruption	AZSTARYS	ADHD	23	88	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	88	
No Disruption	AREXVY	VACCINES	87	87	
No Disruption	IBUPROFEN	PAIN	81	87	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	69	87	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	60	87	
No Disruption	BUSPIRONE HCL	ANXIETY	54	87	
No Disruption	MELOXICAM	PAIN	40	87	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	38	87	
No Disruption	SODIUM FLUORIDE 5000 PLUS	OTHER NON-CATEGORIZED	35	87	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	35	87	
No Disruption	CELECOXIB	PAIN	35	87	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	87	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	33	87	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	33	87	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	25	87	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	87	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	24	87	
No Disruption	TAMOXIFEN CITRATE	CANCER	21	87	
No Disruption	SPIRIVA RESPIMAT	ASTHMA/COPD	18	87	
No Disruption	LANTUS	DIABETES	18	87	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	81	86	
No Disruption	PREDNISONE	CORTICOSTEROIDS	76	86	
No Disruption	GABAPENTIN	ANTICONVULSANT	54	86	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	38	86	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	86	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	30	86	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	29	86	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	86	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	18	86	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	17	86	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	75	85	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	69	85	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	47	85	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	38	85	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	38	85	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	36	85	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	35	85	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	34	85	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	32	85	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	31	85	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLONAZEPAM	ANTICONVULSANT	30	85	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	85	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	85	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	25	85	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	24	85	
No Disruption	ENSKYCE	ESTROGENS & PROGESTINS	21	85	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	21	85	
No Disruption	MUPIROCIN	DERMATOLOGICS	81	84	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	69	84	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	53	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	84	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	40	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	32	84	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	84	
No Disruption	TOPIRAMATE	ANTICONVULSANT	28	84	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	28	84	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	27	84	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	84	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	84	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	83	83	
No Disruption	OFLOXACIN	OPHTHALMIC	79	83	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	75	83	
No Disruption	PREDNISONE	CORTICOSTEROIDS	67	83	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	49	83	
No Disruption	INDOMETHACIN	PAIN	47	83	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	45	83	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	83	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	41	83	
No Disruption	OMEPRAZOLE	PPIs	34	83	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	32	83	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	32	83	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	83	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	30	83	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	18	83	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	75	82	
No Disruption	DENTA 5000 PLUS	OTHER NON-CATEGORIZED	48	82	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	44	82	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	38	82	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	32	82	
No Disruption	HYDROXYZINE HCL	ANXIETY	31	82	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	29	82	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	82	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	27	82	
No Disruption	GLIMEPIRIDE	DIABETES	22	82	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	79	81	
No Disruption	CEFDINIR	ANTI-INFECTIVE	78	81	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	74	81	
No Disruption	PREDNISONE	CORTICOSTEROIDS	74	81	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	69	81	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	66	81	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	53	81	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	81	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	34	81	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	30	81	
No Disruption	RYBELSUS	DIABETES	28	81	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	27	81	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	25	81	
No Disruption	DICLOFENAC SODIUM DR	PAIN	24	81	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	81	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	22	81	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	81	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	20	81	
No Disruption	BENZONATATE	ALLERGY	75	80	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	70	80	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	70	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	65	80	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	60	80	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	55	80	
No Disruption	TOPIRAMATE	ANTICONVULSANT	43	80	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	42	80	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	38	80	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	35	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	32	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	31	80	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	80	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	26	80	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	80	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	24	80	
No Disruption	ALPRAZOLAM	ANXIETY	11	80	
No Disruption	BENZONATATE	ALLERGY	76	79	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	66	79	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	61	79	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	79	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	44	79	
No Disruption	CELECOXIB	PAIN	40	79	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	38	79	
No Disruption	OPZELURA	AUTOIMMUNE	36	79	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	34	79	
No Disruption	LATANOPROST	OPHTHALMIC	26	79	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	21	79	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	68	78	
No Disruption	MUPIROCIN	DERMATOLOGICS	61	78	
No Disruption	LORAZEPAM	ANXIETY	42	78	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	37	78	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	36	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	30	78	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	28	78	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	27	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	25	78	
No Disruption	LYUMJEV KWIKPEN	DIABETES	23	78	
No Disruption	TREMFYA	AUTOIMMUNE	17	78	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	78	
No Disruption	XOLAIR	LUNG DISORDERS	11	78	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	77	
No Disruption	CELECOXIB	PAIN	42	77	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	77	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	77	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	29	77	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	24	77	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	16	77	
No Disruption	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	69	76	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	68	76	
No Disruption	OMEPRAZOLE DR	PPIs	59	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	76	
No Disruption	GABAPENTIN	ANTICONVULSANT	39	76	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	33	76	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	33	76	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	76	
No Disruption	OFLOXACIN	OPHTHALMIC	68	75	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	58	75	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	50	75	
No Disruption	PREMARIN	ESTROGENS & PROGESTINS	50	75	
No Disruption	XARELTO	ANTICOAGULANT	33	75	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	29	75	
No Disruption	ALPRAZOLAM	ANXIETY	29	75	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	28	75	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	27	75	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	26	75	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	24	75	
No Disruption	GABAPENTIN	ANTICONVULSANT	24	75	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	24	75	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	75	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	18	75	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	73	74	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	68	74	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	65	74	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	61	74	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	47	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	44	74	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	74	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	33	74	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	32	74	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	30	74	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	74	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	28	74	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	74	
No Disruption	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	OPHTHALMIC	72	73	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	73	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	45	73	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	33	73	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	32	73	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	31	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	31	73	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	73	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	25	73	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	73	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	23	73	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	23	73	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	23	73	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	22	73	
No Disruption	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	8	73	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	65	72	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	49	72	
No Disruption	NABUMETONE	PAIN	26	72	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	24	72	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	72	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	22	72	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	21	72	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	69	71	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	59	71	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	58	71	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	57	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	51	71	
No Disruption	DIAZEPAM	ANXIETY	50	71	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	40	71	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	34	71	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	30	71	
No Disruption	CLONAZEPAM	ANTICONVULSANT	28	71	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	26	71	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	71	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	25	71	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	71	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	23	71	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	71	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	17	71	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	71	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	60	70	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	59	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	47	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	45	70	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	35	70	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	34	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	70	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	29	70	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	70	
No Disruption	CONCERTA	ADHD	27	70	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	25	70	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	24	70	
No Disruption	JUNEL 1.5/30	ESTROGENS & PROGESTINS	23	70	
No Disruption	ALPRAZOLAM	ANXIETY	21	70	
No Disruption	SYNJARDY XR	DIABETES	15	70	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	13	70	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	68	69	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	69	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	69	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	38	69	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	69	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	28	69	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	69	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	69	
No Disruption	XARELTO	ANTICOAGULANT	20	69	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	20	69	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	69	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	17	69	
No Disruption	QELBREE	ADHD	16	69	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	58	68	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	68	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	31	68	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	31	68	
No Disruption	MELOXICAM	PAIN	28	68	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	68	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	26	68	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	25	68	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	25	68	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	68	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	22	68	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	68	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	68	
No Disruption	DUPIXENT	AUTOIMMUNE	11	68	
No Disruption	EPINEPHRINE	ALLERGY	54	67	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	52	67	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	43	67	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	42	67	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	33	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	67	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	28	67	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	27	67	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	21	67	
No Disruption	TRI-LO-MILI	ESTROGENS & PROGESTINS	18	67	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	67	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	67	
No Disruption	STELARA	AUTOIMMUNE	14	67	
No Disruption	EPINEPHRINE	ALLERGY	55	66	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	49	66	
No Disruption	CELECOXIB	PAIN	34	66	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	32	66	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	28	66	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	27	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	24	66	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	66	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	66	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	66	
No Disruption	ROPINIROLE HCL	PARKINSON	16	66	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	14	66	

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State of NE
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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PREDNISONE	CORTICOSTEROIDS	62	65	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	60	65	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	51	65	
No Disruption	SF 5000 PLUS	OTHER NON-CATEGORIZED	41	65	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	37	65	
No Disruption	ALPRAZOLAM	ANXIETY	37	65	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	33	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	65	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	30	65	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	25	65	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	65	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	21	65	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	18	65	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	17	65	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	65	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	61	64	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	41	64	
No Disruption	LORAZEPAM	ANXIETY	40	64	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	37	64	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	37	64	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	36	64	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	36	64	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	32	64	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	25	64	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	24	64	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	24	64	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	64	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	64	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	20	64	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	20	64	
No Disruption	HUMIRA PEN	AUTOIMMUNE	6	64	
No Disruption	NEOMYCIN/POLYMYXIN/HC	OTHER NON-CATEGORIZED	56	63	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	31	63	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	30	63	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	29	63	
No Disruption	LETROZOLE	CANCER	26	63	
No Disruption	DICLOFENAC SODIUM DR	PAIN	23	63	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	63	
No Disruption	CELECOXIB	PAIN	18	63	
No Disruption	HAILEY FE 1.5/30	ESTROGENS & PROGESTINS	15	63	
No Disruption	TRI-MILI	ESTROGENS & PROGESTINS	12	63	
No Disruption	MORPHINE SULFATE ER	PAIN	11	63	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	61	62	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	51	62	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	34	62	
No Disruption	ATOMOXETINE	ADHD	31	62	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	30	62	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	29	62	
No Disruption	JUNEL 1/20	ESTROGENS & PROGESTINS	23	62	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	22	62	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	22	62	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	22	62	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	62	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	19	62	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	62	
No Disruption	MOTEGRITY	GASTROINTESTINAL	9	62	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	58	61	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	51	61	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	50	61	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	37	61	
No Disruption	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	36	61	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	32	61	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	30	61	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	30	61	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	27	61	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	27	61	
No Disruption	LORAZEPAM	ANXIETY	27	61	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	26	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	26	61	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	25	61	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	61	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	24	61	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	23	61	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	61	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	61	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	20	61	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	61	
No Disruption	GLIPIZIDE	DIABETES	17	61	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	16	61	
No Disruption	BENZONATATE	ALLERGY	58	60	
No Disruption	PREDNISONE	CORTICOSTEROIDS	51	60	
No Disruption	CEFDINIR	ANTI-INFECTIVE	49	60	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	38	60	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	31	60	
No Disruption	GABAPENTIN	ANTICONVULSANT	29	60	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	28	60	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	28	60	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	27	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	60	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	23	60	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	60	
No Disruption	CONCERTA	ADHD	23	60	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	60	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	19	60	
No Disruption	KURVELO	ESTROGENS & PROGESTINS	19	60	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	18	60	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	18	60	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	60	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	16	60	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	60	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	60	
No Disruption	ABRYSVO	VACCINES	59	59	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	55	59	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	48	59	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	43	59	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	32	59	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	59	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	30	59	
No Disruption	PREGABALIN	ANTICONVULSANT	28	59	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	27	59	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	24	59	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	23	59	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	22	59	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	59	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	18	59	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	17	59	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	59	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	59	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	59	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	55	58	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	51	58	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	49	58	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	32	58	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	31	58	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	28	58	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	26	58	
No Disruption	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	26	58	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	24	58	
No Disruption	CLONAZEPAM	ANTICONVULSANT	24	58	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	24	58	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	23	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	58	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	20	58	
No Disruption	SKYRIZI PEN	AUTOIMMUNE	19	58	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	58	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	15	58	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	58	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	57	57	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	55	57	
No Disruption	PREDNISONE	CORTICOSTEROIDS	48	57	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	44	57	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	40	57	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	36	57	
No Disruption	HYDROMORPHONE HCL	PAIN	34	57	
No Disruption	GABAPENTIN	ANTICONVULSANT	34	57	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	28	57	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	26	57	
No Disruption	LORAZEPAM	ANXIETY	25	57	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	57	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	19	57	
No Disruption	TOPIRAMATE	ANTICONVULSANT	18	57	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	18	57	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	57	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	15	57	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	15	57	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	15	57	
No Disruption	SYNJARDY	DIABETES	14	57	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	14	57	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	57	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	13	57	
No Disruption	SPIRIVA HANDIHALER	ASTHMA/COPD	11	57	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	51	56	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	51	56	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	46	56	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	41	56	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	36	56	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	34	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	56	
No Disruption	CLONAZEPAM	ANTICONVULSANT	32	56	
No Disruption	TOPIRAMATE	ANTICONVULSANT	31	56	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	27	56	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	25	56	
No Disruption	AUROVELA FE 1/20	ESTROGENS & PROGESTINS	22	56	
No Disruption	ZENATANE	DERMATOLOGICS	21	56	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	21	56	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	56	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	17	56	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	56	
No Disruption	ALPRAZOLAM ER	ANXIETY	14	56	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	56	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	52	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	42	55	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	39	55	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	39	55	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	36	55	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	55	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	32	55	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	55	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	32	55	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	30	55	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	30	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	26	55	
No Disruption	LORAZEPAM	ANXIETY	25	55	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	24	55	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	24	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	24	55	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	23	55	
No Disruption	OMEPRAZOLE	PPIs	22	55	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	22	55	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	21	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	21	55	
No Disruption	DICLOFENAC SODIUM DR	PAIN	20	55	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	20	55	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	18	55	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	55	
No Disruption	NABUMETONE	PAIN	16	55	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	55	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	14	55	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	13	55	
No Disruption	SYNJARDY XR	DIABETES	12	55	
No Disruption	SOLIQUA 100/33	DIABETES	10	55	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	48	54	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	42	54	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	54	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	33	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	54	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	30	54	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	27	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	27	54	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	26	54	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	25	54	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	20	54	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	20	54	
No Disruption	MODAFINIL	SLEEP DISORDERS	19	54	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	17	54	
No Disruption	HYDROMORPHONE HCL	PAIN	16	54	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	15	54	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	15	54	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	54	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	54	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	54	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	54	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	48	53	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	45	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	42	53	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	53	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	35	53	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	35	53	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	34	53	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	31	53	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	53	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	28	53	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	28	53	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	28	53	
No Disruption	WIXELA INHUB	ASTHMA/COPD	26	53	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	23	53	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	21	53	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	20	53	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	53	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	19	53	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	VICTOZA	DIABETES	18	53	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	18	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	17	53	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	53	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	53	
No Disruption	NARATRIPTAN HCL	MIGRAINE	16	53	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	53	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	48	52	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	47	52	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	47	52	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	44	52	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	41	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	37	52	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	52	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	33	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	31	52	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	31	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	52	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	27	52	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	27	52	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	27	52	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	21	52	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	20	52	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	19	52	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	19	52	
No Disruption	AMNESTEEM	DERMATOLOGICS	18	52	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	16	52	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	52	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	9	52	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	52	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	46	51	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	42	51	
No Disruption	TRETINOIN	DERMATOLOGICS	40	51	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	40	51	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	33	51	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	32	51	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	23	51	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	51	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	22	51	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	22	51	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	21	51	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	20	51	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	20	51	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	19	51	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	51	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	19	51	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	51	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	13	51	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	51	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	13	51	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	47	50	
No Disruption	IBUPROFEN	PAIN	46	50	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	45	50	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	45	50	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	39	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	37	50	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	36	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	34	50	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	34	50	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	32	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	30	50	
No Disruption	LORAZEPAM	ANXIETY	28	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	24	50	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	23	50	
No Disruption	DICLOFENAC SODIUM DR	PAIN	22	50	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	21	50	
No Disruption	WIXELA INHUB	ASTHMA/COPD	21	50	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	50	
No Disruption	DIAZEPAM	ANXIETY	19	50	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	17	50	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	17	50	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	12	50	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	50	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	50	
No Disruption	DOVATO	HIV	6	50	
No Disruption	SUTAB	OTHER NON-CATEGORIZED	49	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	48	49	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	41	49	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	37	49	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	36	49	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	32	49	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	32	49	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	31	49	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	26	49	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	24	49	
No Disruption	TRETINOIN	DERMATOLOGICS	24	49	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	19	49	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	19	49	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	18	49	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	18	49	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	17	49	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	15	49	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	13	49	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	49	
No Disruption	EMGALITY	MIGRAINE	8	49	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	46	48	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	45	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	44	48	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	43	48	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	40	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	25	48	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	24	48	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	23	48	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	22	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	48	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	48	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	19	48	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	18	48	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	48	
No Disruption	TOPIRAMATE	ANTICONVULSANT	16	48	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	48	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	14	48	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	14	48	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	14	48	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	13	48	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	13	48	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	48	
No Disruption	TRIKAFTA	CYSTIC FIBROSIS	5	48	
No Disruption	PREDNISONE	CORTICOSTEROIDS	45	47	
No Disruption	TOBRAMYCIN	OPHTHALMIC	43	47	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	41	47	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	35	47	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	34	47	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	32	47	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	31	47	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	30	47	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	28	47	
No Disruption	DIAZEPAM	ANXIETY	26	47	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	26	47	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	47	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	24	47	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	47	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	23	47	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	22	47	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	22	47	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	20	47	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	20	47	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	47	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	17	47	
No Disruption	GLIPIZIDE ER	DIABETES	16	47	
No Disruption	LARIN FE 1/20	ESTROGENS & PROGESTINS	16	47	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	14	47	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	14	47	
No Disruption	TRI-LO-MARZIA	ESTROGENS & PROGESTINS	13	47	
No Disruption	LARIN FE 1.5/30	ESTROGENS & PROGESTINS	13	47	
No Disruption	METHOTREXATE	OTHER NON-CATEGORIZED	11	47	
No Disruption	XELJANZ XR	AUTOIMMUNE	11	47	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	47	
No Disruption	MYFEMBREE	ESTROGENS & PROGESTINS	9	47	
No Disruption	ZALEPLON	SLEEP DISORDERS	9	47	
No Disruption	IBUPROFEN	PAIN	44	46	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	44	46	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	42	46	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	46	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	41	46	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	38	46	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	37	46	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	35	46	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	31	46	
No Disruption	PREDNISONE	CORTICOSTEROIDS	27	46	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	23	46	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	23	46	
No Disruption	CELECOXIB	PAIN	22	46	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	20	46	
No Disruption	ANASTROZOLE	CANCER	18	46	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	18	46	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	15	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	46	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	46	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	15	46	
No Disruption	MIRTAZAPINE	DEPRESSION	13	46	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	46	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	46	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	46	
No Disruption	STIOLTO RESPIMAT	ASTHMA/COPD	10	46	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	10	46	
No Disruption	BELSOMRA	SLEEP DISORDERS	9	46	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	46	
No Disruption	PREGABALIN	ANTICONVULSANT	8	46	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	44	45	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	42	45	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	42	45	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	41	45	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	40	45	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	31	45	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	31	45	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	30	45	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	45	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	45	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	25	45	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	24	45	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	21	45	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	45	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	20	45	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	ASTHMA/COPD	18	45	
No Disruption	ROPINIROLE HCL	PARKINSON	18	45	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	16	45	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	15	45	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	45	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	45	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	45	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	14	45	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	12	45	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	45	
No Disruption	HYDROXYUREA	CANCER	10	45	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	39	44	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	31	44	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	30	44	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	30	44	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	28	44	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	27	44	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	27	44	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	44	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	22	44	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	44	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	20	44	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	20	44	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	19	44	
No Disruption	MIRTAZAPINE	DEPRESSION	19	44	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	18	44	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	18	44	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	44	
No Disruption	LETROZOLE	CANCER	16	44	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	15	44	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	13	44	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	12	44	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	10	44	
No Disruption	ARMOUR THYROID	THYROID AGENTS	10	44	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	8	44	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	39	43	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	38	43	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	37	43	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	30	43	
No Disruption	LEVALBUTEROL TARTRATE HFA	ASTHMA/COPD	24	43	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	43	
No Disruption	DEXMETHYLPHENIDATE HCL	ADHD	22	43	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	22	43	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	21	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	20	43	
No Disruption	TOPIRAMATE	ANTICONVULSANT	20	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	18	43	
No Disruption	XARELTO	ANTICOAGULANT	18	43	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	43	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	16	43	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	16	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	15	43	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	15	43	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	43	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	43	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	14	43	
No Disruption	ADDERALL XR	ADHD	14	43	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	43	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	12	43	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	39	42	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	37	42	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	37	42	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	33	42	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	30	42	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	28	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	28	42	
No Disruption	HYDROXYZINE HCL	ANXIETY	24	42	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	24	42	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	22	42	
No Disruption	HALOETTE	ESTROGENS & PROGESTINS	22	42	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	42	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	22	42	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	21	42	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	19	42	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	19	42	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	19	42	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	18	42	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	16	42	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	42	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	16	42	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	16	42	
No Disruption	ARMOUR THYROID	THYROID AGENTS	15	42	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	13	42	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	42	
No Disruption	CYPROHEPTADINE HCL	ALLERGY	12	42	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	11	42	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	42	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	42	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	42	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	7	42	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	38	41	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	36	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	35	41	
No Disruption	PROCTO-MED HC	OTHER NON-CATEGORIZED	31	41	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	29	41	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	29	41	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	29	41	
No Disruption	IMIQUIMOD	DERMATOLOGICS	24	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	24	41	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	24	41	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	21	41	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	20	41	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	20	41	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	41	
No Disruption	MODAFINIL	SLEEP DISORDERS	18	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	41	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	17	41	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	41	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	17	41	
No Disruption	ATOMOXETINE	ADHD	17	41	
No Disruption	VENLAFAXINE HCL	DEPRESSION	16	41	
No Disruption	ALPRAZOLAM	ANXIETY	15	41	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	41	
No Disruption	ALPRAZOLAM	ANXIETY	13	41	
No Disruption	LOW-OGESTREL	ESTROGENS & PROGESTINS	13	41	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	13	41	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	13	41	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	41	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	41	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	10	41	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	41	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	10	41	
No Disruption	MIRTAZAPINE	DEPRESSION	6	41	
No Disruption	OFLOXACIN	OPHTHALMIC	38	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	38	40	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	40	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	35	40	
No Disruption	CEFDINIR	ANTI-INFECTIVE	35	40	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	34	40	
No Disruption	NYSTATIN	DERMATOLOGICS	34	40	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	30	40	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	29	40	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	26	40	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	25	40	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	25	40	
No Disruption	LETROZOLE	CANCER	22	40	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	21	40	
No Disruption	ALPRAZOLAM	ANXIETY	20	40	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	18	40	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	40	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	18	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	16	40	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	40	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	15	40	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	40	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	11	40	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	10	40	
No Disruption	ANASTROZOLE	CANCER	9	40	
No Disruption	BUPRENORPHINE HCL	PAIN	9	40	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	40	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	39	39	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	38	39	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	37	39	
No Disruption	CEFDINIR	ANTI-INFECTIVE	36	39	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	34	39	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	33	39	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	31	39	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	29	39	
No Disruption	ADDERALL XR	ADHD	28	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	26	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	25	39	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	39	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	22	39	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	22	39	
No Disruption	ASPIRIN	PAIN	22	39	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	22	39	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	21	39	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	39	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	39	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	18	39	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	39	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	17	39	
No Disruption	ALPRAZOLAM	ANXIETY	16	39	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	39	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	15	39	
No Disruption	METHIMAZOLE	THYROID AGENTS	14	39	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	14	39	
No Disruption	GLIMEPIRIDE	DIABETES	11	39	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	10	39	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	10	39	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	9	39	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	8	39	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	8	39	
No Disruption	ALPRAZOLAM	ANXIETY	4	39	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	38	38	
No Disruption	LIDOCAINE VISCOUS	OTHER NON-CATEGORIZED	37	38	
No Disruption	IBUPROFEN	PAIN	36	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	38	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	35	38	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	34	38	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	31	38	
No Disruption	PREDNISONE	CORTICOSTEROIDS	29	38	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	29	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	26	38	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	38	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	26	38	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	24	38	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	23	38	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	22	38	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	21	38	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	38	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	38	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	38	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	19	38	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	17	38	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	16	38	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	16	38	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	15	38	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	15	38	
No Disruption	WIXELA INHUB	ASTHMA/COPD	14	38	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	14	38	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	14	38	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	38	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	38	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	13	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	12	38	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	12	38	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	38	
No Disruption	ASPIRIN LOW DOSE	PAIN	11	38	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	38	
No Disruption	NEXLIZET	ANTIHYPERLIPIDEMIC	9	38	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	38	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	38	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	38	
No Disruption	TOPIRAMATE	ANTICONVULSANT	6	38	
No Disruption	MORPHINE SULFATE ER	PAIN	6	38	
No Disruption	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	4	38	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	33	37	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	33	37	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	33	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	32	37	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	32	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	30	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	29	37	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	29	37	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	37	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	25	37	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	25	37	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	25	37	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	23	37	
No Disruption	DIAZEPAM	ANXIETY	23	37	
No Disruption	TRETINOIN	DERMATOLOGICS	22	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	21	37	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	21	37	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	37	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	18	37	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	17	37	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	37	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	37	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	37	
No Disruption	ALPRAZOLAM	ANXIETY	15	37	
No Disruption	COLESTIPOL HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	15	37	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	14	37	
No Disruption	LUMIGAN	OPHTHALMIC	14	37	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	13	37	
No Disruption	GLIMEPIRIDE	DIABETES	13	37	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	12	37	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	37	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	12	37	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	11	37	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	11	37	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	10	37	
No Disruption	DASETTA 1/35	ESTROGENS & PROGESTINS	10	37	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	37	
No Disruption	TREMFYA	AUTOIMMUNE	7	37	
No Disruption	ORENCIA CLICKJECT	AUTOIMMUNE	6	37	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	6	37	
No Disruption	REPATHA	ANTIHYPERLIPIDEMIC	6	37	
No Disruption	VERZENIO	CANCER	5	37	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	36	36	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	34	36	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	34	36	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	31	36	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	30	36	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	30	36	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	36	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	26	36	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	26	36	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	25	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	23	36	
No Disruption	NAPROXEN	PAIN	23	36	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	23	36	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	21	36	
No Disruption	PREGABALIN	ANTICONVULSANT	21	36	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	19	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	36	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	19	36	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	18	36	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	17	36	
No Disruption	DICLOFENAC SODIUM DR	PAIN	16	36	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	14	36	
No Disruption	LETROZOLE	CANCER	14	36	
No Disruption	OMEPRAZOLE	PPIs	13	36	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	OMEPRAZOLE	PPIs	12	36	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	12	36	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	12	36	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	12	36	
No Disruption	MIRTAZAPINE	DEPRESSION	11	36	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	36	
No Disruption	TYRVAYA	OPHTHALMIC	11	36	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	36	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	36	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	36	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	7	36	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	35	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	32	35	
No Disruption	CEFDINIR	ANTI-INFECTIVE	31	35	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	31	35	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	35	
No Disruption	CELECOXIB	PAIN	26	35	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	35	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	24	35	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	22	35	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	21	35	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	21	35	
No Disruption	PREDNISONE	CORTICOSTEROIDS	20	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	35	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	18	35	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	18	35	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	17	35	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	35	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	16	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	35	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	35	
No Disruption	PREGABALIN	ANTICONVULSANT	15	35	
No Disruption	ADDERALL XR	ADHD	14	35	
No Disruption	BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	OTHER NON-CATEGORIZED	14	35	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	14	35	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	35	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	13	35	
No Disruption	ALPRAZOLAM	ANXIETY	12	35	
No Disruption	GLIPIZIDE	DIABETES	12	35	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	11	35	
No Disruption	TRI-LO-ESTARYLLA	ESTROGENS & PROGESTINS	11	35	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	10	35	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	35	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	10	35	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	35	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	8	35	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	35	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	35	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	35	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	35	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	35	
No Disruption	BUPRENORPHINE HCL	PAIN	5	35	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	34	34	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	33	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	33	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	32	34	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	31	34	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	29	34	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	26	34	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	34	
No Disruption	PREDNISONE	CORTICOSTEROIDS	24	34	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	34	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	34	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	22	34	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	22	34	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	19	34	
No Disruption	VYVANSE	ADHD	19	34	
No Disruption	MIRTAZAPINE	DEPRESSION	18	34	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	34	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	16	34	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	16	34	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	16	34	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	34	
No Disruption	GABAPENTIN	ANTICONVULSANT	15	34	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	15	34	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	14	34	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	14	34	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	34	
No Disruption	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	OTHER NON-CATEGORIZED	14	34	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	14	34	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	34	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	13	34	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	12	34	
No Disruption	NARATRIPTAN HCL	MIGRAINE	12	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	11	34	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	11	34	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	11	34	
No Disruption	ZOLMITRIPTAN	MIGRAINE	10	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	9	34	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	9	34	
No Disruption	ROPINIROLE HCL	PARKINSON	9	34	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	9	34	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	34	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	34	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	34	
No Disruption	SUNOSI	SLEEP DISORDERS	7	34	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	34	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	7	34	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	34	
No Disruption	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	OTHER NON-CATEGORIZED	33	33	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	32	33	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	32	33	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	30	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	29	33	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	33	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	28	33	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	24	33	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	24	33	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	23	33	
No Disruption	ASPIRIN LOW DOSE	PAIN	23	33	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	23	33	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	33	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	22	33	
No Disruption	BUDESONIDE	ASTHMA/COPD	21	33	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	21	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	33	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	20	33	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	33	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	18	33	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	17	33	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	17	33	
No Disruption	METHIMAZOLE	THYROID AGENTS	16	33	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	16	33	
No Disruption	TOPIRAMATE	ANTICONVULSANT	15	33	
No Disruption	PREGABALIN	ANTICONVULSANT	15	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	14	33	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	14	33	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	13	33	
No Disruption	ARMOUR THYROID	THYROID AGENTS	13	33	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	33	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	12	33	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	11	33	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	33	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	11	33	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	11	33	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	10	33	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	10	33	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	33	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	33	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	9	33	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	8	33	
No Disruption	HUMULIN N KWIKPEN	DIABETES	8	33	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	8	33	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	8	33	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	33	
No Disruption	MORPHINE SULFATE ER	PAIN	4	33	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	32	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	OFLOXACIN	OPHTHALMIC	31	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	31	32	
No Disruption	AUVI-Q	ALLERGY	29	32	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	32	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	29	32	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	28	32	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	28	32	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	32	
No Disruption	ASPIRIN LOW DOSE	PAIN	21	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	21	32	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	20	32	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	20	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	20	32	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	20	32	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	19	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	32	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	16	32	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	15	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	32	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	14	32	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	14	32	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	14	32	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	14	32	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	14	32	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	13	32	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	32	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	12	32	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	11	32	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	32	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	32	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	10	32	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	32	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	10	32	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	10	32	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	10	32	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	10	32	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	32	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	9	32	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	32	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	32	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	8	32	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	7	32	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	32	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	32	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	32	
No Disruption	PRIMIDONE	ANTICONVULSANT	4	32	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	30	31	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	29	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	29	31	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	28	31	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	27	31	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	25	31	
No Disruption	INDOMETHACIN	PAIN	21	31	
No Disruption	CELECOXIB	PAIN	19	31	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	17	31	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	17	31	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	31	
No Disruption	GABAPENTIN	ANTICONVULSANT	16	31	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	15	31	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	15	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	15	31	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	14	31	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	14	31	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	13	31	
No Disruption	METHIMAZOLE	THYROID AGENTS	12	31	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	12	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	12	31	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	12	31	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	12	31	
No Disruption	NORELGESTROMIN/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	31	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	11	31	
No Disruption	LORAZEPAM	ANXIETY	11	31	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	11	31	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	31	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	10	31	
No Disruption	PREGABALIN	ANTICONVULSANT	10	31	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	31	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	8	31	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	8	31	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	8	31	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	31	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	31	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	7	31	
No Disruption	DICLOFENAC SODIUM DR	PAIN	6	31	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	31	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	6	31	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	29	30	
No Disruption	OFLOXACIN	OPHTHALMIC	29	30	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	27	30	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	27	30	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	26	30	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	26	30	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	26	30	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	23	30	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	30	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	21	30	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	20	30	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	19	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	19	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	17	30	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	17	30	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	17	30	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	17	30	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	17	30	
No Disruption	ACCU-CHEK GUIDE	DIABETES	17	30	
No Disruption	NAYZILAM	ANTICONVULSANT	16	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	30	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	16	30	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	16	30	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	30	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	15	30	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	15	30	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	30	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	14	30	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	14	30	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	13	30	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	12	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	30	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	11	30	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	30	
No Disruption	XARELTO	ANTICOAGULANT	10	30	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	10	30	
No Disruption	CELECOXIB	PAIN	9	30	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	9	30	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	9	30	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	30	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	30	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	30	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	30	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	7	30	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	7	30	
No Disruption	JORNAY PM	ADHD	7	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	30	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	30	
No Disruption	DUPIXENT	AUTOIMMUNE	5	30	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	30	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	30	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	30	
No Disruption	XYWAV	SLEEP DISORDERS	4	30	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	28	29	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	27	29	
No Disruption	TRETINOIN	DERMATOLOGICS	24	29	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	24	29	
No Disruption	TOPIRAMATE	ANTICONVULSANT	24	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	24	29	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	29	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	20	29	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	19	29	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	19	29	
No Disruption	CLONAZEPAM	ANTICONVULSANT	19	29	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	29	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	18	29	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	17	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	17	29	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	29	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	16	29	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	29	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	15	29	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	14	29	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	13	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	13	29	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	13	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	12	29	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	12	29	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	11	29	
No Disruption	CREON	CYSTIC FIBROSIS	11	29	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	29	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	10	29	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	10	29	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	10	29	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	29	
No Disruption	CELECOXIB	PAIN	9	29	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	9	29	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	9	29	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	29	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	7	29	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	29	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	29	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	29	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	29	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	29	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	29	
No Disruption	ENBREL	AUTOIMMUNE	5	29	
No Disruption	WAKIX	SLEEP DISORDERS	3	29	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	27	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	26	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	25	28	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	24	28	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	24	28	
No Disruption	ELLA	ESTROGENS & PROGESTINS	23	28	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	23	28	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	23	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	20	28	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	20	28	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	19	28	
No Disruption	BAQSIMI TWO PACK	DIABETES	19	28	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	18	28	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	18	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	18	28	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	18	28	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	17	28	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	17	28	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	17	28	
No Disruption	BUDESONIDE	ASTHMA/COPD	16	28	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	16	28	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	15	28	
No Disruption	GLIPIZIDE ER	DIABETES	14	28	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	14	28	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	28	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	28	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	13	28	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	28	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	13	28	
No Disruption	PREGABALIN	ANTICONVULSANT	12	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	12	28	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	12	28	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	12	28	
No Disruption	PRENATAL	VITAMINS & SUPPLEMENTS	12	28	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	28	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	28	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	11	28	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	28	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	10	28	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	10	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	28	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	9	28	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	8	28	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	8	28	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	28	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	8	28	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	28	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	28	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	7	28	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	28	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	28	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	28	
No Disruption	JORNAY PM	ADHD	5	28	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	28	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	28	
No Disruption	HUMIRA PEN	AUTOIMMUNE	4	28	
No Disruption	BUPRENORPHINE HCL	PAIN	4	28	
No Disruption	PEG-3350/NACL/NA BICARBONATE/KCL	OTHER NON-CATEGORIZED	27	27	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	26	27	
No Disruption	FLUOROURACIL	DERMATOLOGICS	26	27	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	26	27	
No Disruption	CEFDINIR	ANTI-INFECTIVE	26	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	25	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	25	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	25	27	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	24	27	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	27	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	23	27	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	27	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	21	27	
No Disruption	PREDNISONE	CORTICOSTEROIDS	21	27	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	27	
No Disruption	NAPROXEN	PAIN	17	27	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	17	27	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	17	27	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	16	27	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	16	27	
No Disruption	MIRTAZAPINE	DEPRESSION	15	27	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	15	27	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	15	27	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	27	
No Disruption	MODAFINIL	SLEEP DISORDERS	14	27	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	27	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	13	27	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	27	
No Disruption	BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM	DIABETES	13	27	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	27	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	12	27	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	11	27	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	11	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	27	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	27	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	27	
No Disruption	LIRAGLUTIDE	DIABETES	9	27	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	27	
No Disruption	JUNEL FE 24	ESTROGENS & PROGESTINS	8	27	
No Disruption	SRONYX	ESTROGENS & PROGESTINS	8	27	
No Disruption	ORILISSA	ENDOCRINE	7	27	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	7	27	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	27	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	6	27	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	27	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	6	27	
No Disruption	HUMALOG	DIABETES	5	27	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	27	
No Disruption	HUMIRA	AUTOIMMUNE	5	27	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	27	
No Disruption	MIRTAZAPINE	DEPRESSION	4	27	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	27	
No Disruption	ERLEADA	CANCER	3	27	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	27	
No Disruption	PROMETHAZINE/DEXTROMETHORPHAN	ALLERGY	25	26	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	25	26	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	25	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	25	26	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	23	26	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	23	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	22	26	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	22	26	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	22	26	
No Disruption	TRETINOIN	DERMATOLOGICS	22	26	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	21	26	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	20	26	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	20	26	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	26	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	20	26	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	20	26	
No Disruption	NYSTATIN	DERMATOLOGICS	20	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	19	26	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	19	26	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	19	26	
No Disruption	DIAZEPAM	ANXIETY	18	26	
No Disruption	JENCYCLA	ESTROGENS & PROGESTINS	16	26	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	16	26	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	26	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	26	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	26	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	26	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	14	26	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	14	26	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	13	26	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	13	26	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	26	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	12	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	11	26	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	11	26	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	11	26	
No Disruption	MIRTAZAPINE	DEPRESSION	10	26	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	10	26	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	10	26	
No Disruption	MORPHINE SULFATE ER	PAIN	9	26	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	9	26	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	26	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	9	26	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	26	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	9	26	
No Disruption	LARIN 1/20	ESTROGENS & PROGESTINS	8	26	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	8	26	
No Disruption	HAILEY 1.5/30	ESTROGENS & PROGESTINS	8	26	
No Disruption	GLIPIZIDE ER	DIABETES	8	26	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	7	26	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	26	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	26	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	26	
No Disruption	HUMULIN N	DIABETES	7	26	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	26	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	26	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	6	26	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	26	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	26	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	26	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	26	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	26	
No Disruption	RISPERIDONE ODT	ANTIPSYCHOTIC	2	26	
No Disruption	TRETINOIN	DERMATOLOGICS	24	25	
No Disruption	ONDANSETRON HCL	NAUSEA & VOMITING	23	25	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	23	25	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	23	25	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	23	25	
No Disruption	CEFDINIR	ANTI-INFECTIVE	23	25	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	25	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	19	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	18	25	
No Disruption	TRETINOIN	DERMATOLOGICS	17	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	16	25	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	25	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	15	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	15	25	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	15	25	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	14	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	25	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	14	25	
No Disruption	GLIMEPIRIDE	DIABETES	13	25	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	13	25	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	13	25	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	13	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	13	25	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	25	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	12	25	
No Disruption	BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM	DIABETES	12	25	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	12	25	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	12	25	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	25	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	11	25	
No Disruption	T:SLIM X2 3 ML CARTRIDGE	DIABETES	11	25	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	11	25	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	25	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	25	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	10	25	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	25	
No Disruption	TOPIRAMATE	ANTICONVULSANT	10	25	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	10	25	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	25	
No Disruption	ATOMOXETINE	ADHD	9	25	
No Disruption	JORNAY PM	ADHD	9	25	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	9	25	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	9	25	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	25	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HCL	ANTIHYPERTENSIVE	8	25	
No Disruption	ALPRAZOLAM	ANXIETY	8	25	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	25	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	25	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	8	25	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	8	25	
No Disruption	NORTREL 0.5/35 (28)	ESTROGENS & PROGESTINS	7	25	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	7	25	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	25	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	7	25	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	25	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	25	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	25	
No Disruption	HUMALOG JUNIOR KWIKPEN	DIABETES	6	25	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	6	25	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	25	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	4	25	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	4	25	
No Disruption	CLOBAZAM	ANTICONVULSANT	4	25	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	25	
No Disruption	XOLAIR	LUNG DISORDERS	4	25	
No Disruption	SERTRALINE HCL	DEPRESSION	4	25	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	25	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	22	24	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	22	24	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	22	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	22	24	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	24	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	20	24	
No Disruption	HYOSCYAMINE SULFATE SL	OTHER NON-CATEGORIZED	20	24	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	20	24	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	20	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	19	24	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	19	24	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	19	24	
No Disruption	TRETINOIN	DERMATOLOGICS	19	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	24	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	18	24	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	18	24	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	18	24	
No Disruption	TACROLIMUS	DERMATOLOGICS	17	24	
No Disruption	SODIUM FLUORIDE 5000 PPM SENSITIVE	OTHER NON-CATEGORIZED	17	24	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	17	24	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	17	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	24	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	16	24	
No Disruption	M-NATAL PLUS	VITAMINS & SUPPLEMENTS	15	24	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	15	24	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	14	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	24	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	24	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	24	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	13	24	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	24	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	12	24	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	24	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	12	24	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	12	24	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	11	24	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	11	24	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	24	
No Disruption	GLIMEPIRIDE	DIABETES	11	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	24	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	10	24	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	24	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	10	24	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	10	24	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	9	24	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	24	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	24	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	9	24	
No Disruption	INCASSIA	ESTROGENS & PROGESTINS	8	24	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ALPRAZOLAM	ANXIETY	8	24	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	8	24	
No Disruption	LORAZEPAM	ANXIETY	8	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	8	24	
No Disruption	LARIN 24 FE	ESTROGENS & PROGESTINS	8	24	
No Disruption	PREGABALIN	ANTICONVULSANT	8	24	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	24	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	24	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	24	
No Disruption	SYMPROIC	GASTROINTESTINAL	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	24	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	7	24	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	24	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	7	24	
No Disruption	NABUMETONE	PAIN	6	24	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	6	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	24	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	24	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	24	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	5	24	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	24	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	24	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	24	
No Disruption	KELNOR 1/35	ESTROGENS & PROGESTINS	4	24	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	24	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	24	
No Disruption	IBRANCE	CANCER	2	24	
No Disruption	PREDNISONE	CORTICOSTEROIDS	23	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	23	23	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	23	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	TRETINOIN	DERMATOLOGICS	22	23	
No Disruption	CEFDINIR	ANTI-INFECTIVE	22	23	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	21	23	
No Disruption	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OPHTHALMIC	21	23	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	21	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	21	23	
No Disruption	TRETINOIN	DERMATOLOGICS	21	23	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	21	23	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	20	23	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	19	23	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	18	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	18	23	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	17	23	
No Disruption	INDOMETHACIN	PAIN	15	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	14	23	
No Disruption	CLONAZEPAM	ANTICONVULSANT	14	23	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	23	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	23	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	23	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	23	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	13	23	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	13	23	
No Disruption	ADDERALL XR	ADHD	13	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	12	23	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	12	23	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	12	23	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	11	23	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	11	23	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	11	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	11	23	
No Disruption	CAPECITABINE	CANCER	11	23	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	23	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	11	23	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	11	23	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	10	23	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	10	23	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	23	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	10	23	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	23	
No Disruption	PREDNISONE	CORTICOSTEROIDS	10	23	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	10	23	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	10	23	
No Disruption	PIOGLITAZONE HCL	DIABETES	9	23	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	9	23	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	9	23	
No Disruption	LESSINA	ESTROGENS & PROGESTINS	9	23	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	23	
No Disruption	GLIPIZIDE	DIABETES	9	23	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	23	
No Disruption	SYNJARDY	DIABETES	8	23	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	23	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	23	
No Disruption	SIMPESSE	ESTROGENS & PROGESTINS	8	23	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	23	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	23	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	23	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	23	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1"	OTHER NON-CATEGORIZED	7	23	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	7	23	
No Disruption	NORTREL 7/7/7	ESTROGENS & PROGESTINS	7	23	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	23	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	6	23	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	6	23	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	6	23	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	6	23	
No Disruption	PULMOZYME	CYSTIC FIBROSIS	6	23	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	5	23	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	5	23	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	23	
No Disruption	FETZIMA	DEPRESSION	5	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	5	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	23	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	5	23	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	23	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	4	23	
No Disruption	ALPRAZOLAM ER	ANXIETY	4	23	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	4	23	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	23	
No Disruption	MORPHINE SULFATE ER	PAIN	3	23	
No Disruption	TALTZ	AUTOIMMUNE	2	23	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	22	22	
No Disruption	PREDNISONE	CORTICOSTEROIDS	22	22	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	22	22	
No Disruption	TOBRAMYCIN SULFATE	OPHTHALMIC	21	22	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	20	22	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	20	22	
No Disruption	IBUPROFEN	PAIN	20	22	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	19	22	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	19	22	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	19	22	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	18	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	18	22	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	17	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	16	22	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	15	22	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	15	22	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	15	22	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	15	22	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	14	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	14	22	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	14	22	
No Disruption	IMIQUIMOD	DERMATOLOGICS	14	22	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	13	22	
No Disruption	CELECOXIB	PAIN	13	22	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	22	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	22	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	12	22	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	12	22	
No Disruption	BD SWABS SINGLE USE	OTHER NON-CATEGORIZED	11	22	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	22	
No Disruption	ZALEPLON	SLEEP DISORDERS	11	22	
No Disruption	MODAFINIL	SLEEP DISORDERS	10	22	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	10	22	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	JORNAY PM	ADHD	10	22	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	22	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	22	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	9	22	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	9	22	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	9	22	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	9	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	9	22	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	22	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	22	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	8	22	
No Disruption	JOLESSA	ESTROGENS & PROGESTINS	8	22	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	22	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	8	22	
No Disruption	GLIPIZIDE	DIABETES	8	22	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	22	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	22	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	22	
No Disruption	GLIPIZIDE	DIABETES	7	22	
No Disruption	PREGABALIN	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	6	22	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	6	22	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	22	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	22	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	6	22	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	6	22	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	6	22	
No Disruption	CLONAZEPAM	ANTICONVULSANT	6	22	
No Disruption	BUPRENORPHINE HCL	PAIN	5	22	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	22	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	22	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	5	22	
No Disruption	NORGESTIMATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	22	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	22	
No Disruption	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	4	22	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	22	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	4	22	
No Disruption	BLISOVI FE 1.5/30	ESTROGENS & PROGESTINS	4	22	
No Disruption	JORNAY PM	ADHD	4	22	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	22	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	22	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	22	
No Disruption	XHANCE	ALLERGY	2	22	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	21	21	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	21	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	19	21	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	19	21	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	19	21	
No Disruption	EPINEPHRINE	ALLERGY	19	21	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	18	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	18	21	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	17	21	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	17	21	
No Disruption	CEFDINIR	ANTI-INFECTIVE	17	21	
No Disruption	CELECOXIB	PAIN	17	21	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	17	21	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	16	21	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	16	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	16	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	21	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	15	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	15	21	
No Disruption	IBUPROFEN	PAIN	15	21	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	15	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	15	21	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	14	21	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	14	21	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	14	21	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	21	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	21	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	13	21	
No Disruption	CLINDAMYCIN PHOSPHATE	OTHER NON-CATEGORIZED	13	21	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	13	21	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	21	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	12	21	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	12	21	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	12	21	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	21	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	11	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	11	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	11	21	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	11	21	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	11	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	11	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	11	21	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	10	21	
No Disruption	TRI-ESTARYLLA	ESTROGENS & PROGESTINS	10	21	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	10	21	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	21	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	10	21	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	10	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	9	21	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	9	21	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	9	21	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	9	21	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	9	21	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	9	21	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	21	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	8	21	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	8	21	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	8	21	
No Disruption	ANASTROZOLE	CANCER	8	21	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	21	
No Disruption	RABEPRAZOLE SODIUM	PPIs	7	21	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	21	
No Disruption	TAMOXIFEN CITRATE	CANCER	7	21	
No Disruption	PREGABALIN	ANTICONVULSANT	7	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	7	21	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	21	
No Disruption	HEATHER	ESTROGENS & PROGESTINS	7	21	
No Disruption	GABAPENTIN	ANTICONVULSANT	6	21	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	21	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	21	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	6	21	
No Disruption	JULEBER	ESTROGENS & PROGESTINS	6	21	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	6	21	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	21	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	5	21	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	21	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	21	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	5	21	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	5	21	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	21	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	21	
No Disruption	PREGABALIN	ANTICONVULSANT	4	21	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	21	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	21	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	21	
No Disruption	VERZENIO	CANCER	3	21	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	3	21	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	21	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	3	21	
No Disruption	FLUOXETINE DR	DEPRESSION	3	21	
No Disruption	OFLOXACIN	OPHTHALMIC	20	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	20	20	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	20	20	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	20	20	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	19	20	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	19	20	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	19	20	
No Disruption	TACROLIMUS	DERMATOLOGICS	18	20	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	18	20	
No Disruption	IBUPROFEN	PAIN	18	20	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	17	20	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	16	20	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	16	20	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	20	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	16	20	
No Disruption	PERMETHRIN	DERMATOLOGICS	15	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	15	20	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	20	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	15	20	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	14	20	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	14	20	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	14	20	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	14	20	
No Disruption	PREGABALIN	ANTICONVULSANT	14	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	14	20	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	13	20	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	20	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	13	20	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	12	20	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	12	20	
No Disruption	PREGABALIN	ANTICONVULSANT	11	20	
No Disruption	DOXEPIN HCL	DEPRESSION	11	20	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	20	
No Disruption	PREDNISONE	CORTICOSTEROIDS	11	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	11	20	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	11	20	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	10	20	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	10	20	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	20	
No Disruption	SSD	DERMATOLOGICS	10	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	20	
No Disruption	ATOMOXETINE	ADHD	10	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	9	20	
No Disruption	INSULIN GLARGINE SOLOSTAR	DIABETES	9	20	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	20	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	20	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	9	20	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	9	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	20	
No Disruption	CELECOXIB	PAIN	8	20	
No Disruption	ESTARYLLA	ESTROGENS & PROGESTINS	8	20	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	8	20	
No Disruption	BUDESONIDE	ASTHMA/COPD	8	20	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	8	20	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	8	20	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	8	20	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	20	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	8	20	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	8	20	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	7	20	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	20	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	20	
No Disruption	MORPHINE SULFATE ER	PAIN	6	20	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	6	20	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	6	20	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	20	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	20	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	6	20	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	20	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	20	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	20	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	5	20	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	20	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	20	
No Disruption	SKYRIZI	AUTOIMMUNE	4	20	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	20	
No Disruption	AMANTADINE HCL	PARKINSON	4	20	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	4	20	
No Disruption	ELMIRON	OTHER NON-CATEGORIZED	4	20	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	20	
No Disruption	METHSCOPOLAMINE BROMIDE	OTHER NON-CATEGORIZED	3	20	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ROPINIROLE HCL	PARKINSON	3	20	
No Disruption	TRAMADOL HYDROCHLORIDE ER	PAIN	3	20	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	19	19	
No Disruption	BENZONATATE	ALLERGY	19	19	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	18	19	
No Disruption	IBUPROFEN	PAIN	18	19	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	17	19	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	17	19	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	17	19	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	16	19	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	16	19	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	15	19	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	15	19	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	15	19	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	15	19	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	14	19	
No Disruption	LORAZEPAM	ANXIETY	14	19	
No Disruption	SHINGRIX	VACCINES	14	19	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	13	19	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	13	19	
No Disruption	OMEPRAZOLE	PPIs	13	19	
No Disruption	DICLOFENAC SODIUM DR	PAIN	13	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	13	19	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	13	19	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	12	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	12	19	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	12	19	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	11	19	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	11	19	
No Disruption	ZORYVE	DERMATOLOGICS	11	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	11	19	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	11	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	11	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	10	19	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	10	19	
No Disruption	ANASTROZOLE	CANCER	9	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	19	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	9	19	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	9	19	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	9	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	9	19	
No Disruption	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	OTHER NON-CATEGORIZED	9	19	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	19	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	19	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	9	19	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	9	19	
No Disruption	ARMOUR THYROID	THYROID AGENTS	8	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	19	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	8	19	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	8	19	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	19	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	8	19	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	8	19	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	7	19	
No Disruption	ZONISAMIDE	ANTICONVULSANT	7	19	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	19	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	19	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	19	
No Disruption	OMEPRAZOLE	PPIs	6	19	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	6	19	
No Disruption	PORTIA-28	ESTROGENS & PROGESTINS	6	19	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	19	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	19	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	19	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	19	
No Disruption	PAROXETINE HCL	DEPRESSION	6	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	19	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	19	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	5	19	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	5	19	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	19	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	URSODIOL	GASTROINTESTINAL	5	19	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	19	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	19	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	5	19	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	19	
No Disruption	VYVANSE	ADHD	5	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	5	19	
No Disruption	QELBREE	ADHD	5	19	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	19	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	4	19	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	19	
No Disruption	DIAZEPAM	ANXIETY	4	19	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	19	
No Disruption	LETROZOLE	CANCER	4	19	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	19	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	19	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	3	19	
No Disruption	TRIVORA-28	ESTROGENS & PROGESTINS	3	19	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	3	19	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	19	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	19	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	19	
No Disruption	SERTRALINE HCL	DEPRESSION	2	19	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	18	18	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	18	18	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	18	18	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	17	18	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	17	18	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	18	
No Disruption	NYSTATIN	DERMATOLOGICS	16	18	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	16	18	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	16	18	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	16	18	
No Disruption	CEFDINIR	ANTI-INFECTIVE	16	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	16	18	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	15	18	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	15	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	15	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	15	18	
No Disruption	DRYSOL	DERMATOLOGICS	14	18	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	14	18	
No Disruption	CELECOXIB	PAIN	13	18	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	13	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	13	18	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	13	18	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	13	18	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	12	18	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	12	18	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	18	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	12	18	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	12	18	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	18	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	11	18	
No Disruption	SULFACETAMIDE SODIUM	DERMATOLOGICS	11	18	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	11	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	18	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	11	18	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	11	18	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	11	18	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	11	18	
No Disruption	HM ASPIRIN EC LOW DOSE	PAIN	10	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	10	18	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	18	
No Disruption	LO-ZUMANDIMINE	ESTROGENS & PROGESTINS	10	18	
No Disruption	CLOTRIMAZOLE	OTHER NON-CATEGORIZED	10	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	10	18	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	10	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	10	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	9	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	9	18	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	9	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	9	18	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	9	18	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	9	18	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	8	18	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	18	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	18	
No Disruption	BD PLASTIPAK SYRINGE/3ML/21G X 1"/LUER-LOK	OTHER NON-CATEGORIZED	8	18	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	8	18	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	8	18	
No Disruption	GLIPIZIDE ER	DIABETES	8	18	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	8	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	18	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	18	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	18	
No Disruption	TESTOSTERONE	ANDROGENS	7	18	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	18	
No Disruption	KLOR-CON M10	VITAMINS & SUPPLEMENTS	7	18	
No Disruption	DIAZEPAM	ANXIETY	7	18	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	18	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	7	18	
No Disruption	VYVANSE	ADHD	7	18	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	7	18	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	7	18	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	7	18	
No Disruption	PAROXETINE HCL	DEPRESSION	6	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	6	18	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	6	18	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	18	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	18	
No Disruption	LETROZOLE	CANCER	6	18	
No Disruption	LARIN 1.5/30	ESTROGENS & PROGESTINS	6	18	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	6	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	6	18	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	6	18	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	5	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	18	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	18	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	18	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	ZALEPLON	SLEEP DISORDERS	5	18	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	18	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	5	18	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	5	18	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	18	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	18	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	5	18	
No Disruption	XOLAIR	LUNG DISORDERS	5	18	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	18	
No Disruption	VOLNEA	ESTROGENS & PROGESTINS	5	18	
No Disruption	LORAZEPAM	ANXIETY	5	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	18	
No Disruption	ENPRESSE-28	ESTROGENS & PROGESTINS	4	18	
No Disruption	SYNJARDY XR	DIABETES	4	18	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	4	18	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	18	
No Disruption	MIRTAZAPINE	DEPRESSION	4	18	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	4	18	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	18	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	18	
No Disruption	BUPRENORPHINE	PAIN	3	18	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	18	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	18	
No Disruption	DAYVIGO	SLEEP DISORDERS	3	18	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	18	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	18	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	18	
No Disruption	ORENCIA	AUTOIMMUNE	2	18	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	18	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	2	18	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	2	18	
No Disruption	IMBRUVICA	CANCER	2	18	
No Disruption	METHYLPREDNISOLONE DOSE PACK	CORTICOSTEROIDS	17	17	
No Disruption	GENTAMICIN SULFATE	OPHTHALMIC	17	17	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	17	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	15	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	15	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	15	17	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	17	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	15	17	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	14	17	
No Disruption	TOPIRAMATE	ANTICONVULSANT	14	17	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	17	
No Disruption	BENZONATATE	ALLERGY	14	17	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	14	17	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	13	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	13	17	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	12	17	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	12	17	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	17	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	17	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	12	17	
No Disruption	TRETINOIN	DERMATOLOGICS	12	17	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	11	17	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	17	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	11	17	
No Disruption	SPRAVATO 56MG DOSE	DEPRESSION	11	17	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	17	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	10	17	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	10	17	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	10	17	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	17	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	10	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	10	17	
No Disruption	QELBREE	ADHD	10	17	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	9	17	
No Disruption	AZELAIC ACID	DERMATOLOGICS	9	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	17	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	8	17	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	8	17	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	17	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	17	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	8	17	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	8	17	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	17	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	7	17	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	7	17	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	17	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	17	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	7	17	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	17	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	7	17	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	GLIPIZIDE	DIABETES	7	17	
No Disruption	CAPECITABINE	CANCER	6	17	
No Disruption	GLIPIZIDE	DIABETES	6	17	
No Disruption	ACTEMRA ACTPEN	AUTOIMMUNE	6	17	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	6	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	6	17	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	17	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	6	17	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	17	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	5	17	
No Disruption	TESTOSTERONE PUMP	ANDROGENS	5	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	5	17	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	17	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	17	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	17	
No Disruption	CLARAVIS	DERMATOLOGICS	5	17	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	17	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	17	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	17	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	17	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	4	17	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	17	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	4	17	
No Disruption	ALPRAZOLAM	ANXIETY	4	17	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	4	17	
No Disruption	DIAZEPAM	ANXIETY	4	17	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	4	17	
No Disruption	CLONAZEPAM	ANTICONVULSANT	4	17	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	17	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	17	
No Disruption	LORAZEPAM	ANXIETY	3	17	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	17	
No Disruption	OMEPRAZOLE DR	PPIs	3	17	
No Disruption	EXEMESTANE	CANCER	3	17	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	17	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	17	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	17	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	17	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	16	16	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	16	16	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	16	16	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	16	16	
No Disruption	BENZONATATE	ALLERGY	16	16	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	16	16	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	16	16	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	15	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	15	16	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	15	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	15	16	
No Disruption	PREDNISONE	CORTICOSTEROIDS	15	16	
No Disruption	INDOMETHACIN	PAIN	14	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	13	16	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	13	16	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	13	16	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	12	16	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	12	16	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	12	16	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	11	16	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	11	16	
No Disruption	KLAYESTA	DERMATOLOGICS	11	16	
No Disruption	CLONAZEPAM	ANTICONVULSANT	11	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	11	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	11	16	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	10	16	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	10	16	
No Disruption	NYSTATIN	DERMATOLOGICS	10	16	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	9	16	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	16	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	16	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	9	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	9	16	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	9	16	
No Disruption	PAROXETINE HCL	DEPRESSION	9	16	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	9	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	9	16	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	8	16	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	8	16	
No Disruption	ALPRAZOLAM ER	ANXIETY	8	16	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	8	16	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	8	16	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BELSOMRA	SLEEP DISORDERS	8	16	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	8	16	
No Disruption	ROPINIROLE HCL	PARKINSON	8	16	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	8	16	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	PIOGLITAZONE HCL	DIABETES	7	16	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	16	
No Disruption	GLIPIZIDE ER	DIABETES	7	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	16	
No Disruption	KLOR-CON M20	VITAMINS & SUPPLEMENTS	7	16	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	DICLOFENAC POTASSIUM	PAIN	7	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	16	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	7	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	16	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	16	
No Disruption	ZALEPLON	SLEEP DISORDERS	7	16	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	7	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	16	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	6	16	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	16	
No Disruption	OMEPRAZOLE DR	PPIs	6	16	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	16	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	16	
No Disruption	GLIPIZIDE ER	DIABETES	5	16	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	5	16	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	16	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	16	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	5	16	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	5	16	
No Disruption	CRESEMBA	ANTI-INFECTIVE	5	16	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	5	16	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	5	16	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	16	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	16	
No Disruption	OMEPRAZOLE	PPIs	4	16	
No Disruption	ISIBLOOM	ESTROGENS & PROGESTINS	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	4	16	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	4	16	
No Disruption	BELSOMRA	SLEEP DISORDERS	4	16	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	16	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	16	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	16	
No Disruption	AMANTADINE HCL	PARKINSON	4	16	
No Disruption	AUROVELA 24 FE	ESTROGENS & PROGESTINS	4	16	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	16	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	16	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	16	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	3	16	
No Disruption	ALPRAZOLAM	ANXIETY	3	16	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	16	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	3	16	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	CLONIDINE HCL ER	ADHD	3	16	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	3	16	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	16	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	3	16	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	2	16	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	16	
No Disruption	MYFORTIC	IMMUNOSUPPRESSANTS	2	16	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	PREGABALIN	ANTICONVULSANT	2	16	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	2	16	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	2	16	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	16	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	16	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	2	16	
No Disruption	RINVOQ	AUTOIMMUNE	2	16	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	16	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	15	15	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	15	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	15	15	
No Disruption	CEFDINIR	ANTI-INFECTIVE	15	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	14	15	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	14	15	
No Disruption	IBUPROFEN	PAIN	14	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	14	15	
No Disruption	NYSTATIN	DERMATOLOGICS	13	15	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	13	15	
No Disruption	DIAZEPAM	ANXIETY	13	15	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	13	15	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	13	15	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	13	15	
No Disruption	ALCOHOL PREPS	OTHER NON-CATEGORIZED	13	15	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	13	15	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	13	15	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	12	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	12	15	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	15	
No Disruption	AZELAIC ACID	DERMATOLOGICS	12	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	12	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	12	15	
No Disruption	TWINRIX	VACCINES	12	15	
No Disruption	NAPROXEN	PAIN	11	15	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	11	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	10	15	
No Disruption	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	ASTHMA/COPD	10	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	10	15	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	10	15	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	10	15	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	10	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	9	15	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	9	15	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	9	15	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	15	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	15	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	9	15	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	9	15	
No Disruption	VYVANSE	ADHD	9	15	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	15	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	8	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	8	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	15	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	8	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	15	
No Disruption	NAPROXEN	PAIN	8	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	7	15	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	7	15	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	15	
No Disruption	GLIPIZIDE ER	DIABETES	6	15	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	6	15	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	6	15	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	6	15	
No Disruption	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	6	15	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	15	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	6	15	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	15	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	15	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	6	15	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	15	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	6	15	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	15	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	6	15	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	6	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	15	
No Disruption	PREVIDENT 5000 DRY MOUTH	OTHER NON-CATEGORIZED	6	15	
No Disruption	SYNJARDY XR	DIABETES	6	15	
No Disruption	ASPIRIN	PAIN	5	15	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	15	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	5	15	
No Disruption	GLYBURIDE	DIABETES	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	15	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	15	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	5	15	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	15	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	5	15	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	15	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	15	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	5	15	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	15	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	5	15	
No Disruption	PREGABALIN	ANTICONVULSANT	4	15	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	15	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	4	15	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	4	15	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	15	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	15	
No Disruption	UREA	DERMATOLOGICS	4	15	
No Disruption	PAROXETINE HCL	DEPRESSION	4	15	
No Disruption	GLIPIZIDE	DIABETES	4	15	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	15	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	15	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	3	15	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	15	
No Disruption	ACARBOSE	DIABETES	3	15	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	15	
No Disruption	ALPRAZOLAM	ANXIETY	3	15	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	15	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	15	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	15	
No Disruption	ROPINIROLE HCL	PARKINSON	3	15	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	15	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	15	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	15	
No Disruption	OCALIVA	GASTROINTESTINAL	2	15	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	15	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	ESTROGENS & PROGESTINS	2	15	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	15	
No Disruption	BUTORPHANOL TARTRATE	PAIN	2	15	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	15	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	15	
No Disruption	XARELTO	ANTICOAGULANT	2	15	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	15	
No Disruption	OMEPRAZOLE	PPIs	2	15	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	15	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	15	
No Disruption	TURQOZ	ESTROGENS & PROGESTINS	2	15	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	15	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	15	
No Disruption	NYSTOP	DERMATOLOGICS	14	14	
No Disruption	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	DIABETES	14	14	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	14	14	
No Disruption	BENZONATATE	ALLERGY	14	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	14	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	14	14	
No Disruption	GAVILYTE-C	OTHER NON-CATEGORIZED	14	14	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	14	14	
No Disruption	SODIUM CHLORIDE	ALLERGY	13	14	
No Disruption	PREDNISONE	CORTICOSTEROIDS	13	14	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	13	14	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	13	14	
No Disruption	EPINEPHRINE	ALLERGY	13	14	
No Disruption	BENZONATATE	ALLERGY	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	13	14	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	12	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	12	14	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	12	14	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	12	14	
No Disruption	CLONAZEPAM	ANTICONVULSANT	12	14	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	14	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	12	14	
No Disruption	NYSTATIN	DERMATOLOGICS	12	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	OMEPRAZOLE	PPIs	11	14	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	11	14	
No Disruption	DRYSOL	DERMATOLOGICS	11	14	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	11	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	11	14	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	11	14	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	11	14	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	11	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	11	14	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CEFADROXIL	ANTI-INFECTIVE	11	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	10	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	14	
No Disruption	BD 3ML LUER-LOK SYRINGE/25G X 1"	OTHER NON-CATEGORIZED	10	14	
No Disruption	VTAMA	DERMATOLOGICS	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	14	
No Disruption	TRINTELLIX	DEPRESSION	10	14	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	14	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	9	14	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	9	14	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	14	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	9	14	
No Disruption	VALTOCO 10 MG DOSE	ANTICONVULSANT	9	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	8	14	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	14	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	14	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	8	14	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	14	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	7	14	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	14	
No Disruption	ZTLIDO	DERMATOLOGICS	7	14	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	14	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	7	14	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	7	14	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	7	14	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	14	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	7	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	7	14	
No Disruption	BUSPIRONE HCL	ANXIETY	6	14	
No Disruption	SULINDAC	PAIN	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	6	14	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	14	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	6	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	6	14	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	6	14	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	14	
No Disruption	SYNJARDY XR	DIABETES	6	14	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	6	14	
No Disruption	MIRTAZAPINE	DEPRESSION	5	14	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	14	
No Disruption	DICLOFENAC SODIUM DR	PAIN	5	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	14	
No Disruption	LUMIGAN	OPHTHALMIC	5	14	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	5	14	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	5	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	14	
No Disruption	MODAFINIL	SLEEP DISORDERS	5	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	14	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	5	14	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	5	14	
No Disruption	ANASTROZOLE	CANCER	5	14	
No Disruption	TESTOSTERONE	ANDROGENS	5	14	
No Disruption	HAILEY 24 FE	ESTROGENS & PROGESTINS	5	14	
No Disruption	GLIPIZIDE	DIABETES	5	14	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	HAILEY FE 1/20	ESTROGENS & PROGESTINS	5	14	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	14	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	4	14	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	14	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	4	14	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	4	14	
No Disruption	MIEBO	OTHER NON-CATEGORIZED	4	14	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	14	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	14	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	14	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	14	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	14	
No Disruption	QULIPTA	MIGRAINE	4	14	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	14	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	14	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	14	
No Disruption	OMEPRAZOLE	PPIs	3	14	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	3	14	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	3	14	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	14	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	14	
No Disruption	LYUMJEV KWIKPEN	DIABETES	3	14	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	14	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	3	14	
No Disruption	ENBREL MINI	AUTOIMMUNE	3	14	
No Disruption	CREON	CYSTIC FIBROSIS	3	14	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	3	14	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	14	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	14	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	14	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	14	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	14	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	14	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	14	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	14	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	14	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	14	
No Disruption	DELSTRIGO	HIV	2	14	
No Disruption	DABIGATRAN ETEXILATE	ANTICOAGULANT	2	14	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	14	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	2	14	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	14	
No Disruption	PROMETHAZINE DM	ALLERGY	13	13	
No Disruption	PREVIDENT 5000 BOOSTER PLUS	OTHER NON-CATEGORIZED	13	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	13	13	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	13	13	
No Disruption	ACCU-CHEK GUIDE ME	DIABETES	13	13	
No Disruption	ABRYSVO	VACCINES	13	13	
No Disruption	NITROFURANTOIN MONOHYDRATE	ANTI-INFECTIVE	13	13	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	13	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	13	13	
No Disruption	BAQSIMI TWO PACK	DIABETES	13	13	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	13	13	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	13	13	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	13	13	
No Disruption	NYSTATIN	DERMATOLOGICS	12	13	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	12	13	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	12	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	13	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	12	13	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	13	
No Disruption	MELOXICAM	PAIN	11	13	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	11	13	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	11	13	
No Disruption	AZELASTINE HCL	OPHTHALMIC	11	13	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	11	13	
No Disruption	SSD	DERMATOLOGICS	11	13	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	10	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	10	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	10	13	
No Disruption	NYSTATIN	DERMATOLOGICS	9	13	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	13	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	9	13	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	13	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	8	13	
No Disruption	NABUMETONE	PAIN	8	13	
No Disruption	LEUCOVORIN CALCIUM	CANCER	8	13	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	8	13	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	8	13	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	8	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	7	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	7	13	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	7	13	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	13	
No Disruption	MODAFINIL	SLEEP DISORDERS	7	13	
No Disruption	DOTTI	ESTROGENS & PROGESTINS	7	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	7	13	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	7	13	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	7	13	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	7	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	13	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	7	13	
No Disruption	TESTOSTERONE	ANDROGENS	7	13	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	13	
No Disruption	SUMATRIPTAN	MIGRAINE	6	13	
No Disruption	OMEPRAZOLE	PPIs	6	13	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	13	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	6	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	13	
No Disruption	PAROXETINE HCL	DEPRESSION	6	13	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	6	13	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	13	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	13	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	5	13	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	13	
No Disruption	ETONOGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	5	13	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	13	
No Disruption	TAMOXIFEN CITRATE	CANCER	5	13	
No Disruption	GLIPIZIDE ER	DIABETES	5	13	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	13	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	5	13	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	4	13	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	13	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	13	
No Disruption	FALMINA	ESTROGENS & PROGESTINS	4	13	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	13	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	4	13	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	4	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	13	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	13	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	4	13	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	13	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	13	
No Disruption	VALPROIC ACID	ANTICONVULSANT	4	13	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	4	13	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	13	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	4	13	
No Disruption	ROPINIROLE HCL	PARKINSON	4	13	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	13	
No Disruption	BUPRENORPHINE	PAIN	3	13	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	3	13	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	13	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	13	
No Disruption	LUMIGAN	OPHTHALMIC	3	13	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	3	13	
No Disruption	BALZIVA	ESTROGENS & PROGESTINS	3	13	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	13	
No Disruption	MIRTAZAPINE	DEPRESSION	3	13	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	13	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	3	13	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	13	
No Disruption	OMEPRAZOLE	PPIs	3	13	
No Disruption	VERAPAMIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	13	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	13	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	13	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	13	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	PAIN	2	13	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	13	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	13	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	13	
No Disruption	MORPHINE SULFATE ER	PAIN	2	13	
No Disruption	HUMULIN R U-500 (CONCENTRATED)	DIABETES	2	13	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	2	13	
No Disruption	LYRICA	ANTICONVULSANT	2	13	
No Disruption	BELBUCA	PAIN	2	13	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	13	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	13	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	13	
No Disruption	KEPPRA	ANTICONVULSANT	2	13	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	13	
No Disruption	AMILORIDE HCL	ANTIHYPERTENSIVE	1	13	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	13	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	13	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	13	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	13	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	13	
No Disruption	AVONEX PEN	MULTIPLE SCLEROSIS	1	13	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	13	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	12	12	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	12	12	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	12	12	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	12	12	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	12	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	12	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	12	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	11	12	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	11	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	11	12	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	11	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	11	12	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	11	12	
No Disruption	SERTRALINE HCL	DEPRESSION	11	12	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	12	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	10	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	10	12	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	10	12	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	10	12	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	10	12	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	BAQSIMI ONE PACK	DIABETES	10	12	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	12	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	10	12	
No Disruption	NYSTATIN	DERMATOLOGICS	10	12	
No Disruption	HAVRIX	VACCINES	10	12	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	10	12	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	10	12	
No Disruption	SSD	DERMATOLOGICS	10	12	
No Disruption	ATOMOXETINE	ADHD	10	12	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	10	12	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	12	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	9	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	12	
No Disruption	MODAFINIL	SLEEP DISORDERS	9	12	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	9	12	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	9	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	12	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	8	12	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	8	12	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	8	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	8	12	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	8	12	
No Disruption	TOBRADEX	OPHTHALMIC	8	12	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	8	12	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	12	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	7	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	7	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	7	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	12	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	7	12	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	12	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	7	12	
No Disruption	CAPECITABINE	CANCER	6	12	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	6	12	
No Disruption	PIOGLITAZONE HCL	DIABETES	6	12	
No Disruption	OMEPRAZOLE	PPIs	6	12	
No Disruption	NAPROXEN	PAIN	6	12	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	6	12	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	12	
No Disruption	ACCU-CHEK FASTCLIX LANCETS	DIABETES	6	12	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	12	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	6	12	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	12	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	12	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	12	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	5	12	
No Disruption	NOVOFINE PEN NEEDLE 32G X 6MM	DIABETES	5	12	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	5	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	12	
No Disruption	BLISOVI 24 FE	ESTROGENS & PROGESTINS	5	12	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	12	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	12	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	DAPSONE	ANTI-INFECTIVE	5	12	
No Disruption	CORLANOR	OTHER NON-CATEGORIZED	5	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	12	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	12	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	12	
No Disruption	ROPINIROLE HCL	PARKINSON	5	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	5	12	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	12	
No Disruption	SULINDAC	PAIN	5	12	
No Disruption	ETODOLAC	PAIN	5	12	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	12	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	12	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	12	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	12	
No Disruption	BD HYPODERMIC NEEDLES 25GX1.5"	OTHER NON-CATEGORIZED	4	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	COMBIPATCH	ESTROGENS & PROGESTINS	4	12	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	4	12	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	4	12	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	4	12	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	12	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	12	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	12	
No Disruption	SYNJARDY	DIABETES	3	12	
No Disruption	ZONISAMIDE	ANTICONVULSANT	3	12	
No Disruption	ANASTROZOLE	CANCER	3	12	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	12	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	12	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	3	12	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	PAIN	3	12	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	3	12	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	3	12	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	12	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	3	12	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	12	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	12	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	12	
No Disruption	PHOSPHA 250 NEUTRAL	VITAMINS & SUPPLEMENTS	2	12	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	12	
No Disruption	GLYXAMBI	DIABETES	2	12	
No Disruption	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	DIABETES	2	12	
No Disruption	EMGALITY	MIGRAINE	2	12	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	12	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	12	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	12	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	12	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	12	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM	DIABETES	2	12	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	12	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	HYDROXYUREA	CANCER	2	12	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	12	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	12	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	12	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	2	12	
No Disruption	PREGABALIN	ANTICONVULSANT	2	12	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	1	12	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	12	
No Disruption	PERTZYE	CYSTIC FIBROSIS	1	12	
No Disruption	PAROXETINE HCL	DEPRESSION	1	12	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	12	
No Disruption	NUPLAZID	ANTIPSYCHOTIC	1	12	
No Disruption	NUBEQA	CANCER	1	12	
No Disruption	ENBRACE HR	VITAMINS & SUPPLEMENTS	1	12	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	12	
No Disruption	BRIVIACT	ANTICONVULSANT	1	12	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	12	
No Disruption	LEVONEST	ESTROGENS & PROGESTINS	1	12	
No Disruption	IMBRUVICA	CANCER	1	12	
No Disruption	NUCYNTA	PAIN	1	12	
No Disruption	TRIUMEQ	HIV	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	12	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	12	
No Disruption	TALTZ	AUTOIMMUNE	1	12	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	12	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	12	
No Disruption	REVLIMID	CANCER	1	12	
No Disruption	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE	ALLERGY	11	11	
No Disruption	TACROLIMUS	DERMATOLOGICS	11	11	
No Disruption	PAXLOVID	ANTI-INFECTIVE	11	11	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	11	11	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	11	11	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	11	11	
No Disruption	LAGEVRIO	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	11	11	
No Disruption	XOFLUZA	ANTI-INFECTIVE	11	11	
No Disruption	NYSTOP	DERMATOLOGICS	10	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	11	
No Disruption	TRETINOIN	DERMATOLOGICS	10	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	10	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	10	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	11	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	10	11	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	10	11	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	10	11	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	9	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	9	11	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	9	11	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	9	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	9	11	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	9	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	8	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	8	11	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	8	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	8	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	8	11	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	8	11	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	8	11	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	11	
No Disruption	LIDOCAINE	DERMATOLOGICS	8	11	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	11	
No Disruption	AZSTARYS	ADHD	8	11	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	8	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	11	
No Disruption	CELECOXIB	PAIN	8	11	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	8	11	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	7	11	
No Disruption	PAROXETINE HCL	DEPRESSION	7	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	7	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	7	11	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	7	11	
No Disruption	BUDESONIDE	CORTICOSTEROIDS	7	11	
No Disruption	MIRTAZAPINE	DEPRESSION	7	11	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	7	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	7	11	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	7	11	
No Disruption	MELOXICAM	PAIN	7	11	
No Disruption	DENTAGEL	OTHER NON-CATEGORIZED	7	11	
No Disruption	LINEZOLID	ANTI-INFECTIVE	7	11	
No Disruption	IBUPROFEN	PAIN	7	11	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	11	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	7	11	
No Disruption	CELECOXIB	PAIN	7	11	
No Disruption	SSD	DERMATOLOGICS	7	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	7	11	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	6	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	11	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	6	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	11	
No Disruption	PAROXETINE HCL	DEPRESSION	6	11	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	11	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	6	11	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ANASTROZOLE	CANCER	6	11	
No Disruption	MODAFINIL	SLEEP DISORDERS	6	11	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	6	11	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	11	
No Disruption	NIKKI	ESTROGENS & PROGESTINS	6	11	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	6	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	6	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	6	11	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	6	11	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	11	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	6	11	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	6	11	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FEMRING	ESTROGENS & PROGESTINS	5	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	5	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	11	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	5	11	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	5	11	
No Disruption	MORPHINE SULFATE	PAIN	5	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	5	11	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	5	11	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	11	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	11	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	11	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	11	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	5	11	
No Disruption	CLONAZEPAM	ANTICONVULSANT	5	11	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	5	11	
No Disruption	VIENVA	ESTROGENS & PROGESTINS	5	11	
No Disruption	TYBLUME	ESTROGENS & PROGESTINS	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	GLIPIZIDE ER	DIABETES	5	11	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	11	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	11	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	4	11	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	11	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	11	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	11	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	4	11	
No Disruption	TAMOXIFEN CITRATE	CANCER	4	11	
No Disruption	EASY TOUCH PEN NEEDLES/31G X 3/16"	DIABETES	4	11	
No Disruption	MIRTAZAPINE	DEPRESSION	4	11	
No Disruption	MINIMED RESERVOIR 3ML	DIABETES	4	11	
No Disruption	DOXAZOSIN	ANTIHYPERTENSIVE	4	11	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	11	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	VYVANSE	ADHD	4	11	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	11	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	4	11	
No Disruption	VENLAFAXINE HCL	DEPRESSION	4	11	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	11	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	4	11	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	11	
No Disruption	RHOFADE	DERMATOLOGICS	4	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	ODACTRA	OTHER NON-CATEGORIZED	3	11	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	11	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	11	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	11	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	11	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	3	11	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	11	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	11	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	3	11	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	11	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	3	11	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	11	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	3	11	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	11	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	3	11	
No Disruption	PREGABALIN	ANTICONVULSANT	3	11	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	11	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	11	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	11	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	11	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	11	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	11	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	11	
No Disruption	NITRO-BID	OTHER NON-CATEGORIZED	2	11	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	11	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	11	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	11	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	11	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	11	
No Disruption	ALPRAZOLAM	ANXIETY	2	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	11	
No Disruption	BELBUCA	PAIN	2	11	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	11	
No Disruption	ULTICARE SHORT PEN NEEDLES/31G X 8MM	DIABETES	2	11	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	11	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	11	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	11	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	11	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	11	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	2	11	
No Disruption	SEREVENT DISKUS	ASTHMA/COPD	2	11	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	11	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	11	
No Disruption	OCELLA	ESTROGENS & PROGESTINS	1	11	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	11	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	11	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	11	
No Disruption	QNASL	ALLERGY	1	11	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	11	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	11	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	11	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	11	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	11	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	11	
No Disruption	DIAZEPAM	ANXIETY	1	11	
No Disruption	LYBALVI	ANTIPSYCHOTIC	1	11	

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Formulary Disruption Summary
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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	11	
No Disruption	AMPHETAMINE SULFATE	ADHD	1	11	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	1	11	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	11	
No Disruption	JAKAFI	CANCER	1	11	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	11	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	11	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	11	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	11	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	11	
No Disruption	SERTRALINE HCL	DEPRESSION	1	11	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	11	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	11	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	10	10	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	10	10	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	10	10	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC	OTHER NON-CATEGORIZED	10	10	
No Disruption	GAVILYTE-N/FLAVOR PACK	OTHER NON-CATEGORIZED	10	10	
No Disruption	NAPROXEN	PAIN	10	10	
No Disruption	MUPIROCIN	DERMATOLOGICS	10	10	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	10	10	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	10	10	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	10	10	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	10	10	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	10	10	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	10	10	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	10	10	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	ANTI-INFECTIVE	10	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	10	10	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	9	10	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	9	10	
No Disruption	OFLOXACIN	OPHTHALMIC	9	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	9	10	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	9	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	9	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	9	10	
No Disruption	INDOMETHACIN	PAIN	9	10	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	9	10	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	9	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	8	10	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	8	10	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	8	10	
No Disruption	IMIQUIMOD	DERMATOLOGICS	8	10	
No Disruption	IBUPROFEN	PAIN	8	10	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	8	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	8	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	7	10	
No Disruption	PREGABALIN	ANTICONVULSANT	7	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	7	10	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	7	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	7	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	7	10	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	10	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	TRETINOIN	DERMATOLOGICS	7	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	7	10	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	7	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	7	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	CLONAZEPAM	ANTICONVULSANT	7	10	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	10	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	7	10	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	7	10	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	7	10	
No Disruption	CELECOXIB	PAIN	7	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	7	10	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	7	10	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	10	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	7	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	6	10	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	10	
No Disruption	OMEPRAZOLE DR	PPIs	6	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	6	10	
No Disruption	CELECOXIB	PAIN	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	ANASTROZOLE	CANCER	6	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	MIRTAZAPINE	DEPRESSION	6	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	6	10	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	DIABETES	6	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	6	10	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	6	10	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	6	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	6	10	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	6	10	
No Disruption	ASPIRIN	PAIN	6	10	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	10	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	6	10	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	6	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	5	10	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	NUCYNTA	PAIN	5	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	10	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	RAGWITEK	OTHER NON-CATEGORIZED	5	10	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	10	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	5	10	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	5	10	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	5	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	10	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	5	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	10	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	5	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	SOTALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	10	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	4	10	
No Disruption	PREGABALIN	ANTICONVULSANT	4	10	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	4	10	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	10	
No Disruption	FEMRING	ESTROGENS & PROGESTINS	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	10	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	4	10	
No Disruption	NAPROXEN	PAIN	4	10	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	10	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	OXYCODONE HCL	PAIN	4	10	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	10	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	10	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	4	10	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	10	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	10	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	10	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	10	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	4	10	
No Disruption	GLYBURIDE	DIABETES	4	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	10	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	4	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	4	10	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	10	
No Disruption	PREGABALIN	ANTICONVULSANT	3	10	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	10	
No Disruption	CALCITONIN-SALMON	BONE DENSITY	3	10	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	3	10	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	3	10	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	10	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	3	10	
No Disruption	DONEPEZIL HCL	OTHER NON-CATEGORIZED	3	10	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	10	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	10	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	10	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	10	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	10	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	10	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	10	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	10	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	10	
No Disruption	HUMULIN R U-500 KWIKPEN	DIABETES	3	10	
No Disruption	GLIPIZIDE	DIABETES	3	10	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	10	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	10	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	10	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	10	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	10	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	10	
No Disruption	FELBAMATE	ANTICONVULSANT	2	10	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	10	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	10	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	2	10	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	10	
No Disruption	NARATRIPTAN HCL	MIGRAINE	2	10	
No Disruption	ACEBUTOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	QUILLICHEW ER	ADHD	2	10	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	10	
No Disruption	DICLOFENAC SODIUM ER	PAIN	2	10	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	10	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	10	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	10	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	10	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	10	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	10	
No Disruption	VENCLEXTA	CANCER	2	10	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	10	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	CELECOXIB	PAIN	2	10	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	10	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	10	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	10	
No Disruption	PERFOROMIST	ASTHMA/COPD	1	10	
No Disruption	PENTASA	GASTROINTESTINAL	1	10	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	10	
No Disruption	CELECOXIB	PAIN	1	10	
No Disruption	HEMLIBRA	HEMOPHILIA	1	10	
No Disruption	DIOVAN	ANTIHYPERTENSIVE	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	10	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	10	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	10	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	10	
No Disruption	LORAZEPAM	ANXIETY	1	10	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	10	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	10	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	10	
No Disruption	GOCOVRI	PARKINSON	1	10	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	10	
No Disruption	FLUOROURACIL	DERMATOLOGICS	9	9	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	9	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	9	9	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	9	9	
No Disruption	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	OTHER NON-CATEGORIZED	9	9	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	9	9	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	9	9	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	9	9	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	9	9	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	9	9	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	9	9	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	9	9	
No Disruption	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	9	9	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	9	9	
No Disruption	XOFLUZA	ANTI-INFECTIVE	9	9	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	9	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	9	9	
No Disruption	AUVI-Q	ALLERGY	9	9	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	8	9	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	8	9	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	8	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	8	9	
No Disruption	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	8	9	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	8	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	8	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	8	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	9	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	8	9	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	8	9	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	8	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	8	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	8	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	7	9	
No Disruption	CELECOXIB	PAIN	7	9	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	7	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	7	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	7	9	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	9	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	7	9	
No Disruption	AUVI-Q	ALLERGY	7	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	7	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	7	9	
No Disruption	DESONIDE	DERMATOLOGICS	7	9	
No Disruption	CONSTULOSE	OTHER NON-CATEGORIZED	7	9	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	9	
No Disruption	CIPRO HC	OTHER NON-CATEGORIZED	7	9	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	9	
No Disruption	SODIUM FLUORIDE 5000 PPM	OTHER NON-CATEGORIZED	7	9	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	7	9	
No Disruption	GABAPENTIN	ANTICONVULSANT	7	9	
No Disruption	BUTALBITAL/ASPIRIN/CAFFEINE	PAIN	6	9	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	6	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	6	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	6	9	
No Disruption	ORILISSA	ENDOCRINE	6	9	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	6	9	
No Disruption	LORAZEPAM	ANXIETY	6	9	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	5	9	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	9	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	5	9	
No Disruption	SULINDAC	PAIN	5	9	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	9	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	9	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	5	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	5	9	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	9	
No Disruption	IBUPROFEN	PAIN	5	9	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	5	9	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	5	9	
No Disruption	PREGABALIN	ANTICONVULSANT	5	9	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	5	9	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	9	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	9	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	9	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	9	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	4	9	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	4	9	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	4	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	4	9	
No Disruption	RABEPRAZOLE SODIUM	PPIs	4	9	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	4	9	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	9	
No Disruption	LORAZEPAM	ANXIETY	4	9	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	9	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	4	9	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	4	9	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	4	9	
No Disruption	CAPECITABINE	CANCER	4	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	4	9	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	4	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	9	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	4	9	
No Disruption	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	4	9	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	4	9	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	4	9	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	3	9	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	3	9	
No Disruption	GLIPIZIDE	DIABETES	3	9	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	9	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	9	
No Disruption	AMANTADINE HCL	PARKINSON	3	9	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	9	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	3	9	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NADOLOL	ANTIHYPERTENSIVE	3	9	
No Disruption	NABUMETONE	PAIN	3	9	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	9	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	3	9	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	3	9	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	9	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	9	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	9	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	9	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	3	9	
No Disruption	LORAZEPAM	ANXIETY	3	9	
No Disruption	DASETTA 7/7/7	ESTROGENS & PROGESTINS	3	9	
No Disruption	LEVORA 0.15/30-28	ESTROGENS & PROGESTINS	3	9	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	9	
No Disruption	ROPINIROLE HCL	PARKINSON	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	9	
No Disruption	IMIPRAMINE HCL	DEPRESSION	3	9	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	9	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	3	9	
No Disruption	PRIMIDONE	ANTICONVULSANT	3	9	
No Disruption	GLYBURIDE	DIABETES	3	9	
No Disruption	GLIPIZIDE ER	DIABETES	3	9	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	PAROXETINE HCL	DEPRESSION	2	9	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	9	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	9	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	9	
No Disruption	ENSTILAR	DERMATOLOGICS	2	9	
No Disruption	MULTAQ	ANTIARRHYTHMICS	2	9	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	9	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	9	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	2	9	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	9	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	2	9	
No Disruption	FENTANYL	PAIN	2	9	
No Disruption	FETZIMA	DEPRESSION	2	9	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	9	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	9	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	9	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	9	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	9	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	9	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	9	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	9	
No Disruption	HUMIRA	AUTOIMMUNE	2	9	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	9	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	9	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	9	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	9	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	9	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	9	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	9	
No Disruption	GNP ULTICARE PEN NEEDLES 31G X 5MM	DIABETES	1	9	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	9	
No Disruption	DOXEPIN HCL	DEPRESSION	1	9	
No Disruption	ALPRAZOLAM	ANXIETY	1	9	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	9	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	9	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	9	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	9	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	9	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	9	
No Disruption	TRIJARDY XR	DIABETES	1	9	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	9	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	9	
No Disruption	SYNJARDY	DIABETES	1	9	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	9	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	9	
No Disruption	FLUOROURACIL	DERMATOLOGICS	8	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	8	8	
No Disruption	PREDNISOLONE SODIUM PHOSPHATE	CORTICOSTEROIDS	8	8	
No Disruption	PLENVU	OTHER NON-CATEGORIZED	8	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	8	8	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	8	8	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	8	8	
No Disruption	OMEPRAZOLE	PPIs	8	8	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	8	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	8	8	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	8	8	
No Disruption	ABRYSVO	VACCINES	8	8	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	8	8	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	8	8	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	8	8	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC	OTHER NON-CATEGORIZED	8	8	
No Disruption	BACITRACIN/POLYMYXIN B	OPHTHALMIC	8	8	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	8	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	8	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	8	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	8	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	8	8	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	8	8	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	8	8	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	7	8	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	7	8	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	7	8	
No Disruption	BENZONATATE	ALLERGY	7	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	8	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	VARIVAX	VACCINES	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	7	8	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	7	8	
No Disruption	HYDROXYZINE HCL	ANXIETY	7	8	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	7	8	
No Disruption	HYDROCORTISONE/ACETIC ACID	OTHER NON-CATEGORIZED	7	8	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	7	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	8	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	8	
No Disruption	CELECOXIB	PAIN	7	8	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CELECOXIB	PAIN	7	8	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	7	8	
No Disruption	ASPIRIN LOW DOSE	PAIN	6	8	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	6	8	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	6	8	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	6	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	6	8	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	6	8	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	6	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	8	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	8	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	6	8	
No Disruption	URSODIOL	GASTROINTESTINAL	6	8	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	6	8	
No Disruption	BUPRENORPHINE	PAIN	6	8	
No Disruption	IBUPROFEN	PAIN	6	8	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	6	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	6	8	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	6	8	
No Disruption	SERTRALINE HCL	DEPRESSION	6	8	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	6	8	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	5	8	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	5	8	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	5	8	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	8	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	5	8	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	5	8	
No Disruption	NABUMETONE	PAIN	5	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	5	8	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	8	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	8	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	8	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	5	8	
No Disruption	ALCOHOL SWABS	OTHER NON-CATEGORIZED	5	8	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	8	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	8	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	5	8	
No Disruption	ZENATANE	DERMATOLOGICS	5	8	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	5	8	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	5	8	
No Disruption	ZENPEP	CYSTIC FIBROSIS	5	8	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	8	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	5	8	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	5	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	8	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	8	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	4	8	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	NAPROXEN	PAIN	4	8	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	8	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	4	8	
No Disruption	ALREX	OPHTHALMIC	4	8	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	4	8	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	8	
No Disruption	LUTERA	ESTROGENS & PROGESTINS	4	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	8	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	4	8	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	4	8	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	4	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	8	
No Disruption	IBUPROFEN	PAIN	4	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	4	8	
No Disruption	ZORYVE	DERMATOLOGICS	4	8	
No Disruption	GLIPIZIDE ER	DIABETES	4	8	
No Disruption	GLIPIZIDE	DIABETES	4	8	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	8	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	8	
No Disruption	ROPINIROLE HCL	PARKINSON	4	8	
No Disruption	PREGABALIN	ANTICONVULSANT	3	8	
No Disruption	FENTANYL	PAIN	3	8	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	3	8	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	3	8	
No Disruption	ERRIN	ESTROGENS & PROGESTINS	3	8	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	8	
No Disruption	NEXLETOL	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	8	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	GLIPIZIDE ER	DIABETES	3	8	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	DAPSONE	ANTI-INFECTIVE	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	8	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	8	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	3	8	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	3	8	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	3	8	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	8	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	3	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	3	8	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	8	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	8	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	3	8	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ROPINIROLE HCL	PARKINSON	3	8	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	3	8	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	3	8	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	FENTANYL	PAIN	2	8	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	2	8	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	2	8	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	8	
No Disruption	GLIPIZIDE ER	DIABETES	2	8	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	8	
No Disruption	OSPHENA	ESTROGENS & PROGESTINS	2	8	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	8	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	8	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	8	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	8	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	8	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	8	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	8	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	8	
No Disruption	KESIMPTA	MULTIPLE SCLEROSIS	2	8	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	8	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	8	
No Disruption	VIMPAT	ANTICONVULSANT	2	8	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	2	8	
No Disruption	PREGABALIN	ANTICONVULSANT	2	8	
No Disruption	PAROXETINE HCL	DEPRESSION	2	8	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	8	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	8	
No Disruption	ATOMOXETINE	ADHD	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	2	8	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	8	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	8	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	8	
No Disruption	PIFELTRO	HIV	1	8	
No Disruption	EVEROLIMUS	CANCER	1	8	
No Disruption	OMEPRAZOLE	PPIs	1	8	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	8	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	8	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	8	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	ADHD	1	8	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	8	
No Disruption	MARLISSA	ESTROGENS & PROGESTINS	1	8	
No Disruption	REZDIFFRA	GASTROINTESTINAL	1	8	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	8	
No Disruption	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	8	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	8	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	8	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	8	
No Disruption	VIIBRYD	DEPRESSION	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	IMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	8	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	8	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	8	
No Disruption	HUMULIN 70/30	DIABETES	1	8	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	1	8	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	SAPROPTERIN DIHYDROCHLORIDE	ENZYME DEFICIENCIES	1	8	
No Disruption	FYCOMPA	ANTICONVULSANT	1	8	
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	1	8	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	8	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	8	
No Disruption	PROCHAMBER VALVED HOLDINGCHAMBER	OTHER NON-CATEGORIZED	7	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	7	7	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	ACETIC ACID	OTHER NON-CATEGORIZED	7	7	
No Disruption	PEG-3350/ELECTROLYTES	OTHER NON-CATEGORIZED	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	NYSTATIN	DERMATOLOGICS	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	BUPRENORPHINE HCL	PAIN	7	7	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	7	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	7	7	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	7	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	7	7	
No Disruption	BENZONATATE	ALLERGY	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	7	7	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	7	7	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	7	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	7	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	7	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	7	7	
No Disruption	PREDNISONE	CORTICOSTEROIDS	7	7	
No Disruption	TACROLIMUS	DERMATOLOGICS	7	7	
No Disruption	IBUPROFEN	PAIN	7	7	
No Disruption	CIPROFLOXACIN/DEXAMETHASONE	OTHER NON-CATEGORIZED	7	7	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	7	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	7	7	
No Disruption	TRETINOIN	DERMATOLOGICS	7	7	
No Disruption	TOPIRAMATE	ANTICONVULSANT	7	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	7	7	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	7	7	
No Disruption	SUPREP BOWEL PREP KIT	OTHER NON-CATEGORIZED	7	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	7	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	PERMETHRIN	DERMATOLOGICS	6	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	7	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	6	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	6	7	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	6	7	
No Disruption	CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE	DERMATOLOGICS	6	7	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	6	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	7	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	6	7	
No Disruption	METHIMAZOLE	THYROID AGENTS	6	7	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	6	7	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	6	7	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	6	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	7	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	6	7	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	6	7	
No Disruption	XARELTO	ANTICOAGULANT	6	7	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	6	7	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	6	7	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	7	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	6	7	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	6	7	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	6	7	
No Disruption	ATOMOXETINE	ADHD	6	7	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	6	7	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	6	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	5	7	
No Disruption	SETLAKIN	ESTROGENS & PROGESTINS	5	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	5	7	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	7	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	7	
No Disruption	OMEPRAZOLE	PPIs	5	7	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	5	7	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	5	7	
No Disruption	BUDESONIDE	ASTHMA/COPD	5	7	
No Disruption	MOMETASONE FUROATE	ALLERGY	5	7	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	5	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	7	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	5	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	5	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	5	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	5	7	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	BD 3ML SYRINGE LUER-LOK 23GX1"	OTHER NON-CATEGORIZED	5	7	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	5	7	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	7	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	5	7	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	IBU	PAIN	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	TRETINOIN	DERMATOLOGICS	5	7	
No Disruption	GLIPIZIDE ER	DIABETES	5	7	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	5	7	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	7	
No Disruption	REYVOW	MIGRAINE	5	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	5	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	5	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	7	
No Disruption	ASPIRIN	PAIN	4	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	7	
No Disruption	ESTRING	ESTROGENS & PROGESTINS	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	7	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	4	7	
No Disruption	ALYACEN 1/35	ESTROGENS & PROGESTINS	4	7	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	4	7	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	7	
No Disruption	ACCU-CHEK GUIDE	DIABETES	4	7	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	4	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	4	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	7	
No Disruption	LIDOCAINE	DERMATOLOGICS	4	7	
No Disruption	CREON	CYSTIC FIBROSIS	4	7	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	4	7	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	7	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	7	
No Disruption	NYSTATIN	DERMATOLOGICS	4	7	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	CELECOXIB	PAIN	4	7	
No Disruption	GLIPIZIDE/METFORMIN HYDROCHLORIDE	DIABETES	4	7	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	4	7	
No Disruption	ATOMOXETINE	ADHD	4	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	7	
No Disruption	PREGABALIN	ANTICONVULSANT	3	7	
No Disruption	PRECISION XTRA	DIABETES	3	7	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	7	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	7	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	7	
No Disruption	NYLIA 1/35	ESTROGENS & PROGESTINS	3	7	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	7	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	7	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	7	
No Disruption	ALPRAZOLAM	ANXIETY	3	7	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	3	7	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	3	7	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	7	
No Disruption	BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM	DIABETES	3	7	
No Disruption	DEBLITANE	ESTROGENS & PROGESTINS	3	7	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	3	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	3	7	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	7	
No Disruption	CORLANOR	OTHER NON-CATEGORIZED	3	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	7	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	OLOPATADINE HCL	ALLERGY	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	7	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	7	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	7	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	3	7	
No Disruption	HUMULIN R	DIABETES	3	7	
No Disruption	TESTOSTERONE	ANDROGENS	3	7	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	3	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	7	
No Disruption	GLIMEPIRIDE	DIABETES	3	7	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	7	
No Disruption	SKYRIZI	AUTOIMMUNE	3	7	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	7	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	7	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	3	7	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	7	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	7	
No Disruption	ATOMOXETINE	ADHD	3	7	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	PREGABALIN	ANTICONVULSANT	2	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	7	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	7	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	7	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	7	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	2	7	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	7	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	7	
No Disruption	BUSPIRONE HCL	ANXIETY	2	7	
No Disruption	GLIPIZIDE ER	DIABETES	2	7	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	OFEV	LUNG DISORDERS	2	7	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	2	7	
No Disruption	ALPRAZOLAM	ANXIETY	2	7	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	METOPROLOL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	7	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	7	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	7	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	7	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	7	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	7	
No Disruption	DEXTROAMPHETAMINE SULFATE ER	ADHD	2	7	
No Disruption	BELBUCA	PAIN	2	7	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	7	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	7	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	7	
No Disruption	LEVETIRACETAM ER	ANTICONVULSANT	2	7	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	7	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	7	
No Disruption	ROPINIROLE HCL	PARKINSON	2	7	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	7	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	2	7	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	2	7	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	7	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	7	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	7	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	2	7	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	7	
No Disruption	RECLIPSEN	ESTROGENS & PROGESTINS	2	7	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	ACITRETIN	AUTOIMMUNE	1	7	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	7	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	7	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	ETODOLAC	PAIN	1	7	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	7	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	7	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	7	
No Disruption	ANAGRELIDE HYDROCHLORIDE	ANTICOAGULANT	1	7	
No Disruption	EMSAM	DEPRESSION	1	7	
No Disruption	NICORETTE	OTHER NON-CATEGORIZED	1	7	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	7	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	7	
No Disruption	MORPHINE SULFATE ER	PAIN	1	7	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	7	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	7	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	7	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	7	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	7	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	7	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	7	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	7	
No Disruption	COPAXONE	MULTIPLE SCLEROSIS	1	7	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	7	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	1	7	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	7	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	7	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	7	
No Disruption	VENCLEXTA	CANCER	1	7	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	7	
No Disruption	RILUZOLE	OTHER NON-CATEGORIZED	1	7	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	7	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	6	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	6	6	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	6	6	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	6	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	6	6	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	6	6	
No Disruption	ELIQUIS STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	6	6	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	6	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	6	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	6	6	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	6	6	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	6	6	
No Disruption	DIAZEPAM	ANXIETY	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	6	6	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	6	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	6	6	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	6	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	6	6	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	6	6	
No Disruption	XARELTO STARTER PACK	ANTICOAGULANT	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	6	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	6	6	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	6	6	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	6	6	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	6	6	
No Disruption	GALLIFREY	ESTROGENS & PROGESTINS	6	6	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	6	6	
No Disruption	CEFDINIR	ANTI-INFECTIVE	6	6	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	6	6	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	6	6	
No Disruption	FT LAXATIVE	OTHER NON-CATEGORIZED	6	6	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	6	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	6	6	
No Disruption	PRIORIX	VACCINES	5	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	5	6	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	5	6	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	5	6	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	5	6	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	5	6	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	5	6	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	5	6	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	6	
No Disruption	MESALAMINE	GASTROINTESTINAL	5	6	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	6	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	BAQSIMI ONE PACK	DIABETES	5	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	5	6	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	6	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	5	6	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	5	6	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	5	6	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	5	6	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	TRETINOIN	DERMATOLOGICS	5	6	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	6	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	5	6	
No Disruption	NYSTATIN	DERMATOLOGICS	5	6	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	5	6	
No Disruption	PREVIDENT 5000 PLUS	OTHER NON-CATEGORIZED	5	6	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	6	
No Disruption	ATOMOXETINE	ADHD	5	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	5	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	5	6	
No Disruption	ACYCLOVIR	DERMATOLOGICS	5	6	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	6	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	4	6	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	4	6	
No Disruption	NYSTOP	DERMATOLOGICS	4	6	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	4	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	4	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	6	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	4	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	6	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	4	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	4	6	
No Disruption	METHIMAZOLE	THYROID AGENTS	4	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	4	6	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	4	6	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2"	OTHER NON-CATEGORIZED	4	6	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	4	6	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	4	6	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	4	6	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	4	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	6	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	4	6	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	4	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	4	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	4	6	
No Disruption	GLYBURIDE	DIABETES	4	6	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	4	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	6	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	4	6	
No Disruption	ATOMOXETINE	ADHD	4	6	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	4	6	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	4	6	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	4	6	
No Disruption	FLUTICASONE PROPIONATE HFA	ASTHMA/COPD	4	6	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	4	6	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	6	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	ASPIRIN LOW DOSE	PAIN	3	6	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	3	6	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	6	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	6	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	3	6	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	3	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	3	6	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	6	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	6	
No Disruption	OMEPRAZOLE	PPIs	3	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	3	6	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	6	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	3	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	3	6	
No Disruption	ANASTROZOLE	CANCER	3	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	6	
No Disruption	NICOTINE MINI LOZENGE	OTHER NON-CATEGORIZED	3	6	
No Disruption	BUPRENORPHINE HCL	PAIN	3	6	
No Disruption	NAPROXEN	PAIN	3	6	
No Disruption	NABUMETONE	PAIN	3	6	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	3	6	
No Disruption	DICLOFENAC SODIUM DR	PAIN	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	CLONAZEPAM	ANTICONVULSANT	3	6	
No Disruption	ZOVIA 1/35	ESTROGENS & PROGESTINS	3	6	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	6	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	3	6	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	3	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	6	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	3	6	
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	3	6	
No Disruption	TRETINOIN	DERMATOLOGICS	3	6	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	6	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	3	6	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	6	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	6	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	3	6	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	SULINDAC	PAIN	3	6	
No Disruption	GLIPIZIDE	DIABETES	3	6	
No Disruption	GLIMEPIRIDE	DIABETES	3	6	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	6	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	3	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	6	
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	3	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	6	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	6	
No Disruption	QELBREE	ADHD	3	6	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	6	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	6	
No Disruption	PREVIDENT RINSE	OTHER NON-CATEGORIZED	2	6	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	6	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	EXEMESTANE	CANCER	2	6	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	6	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	2	6	
No Disruption	OXERVATE	OPHTHALMIC	2	6	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	6	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	2	6	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	6	
No Disruption	ENTECAVIR	ANTI-INFECTIVE	2	6	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	6	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	6	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	6	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	6	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	6	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	6	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	6	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	6	
No Disruption	DOXEPIN HCL	DEPRESSION	2	6	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	6	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	2	6	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	2	6	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	6	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	2	6	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	2	6	
No Disruption	LIRAGLUTIDE	DIABETES	2	6	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	6	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	6	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	2	6	
No Disruption	AUTOSOFT 30 INFUSION SET/23"/13MM	DIABETES	2	6	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	6	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	6	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	2	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	6	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	6	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	HUMULIN 70/30 KWIKPEN	DIABETES	2	6	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	2	6	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	6	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	6	
No Disruption	TEMOZOLOMIDE	CANCER	2	6	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	6	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	6	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	6	
No Disruption	SUMATRIPTAN	MIGRAINE	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	ADDERALL	ADHD	2	6	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	2	6	
No Disruption	PRIMIDONE	ANTICONVULSANT	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	GLIMEPIRIDE	DIABETES	2	6	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	6	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	6	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE	DIABETES	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	6	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	6	
No Disruption	REVLIMID	CANCER	2	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	6	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	6	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	6	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	6	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	CALQUENCE	CANCER	1	6	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	6	
No Disruption	FENTANYL	PAIN	1	6	
No Disruption	CABOMETYX	CANCER	1	6	
No Disruption	BUTRANS	PAIN	1	6	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	6	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	6	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	6	
No Disruption	BUSPIRONE HCL	ANXIETY	1	6	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	6	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	6	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	6	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	6	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	6	
No Disruption	ENDOMETRIN	ESTROGENS & PROGESTINS	1	6	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	6	
No Disruption	BUPRENORPHINE	PAIN	1	6	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	6	
No Disruption	POTASSIUM CITRATE/CITRIC ACID	OTHER NON-CATEGORIZED	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	6	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	6	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	6	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	6	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	6	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	6	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	6	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	6	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	6	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	6	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	DIABETES	1	6	
No Disruption	TRIMETHOPRIM	ANTI-INFECTIVE	1	6	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	6	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	6	
No Disruption	CELECOXIB	PAIN	1	6	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	6	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	6	
No Disruption	SKYTROFA	GROWTH HORMONES	1	6	
No Disruption	SELEGILINE HYDROCHLORIDE	PARKINSON	1	6	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	6	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	6	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	6	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	6	
No Disruption	PROMETHEGAN	ALLERGY	5	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	5	5	
No Disruption	PREGABALIN	ANTICONVULSANT	5	5	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	5	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	5	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	5	5	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	PEG 3350	OTHER NON-CATEGORIZED	5	5	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	5	5	
No Disruption	OFLOXACIN	OPHTHALMIC	5	5	
No Disruption	NYSTATIN/TRIAMCINOLONE	DERMATOLOGICS	5	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	5	5	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	ACCU-CHEK GUIDE	DIABETES	5	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	5	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	5	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	5	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MELOXICAM	PAIN	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	5	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	5	5	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	5	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	5	5	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	5	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	5	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	5	5	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	5	5	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	5	5	
No Disruption	IPRATROPIUM BROMIDE	OTHER NON-CATEGORIZED	5	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	5	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	5	5	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALTOCO 15 MG DOSE	ANTICONVULSANT	5	5	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	5	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	CICLOPIROX NAIL LACQUER	DERMATOLOGICS	5	5	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	5	5	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	5	5	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	5	5	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	5	5	
No Disruption	HUMIRA PEN-CD/UC/HS STARTER	AUTOIMMUNE	5	5	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	5	5	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	5	5	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	5	5	
No Disruption	TACROLIMUS	DERMATOLOGICS	5	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	5	5	
No Disruption	SUFLAVE	OTHER NON-CATEGORIZED	5	5	
No Disruption	ASPIRIN ADULT LOW STRENGTH	PAIN	5	5	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	5	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	5	5	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	5	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	5	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	5	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	5	5	
No Disruption	AUVI-Q	ALLERGY	5	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	4	5	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	4	5	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	4	5	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	4	5	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	4	5	
No Disruption	EUCRISA	DERMATOLOGICS	4	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	4	5	
No Disruption	ONETOUCH ULTRASOFT 2 LANCETS FINE 30G	DIABETES	4	5	
No Disruption	OMEPRAZOLE	PPIs	4	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	5	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	4	5	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	NYSTATIN	DERMATOLOGICS	4	5	
No Disruption	NYAMYC	DERMATOLOGICS	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	4	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	4	5	
No Disruption	ZOLMITRIPTAN ODT	MIGRAINE	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	4	5	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	4	5	
No Disruption	ALPRAZOLAM	ANXIETY	4	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	5	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	4	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	4	5	
No Disruption	DIAZEPAM	ANXIETY	4	5	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	4	5	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	4	5	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	4	5	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	4	5	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	4	5	
No Disruption	AZELEX	DERMATOLOGICS	4	5	
No Disruption	AZELASTINE HCL	OPHTHALMIC	4	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	4	5	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	5	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	5	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	5	
No Disruption	URSODIOL	GASTROINTESTINAL	4	5	
No Disruption	VYVANSE	ADHD	4	5	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	4	5	
No Disruption	ATOMOXETINE	ADHD	4	5	
No Disruption	SERTRALINE HCL	DEPRESSION	4	5	
No Disruption	RABEPRAZOLE SODIUM	PPIs	4	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	4	5	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	5	
No Disruption	PREGABALIN	ANTICONVULSANT	3	5	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	5	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	3	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	3	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	PERMETHRIN	DERMATOLOGICS	3	5	
No Disruption	PENTOXIFYLLINE ER	OTHER NON-CATEGORIZED	3	5	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	5	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	5	
No Disruption	OLOPATADINE HCL	ALLERGY	3	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ERYTHROMYCIN	OPHTHALMIC	3	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	3	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	5	
No Disruption	NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	3	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	3	5	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	NAPROXEN DR	PAIN	3	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	3	5	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	3	5	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	5	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	3	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	3	5	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	5	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	3	5	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM	DIABETES	3	5	
No Disruption	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	DIABETES	3	5	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	3	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	3	5	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	3	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	5	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	3	5	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	5	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	5	
No Disruption	IBU	PAIN	3	5	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	3	5	
No Disruption	IBUPROFEN	PAIN	3	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TRUSTEEL INFUSION SET/23"/6MM	DIABETES	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	TRIFLURIDINE	OPHTHALMIC	3	5	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	3	5	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	3	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	5	
No Disruption	VERSABASE	OTHER NON-CATEGORIZED	3	5	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	5	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	5	
No Disruption	SYNJARDY XR	DIABETES	3	5	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	5	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	3	5	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	5	
No Disruption	ATOMOXETINE	ADHD	3	5	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	5	
No Disruption	PROPAFENONE HCL	ANTIARRHYTHMICS	2	5	
No Disruption	PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	DIABETES	2	5	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	5	
No Disruption	PREGABALIN	ANTICONVULSANT	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	5	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	5	
No Disruption	PLAN B ONE-STEP	ESTROGENS & PROGESTINS	2	5	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	5	
No Disruption	PHENYTOIN SODIUM EXTENDED	ANTICONVULSANT	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	2	5	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	5	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	5	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	BUPROPION HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	2	5	
No Disruption	TEMOZOLOMIDE	CANCER	2	5	
No Disruption	ALPRAZOLAM ER	ANXIETY	2	5	
No Disruption	NAPROXEN	PAIN	2	5	
No Disruption	BUPRENORPHINE	PAIN	2	5	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	2	5	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	5	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	DRONABINOL	NAUSEA & VOMITING	2	5	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	2	5	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	5	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	MINOXIDIL	ANTIHYPERTENSIVE	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	2	5	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	5	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	5	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LYBALVI	ANTIPSYCHOTIC	2	5	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	5	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	5	
No Disruption	LORAZEPAM	ANXIETY	2	5	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	5	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	5	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	5	
No Disruption	LEUCOVORIN CALCIUM	CANCER	2	5	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	5	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	2	5	
No Disruption	LACTULOSE	OTHER NON-CATEGORIZED	2	5	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	5	
No Disruption	VALPROIC ACID	ANTICONVULSANT	2	5	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	5	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	2	5	
No Disruption	HYOSCYAMINE SULFATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	5	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	5	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	5	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	GNP ULTICARE PEN NEEDLES /31GX5/16"	DIABETES	2	5	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	5	
No Disruption	SYEDA	ESTROGENS & PROGESTINS	2	5	
No Disruption	GLYBURIDE	DIABETES	2	5	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	5	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	5	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	SERTRALINE HCL	DEPRESSION	2	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	5	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	5	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	2	5	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	5	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	2	5	
No Disruption	REVLIMID	CANCER	2	5	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	2	5	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	5	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	5	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	5	
No Disruption	PROGESTERONE MICRONIZED	OTHER NON-CATEGORIZED	1	5	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	5	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	5	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	FLUNISOLIDE	ALLERGY	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	5	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	5	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	5	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	FELBATOL	ANTICONVULSANT	1	5	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	5	
No Disruption	ACTEMRA	AUTOIMMUNE	1	5	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	5	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	PAZOPANIB HYDROCHLORIDE	CANCER	1	5	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	EXEMESTANE	CANCER	1	5	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	5	
No Disruption	OZEMPIC	DIABETES	1	5	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	5	
No Disruption	BUSPIRONE HCL	ANXIETY	1	5	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	5	
No Disruption	OMEPRAZOLE	PPIs	1	5	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	5	
No Disruption	AMETHYST	ESTROGENS & PROGESTINS	1	5	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	5	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	1	5	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	5	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	5	
No Disruption	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	5	
No Disruption	TERIPARATIDE	BONE DENSITY	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	5	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	5	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	5	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	MINIMED QUICK SET INFUSION SET/43"/9MM	DIABETES	1	5	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	5	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	5	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	5	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	5	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	5	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	5	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	5	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	1	5	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM	DIABETES	1	5	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	5	
No Disruption	DESIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOXYL	THYROID AGENTS	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	5	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	5	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	5	
No Disruption	LEVOCARNITINE	OTHER NON-CATEGORIZED	1	5	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	5	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	5	
No Disruption	ZUMANDIMINE	ESTROGENS & PROGESTINS	1	5	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	5	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	5	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	5	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	5	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	5	
No Disruption	VARISOFT INFUSION SET/23"/17MM	DIABETES	1	5	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	AMNESTEEM	DERMATOLOGICS	1	5	
No Disruption	ULORIC	OTHER NON-CATEGORIZED	1	5	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	5	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	5	
No Disruption	XYOSTED	ANDROGENS	1	5	
No Disruption	TEGRETOL-XR	ANTICONVULSANT	1	5	
No Disruption	GLYXAMBI	DIABETES	1	5	
No Disruption	GLYBURIDE	DIABETES	1	5	
No Disruption	CELECOXIB	PAIN	1	5	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	5	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	5	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	5	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	5	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	5	
No Disruption	ROCKLATAN	OPHTHALMIC	1	5	
No Disruption	RIVASTIGMINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	5	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	5	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	AVONEX	MULTIPLE SCLEROSIS	1	5	
No Disruption	ASPIRIN/DIPYRIDAMOLE ER	ANTICOAGULANT	1	5	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	5	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	FLUOROURACIL	DERMATOLOGICS	4	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	
No Disruption	FLUMIST NASAL VACCINE 2024-2025	VACCINES	4	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	4	4	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	4	4	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	4	4	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	4	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	4	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	4	4	
No Disruption	CELECOXIB	PAIN	4	4	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	OFLOXACIN	OPHTHALMIC	4	4	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	NYSTATIN	DERMATOLOGICS	4	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	4	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	NAPROXEN	PAIN	4	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	4	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	DRYSOL	DERMATOLOGICS	4	4	
No Disruption	MOTEGRITY	GASTROINTESTINAL	4	4	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	4	4	
No Disruption	BUDESONIDE	ASTHMA/COPD	4	4	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	4	4	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	4	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	4	4	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	4	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	4	4	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	4	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	4	4	
No Disruption	DIAZEPAM RECTAL GEL	ANTICONVULSANT	4	4	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	4	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	4	4	
No Disruption	BD SHARPS CONTAINER HOME	OTHER NON-CATEGORIZED	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM	DIABETES	4	4	
No Disruption	DAPSONE	DERMATOLOGICS	4	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	4	4	
No Disruption	CVS PREP PADS	OTHER NON-CATEGORIZED	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	4	4	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	4	4	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	4	4	
No Disruption	ZALEPLON	SLEEP DISORDERS	4	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	XDEMVY	OPHTHALMIC	4	4	
No Disruption	VORTEX VALVED HOLDING CHAMBER	OTHER NON-CATEGORIZED	4	4	
No Disruption	IBUPROFEN	PAIN	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	4	4	
No Disruption	HYDROMORPHONE HCL	PAIN	4	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	4	4	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	4	4	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	4	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	4	4	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	4	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	4	4	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	4	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	4	4	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	4	4	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	4	4	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	4	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	4	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	4	4	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	4	4	
No Disruption	SODIUM FLUORIDE 5000 PPM DRY MOUTH	OTHER NON-CATEGORIZED	4	4	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	4	4	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	4	4	
No Disruption	SCOPOLAMINE	OTHER NON-CATEGORIZED	4	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	4	4	
No Disruption	SANTYL	DERMATOLOGICS	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	CEFDINIR	ANTI-INFECTIVE	4	4	
No Disruption	FT ASPIRIN LOW DOSE	PAIN	4	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	3	4	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	4	
No Disruption	FLUOCINOLONE ACETONIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	4	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	4	
No Disruption	FETZIMA	DEPRESSION	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	4	
No Disruption	FAMOTIDINE	OTHER NON-CATEGORIZED	3	4	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	4	
No Disruption	BUSPIRONE HCL	ANXIETY	3	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	3	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	3	4	
No Disruption	APREPITANT	NAUSEA & VOMITING	3	4	
No Disruption	EPINEPHRINE	ALLERGY	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	ENULOSE	GASTROINTESTINAL	3	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	3	4	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	4	
No Disruption	ALPRAZOLAM XR	ANXIETY	3	4	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	3	4	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	4	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	3	4	
No Disruption	NAPROXEN SODIUM	PAIN	3	4	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	DROSPIRENONE/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	3	4	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	4	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	4	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	4	
No Disruption	MODAFINIL	SLEEP DISORDERS	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	3	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	4	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	3	4	
No Disruption	ALPRAZOLAM	ANXIETY	3	4	
No Disruption	BIJUVA	ESTROGENS & PROGESTINS	3	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	3	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	3	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	3	4	
No Disruption	METHIMAZOLE	THYROID AGENTS	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	3	4	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	3	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	3	4	
No Disruption	BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM	DIABETES	3	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	4	
No Disruption	BD 3ML SYRINGE LUER-LOK 25GX5/8"	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	3	4	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	3	4	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	3	4	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	3	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	IBUPROFEN	PAIN	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	4	
No Disruption	VENLAFAXINE HCL	DEPRESSION	3	4	
No Disruption	URSODIOL	GASTROINTESTINAL	3	4	
No Disruption	UREA	DERMATOLOGICS	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE DENTAL PASTE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	4	
No Disruption	CHLORZOXAZONE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	4	
No Disruption	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	3	4	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	3	4	
No Disruption	CHLORHEXIDINE GLUCONATE	OTHER NON-CATEGORIZED	3	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	3	4	
No Disruption	TACROLIMUS	DERMATOLOGICS	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	TACLONEX	DERMATOLOGICS	3	4	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	4	
No Disruption	CELECOXIB	PAIN	3	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	4	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	3	4	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ADAPALENE/BENZOYL PEROXIDE	DERMATOLOGICS	3	4	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	3	4	
No Disruption	ATOMOXETINE	ADHD	3	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	3	4	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	4	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	3	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	4	
No Disruption	CARBIDOPA/LEVODOPA ER	PARKINSON	3	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	4	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PRIMIDONE	ANTICONVULSANT	2	4	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	4	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	PREGABALIN	ANTICONVULSANT	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	4	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	4	
No Disruption	FENTANYL	PAIN	2	4	
No Disruption	BYSTOLIC	ANTIHYPERTENSIVE	2	4	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	4	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	4	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX5MM	DIABETES	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	4	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	2	4	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	2	4	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	2	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	OMEPRAZOLE	PPIs	2	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	4	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	4	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	4	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HYDROCHLORIDE	PAIN	2	4	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	2	4	
No Disruption	BUPRENORPHINE	PAIN	2	4	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	4	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	4	
No Disruption	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	BROMOCRIPTINE MESYLATE	PARKINSON	2	4	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	MINIMED QUICK SET INFUSION SET/23"/9MM	DIABETES	2	4	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	DILTIAZEM HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	4	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	2	4	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	2	4	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	4	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	2	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	4	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	4	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	4	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	4	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	BELBUCA	PAIN	2	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	2	4	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	4	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	2	4	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	4	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	4	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	2	4	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	2	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	AUTOSOFT XC INFUSION SET/23"/9MM	DIABETES	2	4	
No Disruption	AUTOSOFT XC INFUSION SET/23"/6MM	DIABETES	2	4	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	ZENPEP	CYSTIC FIBROSIS	2	4	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	4	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	DIABETES	2	4	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	TRETINOIN	DERMATOLOGICS	2	4	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	4	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	4	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	2	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	4	
No Disruption	GRASTEK	OTHER NON-CATEGORIZED	2	4	
No Disruption	CELECOXIB	PAIN	2	4	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	2	4	
No Disruption	SULFAMETHOXAZOLE/TRIMETHOPRIM	ANTI-INFECTIVE	2	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	4	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FROVATRIPTAN SUCCINATE	MIGRAINE	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	4	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	2	4	
No Disruption	RINVOQ	AUTOIMMUNE	2	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	2	4	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	4	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	2	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	4	
No Disruption	ASPIRIN/DIPYRIDAMOLE	ANTICOAGULANT	2	4	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	4	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	4	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	4	
No Disruption	PRENATAL-U	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	PRENATAL PLUS VITAMIN ANDMINERAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	FIASP PUMPCART	DIABETES	1	4	
No Disruption	FENTANYL	PAIN	1	4	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	CABOMETYX	CANCER	1	4	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PIMTREA	ESTROGENS & PROGESTINS	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	FELBAMATE	ANTICONVULSANT	1	4	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	4	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	4	
No Disruption	PIOGLITAZONE HCL/METFORMIN HCL	DIABETES	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	4	
No Disruption	EXTENDED RESERVOIR 3.0 ML	DIABETES	1	4	
No Disruption	EVEROLIMUS	CANCER	1	4	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	4	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	4	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	4	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	4	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	4	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OMEPRAZOLE	PPIs	1	4	
No Disruption	OLOPATADINE HYDROCHLORIDE	ALLERGY	1	4	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	NYLIA 7/7/7	ESTROGENS & PROGESTINS	1	4	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	4	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	4	
No Disruption	NEORAL	IMMUNOSUPPRESSANTS	1	4	
No Disruption	TEMOZOLOMIDE	CANCER	1	4	
No Disruption	NAPROXEN DR	PAIN	1	4	
No Disruption	ALPRAZOLAM ER	ANXIETY	1	4	
No Disruption	CETIRIZINE HYDROCHLORIDE	ALLERGY	1	4	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	MORPHINE SULFATE	PAIN	1	4	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	4	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	MINIMED QUICK SET INFUSION SET/32"/9MM	DIABETES	1	4	
No Disruption	DOXEPIN HCL	DEPRESSION	1	4	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	MICROGESTIN FE 1/20	ESTROGENS & PROGESTINS	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	4	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	4	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	BETOPTIC-S	OPHTHALMIC	1	4	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	BETAXOLOL HCL	ANTIHYPERTENSIVE	1	4	
No Disruption	BETASERON	MULTIPLE SCLEROSIS	1	4	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	4	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	4	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	4	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	4	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	4	
No Disruption	LYRICA	ANTICONVULSANT	1	4	
No Disruption	LYRICA	ANTICONVULSANT	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOXAPINE SUCCINATE	ANTIPSYCHOTIC	1	4	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	4	
No Disruption	LORYNA	ESTROGENS & PROGESTINS	1	4	
No Disruption	LIVALO	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	4	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	4	
No Disruption	DAYSEE	ESTROGENS & PROGESTINS	1	4	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	4	
No Disruption	LEVOXYL	THYROID AGENTS	1	4	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	4	
No Disruption	COMPLERA	HIV	1	4	
No Disruption	COLESEVELAM HYDROCHLORIDE	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	4	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	4	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLOZAPINE	ANTIPSYCHOTIC	1	4	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	4	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	4	
No Disruption	LAMICTAL XR	ANTICONVULSANT	1	4	
No Disruption	LAMICTAL	ANTICONVULSANT	1	4	
No Disruption	LACTULOSE	GASTROINTESTINAL	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	4	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	KEPPRA XR	ANTICONVULSANT	1	4	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	4	
No Disruption	ISOSORBIDE MONONITRATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	ZETONNA	ALLERGY	1	4	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	4	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	4	
No Disruption	VOQUEZNA	PPIs	1	4	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	4	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	4	
No Disruption	URSODIOL	GASTROINTESTINAL	1	4	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	4	
No Disruption	TRIJARDY XR	DIABETES	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	4	
No Disruption	WES-PHOS 250 NEUTRAL	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	TRANDOLAPRIL/VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIROSINT	THYROID AGENTS	1	4	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	4	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	4	
No Disruption	CHLORPROMAZINE HCL	ANTIPSYCHOTIC	1	4	
No Disruption	CHLOROQUINE PHOSPHATE	ANTI-INFECTIVE	1	4	
No Disruption	CHLORDIAZEPOXIDE HCL	ANXIETY	1	4	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	4	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	SYNJARDY	DIABETES	1	4	
No Disruption	GLYBURIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	GLIMEPIRIDE	DIABETES	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	4	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	4	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	4	
No Disruption	ATOMOXETINE	ADHD	1	4	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	4	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	FOSINOPRIL SODIUM	ANTIHYPERTENSIVE	1	4	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	4	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	4	
No Disruption	RISEDRONATE SODIUM	BONE DENSITY	1	4	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	4	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	4	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	4	
No Disruption	KRAZATI	CANCER	1	4	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	4	
No Disruption	KYZATREX	ANDROGENS	1	4	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	4	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	4	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	3	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	3	3	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	3	3	
No Disruption	ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	3	3	
No Disruption	PREGABALIN	ANTICONVULSANT	3	3	
No Disruption	FLUDROCORTISONE ACETATE	CORTICOSTEROIDS	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	PREDNISOLONE ACETATE	OPHTHALMIC	3	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	3	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	3	3	
No Disruption	PIOGLITAZONE HCL	DIABETES	3	3	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	3	3	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	3	3	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	ETODOLAC	PAIN	3	3	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	3	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	3	3	
No Disruption	OTEZLA	AUTOIMMUNE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION	DIABETES	3	3	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	3	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	3	3	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	3	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	3	3	
No Disruption	EQ NICOTINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	EQ ASPIRIN ADULT LOW DOSE	PAIN	3	3	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	EPINASTINE HCL	OPHTHALMIC	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	ANTI-INFECTIVE	3	3	
No Disruption	NYSTATIN	DERMATOLOGICS	3	3	
No Disruption	NYSTATIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	ANASTROZOLE	CANCER	3	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	3	3	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	3	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	3	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	3	3	
No Disruption	EC-NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NAPROXEN	PAIN	3	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	3	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	3	3	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	3	3	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	3	3	
No Disruption	BRIMONIDINE TARTRATE	DERMATOLOGICS	3	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	3	3	
No Disruption	ACAMPROSATE CALCIUM DR	OTHER NON-CATEGORIZED	3	3	
No Disruption	ALPRAZOLAM	ANXIETY	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	3	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	3	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	3	3	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	ALMOTRIPTAN	MIGRAINE	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	DICLOFENAC POTASSIUM	PAIN	3	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	3	3	
No Disruption	BENZONATATE	ALLERGY	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	MENVEO	VACCINES	3	3	
No Disruption	MELOXICAM	PAIN	3	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	3	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	3	3	
No Disruption	DEXAMETHASONE INTENSOL	CORTICOSTEROIDS	3	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DESONIDE	DERMATOLOGICS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	DEPO-TESTOSTERONE	ANDROGENS	3	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	3	3	
No Disruption	LINEZOLID	ANTI-INFECTIVE	3	3	
No Disruption	CVS MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	LIDOCAINE/PRILOCAINE	DERMATOLOGICS	3	3	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	LIDOCAINE	DERMATOLOGICS	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	3	3	
No Disruption	CODEINE/GUAIFENESIN	ALLERGY	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	3	3	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	3	3	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	3	3	
No Disruption	ALCOHOL SWABS	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	AZELASTINE HYDROCHLORIDE	ALLERGY	3	3	
No Disruption	LACOSAMIDE	ANTICONVULSANT	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	3	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	3	3	
No Disruption	XIIDRA	OPHTHALMIC	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	IBUPROFEN	PAIN	3	3	
No Disruption	VESTURA	ESTROGENS & PROGESTINS	3	3	
No Disruption	IBU	PAIN	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	OPHTHALMIC	3	3	
No Disruption	HYDROXYZINE HCL	ANXIETY	3	3	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	TRIAZOLAM	SLEEP DISORDERS	3	3	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	3	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	3	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	3	3	
No Disruption	TRETINOIN	DERMATOLOGICS	3	3	
No Disruption	HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE	ALLERGY	3	3	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	3	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	3	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TOBRAMYCIN/DEXAMETHASONE	OPHTHALMIC	3	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	3	3	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	3	3	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	3	3	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	3	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	3	3	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	3	3	
No Disruption	GOLYTELY	OTHER NON-CATEGORIZED	3	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	3	3	
No Disruption	CELECOXIB	PAIN	3	3	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	3	3	
No Disruption	SULFATRIM PEDIATRIC	ANTI-INFECTIVE	3	3	
No Disruption	ATOVAQUONE/PROGUANIL HYDROCHLORIDE	ANTI-INFECTIVE	3	3	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	3	3	
No Disruption	SSD	DERMATOLOGICS	3	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	3	3	
No Disruption	SODIUM CHLORIDE	ALLERGY	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	3	3	
No Disruption	CEFIXIME	ANTI-INFECTIVE	3	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	SERTRALINE HCL	DEPRESSION	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	ATOMOXETINE	ADHD	3	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	3	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	3	3	
No Disruption	RELENZA DISKHALER	ANTI-INFECTIVE	3	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	3	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	3	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	3	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	3	3	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	2	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	2	3	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	3	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	2	3	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	2	3	
No Disruption	FINGOLIMOD HYDROCHLORIDE	MULTIPLE SCLEROSIS	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	2	3	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	3	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	3	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	3	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	3	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	3	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	3	
No Disruption	OXAPROZIN	PAIN	2	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	2	3	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	3	
No Disruption	NYSTATIN	DERMATOLOGICS	2	3	
No Disruption	AMANTADINE HCL	PARKINSON	2	3	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	NORTREL 1/35	ESTROGENS & PROGESTINS	2	3	
No Disruption	ALTAVERA	ESTROGENS & PROGESTINS	2	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	3	
No Disruption	NITRO-BID	OTHER NON-CATEGORIZED	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 3	OTHER NON-CATEGORIZED	2	3	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	2	3	
No Disruption	BUPRENORPHINE HCL	PAIN	2	3	
No Disruption	NAPROXEN	PAIN	2	3	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	2	3	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	2	3	
No Disruption	ALPRAZOLAM	ANXIETY	2	3	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	2	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	2	3	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	2	3	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	3	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	3	
No Disruption	DILTIAZEM HCL	ANTIHYPERTENSIVE	2	3	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	2	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	2	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	3	
No Disruption	DICLOFENAC SODIUM	DERMATOLOGICS	2	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	3	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	2	3	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	2	3	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	3	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	3	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	DAPAGLIFLOZIN PROPANEDIOL	DIABETES	2	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	3	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	3	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	3	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	3	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	3	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	2	3	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	2	3	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE ER	ADHD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	3	
No Disruption	LEVALBUTEROL HYDROCHLORIDE	ASTHMA/COPD	2	3	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	3	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	3	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	3	
No Disruption	ISONIAZID	ANTI-INFECTIVE	2	3	
No Disruption	ZIPRASIDONE HCL	ANTIPSYCHOTIC	2	3	
No Disruption	ZALEPLON	SLEEP DISORDERS	2	3	
No Disruption	YUPELRI	ASTHMA/COPD	2	3	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	XPHOZAH	OTHER NON-CATEGORIZED	2	3	
No Disruption	XOPENEX HFA	ASTHMA/COPD	2	3	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	3	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	2	3	
No Disruption	VYVANSE	ADHD	2	3	
No Disruption	INDOMETHACIN ER	PAIN	2	3	
No Disruption	INDOMETHACIN	PAIN	2	3	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	3	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	2	3	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	2	3	
No Disruption	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	3	
No Disruption	URSODIOL	GASTROINTESTINAL	2	3	
No Disruption	ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32G X 5/32"	DIABETES	2	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	3	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	3	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	TRANEXAMIC ACID	OTHER NON-CATEGORIZED	2	3	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ALBENDAZOLE	ANTI-INFECTIVE	2	3	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	2	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	2	3	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	2	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	3	
No Disruption	TERBINAFINE HCL	OTHER NON-CATEGORIZED	2	3	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	2	3	
No Disruption	TAMOXIFEN CITRATE	CANCER	2	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	2	3	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CELECOXIB	PAIN	2	3	
No Disruption	SYMLINPEN 60	DIABETES	2	3	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	2	3	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	3	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	2	3	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	3	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	3	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	3	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	ROPINIROLE HCL	PARKINSON	2	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	3	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	3	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	3	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	2	3	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	3	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	2	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	3	
No Disruption	ASPIRIN LOW DOSE	PAIN	2	3	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	3	
No Disruption	PROGRAF	IMMUNOSUPPRESSANTS	1	3	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	3	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	ASPIRIN	PAIN	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	PREGABALIN	ANTICONVULSANT	1	3	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	3	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	3	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	3	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	3	
No Disruption	CALCITRIOL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	FIRST-LANSOPRAZOLE	PPIs	1	3	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	3	
No Disruption	EXEMESTANE	CANCER	1	3	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	EUTHYROX	THYROID AGENTS	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	PAROXETINE HCL	DEPRESSION	1	3	
No Disruption	ETHOSUXIMIDE	ANTICONVULSANT	1	3	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	3	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	3	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	3	
No Disruption	OXAZEPAM	ANXIETY	1	3	
No Disruption	OXAPROZIN	PAIN	1	3	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	3	
No Disruption	ORLADEYO	HEMATOLOGICAL	1	3	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	3	
No Disruption	OMEPRAZOLE DR	PPIs	1	3	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	3	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	3	
No Disruption	ANGELIQ	ESTROGENS & PROGESTINS	1	3	
No Disruption	NORTRIPTYLINE HCL	DEPRESSION	1	3	
No Disruption	NIVA THYROID	THYROID AGENTS	1	3	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	3	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	3	
No Disruption	NASCOBAL	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	3	
No Disruption	MULTIVITAMIN/FLUORIDE	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	MOUNJARO	DIABETES	1	3	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	3	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	3	
No Disruption	MOEXIPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	1	3	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	MIRTAZAPINE	DEPRESSION	1	3	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	ACARBOSE	DIABETES	1	3	
No Disruption	DOXEPIN HCL	DEPRESSION	1	3	
No Disruption	MINIMED MIO ADVANCE INFUSION SET/23"/6MM	DIABETES	1	3	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	3	
No Disruption	MEXILETINE HYDROCHLORIDE	ANTIARRHYTHMICS	1	3	
No Disruption	BREO ELLIPTA	ASTHMA/COPD	1	3	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	3	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	3	
No Disruption	ABIRATERONE ACETATE	CANCER	1	3	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	3	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	3	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	3	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	3	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	1	3	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	3	
No Disruption	MERCAPTOPURINE	CANCER	1	3	
No Disruption	MATZIM LA	ANTIHYPERTENSIVE	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM	DIABETES	1	3	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	3	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	LORAZEPAM	ANXIETY	1	3	
No Disruption	BD INSULIN SYRINGE ULTRA FINE/1ML/30G X 1/2"	DIABETES	1	3	
No Disruption	DAPSONE	DERMATOLOGICS	1	3	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	DANAZOL	ANDROGENS	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	OTHER NON-CATEGORIZED	1	3	
No Disruption	BD AUTOSHIELD DUO 30G X 5MM	DIABETES	1	3	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	BALSALAZIDE DISODIUM	GASTROINTESTINAL	1	3	
No Disruption	LEVSIN/SL	OTHER NON-CATEGORIZED	1	3	
No Disruption	COMPRO	ANTIPSYCHOTIC	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	3	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	3	
No Disruption	LETROZOLE	CANCER	1	3	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	3	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	3	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	3	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	AZATHIOPRINE	IMMUNOSUPPRESSANTS	1	3	
No Disruption	KYZATREX	ANDROGENS	1	3	
No Disruption	AUTOSOFT 90 INFUSION SET/23"/6MM	DIABETES	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	3	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ZENATANE	DERMATOLOGICS	1	3	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ZAFIRLUKAST	ASTHMA/COPD	1	3	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	3	
No Disruption	IMATINIB MESYLATE	CANCER	1	3	
No Disruption	VIIBRYD	DEPRESSION	1	3	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	3	
No Disruption	CITRANATAL MEDLEY	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	3	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	IBANDRONATE SODIUM	BONE DENSITY	1	3	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	3	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	UNITHROID	THYROID AGENTS	1	3	
No Disruption	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	DIABETES	1	3	
No Disruption	ULTICARE MICRO PEN NEEDLES/32G X 4MM	DIABETES	1	3	
No Disruption	UCERIS	CORTICOSTEROIDS	1	3	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	DIABETES	1	3	
No Disruption	TRIJARDY XR	DIABETES	1	3	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	3	
No Disruption	HYDROCORTISONE	CORTICOSTEROIDS	1	3	
No Disruption	TRI-LEGEST FE	ESTROGENS & PROGESTINS	1	3	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	3	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TOBRAMYCIN	CYSTIC FIBROSIS	1	3	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	
No Disruption	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	OPHTHALMIC	1	3	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	3	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	HUMALOG MIX 75/25 KWIKPEN	DIABETES	1	3	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	ISOPROPYL ALCOHOL	OTHER NON-CATEGORIZED	1	3	
No Disruption	ADZENYS XR-ODT	ADHD	1	3	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	3	
No Disruption	GUARDIAN SENSOR 3	DIABETES	1	3	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	3	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	3	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	3	
No Disruption	TAFLUPROST	OPHTHALMIC	1	3	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	3	
No Disruption	GLYXAMBI	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	GLYBURIDE	DIABETES	1	3	
No Disruption	SUMATRIPTAN	MIGRAINE	1	3	
No Disruption	SULINDAC	PAIN	1	3	
No Disruption	SPRYCEL	CANCER	1	3	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	3	
No Disruption	CELECOXIB	PAIN	1	3	
No Disruption	GLIMEPIRIDE	DIABETES	1	3	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	GEMFIBROZIL	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SOTALOL HCL	ANTIHYPERTENSIVE	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	3	
No Disruption	SKYTROFA	GROWTH HORMONES	1	3	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	3	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATOMOXETINE	ADHD	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	3	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	3	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	3	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	REVLIMID	CANCER	1	3	
No Disruption	FLUVASTATIN	ANTIHYPERLIPIDEMIC	1	3	
No Disruption	KLOR-CON 10	VITAMINS & SUPPLEMENTS	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RAMIPRIL	ANTIHYPERTENSIVE	1	3	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	3	
No Disruption	QUININE SULFATE	ANTI-INFECTIVE	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	3	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	3	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	PROMETHEGAN	ALLERGY	2	2	
No Disruption	PROMETHAZINE/CODEINE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	2	2	
No Disruption	PROMETHAZINE HCL	ALLERGY	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	PREVIDENT FLUORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	ASPIRIN 81	PAIN	2	2	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	2	2	
No Disruption	FLUOCINOLONE ACETONIDE SCALP	DERMATOLOGICS	2	2	
No Disruption	FLUOCINOLONE ACETONIDE BODY	DERMATOLOGICS	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	CAPECITABINE	CANCER	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	ASHLYNA	ESTROGENS & PROGESTINS	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREGABALIN	ANTICONVULSANT	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	ARMOUR THYROID	THYROID AGENTS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	PREDNISONE	CORTICOSTEROIDS	2	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FETZIMA TITRATION PACK	DEPRESSION	2	2	
No Disruption	FETZIMA	DEPRESSION	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	2	2	
No Disruption	CABERGOLINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	2	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN	PAIN	2	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	2	2	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	PERMETHRIN	DERMATOLOGICS	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	PEG-3350/ELECTROLYTES/ASCORBATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	2	2	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	2	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	2	2	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	2	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OMEPRAZOLE	PPIs	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	OMEGA-3-ACID ETHYL ESTERS	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	2	2	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	2	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	2	2	
No Disruption	ARFORMOTEROL TARTRATE	ASTHMA/COPD	2	2	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	2	2	
No Disruption	EQ GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	EQ ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	APREPITANT	NAUSEA & VOMITING	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	ANUCORT-HC	OTHER NON-CATEGORIZED	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	2	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	NYSTATIN	DERMATOLOGICS	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	NYAMYC	DERMATOLOGICS	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	ANTI-INFECTIVE	2	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	2	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 1	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	ALPRAZOLAM ODT	ANXIETY	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	2	2	
No Disruption	ELIQUIS	ANTICOAGULANT	2	2	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	NEOMYCIN/BACITRACIN/POLYMYXIN	OPHTHALMIC	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	2	2	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	EASY TOUCH PEN NEEDLES 32GX5/32"	DIABETES	2	2	
No Disruption	EASIVENT	OTHER NON-CATEGORIZED	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	NAPROXEN	PAIN	2	2	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	2	2	
No Disruption	BUPRENORPHINE	PAIN	2	2	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	2	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	OPHTHALMIC	2	2	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	BUDESONIDE	ASTHMA/COPD	2	2	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	2	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	2	2	
No Disruption	DOXYCYCLINE	ANTI-INFECTIVE	2	2	
No Disruption	MIRTAZAPINE ODT	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	MIRTAZAPINE	DEPRESSION	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	2	2	
No Disruption	MICROGESTIN 1/20	ESTROGENS & PROGESTINS	2	2	
No Disruption	MICROGESTIN 1.5/30	ESTROGENS & PROGESTINS	2	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	2	2	
No Disruption	DORZOLAMIDE HCL/TIMOLOL MALEATE	OPHTHALMIC	2	2	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	2	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BISACODYL EC	OTHER NON-CATEGORIZED	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	2	2	
No Disruption	BICALUTAMIDE	CANCER	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	2	2	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	2	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METHADONE HCL	PAIN	2	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	BENZTROPINE MESYLATE	PARKINSON	2	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	2	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	

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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	2	2	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	MESALAMINE	GASTROINTESTINAL	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	2	2	
No Disruption	MEFLOQUINE HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	BENZONATATE	ALLERGY	2	2	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	2	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	LYLLANA	ESTROGENS & PROGESTINS	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	2	2	
No Disruption	DEXLANSOPRAZOLE	PPIs	2	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	2	2	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	2	2	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	BD SAFETYGLIDE NEEDLE 25GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LORAZEPAM INTENSOL	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LORAZEPAM	ANXIETY	2	2	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1"	OTHER NON-CATEGORIZED	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	2	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LINEZOLID	ANTI-INFECTIVE	2	2	
No Disruption	LIKMEZ	ANTI-INFECTIVE	2	2	
No Disruption	CVS GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CVS ASPIRIN LOW DOSE	PAIN	2	2	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	2	2	
No Disruption	LIDOCAINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	LIDOCAINE	DERMATOLOGICS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	2	2	
No Disruption	COMPLETE NEEDLE COLLECTION & DISPOSAL SYSTEM	OTHER NON-CATEGORIZED	2	2	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK	OTHER NON-CATEGORIZED	2	2	
No Disruption	BACITRACIN	OPHTHALMIC	2	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	2	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	2	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	2	2	
No Disruption	LETROZOLE	CANCER	2	2	
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	2	2	
No Disruption	LANSOPRAZOLE	PPIs	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	2	2	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	CLONAZEPAM	ANTICONVULSANT	2	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	2	2	
No Disruption	ALCLOMETASONE DIPROPIONATE	DERMATOLOGICS	2	2	
No Disruption	AZELAIC ACID	DERMATOLOGICS	2	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	KLOR-CON M15	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	KETOROLAC TROMETHAMINE	OPHTHALMIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	2	2	
No Disruption	KELNOR 1/50	ESTROGENS & PROGESTINS	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	2	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	ZURZUVAE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	2	2	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	2	2	
No Disruption	ZEGALOGUE	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	INSULIN ASPART	DIABETES	2	2	
No Disruption	INPEN 100/GREY/NOVOLOG/FIASP	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	IMIQUIMOD	DERMATOLOGICS	2	2	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	

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BCBSNE
State of NE
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Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	2	2	
No Disruption	IBUPROFEN	PAIN	2	2	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	2	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	2	2	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	2	2	
No Disruption	UNIFINE PENTIPS 32GX4MM	DIABETES	2	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	2	2	
No Disruption	ULTICARE MINI PEN NEEDLES31GX6MM	DIABETES	2	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	2	2	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	CIPROFLOXACIN HCL	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	CIPRO	ANTI-INFECTIVE	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	2	2	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	2	2	
No Disruption	TRI-LO-SPRINTEC	ESTROGENS & PROGESTINS	2	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	CICLOPIROX	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	2	2	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	2	2	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	TOBREX	OPHTHALMIC	2	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	AKLIEF	DERMATOLOGICS	2	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	2	2	
No Disruption	HM LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	2	2	
No Disruption	ZOLMITRIPTAN	MIGRAINE	2	2	
No Disruption	TESTOSTERONE	ANDROGENS	2	2	
No Disruption	TERBINAFINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	TERAZOSIN HCL	ANTIHYPERTENSIVE	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	2	2	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	TACROLIMUS	DERMATOLOGICS	2	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	GLYCOPYRROLATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	SUNOSI	SLEEP DISORDERS	2	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	2	2	
No Disruption	GLIPIZIDE ER	DIABETES	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	2	2	
No Disruption	SPS	OTHER NON-CATEGORIZED	2	2	
No Disruption	CELECOXIB	PAIN	2	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	GLIMEPIRIDE	DIABETES	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	GENTLE LAXATIVE	OTHER NON-CATEGORIZED	2	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	2	2	
No Disruption	IVERMECTIN	ANTI-INFECTIVE	2	2	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	2	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	2	2	
No Disruption	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	2	2	
No Disruption	CEFIXIME	ANTI-INFECTIVE	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	2	2	
No Disruption	SANCUSO	NAUSEA & VOMITING	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	2	2	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CEFADROXIL	ANTI-INFECTIVE	2	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	ROPINIROLE HCL	PARKINSON	2	2	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	2	2	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	2	2	
No Disruption	ACYCLOVIR	DERMATOLOGICS	2	2	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	2	2	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	2	2	
No Disruption	REPATHA PUSHTRONEX SYSTEM	ANTIHYPERLIPIDEMIC	2	2	
No Disruption	KLAYESTA	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	2	2	
No Disruption	RABEPRAZOLE SODIUM	PPIs	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	2	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	2	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	PROGESTERONE	ESTROGENS & PROGESTINS	1	2	
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	PROBENECID	OTHER NON-CATEGORIZED	1	2	
No Disruption	PRENATE MINI	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	FLUNISOLIDE	ALLERGY	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	2	
No Disruption	PREGABALIN	ANTICONVULSANT	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	2	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	FENTANYL	PAIN	1	2	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	CABOMETYX	CANCER	1	2	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	BYSTOLIC	ANTIHYPERTENSIVE	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	2	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	2	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	FELBAMATE	ANTICONVULSANT	1	2	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	2	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	2	
No Disruption	PIRFENIDONE	LUNG DISORDERS	1	2	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	2	
No Disruption	PHILITH	ESTROGENS & PROGESTINS	1	2	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	PERIOGARD	OTHER NON-CATEGORIZED	1	2	
No Disruption	PENTIPS GENERIC PEN NEEDLES 32GX4MM	DIABETES	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	2	
No Disruption	PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	EVEROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	EUCRISA	DERMATOLOGICS	1	2	
No Disruption	PAROXETINE HCL ER	DEPRESSION	1	2	
No Disruption	ETODOLAC	PAIN	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	ETHAMBUTOL HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	2	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	2	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	2	
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	2	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	2	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	2	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	2	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	2	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	2	
No Disruption	AMANTADINE HYDROCHLORIDE	PARKINSON	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	2	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	ARANELLE	ESTROGENS & PROGESTINS	1	2	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	2	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	2	
No Disruption	OCTREOTIDE ACETATE	ENDOCRINE	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	2	
No Disruption	NOVOEIGHT	HEMOPHILIA	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	2	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX STARTER KIT	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	2	
No Disruption	ALPRAZOLAM ODT	ANXIETY	1	2	
No Disruption	NEXTSTELLIS	ESTROGENS & PROGESTINS	1	2	
No Disruption	NEOMYCIN SULFATE	ANTI-INFECTIVE	1	2	
No Disruption	EASY TOUCH PEN NEEDLES 31GX1/4"	DIABETES	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN SODIUM	PAIN	1	2	
No Disruption	NAPROXEN DR	PAIN	1	2	
No Disruption	DUREZOL	OPHTHALMIC	1	2	
No Disruption	NALTREXONE HYDROCHLORIDE DIHYDRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	BUPRENORPHINE	PAIN	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	2	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	2	
No Disruption	MORPHINE SULFATE ER	PAIN	1	2	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	2	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	2	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	BRINZOLAMIDE	OPHTHALMIC	1	2	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	MICROGESTIN FE 1.5/30	ESTROGENS & PROGESTINS	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	DOLISHALE	ESTROGENS & PROGESTINS	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	METOLAZONE	ANTIHYPERTENSIVE	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	2	
No Disruption	BICALUTAMIDE	CANCER	1	2	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	2	
No Disruption	DILTIAZEM HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	METHOTREXATE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	DIFLUPREDNATE	OPHTHALMIC	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	2	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	2	
No Disruption	METHAMPHETAMINE HYDROCHLORIDE	ADHD	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	2	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	2	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	2	
No Disruption	MERCAPTOPURINE	CANCER	1	2	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	2	
No Disruption	MAVYRET	HEPATITIS C	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	DEXLANSOPRAZOLE	PPIs	1	2	
No Disruption	LUBIPROSTONE	GASTROINTESTINAL	1	2	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	2	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BELBUCA	PAIN	1	2	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	DIABETES	1	2	
No Disruption	DESOXIMETASONE	DERMATOLOGICS	1	2	
No Disruption	BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	DIABETES	1	2	
No Disruption	BD INTEGRA SYRINGE/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	2	
No Disruption	DEPO-ESTRADIOL	ESTROGENS & PROGESTINS	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	DAYVIGO	SLEEP DISORDERS	1	2	
No Disruption	DASATINIB	CANCER	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	
No Disruption	LITHIUM CARBONATE	ANTIPSYCHOTIC	1	2	
No Disruption	LITFULO	AUTOIMMUNE	1	2	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM	DIABETES	1	2	
No Disruption	DAPSONE	DERMATOLOGICS	1	2	
No Disruption	DANTROLENE SODIUM	OTHER NON-CATEGORIZED	1	2	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	2	
No Disruption	BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CUVPOSA	OTHER NON-CATEGORIZED	1	2	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	2	
No Disruption	LIBERVANT	ANTICONVULSANT	1	2	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	CONTOUR NEXT BLOOD GLUCOSE TEST	DIABETES	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ALFUZOSIN HCL ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	2	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	2	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	LEVONORGESTREL/ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	2	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	2	
No Disruption	LEVOCARNITINE SF	OTHER NON-CATEGORIZED	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	2	
No Disruption	LEUCOVORIN CALCIUM	CANCER	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLONIDINE	ANTIHYPERTENSIVE	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	2	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	KROGER PEN NEEDLES/32G X 5/32"	DIABETES	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	KLOR-CON	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	AUTOSOFT XC INFUSION SET/43"/9MM	DIABETES	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	AUBRA EQ	ESTROGENS & PROGESTINS	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	2	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	2	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	2	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	2	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	CLOBAZAM	ANTICONVULSANT	1	2	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	ZOLMITRIPTAN ODT	MIGRAINE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	IRBESARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	2	
No Disruption	WERA	ESTROGENS & PROGESTINS	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	2	
No Disruption	INDOMETHACIN ER	PAIN	1	2	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	2	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VITAMIN D	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	VIMPAT	ANTICONVULSANT	1	2	
No Disruption	VERAPAMIL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL SR	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	2	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	2	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	2	
No Disruption	VELIVET	ESTROGENS & PROGESTINS	1	2	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	2	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	VALTOCO 5 MG DOSE	ANTICONVULSANT	1	2	
No Disruption	VALSARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	VALSARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	2	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	2	
No Disruption	ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"	DIABETES	1	2	
No Disruption	ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	OTHER NON-CATEGORIZED	1	2	
No Disruption	ULTICARE ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROXYZINE HCL	ANXIETY	1	2	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	DIABETES	1	2	
No Disruption	TROSPIUM CHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TRIAMTERENE	ANTIHYPERTENSIVE	1	2	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	2	
No Disruption	CIMETIDINE	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROCORTISONE	OTHER NON-CATEGORIZED	1	2	
No Disruption	HYDROCODONE/ACETAMINOPHEN	PAIN	1	2	
No Disruption	CICLOPIROX OLAMINE	DERMATOLOGICS	1	2	
No Disruption	CIBINQO	AUTOIMMUNE	1	2	
No Disruption	TRANYLCYPROMINE SULFATE	DEPRESSION	1	2	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	2	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	TOPIRAMATE ER	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CHLORPROMAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TESTOSTERONE	ANDROGENS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	2	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ADVAIR HFA	ASTHMA/COPD	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TENOFOVIR DISOPROXIL FUMARATE	HIV	1	2	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	2	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	2	
No Disruption	TAMOXIFEN CITRATE	CANCER	1	2	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	2	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	2	
No Disruption	GNP ALCOHOL SWABS	OTHER NON-CATEGORIZED	1	2	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	2	
No Disruption	SYNJARDY	DIABETES	1	2	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	2	
No Disruption	GLYBURIDE	DIABETES	1	2	
No Disruption	GLIPIZIDE ER	DIABETES	1	2	
No Disruption	SPRIX	PAIN	1	2	
No Disruption	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	2	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	2	
No Disruption	SODIUM SULFACETAMIDE/SULFUR	DERMATOLOGICS	1	2	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	2	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	2	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	2	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	SILODOSIN	OTHER NON-CATEGORIZED	1	2	
No Disruption	SILHOUETTE INFUSION SET 23"/17MM	DIABETES	1	2	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	2	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	2	
No Disruption	RUFINAMIDE	ANTICONVULSANT	1	2	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	2	
No Disruption	ATOMOXETINE	ADHD	1	2	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	ATENOLOL/CHLORTHALIDONE	ANTIHYPERTENSIVE	1	2	
No Disruption	FRUZAQLA	CANCER	1	2	
No Disruption	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	FOSAMAX PLUS D	BONE DENSITY	1	2	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	2	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	2	
No Disruption	FOCALIN XR	ADHD	1	2	
No Disruption	FLUVOXAMINE MALEATE ER	DEPRESSION	1	2	
No Disruption	RIFABUTIN	ANTI-INFECTIVE	1	2	
No Disruption	RHOPRESSA	OPHTHALMIC	1	2	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	RAMELTEON	SLEEP DISORDERS	1	2	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	2	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	2	
No Disruption	RABEPRAZOLE SODIUM	PPIs	1	2	
No Disruption	FLURBIPROFEN	PAIN	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	CAROSPIR	ANTIHYPERTENSIVE	1	2	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	2	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	PYRIDOSTIGMINE BROMIDE ER	OTHER NON-CATEGORIZED	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	PROTRIPTYLINE HCL	DEPRESSION	1	2	
No Disruption	PROPYLTHIOURACIL	THYROID AGENTS	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	2	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	2	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROPRANOLOL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE ER	ANTIARRHYTHMICS	1	1	
No Disruption	PROPAFENONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE PLAIN	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	PROMETHAZINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	FLUOROURACIL	DERMATOLOGICS	1	1	
No Disruption	ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	PAIN	1	1	
No Disruption	CARBAMAZEPINE ER	ANTICONVULSANT	1	1	
No Disruption	FLUOROMETHOLONE	OPHTHALMIC	1	1	
No Disruption	PRODIGY VOICE BLOOD GLUCOSE METER KIT	DIABETES	1	1	
No Disruption	PROCTOZONE-HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	ASPIRIN EC ADULT LOW DOSE	PAIN	1	1	
No Disruption	FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	PROCHLORPERAZINE MALEATE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE EMULSIFIED BASE	DERMATOLOGICS	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	PROBENECID/COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	PRIMIDONE	ANTICONVULSANT	1	1	
No Disruption	PRIFTIN	ANTI-INFECTIVE	1	1	
No Disruption	ASPIRIN 81	PAIN	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	PREVALITE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRENATE ELITE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINONIDE	DERMATOLOGICS	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBAMAZEPINE	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	ASPIRIN	PAIN	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CAPLYTA	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREGABALIN	ANTICONVULSANT	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	ASENAPINE MALEATE SL	ANTIPSYCHOTIC	1	1	
No Disruption	FLUCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ARZOL SILVER NITRATE APP LICATORS	DERMATOLOGICS	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CANDESARTAN CILEXETIL	ANTIHYPERTENSIVE	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMZYOS	OTHER NON-CATEGORIZED	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMRESE LO	ESTROGENS & PROGESTINS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMRESE	ESTROGENS & PROGESTINS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CAMILA	ESTROGENS & PROGESTINS	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	FLECAINIDE ACETATE	ANTIARRHYTHMICS	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	CALCIUM ACETATE	GASTROINTESTINAL	1	1	
No Disruption	PREDNISONE	CORTICOSTEROIDS	1	1	
No Disruption	FLAVOXATE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	FIRST-OMEPRAZOLE	PPIs	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	PREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FINASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FINACEA	DERMATOLOGICS	1	1	
No Disruption	PRAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	PRAZIQUANTEL	ANTI-INFECTIVE	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	CALCIPOTRIENE	DERMATOLOGICS	1	1	
No Disruption	FERROUS GLUCONATE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENTANYL	PAIN	1	1	
No Disruption	PRAVASTATIN SODIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRIC ACID DR	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE MICRONIZED	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PRASUGREL HYDROCHLORIDE	ANTICOAGULANT	1	1	
No Disruption	ARMODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	PRAMIPEXOLE DIHYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	BUTRANS	PAIN	1	1	
No Disruption	PRALUENT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BUTORPHANOL TARTRATE	PAIN	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FENOFIBRATE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	FELODIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	PAIN	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	FEBUXOSTAT	OTHER NON-CATEGORIZED	1	1	
No Disruption	POTASSIUM CHLORIDE ER	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POTASSIUM CHLORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	POSACONAZOLE DR	ANTI-INFECTIVE	1	1	
No Disruption	PIROXICAM	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	FAMCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	PIOGLITAZONE HYDROCHLORIDE	DIABETES	1	1	
No Disruption	PIOGLITAZONE HCL	DIABETES	1	1	
No Disruption	EZETIMIBE/SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PIMECROLIMUS	DERMATOLOGICS	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PILOCARPINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENOBARBITAL	SLEEP DISORDERS	1	1	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	PHENAZOPYRIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	PENTIPS GENERIC PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PENICILLIN V POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	PENBRAYA	VACCINES	1	1	
No Disruption	PEG-3350/SODIUM SULF/NACL/POTASSIUM CL/NA ASCORBATE/ASCORBIC	OTHER NON-CATEGORIZED	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	EZETIMIBE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	EXEMESTANE	CANCER	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	EUTHYROX	THYROID AGENTS	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PAROXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	ETODOLAC	PAIN	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	PANTOPRAZOLE SODIUM	PPIs	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	PANCREAZE	CYSTIC FIBROSIS	1	1	
No Disruption	ESZOPICLONE	SLEEP DISORDERS	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	ACETAZOLAMIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PALIPERIDONE ER	ANTIPSYCHOTIC	1	1	
No Disruption	PACERONE	ANTIARRHYTHMICS	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ESTROGEL	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMITRIPTYLINE HCL	DEPRESSION	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	OXYCODONE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	ESTRADIOL/NORETHINDRONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	BUSPIRONE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ESTRADIOL VALERATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYCODONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	OXYBUTYNIN CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OXCARBAZEPINE	ANTICONVULSANT	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMIODARONE HYDROCHLORIDE	ANTIARRHYTHMICS	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	OSELTAMIVIR PHOSPHATE	ANTI-INFECTIVE	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ORPHENADRINE CITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	ORGOVYX	CANCER	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	ONDANSETRON ODT	NAUSEA & VOMITING	1	1	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	
No Disruption	ACETAZOLAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	ESTROGENS & PROGESTINS	1	1	
No Disruption	ESTAZOLAM	SLEEP DISORDERS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ESOMEPRAZOLE MAGNESIUM	PPIs	1	1	
No Disruption	ONDANSETRON HYDROCHLORIDE	NAUSEA & VOMITING	1	1	
No Disruption	AMINOCAPROIC ACID	OTHER NON-CATEGORIZED	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OMEPRAZOLE DR	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OMEPRAZOLE	PPIs	1	1	
No Disruption	OLUMIANT	AUTOIMMUNE	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OLOPATADINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	ESCITALOPRAM OXALATE	DEPRESSION	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ARIPIPRAZOLE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN/BENZOYL PEROXIDE	DERMATOLOGICS	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN ETHYLSUCCINATE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN DR	ANTI-INFECTIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLMESARTAN MEDOXOMIL	ANTIHYPERTENSIVE	1	1	
No Disruption	OLANZAPINE/FLUOXETINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	OLANZAPINE ODT	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN BASE	ANTI-INFECTIVE	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	ERYTHROMYCIN	DERMATOLOGICS	1	1	
No Disruption	OLANZAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (XL)	DEPRESSION	1	1	
No Disruption	ACETAMINOPHEN/CODEINE PHOSPHATE	PAIN	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	OFLOXACIN	OPHTHALMIC	1	1	
No Disruption	OFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	EPLERENONE	ANTIHYPERTENSIVE	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	ANNOVERA	ESTROGENS & PROGESTINS	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN/TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	ENVARSUS XR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	NYSTATIN	DERMATOLOGICS	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYSTATIN	ANTI-INFECTIVE	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NYAMYC	DERMATOLOGICS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	AMANTADINE HCL	PARKINSON	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ACETAMINOPHEN/CODEINE	PAIN	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORTRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	OTHER NON-CATEGORIZED	1	1	
No Disruption	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ENOXAPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	NORETHINDRONE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPROPION HYDROCHLORIDE ER (SR)	DEPRESSION	1	1	
No Disruption	ENDOCET	PAIN	1	1	
No Disruption	NIVA THYROID	THYROID AGENTS	1	1	
No Disruption	NITROGLYCERIN TRANSDERMAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NITROGLYCERIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	AMZEEQ	DERMATOLOGICS	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	NITROFURANTOIN MACROCRYSTALS	ANTI-INFECTIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	NITROFURANTOIN	ANTI-INFECTIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	ENALAPRIL MALEATE	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE ER	ADHD	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	NIFEDIPINE	ANTIHYPERTENSIVE	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM STEP 2	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALPRAZOLAM ODT	ANXIETY	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE	HIV	1	1	
No Disruption	NICOTINE TRANSDERMAL SYSTEM	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX REFILL	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICORETTE STARTER KIT	OTHER NON-CATEGORIZED	1	1	
No Disruption	NICODERM CQ	OTHER NON-CATEGORIZED	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	NIACIN ER	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	NEUPRO	PARKINSON	1	1	
No Disruption	ELETRIPTAN HYDROBROMIDE	MIGRAINE	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	NEEVO DHA	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	NECON 0.5/35-28	ESTROGENS & PROGESTINS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ELESTRIN	ESTROGENS & PROGESTINS	1	1	
No Disruption	BUPRENORPHINE HCL/NALOXONE HCL	PAIN	1	1	
No Disruption	EFFER-K	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ECONAZOLE NITRATE	DERMATOLOGICS	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NEBIVOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	NATEGLINIDE	DIABETES	1	1	
No Disruption	EASY TOUCH PEN NEEDLES 29GX1/2"	DIABETES	1	1	
No Disruption	NARATRIPTAN HCL	MIGRAINE	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	DIABETES	1	1	
No Disruption	EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML	DIABETES	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	NAPROXEN SODIUM	PAIN	1	1	
No Disruption	NAPROXEN DR	PAIN	1	1	
No Disruption	DUTASTERIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	NAPROXEN	PAIN	1	1	
No Disruption	NAMZARIC	OTHER NON-CATEGORIZED	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	NALTREXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NALOXONE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	ACCU-CHEK GUIDE TEST STRIPS	DIABETES	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NADOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	BUPRENORPHINE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	NABUMETONE	PAIN	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLIC ACID DR	IMMUNOSUPPRESSANTS	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MYCOPHENOLATE MOFETIL	IMMUNOSUPPRESSANTS	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	BUMETANIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DULOXETINE HYDROCHLORIDE DR	DEPRESSION	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	MUPIROCIN	DERMATOLOGICS	1	1	
No Disruption	MOXIFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX8MM	DIABETES	1	1	
No Disruption	DROPLET PEN NEEDLES 31GX5MM	DIABETES	1	1	
No Disruption	DRONABINOL	NAUSEA & VOMITING	1	1	
No Disruption	MORPHINE SULFATE	PAIN	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE MONOHYDRATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MONTELUKAST SODIUM	ASTHMA/COPD	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MOMETASONE FUROATE	ALLERGY	1	1	
No Disruption	BUDESONIDE	ASTHMA/COPD	1	1	
No Disruption	MOMETASONE FUROATE	DERMATOLOGICS	1	1	
No Disruption	BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	ALLERGY	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	DOXYCYCLINE HYCLATE	ANTI-INFECTIVE	1	1	
No Disruption	MODAFINIL	SLEEP DISORDERS	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	MISOPROSTOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BROMFENAC	OPHTHALMIC	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	SLEEP DISORDERS	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	MIRTAZAPINE	DEPRESSION	1	1	
No Disruption	DOXEPIN HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	MIRABEGRON ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	MINOCYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	BRIMONIDINE TARTRATE	OPHTHALMIC	1	1	
No Disruption	MINIMED RESERVOIR 1.8ML	DIABETES	1	1	
No Disruption	MIMVEY	ESTROGENS & PROGESTINS	1	1	
No Disruption	DOXEPIN HCL	DEPRESSION	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MIDODRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	BREYNA	ASTHMA/COPD	1	1	
No Disruption	DOXAZOSIN MESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METRONIDAZOLE VAGINAL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	METRONIDAZOLE	DERMATOLOGICS	1	1	
No Disruption	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	ALPRAZOLAM	ANXIETY	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DORZOLAMIDE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	METRONIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	DONEPEZIL HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DOFETILIDE	ANTIARRHYTHMICS	1	1	
No Disruption	DODEX	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL TARTRATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM ER	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DIVALPROEX SODIUM DR	ANTICONVULSANT	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DISULFIRAM	OTHER NON-CATEGORIZED	1	1	
No Disruption	BISOPROLOL FUMARATE	ANTIHYPERTENSIVE	1	1	
No Disruption	BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DIPHENOXYLATE HYDROCHLORIDE/ATROPINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DIPENTUM	GASTROINTESTINAL	1	1	
No Disruption	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	1	1	
No Disruption	METOPROLOL SUCCINATE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BIMATOPROST	OPHTHALMIC	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METOCLOPRAMIDE HYDROCHLORIDE	GASTROINTESTINAL	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BICALUTAMIDE	CANCER	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	METHYLPREDNISOLONE	CORTICOSTEROIDS	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	BETHANECHOL CHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DILTIAZEM HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE CD	ADHD	1	1	
No Disruption	BETAMETHASONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	DILTIAZEM HCL CD	ANTIHYPERTENSIVE	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	DILT-XR	ANTIHYPERTENSIVE	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLIN	ADHD	1	1	
No Disruption	DIGOXIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHYLERGONOVINE MALEATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE AUGMENTED	DERMATOLOGICS	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHOCARBAMOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHIMAZOLE	THYROID AGENTS	1	1	
No Disruption	METHENAMINE HIPPURATE	ANTI-INFECTIVE	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	METHADONE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DICYCLOMINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	DICLOXACILLIN SODIUM	ANTI-INFECTIVE	1	1	
No Disruption	DICLOFENAC SODIUM/MISOPROSTOL	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	BETAMETHASONE DIPROPIONATE	DERMATOLOGICS	1	1	
No Disruption	DICLOFENAC SODIUM ER	PAIN	1	1	
No Disruption	DICLOFENAC SODIUM ER	PAIN	1	1	
No Disruption	DICLOFENAC SODIUM DR	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	DICLOFENAC POTASSIUM	PAIN	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	DIAZOXIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	DIAZEPAM	ANXIETY	1	1	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	METAXALONE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MESALAMINE DR	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	MESALAMINE	GASTROINTESTINAL	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	MERCAPTOPURINE	CANCER	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEPERIDINE HYDROCHLORIDE	PAIN	1	1	
No Disruption	DEXTROAMPHETAMINE SULFATE	ADHD	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MEMANTINE HCL TITRATION PAK	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MELOXICAM	PAIN	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	MEGESTROL ACETATE	CANCER	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MEFENAMIC ACID	PAIN	1	1	
No Disruption	BENZONATATE	ALLERGY	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	MEDROXYPROGESTERONE ACETATE	ESTROGENS & PROGESTINS	1	1	
No Disruption	BENZOCAINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ME/NAPHOS/MB/HYO 1	ANTI-INFECTIVE	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXMETHYLPHENIDATE HYDROCHLORIDE	ADHD	1	1	
No Disruption	MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LYNPARZA	CANCER	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXMETHYLPHENIDATE HCL ER	ADHD	1	1	
No Disruption	AMPHETAMINE/DEXTROAMPHETAMINE	ADHD	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXLANSOPRAZOLE	PPIs	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXCOM G7 SENSOR	DIABETES	1	1	
No Disruption	LURASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LUPKYNIS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOXAPINE	ANTIPSYCHOTIC	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	LOVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	LOTEPREDNOL ETABONATE	OPHTHALMIC	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DEXAMETHASONE	CORTICOSTEROIDS	1	1	
No Disruption	BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/0.3ML/31G X 15/64"	DIABETES	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	DESVENLAFAXINE ER	DEPRESSION	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	LOSARTAN POTASSIUM	ANTIHYPERTENSIVE	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESONIDE	DERMATOLOGICS	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DESMOPRESSIN ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DESIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LORAZEPAM	ANXIETY	1	1	
No Disruption	DERMA-SMOOTHE/FS SCALP	DERMATOLOGICS	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML/22G X 1.5"	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INTEGRA SYRINGE/3ML 25GX1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LITHIUM CARBONATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM	DIABETES	1	1	
No Disruption	DAPSONE	ANTI-INFECTIVE	1	1	
No Disruption	BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	DIABETES	1	1	
No Disruption	LISINOPRIL/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	DAPSONE	DERMATOLOGICS	1	1	
No Disruption	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	DIABETES	1	1	
No Disruption	DANAZOL	ANDROGENS	1	1	
No Disruption	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1"	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYRED EQ	ESTROGENS & PROGESTINS	1	1	
No Disruption	CYPROHEPTADINE HYDROCHLORIDE	ALLERGY	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOSPORINE MODIFIED	IMMUNOSUPPRESSANTS	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOPENTOLATE HCL	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	CYCLOGYL	OPHTHALMIC	1	1	
No Disruption	LISINOPRIL	ANTIHYPERTENSIVE	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CYCLOBENZAPRINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LISDEXAMFETAMINE DIMESYLATE	ADHD	1	1	
No Disruption	ALLOPURINOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CYANOCOBALAMIN	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	LIOTHYRONINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CVS NICOTINE POLACRILEX	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS NICOTINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE VISCOUS	OTHER NON-CATEGORIZED	1	1	
No Disruption	CVS ASPIRIN ADULT LOW DOSE	PAIN	1	1	
No Disruption	LIDOCAINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE HCL JELLY	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	LIDOCAINE	DERMATOLOGICS	1	1	
No Disruption	CREON	CYSTIC FIBROSIS	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	CORTISPORIN-TC	OTHER NON-CATEGORIZED	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	LEVOXYL	THYROID AGENTS	1	1	
No Disruption	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM	DIABETES	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK	OTHER NON-CATEGORIZED	1	1	
No Disruption	BACLOFEN	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLISTIMETHATE SODIUM	CYSTIC FIBROSIS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	ALFUZOSIN HYDROCHLORIDE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	COLCHICINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	AMOXICILLIN/CLAVULANATE POTASSIUM	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOTHYROXINE SODIUM	THYROID AGENTS	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLORAZEPATE DIPOTASSIUM	ANXIETY	1	1	
No Disruption	CLOPIDOGREL	ANTICOAGULANT	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVONORGESTREL AND ETHINYL ESTRADIOL	ESTROGENS & PROGESTINS	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOFLOXACIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVOCETIRIZINE DIHYDROCHLORIDE	ALLERGY	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	ALENDRONATE SODIUM	BONE DENSITY	1	1	
No Disruption	CLONIDINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LEVETIRACETAM	ANTICONVULSANT	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	LEVALBUTEROL HCL	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	LEFLUNOMIDE	AUTOIMMUNE	1	1	
No Disruption	LANSOPRAZOLE	PPIs	1	1	
No Disruption	AZITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	CLONAZEPAM ODT	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE ER	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	ALCOHOL PREP PADS	OTHER NON-CATEGORIZED	1	1	
No Disruption	AZELASTINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CLONAZEPAM	ANTICONVULSANT	1	1	
No Disruption	LAMOTRIGINE	ANTICONVULSANT	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LACOSAMIDE	ANTICONVULSANT	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOMIPRAMINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLOMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	CLOBETASOL PROPIONATE E	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	LABETALOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	AZASITE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KRISTALOSE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	KLS QUIT4	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ALBUTEROL SULFATE HFA	ASTHMA/COPD	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KLISYRI	DERMATOLOGICS	1	1	
No Disruption	KLAYESTA	DERMATOLOGICS	1	1	
No Disruption	KEVZARA	AUTOIMMUNE	1	1	
No Disruption	KETOROLAC TROMETHAMINE	PAIN	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KETONE TEST STRIPS	DIABETES	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	DERMATOLOGICS	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	KETOCONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	AUROVELA 1/20	ESTROGENS & PROGESTINS	1	1	
No Disruption	AUROVELA 1.5/30	ESTROGENS & PROGESTINS	1	1	
No Disruption	KETO-DIASTIX	DIABETES	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	KAPSPARGO SPRINKLE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ATROPINE SULFATE	OPHTHALMIC	1	1	
No Disruption	IVERMECTIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	IVABRADINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ITRACONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CLOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOTRETINOIN	DERMATOLOGICS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZONISAMIDE	ANTICONVULSANT	1	1	
No Disruption	ATOVAQUONE	ANTI-INFECTIVE	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE ER	SLEEP DISORDERS	1	1	
No Disruption	ISOSORBIDE MONONITRATE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ISOSORBIDE DINITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLPIDEM TARTRATE	SLEEP DISORDERS	1	1	
No Disruption	CLINPRO 5000	OTHER NON-CATEGORIZED	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZOLMITRIPTAN	MIGRAINE	1	1	
No Disruption	ZITHROMAX	ANTI-INFECTIVE	1	1	
No Disruption	ZIRGAN	OPHTHALMIC	1	1	
No Disruption	ISENTRESS HD	HIV	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ISENTRESS	HIV	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ZALEPLON	SLEEP DISORDERS	1	1	
No Disruption	YUVAFEM	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	XOPENEX HFA	ASTHMA/COPD	1	1	
No Disruption	XOLAIR	LUNG DISORDERS	1	1	
No Disruption	XERMELO	GASTROINTESTINAL	1	1	
No Disruption	XELSTRYM	ADHD	1	1	
No Disruption	IRBESARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	XELSTRYM	ADHD	1	1	
No Disruption	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	WHITE PETROLATUM	OTHER NON-CATEGORIZED	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	WARFARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	IPRATROPIUM BROMIDE	ASTHMA/COPD	1	1	
No Disruption	INVOKANA	DIABETES	1	1	
No Disruption	INSULIN GLARGINE	DIABETES	1	1	
No Disruption	WAKIX	SLEEP DISORDERS	1	1	
No Disruption	INPEN 100/PINK/HUMALOG	DIABETES	1	1	
No Disruption	VYZULTA	OPHTHALMIC	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	INDOMETHACIN ER	PAIN	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VORICONAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	VOQUEZNA	PPIs	1	1	
No Disruption	INDAPAMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	VIVJOA	ANTI-INFECTIVE	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CLINDAMYCIN PHOSPHATE	DERMATOLOGICS	1	1	
No Disruption	VIORELE	ESTROGENS & PROGESTINS	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VIMPAT	ANTICONVULSANT	1	1	
No Disruption	CLINDAMYCIN PALMITATE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	IMIPRAMINE HCL	DEPRESSION	1	1	
No Disruption	VILAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	IMATINIB MESYLATE	CANCER	1	1	
No Disruption	CLINDAMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	VICTOZA	DIABETES	1	1	
No Disruption	ICOSAPENT ETHYL	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	VERZENIO	CANCER	1	1	
No Disruption	VEREGEN	DERMATOLOGICS	1	1	
No Disruption	ICATIBANT ACETATE	HEMATOLOGICAL	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VERAPAMIL HCL ER	ANTIHYPERTENSIVE	1	1	
No Disruption	CLINDAMYCIN HCL	ANTI-INFECTIVE	1	1	
No Disruption	VERAPAMIL HCL	ANTIHYPERTENSIVE	1	1	
No Disruption	CLENPIQ	OTHER NON-CATEGORIZED	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CLARITHROMYCIN	ANTI-INFECTIVE	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE ER	DEPRESSION	1	1	
No Disruption	CLARAVIS	DERMATOLOGICS	1	1	
No Disruption	VENLAFAXINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VENLAFAXINE HCL	DEPRESSION	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	IBUPROFEN	PAIN	1	1	
No Disruption	VARENICLINE TARTRATE CONTINUING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	HYOSYNE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYOSYNE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYOSCYAMINE SULFATE ODT	OTHER NON-CATEGORIZED	1	1	
No Disruption	VARENICLINE STARTING MONTH	OTHER NON-CATEGORIZED	1	1	
No Disruption	CITALOPRAM HYDROBROMIDE	DEPRESSION	1	1	
No Disruption	VANDAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VANCOMYCIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	HYOSCYAMINE SULFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	VALTOCO 20 MG DOSE	ANTICONVULSANT	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE PAMOATE	ANXIETY	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	VALPROIC ACID	ANTICONVULSANT	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	VALGANCICLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	AMLODIPINE BESYLATE/VALSARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	VALACYCLOVIR HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	URSODIOL	GASTROINTESTINAL	1	1	
No Disruption	UREA	DERMATOLOGICS	1	1	
No Disruption	UREA	DERMATOLOGICS	1	1	
No Disruption	UPNEEQ	OPHTHALMIC	1	1	
No Disruption	UNITHROID	THYROID AGENTS	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	UNIFINE PENTIPS 31G X 3/16"	DIABETES	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	DIABETES	1	1	
No Disruption	ULTICARE MINI PEN NEEDLES/32G X 1/4"	DIABETES	1	1	
No Disruption	HYDROXYZINE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	UBRELVY	MIGRAINE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TWIRLA	ESTROGENS & PROGESTINS	1	1	
No Disruption	TRUQAP	CANCER	1	1	
No Disruption	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	DIABETES	1	1	
No Disruption	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	DIABETES	1	1	
No Disruption	TROPICAMIDE	OPHTHALMIC	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TRINATAL RX 1	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TRIHEXYPHENIDYL HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROXYCHLOROQUINE SULFATE	ANTI-INFECTIVE	1	1	
No Disruption	CIPROFLOXACIN HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	ALBUTEROL SULFATE	ASTHMA/COPD	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	TRIAMTERENE/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	HYDROMORPHONE HCL	PAIN	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	CIPROFLOXACIN	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROMET	ALLERGY	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	CIPRO HC	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE VALERATE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCORTISONE ACETATE/PRAMOXINE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CIPRO	ANTI-INFECTIVE	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CINACALCET HYDROCHLORIDE	ENDOCRINE	1	1	
No Disruption	HYDROCORTISONE ACETATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	
No Disruption	HYDROCORTISONE	DERMATOLOGICS	1	1	
No Disruption	TRIAMCINOLONE ACETONIDE	DERMATOLOGICS	1	1	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	CILOSTAZOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	CICLOPIROX	DERMATOLOGICS	1	1	
No Disruption	TRAZODONE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAVOPROST	OPHTHALMIC	1	1	
No Disruption	HYDROCODONE BITARTRATE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	CHOLESTYRAMINE LIGHT	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	PAIN	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TRAMADOL HYDROCHLORIDE	PAIN	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHOLESTYRAMINE	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TORSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CHLORTHALIDONE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	TOPIRAMATE	ANTICONVULSANT	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TOLTERODINE TARTRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	HYDRALAZINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIZANIDINE HCL	OTHER NON-CATEGORIZED	1	1	
No Disruption	HUMIRA PEN-PS/UV STARTER	AUTOIMMUNE	1	1	
No Disruption	TINIDAZOLE	ANTI-INFECTIVE	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TIMOLOL MALEATE	OPHTHALMIC	1	1	
No Disruption	TILIA FE	ESTROGENS & PROGESTINS	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	HM MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	TIADYLT ER	ANTIHYPERTENSIVE	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	HEPARIN SODIUM	ANTICOAGULANT	1	1	
No Disruption	HEPARIN LOCK FLUSH	ANTICOAGULANT	1	1	
No Disruption	THEOPHYLLINE ER	ASTHMA/COPD	1	1	
No Disruption	TETRACYCLINE HYDROCHLORIDE	ANTI-INFECTIVE	1	1	
No Disruption	TETRACAINE HYDROCHLORIDE	OPHTHALMIC	1	1	
No Disruption	CHLORDIAZEPOXIDE HYDROCHLORIDE	ANXIETY	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	TESTOSTERONE CYPIONATE	ANDROGENS	1	1	
No Disruption	ZIPRASIDONE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	HALOPERIDOL	ANTIPSYCHOTIC	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	CEVIMELINE HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	HALOETTE	ESTROGENS & PROGESTINS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TESTOSTERONE	ANDROGENS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	HALOBETASOL PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	1	1	
No Disruption	TERCONAZOLE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	HAEGARDA	HEMATOLOGICAL	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUARDIAN 4 GLUCOSE SENSOR	DIABETES	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	TERAZOSIN HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE ER	ADHD	1	1	
No Disruption	TEMAZEPAM	SLEEP DISORDERS	1	1	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN/HYDROCHLOROTHIAZIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	GUANFACINE HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	TELMISARTAN	ANTIHYPERTENSIVE	1	1	
No Disruption	TEGRETOL	ANTICONVULSANT	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	TECHLITE PEN NEEDLES/31G X 8MM	DIABETES	1	1	
No Disruption	TECHLITE PEN NEEDLES 32G X 4MM	DIABETES	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TAMSULOSIN HYDROCHLORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GUAIFENESIN/CODEINE PHOSPHATE	ALLERGY	1	1	
No Disruption	TAKE ACTION	ESTROGENS & PROGESTINS	1	1	
No Disruption	GUAIFENESIN/CODEINE	ALLERGY	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	GRISEOFULVIN ULTRAMICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	TADALAFIL	OTHER NON-CATEGORIZED	1	1	
No Disruption	GRISEOFULVIN MICROSIZE	ANTI-INFECTIVE	1	1	
No Disruption	CEPHALEXIN	ANTI-INFECTIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	TACROLIMUS	IMMUNOSUPPRESSANTS	1	1	

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Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	GNP TERBINAFINE HYDROCHLORIDE	DERMATOLOGICS	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	GNP MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GNP GENTLE LAXATIVE	OTHER NON-CATEGORIZED	1	1	
No Disruption	TACROLIMUS	DERMATOLOGICS	1	1	
No Disruption	ATORVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	T:SLIM X2 3 ML CARTRIDGE	DIABETES	1	1	
No Disruption	GLYBURIDE/METFORMIN HYDROCHLORIDE	DIABETES	1	1	
No Disruption	GLYBURIDE	DIABETES	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	DIABETES	1	1	
No Disruption	SUMATRIPTAN SUCCINATE	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	SUMATRIPTAN	MIGRAINE	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	SULFASALAZINE	GASTROINTESTINAL	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	ADDERALL	ADHD	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	SUCRALFATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SUBVENITE STARTER KIT/ORANGE	ANTICONVULSANT	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	ADDERALL	ADHD	1	1	
No Disruption	ATOMOXETINE HYDROCHLORIDE	ADHD	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	GLIMEPIRIDE	DIABETES	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	GENTAMICIN SULFATE	DERMATOLOGICS	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	CELECOXIB	PAIN	1	1	
No Disruption	GEMTESA	OTHER NON-CATEGORIZED	1	1	
No Disruption	SPIRONOLACTONE	ANTIHYPERTENSIVE	1	1	
No Disruption	CEFUROXIME AXETIL	ANTI-INFECTIVE	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SOLIFENACIN SUCCINATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE/SULFUR CLEANSER	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	
No Disruption	SODIUM SULFACETAMIDE WASH	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM SULFACETAMIDE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	SODIUM FLUORIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	SODIUM CHLORIDE 0.9%	OTHER NON-CATEGORIZED	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SODIUM CHLORIDE	ALLERGY	1	1	
No Disruption	SIROLIMUS	IMMUNOSUPPRESSANTS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	SIMVASTATIN	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SIMPLE SYRUP	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILVER SULFADIAZINE	DERMATOLOGICS	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SILDENAFIL CITRATE	PULMONARY HYPERTENSION	1	1	
No Disruption	CEFPROZIL	ANTI-INFECTIVE	1	1	
No Disruption	SF	OTHER NON-CATEGORIZED	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	SEVELAMER CARBONATE	GASTROINTESTINAL	1	1	
No Disruption	CEFPODOXIME PROXETIL	ANTI-INFECTIVE	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CEFIXIME	ANTI-INFECTIVE	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	SERTRALINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SERTRALINE HCL	DEPRESSION	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	DIABETES	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	AMLODIPINE BESYLATE	ANTIHYPERTENSIVE	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	GABAPENTIN	ANTICONVULSANT	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	FYAVOLV	ESTROGENS & PROGESTINS	1	1	
No Disruption	CEFDINIR	ANTI-INFECTIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	CEFADROXIL	ANTI-INFECTIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ATOMOXETINE	ADHD	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	

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Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSEMIDE	ANTIHYPERTENSIVE	1	1	
No Disruption	ROSUVASTATIN CALCIUM	ANTIHYPERLIPIDEMIC	1	1	
No Disruption	FUROSCIX	OTHER NON-CATEGORIZED	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	FT NICOTINE MINI	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT MAGNESIUM CITRATE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FT LAXATIVE	OTHER NON-CATEGORIZED	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ROPINIROLE HYDROCHLORIDE	PARKINSON	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	ROFLUMILAST	ASTHMA/COPD	1	1	
No Disruption	FOSFOMYCIN TROMETHAMINE	ANTI-INFECTIVE	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	RIZATRIPTAN BENZOATE ODT	MIGRAINE	1	1	
No Disruption	FORMOTEROL FUMARATE	ASTHMA/COPD	1	1	
No Disruption	FORA LANCETS	DIABETES	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RIZATRIPTAN BENZOATE	MIGRAINE	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	FOLIC ACID	VITAMINS & SUPPLEMENTS	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	RISPERIDONE	ANTIPSYCHOTIC	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	AMOXICILLIN	ANTI-INFECTIVE	1	1	
No Disruption	FLUVOXAMINE MALEATE	DEPRESSION	1	1	
No Disruption	RIFAMPIN	ANTI-INFECTIVE	1	1	
No Disruption	RELISTOR	GASTROINTESTINAL	1	1	
No Disruption	RELISTOR	GASTROINTESTINAL	1	1	
No Disruption	RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	DIABETES	1	1	
No Disruption	RECTIV	OTHER NON-CATEGORIZED	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	RANOLAZINE ER	OTHER NON-CATEGORIZED	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	ATENOLOL	ANTIHYPERTENSIVE	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUTICASONE PROPIONATE	ALLERGY	1	1	
No Disruption	RALOXIFENE HYDROCHLORIDE	BONE DENSITY	1	1	
No Disruption	FLUTICASONE PROPIONATE	DERMATOLOGICS	1	1	
No Disruption	CARVEDILOL	ANTIHYPERTENSIVE	1	1	
No Disruption	QULIPTA	MIGRAINE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	QUETIAPINE FUMARATE ER	ANTIPSYCHOTIC	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	CARTIA XT	ANTIHYPERTENSIVE	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUPHENAZINE HYDROCHLORIDE	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	ANTI-INFECTIVE	1	1	
No Disruption	CAROSPIR	ANTIHYPERTENSIVE	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARISOPRODOL	OTHER NON-CATEGORIZED	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	ACYCLOVIR	DERMATOLOGICS	1	1	
No Disruption	QUETIAPINE FUMARATE	ANTIPSYCHOTIC	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PYRIDOSTIGMINE BROMIDE	OTHER NON-CATEGORIZED	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE ER	ANTIHYPERTENSIVE	1	1	
No Disruption	AMITRIPTYLINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	ASPIRIN REGIMEN	PAIN	1	1	
No Disruption	FLUOXETINE HYDROCHLORIDE	DEPRESSION	1	1	
No Disruption	CARBIDOPA/LEVODOPA	PARKINSON	1	1	
No Disruption	PROPRANOLOL HYDROCHLORIDE	ANTIHYPERTENSIVE	1	1	
Positive Tier Change	SYMBICORT	ASTHMA/COPD	233	795	
Positive Tier Change	DEXCOM G7 SENSOR	DIABETES	135	663	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	139	466	
Positive Tier Change	DEXCOM G6 SENSOR	DIABETES	90	454	
Positive Tier Change	SYMBICORT	ASTHMA/COPD	152	424	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	72	411	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	169	409	
Positive Tier Change	TRELEGY ELLIPTA	ASTHMA/COPD	78	399	
Positive Tier Change	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	66	337	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	117	298	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	285	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	DIABETES	137	276	
Positive Tier Change	BREO ELLIPTA	ASTHMA/COPD	52	269	
Positive Tier Change	BREZTRI AEROSPHERE	ASTHMA/COPD	60	262	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	65	255	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	55	220	
Positive Tier Change	DEXCOM G6 TRANSMITTER	DIABETES	82	215	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	43	193	
Positive Tier Change	ANORO ELLIPTA	ASTHMA/COPD	30	160	
Positive Tier Change	ONETOUCH ULTRA	DIABETES	63	158	
Positive Tier Change	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	25	146	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	40	143	
Positive Tier Change	BIKTARVY	HIV	20	138	
Positive Tier Change	AIRSUPRA	ASTHMA/COPD	83	131	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	41	126	
Positive Tier Change	ONETOUCH DELICA PLUS LANCETS FINE 30G	DIABETES	62	123	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	24	109	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	21	102	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	23	88	
Positive Tier Change	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	DIABETES	35	82	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	20	77	
Positive Tier Change	LYUMJEV	DIABETES	15	76	
Positive Tier Change	NUCALA	LUNG DISORDERS	8	73	
Positive Tier Change	RESTASIS	OPHTHALMIC	33	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	19	65	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	21	63	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	12	63	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	11	63	
Positive Tier Change	BRILINTA	ANTICOAGULANT	19	62	
Positive Tier Change	COMBIVENT RESPIMAT	ASTHMA/COPD	19	62	
Positive Tier Change	ONETOUCH ULTRA 2	DIABETES	52	57	
Positive Tier Change	RESTASIS	OPHTHALMIC	24	57	
Positive Tier Change	XIFAXAN	ANTI-INFECTIVE	15	53	
Positive Tier Change	COSENTYX UNOREADY	AUTOIMMUNE	11	49	
Positive Tier Change	ADVAIR HFA	ASTHMA/COPD	12	47	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	11	45	
Positive Tier Change	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	DIABETES	6	40	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	7	37	
Positive Tier Change	TEZSPIRE	LUNG DISORDERS	5	36	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	31	
Positive Tier Change	BD NEEDLE/18G 1-1/2"	OTHER NON-CATEGORIZED	11	30	
Positive Tier Change	KERENDIA	ENDOCRINE	7	27	
Positive Tier Change	ONETOUCH VERIO REFLECT	DIABETES	23	25	
Positive Tier Change	BD HYPODERMIC NEEDLES 18GX1"	OTHER NON-CATEGORIZED	14	25	
Positive Tier Change	NUCYNTA ER	PAIN	2	25	
Positive Tier Change	SOOLANTRA	DERMATOLOGICS	15	24	
Positive Tier Change	MICROLET LANCETS	DIABETES	13	24	
Positive Tier Change	ARNUITY ELLIPTA	ASTHMA/COPD	7	24	
Positive Tier Change	KERENDIA	ENDOCRINE	7	24	
Positive Tier Change	MULTAQ	ANTIARRHYTHMICS	6	24	
Positive Tier Change	OPTICHAMBER DIAMOND	OTHER NON-CATEGORIZED	21	22	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	9	22	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	8	22	
Positive Tier Change	SAVELLA	PAIN	5	21	
Positive Tier Change	VIBERZI	GASTROINTESTINAL	2	21	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	16	20	
Positive Tier Change	BIKTARVY	HIV	4	20	
Positive Tier Change	FASENRA PEN	LUNG DISORDERS	4	19	
Positive Tier Change	ONETOUCH ULTRA BLUE TEST STRIP	DIABETES	9	18	
Positive Tier Change	COSENTYX SENSOREADY PEN	AUTOIMMUNE	6	18	
Positive Tier Change	TRUEPLUS LANCETS 33G	DIABETES	9	17	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	6	17	
Positive Tier Change	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	OTHER NON-CATEGORIZED	10	16	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	16	
Positive Tier Change	SAVELLA	PAIN	2	16	
Positive Tier Change	ZEPOSIA	MULTIPLE SCLEROSIS	2	15	
Positive Tier Change	BD DISPOSABLE NEEDLE 23GX1" PRECISION GLIDE	OTHER NON-CATEGORIZED	11	14	
Positive Tier Change	OMNIPOD DASH PODS (GEN 4)	DIABETES	4	14	
Positive Tier Change	FARXIGA	DIABETES	3	14	
Positive Tier Change	AJOVY	MIGRAINE	2	14	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	14	
Positive Tier Change	EASIVENT	OTHER NON-CATEGORIZED	11	13	
Positive Tier Change	XTAMPZA ER	PAIN	2	13	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	13	
Positive Tier Change	POMALYST	CANCER	1	13	
Positive Tier Change	COSENTYX	AUTOIMMUNE	1	13	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	3	12	
Positive Tier Change	PLEGRIDY	MULTIPLE SCLEROSIS	2	12	
Positive Tier Change	FIASP	DIABETES	2	12	
Positive Tier Change	OPTICHAMBER DIAMOND/MEDIUM FACE MASK	OTHER NON-CATEGORIZED	11	11	
Positive Tier Change	NOVOLOG	DIABETES	3	11	
Positive Tier Change	DEXCOM G7 RECEIVER	DIABETES	10	10	
Positive Tier Change	BD NEEDLE/21G 1-1/2"	OTHER NON-CATEGORIZED	2	10	
Positive Tier Change	GENVOYA	HIV	2	10	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	10	
Positive Tier Change	OPTICHAMBER DIAMOND/LARGEFACE MASK	OTHER NON-CATEGORIZED	8	9	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	OTHER NON-CATEGORIZED	6	9	
Positive Tier Change	LOKELMA	OTHER NON-CATEGORIZED	4	9	
Positive Tier Change	BD HYPODERMIC NEEDLES 16GX1"	OTHER NON-CATEGORIZED	1	9	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	9	
Positive Tier Change	NUCALA	LUNG DISORDERS	1	9	
Positive Tier Change	BRUKINSA	CANCER	1	9	
Positive Tier Change	EPIDIOLEX	ANTICONVULSANT	1	9	
Positive Tier Change	ONETOUCH VERIO TEST STRIPS	DIABETES	7	8	
Positive Tier Change	PREVIDENT 5000 ENAMEL PROTECT	OTHER NON-CATEGORIZED	7	8	
Positive Tier Change	WEGOVY	WEIGHT LOSS	5	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	4	8	
Positive Tier Change	BD HYPODERMIC NEEDLES 21GX1"	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	PREVIDENT 5000 SENSITIVE	OTHER NON-CATEGORIZED	4	8	
Positive Tier Change	TYMLOS	BONE DENSITY	3	8	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	1	8	
Positive Tier Change	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	8	
Positive Tier Change	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	DIABETES	7	7	
Positive Tier Change	ONETOUCH DELICA PLUS LANCING DEVICE	DIABETES	6	7	
Positive Tier Change	WEGOVY	WEIGHT LOSS	6	7	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	5	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	4	7	
Positive Tier Change	REXULTI	ANTIPSYCHOTIC	3	7	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	3	7	
Positive Tier Change	FIASP FLEXTOUCH	DIABETES	2	7	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	7	
Positive Tier Change	ENTYVIO PEN	AUTOIMMUNE	1	7	
Positive Tier Change	LAGEVRIO	ANTI-INFECTIVE	6	6	
Positive Tier Change	DIFICID	ANTI-INFECTIVE	5	6	
Positive Tier Change	VRAYLAR	ANTIPSYCHOTIC	5	6	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	4	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	PREMARIN	ESTROGENS & PROGESTINS	2	6	
Positive Tier Change	NOVOLOG PENFILL	DIABETES	1	6	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	6	
Positive Tier Change	AEROCHAMBER PLUS FLOW VU MOUTHPIECE	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU	OTHER NON-CATEGORIZED	5	5	
Positive Tier Change	WEGOVY	WEIGHT LOSS	4	5	
Positive Tier Change	TIVICAY	HIV	3	5	
Positive Tier Change	LONSURF	CANCER	2	5	
Positive Tier Change	INLYTA	CANCER	1	5	
Positive Tier Change	HUMALOG TEMPO PEN	DIABETES	1	5	
Positive Tier Change	FARXIGA	DIABETES	1	5	
Positive Tier Change	DUAVEE	ESTROGENS & PROGESTINS	1	5	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK	OTHER NON-CATEGORIZED	4	4	
Positive Tier Change	CLIMARA PRO	ESTROGENS & PROGESTINS	3	4	
Positive Tier Change	ATROVENT HFA	ASTHMA/COPD	3	4	
Positive Tier Change	TRULANCE	GASTROINTESTINAL	2	4	
Positive Tier Change	TRESIBA FLEXTOUCH	DIABETES	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	2	4	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	4	
Positive Tier Change	PREMPRO	ESTROGENS & PROGESTINS	1	4	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	1	4	
Positive Tier Change	KISQALI	CANCER	1	4	
Positive Tier Change	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	DIABETES	3	3	
Positive Tier Change	MYRBETRIQ	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	CIPRO	ANTI-INFECTIVE	2	3	
Positive Tier Change	ENTRESTO	OTHER NON-CATEGORIZED	2	3	
Positive Tier Change	NEMLUVIO	AUTOIMMUNE	2	3	
Positive Tier Change	VEMLIDY	ANTI-INFECTIVE	1	3	
Positive Tier Change	VASCEPA	ANTIHYPERLIPIDEMIC	1	3	
Positive Tier Change	SE-NATAL 19	VITAMINS & SUPPLEMENTS	1	3	
Positive Tier Change	REBIF REBIDOSE	MULTIPLE SCLEROSIS	1	3	
Positive Tier Change	FIASP PENFILL	DIABETES	1	3	
Positive Tier Change	EASY TOUCH FLIPLOCK NEEDLES 25GX1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD SAFETYGLIDE SHIELDED NEEDLE 23G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	BD NEEDLE/20G X 1"	OTHER NON-CATEGORIZED	1	3	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	3	

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BCBSNE
State of NE
Based on claims from External Claims File
Formulary Disruption Summary
Prime Formulary Status Based on the PDL 10 Formulary as of 7/1/2025

Disruption Type	# of Utilizers	# of Claims	% Rx

Disruption Type	Drug Name	Core Category	# of Utilizers	# of Claims	Drug Alternatives
Positive Tier Change	WEGOVY	WEIGHT LOSS	2	2	
Positive Tier Change	LOTEMAX	OPHTHALMIC	2	2	
Positive Tier Change	FLUTICASONE PROPIONATE/SALMETEROL	ASTHMA/COPD	2	2	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 1ML	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	EASIVENT/MASK-SMALL	OTHER NON-CATEGORIZED	2	2	
Positive Tier Change	DEXCOM G6 RECEIVER	DIABETES	2	2	
Positive Tier Change	ACCU-CHEK FASTCLIX LANCETDEVICE KIT	DIABETES	2	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	XTAMPZA ER	PAIN	1	2	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	2	
Positive Tier Change	POMALYST	CANCER	1	2	
Positive Tier Change	KISQALI	CANCER	1	2	
Positive Tier Change	DESCOVY	HIV	1	2	
Positive Tier Change	BRILINTA	ANTICOAGULANT	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ASMANEX TWISTHALER 120 METERED DOSES	ASTHMA/COPD	1	2	
Positive Tier Change	BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	OTHER NON-CATEGORIZED	1	2	
Positive Tier Change	ZYLET	OPHTHALMIC	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	XTAMPZA ER	PAIN	1	1	
Positive Tier Change	WEGOVY	WEIGHT LOSS	1	1	
Positive Tier Change	VERQUVO	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	VELTASSA	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	SYNTHROID	THYROID AGENTS	1	1	
Positive Tier Change	SOTYKTU	AUTOIMMUNE	1	1	
Positive Tier Change	SAVELLA	PAIN	1	1	
Positive Tier Change	SAVELLA	PAIN	1	1	
Positive Tier Change	REBIF REBIDOSE TITRATION PACK	MULTIPLE SCLEROSIS	1	1	
Positive Tier Change	OPTICHAMBER DIAMOND/SMALLFACE MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	OMNITROPE	GROWTH HORMONES	1	1	
Positive Tier Change	MICROCHAMBER	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	LOTEMAX SM	OPHTHALMIC	1	1	
Positive Tier Change	LANCETS ULTRA THIN 30G	DIABETES	1	1	
Positive Tier Change	HUMALOG	DIABETES	1	1	
Positive Tier Change	FC2 FEMALE CONDOM	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH SYRINGE BARRELS LUER LOCK 3ML	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	EASY TOUCH LANCETS 30G/TWIST	DIABETES	1	1	
Positive Tier Change	EASY TOUCH HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD NEEDLE/22G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD HYPODERMIC NEEDLES 23GX1"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	BD BLUNT FILL NEEDLE/18G X 1-1/2"	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ASMANEX TWISTHALER 60 METERED DOSES	ASTHMA/COPD	1	1	
Positive Tier Change	AEROCHAMBER PLUS FLOW-VU/SMALL MASK	OTHER NON-CATEGORIZED	1	1	
Positive Tier Change	ACCU-CHEK SOFTCLIX LANCETS	DIABETES	1	1	
Positive Tier Change	BD PRECISIONGLIDE 23GX1-1/2"	OTHER NON-CATEGORIZED	1	1	

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Attachment D
Performance Guarantees
Solicitation Number: 122436 O5

Bidder: Blue Cross and Blue Shield of Nebraska / Prime Therapeutics, LLC

The Plan will require specific performance guarantees. Please fill out the table below. In addition, you may provide other guarantees designed to differentiate your program. All guarantees shall be set and measured according to the timing of payments in the chart below. Measurement of performance guarantees may be based on internal self-reporting, subject to independent audit.

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Implementation					
Error Free Implementation	PBM shall implement the plan benefit without any system errors or ID card delays. Online access to all Plan features prior to go-live date.	Plan Specific	$50,000	Reported no later than 60 days after 'go-live' dates.	**Confirmed**
Implementation Satisfaction Scorecard	The Plan may assess a penalty if the Plan benefits staff does not rate PBM implementation performance an average of 3 or better on a scale of 1 to 5 (5 being the best)	Plan Specific	$50,000	Reported no later than 60 days after 'go-live' dates.	**Confirmed**
Payment Accuracy & System Performance					
Quarterly Rebate Payments	Quarterly rebate payments/credits will be remitted to client within 60 calendar days from close of the respective quarter.	Plan Specific	1% of the quarterly rebate payment for each quarterly miss	Annually	**Confirmed with Modification:** Quarterly rebates payments will be credited 75 days after the close of the respective quarter.
Year-End Reconciliation and Reporting for Rebate Guarantees	PBM shall complete the year-end reconciliation of rebate guarantees no later than 210 calendar days following the close of the contract year. Within 210 days following the close of the contract year, PBM shall compensate client dollar for dollar for any rebate shortfall.	Plan Specific	$10,000 for reporting miss and $50,000 for payment miss	Annually	**Confirmed**
Year-End Reconciliation and Reporting for Discount/Dispensing Fee Guarantees.	PBM shall complete the year-end reconciliation of discount and dispensing fee guarantees no later than 90 calendar days following the close of the contract year. Within 90 calendar days following the close of the contract year, PBM shall compensate client dollar for dollar for any shortfall in performance.	Plan Specific	$10,000 for reporting miss and $50,000 for payment miss	Annually	**Confirmed**
Plan Administration Accuracy	Implementation of all plan design changes will be 100% accurate	Plan Specific	$20,000	Annually	**Confirmed**
Pricing Change Accuracy	Implementation of all pricing changes will be 100% accurate	Plan Specific	$20,000	Annually	**Confirmed**
Financial accuracy (electronic and paper claims)	Percentage of claim payments made without error relative to the total dollars paid will be at least 99.9%	BOB	$20,000	Annually	**Confirmed with Modification**: **Electronic Claims Adjudication Accuracy on Book-of-Business Results** Prime guarantees a 99% Claims Adjudication accuracy rate for POS Claims, including but not limited to Benefit Plan Design, Formulary status, UM, or DUR edits. Claims processing under any benefit plans submitted to Prime after the 15th of the month prior to its effective date will not be counted in this metric until it is reviewed under Prime's standard quality assurance process, after which BCBSNE and Prime will work together to create a priority list and schedule for testing under Prime's QA process. All benefit plans are fully tested with coding verification QC and test claims run prior to placing benefits into production. BCBSNE will be requested to review the result of all benefits both at implementation and as new plans are built throughout the relationship with Prime. BCBSNE's review of plan test results should occur within 30 Days of the plan implementation. An audit of Adjudicated Claims will occur annually according to Prime's auditing procedures, as shared with BCBSNE. Audit results will be validated against the benefit source documentation and test claims. Audit results will be calculated by totaling all accurately Adjudicated Claims audited and dividing by the total number of Adjudicated Claims audited. • Only Benefit Plans receiving client quality testing review and approval will be included in this measure. Confirming results are on book of business.

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Mail Service Non-Financial Accuracy	The mail service pharmacy shall guarantee dispensing accuracy of at least 99.5% (correct participant name, correct participant address, correct drug, correct dosage form, and correct strength)	BOB	$20,000	Annually	**Confirmed** **Pharmacy Dispensing Accuracy Guarantee (DAG)** Overall mail service dispensing accuracy rate of 99.5%. An error will include incorrect patient, incorrect directions, incorrect strength, or incorrect medication in the container. Notwithstanding the foregoing, an error will not include immaterial matters such as generic substitution not addressed, incorrect spelling of a plan member's name on the label, or incorrect spelling of a physician's name. Guarantee will be 99.5%. Accuracy determined by dividing the totalnumber of errors by the total number of prescriptions shipped for its book of business and reported as Met or Not Met. Measured Quarterly (true up 7-10 days after Quarter's end) Payment Frequency: Annual Confirming are on book-of-business.
System Downtime	At least 99.5% access to its systems by all the retail pharmacies in PBM's network 24 hours a day, 7 days a week, 365 days a year	BOB	$20,000	Annually	**Confirmed with Modification:** **Quarterly Availability of Key Systems – MyPrime** Prime guarantees a 99.0% system availability for Tier 1 systems and a 98% availability for Tier 2 systems. This standard applies to connectivity for pharmacy Claims Adjudication only and does not include BCBSNE connectivity for inquiry and updates. Systems included in this metric: • MyPrime.com (tier-two) – measured 24 hours a Day, 7 Days a week, computed annually Reports of unplanned downtime from Prime's service management ticketing system will be utilized for reporting the availability of key systems. Measurements exclude the occurrence of the following: • Planned system downtime • Circumstances beyond Prime's reasonable control Annual report and reconciliation. Confirming results are on book of business.
Claims Eligibility Data	Eligibility loads not to exceed one (1) business day after receipt	Plan Specific	$2,000 per occurrence	Annually	**Not Confirmed** An eligibility loading guarantee is offered under the medical proposal. Prime does not offer standalone pharmacy administration.
Eligibility Data Error Reporting	Eligibility file error reporting on all eligibility file updates will be provided to the Plan within two (2) business days	Plan Specific	$2,000 per occurrence	Annually	**Not Confirmed** Eligibility is handled under the medical administration. Prime does not offer standalone administration.
Claims Detail File	All claims detail files sent to external vendors will be provided within 48 hours of scheduled delivery date	Plan Specific	$2,000 per occurrence	Annually	**Confirmed**
Timeliness of Response to Legislative Bills and Fiscal Notes	100% of Legislative Bills and Fiscal Notes introduced will be responded to timely, as requested by the State, and in no less than 24-hours of initial receipt. Administrator will provide written responses regarding the potential impact of all Legislative Bills and Fiscal Notes introduced by the State and in the timing outlined in this PG.	Plan Specific	$2,000 per occurrence	Quarterly	**Confirmed with Modification:** BCBSNE will guarantee 100% of legislative bills introduced will be responded to timely, as requested by the State, within 24 hours of initial receipt. BCBSNE will provide written responses regarding the potential impact of all legislative bills. This guarantee does not include fiscal notes and analysis.
Member Services					
Mail Turnaround – Prescriptions not requiring intervention	95% of prescriptions dispensed within two (2) business days and 100% within four (4) business days	Plan Specific	$20,000	Annually	**Confirmed with Modification:** **Customer Delivery Promise Guarantee** All prescriptions received by Pharmacy and claimed by customer through a completed, successful checkout will have a first-delivery attempt to customers address on or before the Customer Delivery Promise Date. "Customer Delivery Promise Date" is the delivery date presented to customer upon checkout and is based on 2-day shipping (for Amazon Prime members) or 5-day shipping (for non-Amazon Prime members), provided, however, that Pharmacy may vary the actual shipping time so long as the Customer Delivery Promise Date is met. CPG= First Attempted Delivery on time – exclusions/Total Orders Delivered Orders Delivered refers to orders with delivery scans confirming on-time or late delivery or attempted delivery Excludes: 1. Natural Disasters (Weather, earthquake, etc.) 2. Incorrect address information provided by the customer/member. 3. Delivery address change post-shipment 4. Rescheduled deliveries that were delayed by the recipient. 5. Emergency conditions preventing business operations (ex. Active shooter on site, Civil Unrest, Covid-19, etc.). 6. Shipments with no delivery scans (no-scans) up to 1% of total shipments. Shipments with no-scans above 1% will be counted as a delivery miss. **Note: The Customer Delivery Promise Guarantee will include both the 2-day day and 5-day at 97% target.** Quarterly true up 7-10 days after quarter's end; reported annually. **Results will be based on book of business.**

Criteria	Standard	Measurement Criteria	Penalty Dollars at Risk	Timing of Payments	Confirm / Not Confirmed
Mail Turnaround – Prescriptions requiring intervention	95% of prescriptions dispensed within four (4) business days and 100% within seven (7) business days	Plan Specific	$20,000	Annually	**Not Confirmed** Please see mail turnaround time immediately above. We do not differentiate between routine and non-routine (intervention) turnaround.
Paper Claims Turnaround	95% of prescriptions reimbursed within seven (7) business days and 100% within 10 business days	Plan Specific	$20,000	Annually	**Confirmed with Modification:** Paper Claims Prime guarantees 95% of clean claims will be processed within 5 business days. Measured Quarterly. Annual reconciliation of any penalties. **Results will be based on book of business.**
Phone Average Speed of Answer	100% of calls to the Plan-specific toll-free line shall be answered within an average of 30 seconds (excluding IVR)	Plan Specific	$20,000	Annually	**Not Confirmed** Average speed to answer guarantee is offered under the medical proposal. Prime does not offer standalone pharmacy administration.
Phone Abandonment Rate	100% of calls to the Plan-specific toll-free line shall be answered with an abandonment rate of 2% of less	Plan Specific	$20,000	Annually	**Not Confirmed** Phone abandonment rate is offered under the medical proposal. Prime does not offer standalone pharmacy administration.

PG Conditions

1) Any penalties shall be paid to the State via ACH payment. Penalties are not to be credited to invoices or used to offset ASO fees.
2) For performance guarantee measures where interface between the Administrator and the State and/or the State's vendor(s) is required, the applicable penalties shall apply to the Administrator if, and only if, the error(s) or lack of timeliness is caused by the Administrator. Penalties shall not apply to the Administrator due to errors caused by the State and/or one or more of the State's vendors.
3) Performance Guarantees will be based upon the Administrator's self-reported results. Please note the State may ask for validation of reported PGs.

DETAILED PROJECT WORK PLAN

BCBSNE's project work plan will be driven by the initial implementation management activities. Our team of experienced Agile Project Management professionals will ensure the State of Nebraska (the State) is onboarded successfully to ensure full readiness on the State's "go live" date of July 1, 2026.

1. Project Initiation and Planning (December 2025)

- **Kick-off Meeting**: Conduct a comprehensive kick-off meeting with key stakeholders from both BCBSNE and the State of Nebraska to align project goals, timelines, and deliverables.
- **Project Team Formation**: Implementation team will establish participants for regular meetings, including account team members, project managers, network specialists, care management experts, and IT professionals.
- **Detailed Project Plan Development**: Finalize the detailed project plan that outlines all tasks, milestones, and deadlines, ensuring alignment with the ***Implementation Timeline*** shown in the following pages.

2. Network Establishment and Contracting (December 2025 – January 2026)

- **Confirm Provider Networks to be Implemented**: If direct contracting will be utilized (optional), the State will work with BCBSNE's network personnel to establish all contractual agreements documenting the direct arrangement.
- **Provider Communication**: Communicate with providers about the direct network arrangement (if any) and an announcement that the State of Nebraska is transitioning to BCBSNE for awareness.

3. Care and Utilization Management Programs (January 2026 - March 2026)

- **Program Implementation**: Implement BCBSNE's care management and utilization management programs.
- **Training and Education**: Provide training sessions for care management staff to ensure they are fully equipped to manage the new programs effectively.
- **Confirm Healthcare Facility Location(s) of BCBSNE Nurse Care Managers**: Establish and document how BCBSNE's nurse care managers will be available at key healthcare facilities.

4. Point Solution Vendor Integration (January 2026 - March 2026)

- **Vendor Coordination**: Coordinate with point solution vendors selected by the State (e.g., Hinge Health, enhanced maternity and NICU management, diabetes and weight management programs, second opinion program) to integrate their services into the overall plan.
- **System Integration**: Ensure seamless integration of vendor programs with BCBSNE's systems, including data sharing and reporting mechanisms.

5. Member Communication and Engagement (April 2026 – May 2026)

- **Communication Strategy Execution**: Execute the enhanced member communications strategy, ensuring all members are informed about BCBSNE's new programs and services available to them.
- **Member Education**: Conduct webinars (if desired), send out informational materials, and provide support to help members understand and utilize their benefits effectively. Ensure they have complete information available for the State's open enrollment in May of 2026 and physically attend open enrollment meetings at key sites for the State.

6. Final Preparations and Go-Live (June 2026 - July 2026)

- **Final Testing and Validation**: Perform final testing of all systems and processes to ensure everything is functioning correctly and benefit plans are fully loaded and tested to ensure accurate processing.
- **Go-Live Readiness Check**: Conduct a readiness check to confirm that all aspects of the project are on track for the July 1, 2026, go-live date.
- **Go-Live Support**: Provide on-site and remote support during the initial go-live period to address any issues that may arise promptly, including customer service during the open enrollment period, a 24/7 phone line as requested, and having the State's website up and running prior to open enrollment to provide members with benefit information and member communications.

7. Post-Implementation Review (July 20267 - September 2026)

- **Performance Review**: Conduct a post-implementation review to assess the success of the onboarding process and identify any areas for improvement. Submit the ***Implementation Satisfaction survey*** to the State's benefits staff members.
- **Continuous Improvement**: Implement any necessary adjustments based on feedback and performance data to ensure ongoing success.

This work plan ensures that all critical aspects of the onboarding process are addressed systematically, with a focus on timely and effective implementation. Our experienced team will manage each phase with precision, ensuring a smooth transition for the State of Nebraska's pharmacy administration.

IMPLEMENTATION TIMELINE

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

	Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
INITIAL COLLABORATION WITH CLIENT	Introductions	Not Started	Sales Exective	12/16/2025		
	Discuss timeline and verify client expectations	Not Started	Implementation Team	12/16/2025		
	Review Client Profile	Not Started	Account Team	12/16/2025		
	Confirm Medical Benefits	Not Started	Account Team	12/16/2025		
	Confirm Pharmacy Benefits	Not Started	Account Team	12/16/2025		
	Confirm Eligibility Rules	Not Started	Account Team	12/16/2025		
	Define Account Structure	Not Started	Account Team	12/16/2025		
	Discuss ID cards/Distribution	Not Started	Implementation Team	12/16/2025		
	Discuss logos for ID cards/SPD	Not Started	Implementation Team	12/16/2025		
	Discuss initial enrollment	Not Started	Implementation Team	12/16/2025		
	Discuss enrollment meeting support, dates locations, times, material, quantity and distribution methods	Not Started	Implementation Team	1/27/2026		
	Discuss pharmacy transition process	Not Started	Implementation Team	12/16/2025		
	Provide client with contact sheet	Not Started	Implementation Team	12/16/2025		
	Verify outside vendors names, roles, and contact information (i.e. Cobra, H.S.A, 3rd Party Vision or Dental)	Not Started	Implementation Team	12/23/2025		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

	Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
FUTURE DISCUSSIONS	Discuss ongoing service requirements & frequency	Not Started	Implementation Team	12/16/2025		
	Ongoing enrollment process (i.e. eExchange)	Not Started	Account Team	12/16/2025		
	Explain Appeal process	Not Started	Appeals SME	3/10/2026		
	Explain COB process	Not Started	COB SME	4/21/2026		
	Explain Subrogation process	Not Started	Subro SME	4/21/2026		
	Explain Workers Compensation process	Not Started	WC SME	4/21/2026		
	Value Based Care	Not Started	Account Executive	3/10/2026		
	Website demo	Not Started	Account Spec.	6/16/2026		
	Provider search demo	Not Started	Account Spec.	6/16/2026		
	MyBlue demo	Not Started	Account Spec.	6/16/2026		
	Telehealth/Amwell conversation	Not Started	Implementation Team	12/30/2025		
	Transplant conversation	Not Started	Implementation Team	12/30/2025		
	Special Programs: BDTC, Magellen, Preferred Centers (Knee, Hip, Spine),	Not Started	Account Executive	12/23/2025		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
	Schedule of Benefits Summary (SOBS)	Draft SOBs to Client	Not Started	Account Spec.	12/14/2025		
		Client updates to BCBSNE	Not Started	Broker/Client	12/21/2025		
		Send Final SOBS to Client	Not Started	Account Executive	12/26/2025		
		Client approval to BCBSNE	Not Started	Broker/Client	12/28/2025		
	Eligibility - Miscellaneous	Validate Cobra members are re-enrolled with BCBSNE	Not Started	AS	5/14/2026		
	Eligibility	Required Test Census File	Not Started	Implementation Team	5/21/2026		
		Open Enrollment file to BCBSNE	Not Started	Implementation Team	6/4/2026		
		Meeting to discuss eExchange set up process	Not Started	eExchange Team	TBD		
		Kick off call	Not Started	eExchange Team	TBD		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
TASKS	Pharmacy Transition Tasks	Provide claim file	Not Started	Broker/Client	4/14/2026		
		Formulary disruption report provided based on claims file	Not Started	Prime	5/1/2026		
		Network disruption report provided based on claims file	Not Started	Prime	5/1/2026		
		Provide initial Prior Auth file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Prior Auth file	Not Started	Broker/Client	7/15/2026		
		Provide initial Mail Order transfer file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Mail Order transfer file	Not Started	Broker/Client	7/15/2026		
		Provide initial Specialty transfer file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Specialty transfer file	Not Started	Broker/Client	7/15/2026		
		Create Formulary Disruption letter	Not Started	Pharmacy Department	5/14/2026		
		Create Prior Auth letter	Not Started	Pharmacy Department	5/14/2026		
		Create Network disruption letter	Not Started	Pharmacy Department	5/14/2026		
		Create Specialty letter	Not Started	Pharmacy Department	5/14/2026		
		Mail Formulary Disruption letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Prior Auth letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Network disruption letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Specialty letter	Not Started	Pharmacy Department	5/27/2026		
		Load Prior Auths	Not Started	Pharmacy Department	7/1/2026		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
TASKS	Reporting	Review standard reporting package	Not Started	Client Consultant	4/18/2026		
		Discuss AD-Hoc reporting requests	Not Started	Client Consultant	4/18/2026		
		Determine reporting requirements (data, format, frequency, cost)	Not Started	Client Consultant	4/18/2026		
		Provide client/broker with reporting samples.	Not Started	Client Consultant	4/18/2026		
		High Dollar Claims process	Not Started	Account Team	4/18/2026		
	Billing Process	Provide Mock invoice for Reimbursement, Billing and Claim Analysis	Not Started	Accounting	5/9/2026		
		Discuss fund transfer schedule	Not Started	Accounting	5/9/2026		
		Provide ACH transfer agreement	Not Started	Accounting	5/9/2026		
		Client sends signed ACH agreement to BCBSNE	Not Started	Broker/Client	5/9/2026		
		Premium billing (including NY, MA surcharges)	Not Started	Accounting	5/9/2026		
	ID Cards	Logo received	Not Started	Implementation Team	12/21/2025		
		ID card sample	Not Started	Implementation Team	2/15/2026		
		Review/Approval of draft ID card	Not Started	Client	2/22/2026		
		ID cards ordered	Not Started	Implementation Team	TBD		
		ID cards mailed	Not Started	BDF Team	TBD		
	Fulfillment Process	Review Fulfillment documents with Client	Not Started	Account Spec.	2/22/2026		
		Approval of Fulfillment documents	Not Started	Client	3/1/2026		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
CONTRACTS	CLIENT PROFILE (CP)	Create draft Client Profile	Not Started	Account Spec.	12/9/2025		
		Client Profile to Client	Not Started	Account Spec.	12/14/2025		
		Client updates to BCBSNE	Not Started	Broker/Client	12/26/2025		
		Updates made to Client Profile	Not Started	Account Spec.	12/28/2025		
		Final Client Profile to Client	Not Started	Account Spec.	1/11/2026		
		Client approval/signed Client Profile to BCBSNE	Not Started	Broker/Client	1/18/2026		
	SUMMARY of BENEFITS and COVERAGE (SBC)	Create SBC	Not Started	Implementation Team	2/8/2026		
		SBC to Client	Not Started	Implementation Team	2/15/2026		
		Client approval to BCBSNE	Not Started	Implementation Team	2/22/2026		
	BUSINESS ASSOCIATE AGREEMENT (BAA)	Request creation of BAA	Not Started	Sales Executive	12/9/2025		
		BAA to Client	Not Started	Sales Executive	12/14/2025		
		Client signed BAA to BCBSNE	Not Started	Broker/Client	12/21/2025		
	ADMINISTRATIVE SERVICES AGREEMENT (ASA)	Request Creation of ASA	Not Started	Sales Executive	2/9/2026		
		ASA to Client	Not Started	Sales Executive	3/6/2026		
		Client signed ASA to BCBSNE	Not Started	Broker/Client	3/10/2026		
	Non-Disclosure Agreement (NDA)	Request creation of NDA	Not Started	Sales Executive	12/11/2025		
		NDA to Client	Not Started	Sales Executive	12/18/2025		
		Client signed NDA to BCBSNE	Not Started	Broker/Client	12/22/2025		

State of Nebraska

Effective Date: 7/1/2026
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Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
	SUMMARY PLAN DESCRIPTION (SPD)	Discuss distribution	Not Started	Account Spec.	12/14/2025		
		Order draft SPD	Not Started	Account Spec.	TBD		
		Draft SPD to Client	Not Started	Account Spec.	TBD		
		Client updates to BCBSNE	Not Started	Broker/Client	TBD		
		Final draft SPD to Client	Not Started	Account Spec.	TBD		
		Client approval to BCBSNE	Not Started	Broker/Client	TBD		
		Final electronic version of SPD to Client	Not Started	Account Spec.	TBD		
MISCELLANEOUS		Worksite Wellness Discussion	Not Started	Account Team	TBD		
		Employer Online Access Tool	Not Started	Implementation Team	TBD		
		Culture Training Discussion	Not Started	Implementation Team	TBD		
		Transition of Care	Not Started	Account Team	TBD		

DELIVERABLES AND DUE DATES

Per the State's requested deliverables within Section V. Project Description & Scope of Work, H. Deliverables, BCBSNE will ensure that all topics are fully addressed during the implementation phase prior to the July 1, 2026, effective date.

V. Project Description & Scope of Work, H. DELIVERABLES

1. Claims Adjudication
2. Member Enrollment and Eligibility Maintenance
3. ID Card Production and Distribution
4. Formulary Management and Rebate Pass-Through
5. Clinical and Utilization Management
6. Retail Pharmacy Network Management
7. Specialty and Mail Order Pharmacy
8. Patient and Provider Education
9. Systematic Prospective, Concurrent and Retroactive Drug Utilization Review
10. Auditing Rights
11. Account Management Services (including standard/custom reporting and online systems)
12. Member Services (including call center, website portal and mobile app)
13. Claims data sharing with State, healthcare and data analytics vendors

BCBSNE, in collaboration with Prime Therapeutics, is fully prepared to meet the State's pharmacy benefit management needs as outlined in Section V, Project Description & Scope of Work, H. Deliverables of the Pharmacy RFP noted above.

Our proposal addresses each of the 13 required deliverables—including claims adjudication, member enrollment and eligibility maintenance, ID card production, formulary management with full rebate pass-through, clinical and utilization management, and robust retail and specialty pharmacy network solutions.

We will also work with the State to ensure a clear patient and provider education campaign is created depending on the formulary selected. Our Developmental Approach addresses systematic drug utilization review, and our responses included within Attachment C1 Questionnaire address audit rights. The Questionnaire also notes our account management and member service capabilities, as well as data sharing and integration with the State's healthcare and analytics partners.

To support a seamless and timely transition, we have included a detailed Implementation Timeline that outlines key milestones and due dates for each deliverable (also included within our Detailed Project Work Plan). This timeline ensures that all critical components are in place for a successful go-live date of July 1, 2026.

Our experienced implementation and account management teams will work closely with the State throughout the transition and ongoing operations to ensure all deliverables are met with the highest standards of quality, transparency, and responsiveness.

IMPLEMENTATION TIMELINE

State of Nebraska

Effective Date: 7/1/2026
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Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

	Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
INITIAL COLLABORATION WITH CLIENT	Introductions	Not Started	Sales Exective	12/16/2025		
	Discuss timeline and verify client expectations	Not Started	Implementation Team	12/16/2025		
	Review Client Profile	Not Started	Account Team	12/16/2025		
	Confirm Medical Benefits	Not Started	Account Team	12/16/2025		
	Confirm Pharmacy Benefits	Not Started	Account Team	12/16/2025		
	Confirm Eligibility Rules	Not Started	Account Team	12/16/2025		
	Define Account Structure	Not Started	Account Team	12/16/2025		
	Discuss ID cards/Distribution	Not Started	Implementation Team	12/16/2025		
	Discuss logos for ID cards/SPD	Not Started	Implementation Team	12/16/2025		
	Discuss initial enrollment	Not Started	Implementation Team	12/16/2025		
	Discuss enrollment meeting support, dates locations, times, material, quantity and distribution methods	Not Started	Implementation Team	1/27/2026		
	Discuss pharmacy transition process	Not Started	Implementation Team	12/16/2025		
	Provide client with contact sheet	Not Started	Implementation Team	12/16/2025		
	Verify outside vendors names, roles, and contact information (i.e. Cobra, H.S.A, 3rd Party Vision or Dental)	Not Started	Implementation Team	12/23/2025		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

	Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
FUTURE DISCUSSIONS	Discuss ongoing service requirements & frequency	Not Started	Implementation Team	12/16/2025		
	Ongoing enrollment process (i.e. eExchange)	Not Started	Account Team	12/16/2025		
	Explain Appeal process	Not Started	Appeals SME	3/10/2026		
	Explain COB process	Not Started	COB SME	4/21/2026		
	Explain Subrogation process	Not Started	Subro SME	4/21/2026		
	Explain Workers Compensation process	Not Started	WC SME	4/21/2026		
	Value Based Care	Not Started	Account Executive	3/10/2026		
	Website demo	Not Started	Account Spec.	6/16/2026		
	Provider search demo	Not Started	Account Spec.	6/16/2026		
	MyBlue demo	Not Started	Account Spec.	6/16/2026		
	Telehealth/Amwell conversation	Not Started	Implementation Team	12/30/2025		
	Transplant conversation	Not Started	Implementation Team	12/30/2025		
	Special Programs: BDTC, Magellen, Preferred Centers (Knee, Hip, Spine),	Not Started	Account Executive	12/23/2025		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
	Schedule of Benefits Summary (SOBS)	Draft SOBs to Client	Not Started	Account Spec.	12/14/2025		
		Client updates to BCBSNE	Not Started	Broker/Client	12/21/2025		
		Send Final SOBS to Client	Not Started	Account Executive	12/26/2025		
		Client approval to BCBSNE	Not Started	Broker/Client	12/28/2025		
	Eligibility - Miscellaneous	Validate Cobra members are re-enrolled with BCBSNE	Not Started	AS	5/14/2026		
	Eligibility	Required Test Census File	Not Started	Implementation Team	5/21/2026		
		Open Enrollment file to BCBSNE	Not Started	Implementation Team	6/4/2026		
		Meeting to discuss eExchange set up process	Not Started	eExchange Team	TBD		
		Kick off call	Not Started	eExchange Team	TBD		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
TASKS	Pharmacy Transition Tasks	Provide claim file	Not Started	Broker/Client	4/14/2026		
		Formulary disruption report provided based on claims file	Not Started	Prime	5/1/2026		
		Network disruption report provided based on claims file	Not Started	Prime	5/1/2026		
		Provide initial Prior Auth file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Prior Auth file	Not Started	Broker/Client	7/15/2026		
		Provide initial Mail Order transfer file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Mail Order transfer file	Not Started	Broker/Client	7/15/2026		
		Provide initial Specialty transfer file	Not Started	Broker/Client	6/14/2026		
		Provide catch up Specialty transfer file	Not Started	Broker/Client	7/15/2026		
		Create Formulary Disruption letter	Not Started	Pharmacy Department	5/14/2026		
		Create Prior Auth letter	Not Started	Pharmacy Department	5/14/2026		
		Create Network disruption letter	Not Started	Pharmacy Department	5/14/2026		
		Create Specialty letter	Not Started	Pharmacy Department	5/14/2026		
		Mail Formulary Disruption letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Prior Auth letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Network disruption letter	Not Started	Pharmacy Department	5/27/2026		
		Mail Specialty letter	Not Started	Pharmacy Department	5/27/2026		
		Load Prior Auths	Not Started	Pharmacy Department	7/1/2026		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
TASKS	Reporting	Review standard reporting package	Not Started	Client Consultant	4/18/2026		
		Discuss AD-Hoc reporting requests	Not Started	Client Consultant	4/18/2026		
		Determine reporting requirements (data, format, frequency, cost)	Not Started	Client Consultant	4/18/2026		
		Provide client/broker with reporting samples.	Not Started	Client Consultant	4/18/2026		
		High Dollar Claims process	Not Started	Account Team	4/18/2026		
	Billing Process	Provide Mock invoice for Reimbursement, Billing and Claim Analysis	Not Started	Accounting	5/9/2026		
		Discuss fund transfer schedule	Not Started	Accounting	5/9/2026		
		Provide ACH transfer agreement	Not Started	Accounting	5/9/2026		
		Client sends signed ACH agreement to BCBSNE	Not Started	Broker/Client	5/9/2026		
		Premium billing (including NY, MA surcharges)	Not Started	Accounting	5/9/2026		
	ID Cards	Logo received	Not Started	Implementation Team	12/21/2025		
		ID card sample	Not Started	Implementation Team	2/15/2026		
		Review/Approval of draft ID card	Not Started	Client	2/22/2026		
		ID cards ordered	Not Started	Implementation Team	TBD		
		ID cards mailed	Not Started	BDF Team	TBD		
	Fulfillment Process	Review Fulfillment documents with Client	Not Started	Account Spec.	2/22/2026		
		Approval of Fulfillment documents	Not Started	Client	3/1/2026		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
CONTRACTS	CLIENT PROFILE (CP)	Create draft Client Profile	Not Started	Account Spec.	12/9/2025		
		Client Profile to Client	Not Started	Account Spec.	12/14/2025		
		Client updates to BCBSNE	Not Started	Broker/Client	12/26/2025		
		Updates made to Client Profile	Not Started	Account Spec.	12/28/2025		
		Final Client Profile to Client	Not Started	Account Spec.	1/11/2026		
		Client approval/signed Client Profile to BCBSNE	Not Started	Broker/Client	1/18/2026		
	SUMMARY of BENEFITS and COVERAGE (SBC)	Create SBC	Not Started	Implementation Team	2/8/2026		
		SBC to Client	Not Started	Implementation Team	2/15/2026		
		Client approval to BCBSNE	Not Started	Implementation Team	2/22/2026		
	BUSINESS ASSOCIATE AGREEMENT (BAA)	Request creation of BAA	Not Started	Sales Executive	12/9/2025		
		BAA to Client	Not Started	Sales Executive	12/14/2025		
		Client signed BAA to BCBSNE	Not Started	Broker/Client	12/21/2025		
	ADMINISTRATIVE SERVICES AGREEMENT (ASA)	Request Creation of ASA	Not Started	Sales Executive	2/9/2026		
		ASA to Client	Not Started	Sales Executive	3/6/2026		
		Client signed ASA to BCBSNE	Not Started	Broker/Client	3/10/2026		
	Non-Disclosure Agreement (NDA)	Request creation of NDA	Not Started	Sales Executive	12/11/2025		
		NDA to Client	Not Started	Sales Executive	12/18/2025		
		Client signed NDA to BCBSNE	Not Started	Broker/Client	12/22/2025		

State of Nebraska

Effective Date: 7/1/2026
Sold Notification Date: 12/1/2025
Implementation Start Date: 12/9/2025

BlueCross BlueShield Nebraska

		Milestone description	Status	Assigned to	Target Date	Completion Date	Comments
	SUMMARY PLAN DESCRIPTION (SPD)	Discuss distribution	Not Started	Account Spec.	12/14/2025		
		Order draft SPD	Not Started	Account Spec.	TBD		
		Draft SPD to Client	Not Started	Account Spec.	TBD		
		Client updates to BCBSNE	Not Started	Broker/Client	TBD		
		Final draft SPD to Client	Not Started	Account Spec.	TBD		
		Client approval to BCBSNE	Not Started	Broker/Client	TBD		
		Final electronic version of SPD to Client	Not Started	Account Spec.	TBD		
MISCELLANEOUS		Worksite Wellness Discussion	Not Started	Account Team	TBD		
		Employer Online Access Tool	Not Started	Implementation Team	TBD		
		Culture Training Discussion	Not Started	Implementation Team	TBD		
		Transition of Care	Not Started	Account Team	TBD		

PremierBlue

BlueCross BlueShield Nebraska

Schedule of Benefits Summary

Group Name: State of Nebraska

Effective Date: July 1, 2026

Payment for Services	In-network Provider	Out-of-network Provider
Covered Services are reimbursed based on the Allowable Charge. Blue Cross and Blue Shield of Nebraska (BCBSNE) In-network Providers have agreed to accept the benefit payment as payment in full, not including Deductible, Coinsurance and/or Copayment amounts and any charges for Noncovered Services, which are the Covered Person's responsibility. That means In-network Providers, under the terms of their contract with BCBSNE, can't bill for amounts over the Contracted Amount. In some situations, Out-of-network Providers can bill for amounts over the Out-of-network Allowance. Cost-sharing and reimbursement amounts for categories showing "Same as any other Illness" may vary based on where Services are rendered.		
In-network Provider: The provider network is shown on your I.D. card. For help locating In-network Providers, visit NebraskaBlue.com/DoctorFinder. For certain Durable Medical Equipment, Independent Laboratory and Specialty Drug Services, the Doctor Finder may display providers that are considered Out-of-network for these types of Services. Refer to your benefit book for additional information.		
Deductible (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable) • Individual • Family (Embedded*)	 $1,400 $2,600	 $2,800 $5,200
Coinsurance (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met) • Covered Person Pays • Plan Pays	 20% 80%	 40% 60%
Medical Out-of-pocket Limit (includes medical Deductible, Coinsurance and Copayments) • Individual • Family (Embedded*)	 $4,000 $8,000	 $8,000 $16,000
In-network and Out-of-network Deductible and Out-of-pocket Limits cross accumulate. All other limits (days, visits, sessions, dollar amounts, etc.) cross accumulate between In-network and Out-of-network, unless noted differently. Day, session or visit limits for certain Services shown on this summary are not applicable to Mental Health and/or Substance Use Disorder Services. Once the annual Out-of-pocket Limit is reached, most Covered Services are payable by the plan at 100% for the rest of the Calendar Year.		
*Embedded – If you have single coverage, you only need to satisfy the individual Deductible and Out-of-pocket Limit. If you have family coverage, no one family member contributes more than the individual amount. Family members may combine their covered expenses to satisfy the required family Deductible and Out-of-pocket Limit.		
Copayment(s) (Copay(s)) apply to: • Physician Office • Urgent Care Facility • Prescription Drugs The Copay amount varies by the type of Covered Services. Refer to the appropriate category for benefit information.		
Services may require Preauthorization. Failure to obtain Preauthorization will result in denial of benefits. **For additional information regarding Preauthorization procedures visit NebraskaBlue.com/PreAuth.**		

Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Primary Care Physician Office Visit	$35 Copay	Deductible and Coinsurance
Specialist Physician Office Visit	$45 Copay	Deductible and Coinsurance
Physician Home Visits	Deductible and Coinsurance	Deductible and Coinsurance
Benefits for **Primary Care Physician** or **Specialist Physician office visit** include the **office visit** (including the initial visit to diagnose Pregnancy), consultations and medication checks.		
Allergy Services (includes serum, testing and injections)	Deductible and Coinsurance	Deductible and Coinsurance
Physician Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **Physician Office Services** are available when provided in a **Primary Care Physician or Specialist Physician's office,** with or without an **office visit;** X-rays, laboratory and pathology Services, supplies and/or drugs administered during the **office visit**, hearing exams or eye exams (excluding refractions) due to Illness or Injury. Other Services provided in the office but **NOT** included in the **Physician's office visit** or **Physician office Services** benefit listed above, include but are not limited to, **Preventive Services**, **Mental Health** and/or **Substance Use Disorder Services**, **Biofeedback**, **Advanced Diagnostic Imaging** (CT, MRI, MRA, MRS, PET and SPECT scans and other Nuclear Medicine), **Durable Medical Equipment**, **Pregnancy, Maternity** and **Newborn Care**, **Radiation Therapy** and **Chemotherapy**, **Sleep Studies**, **Therapy** and **Manipulations** and Surgery and Anesthesia. *(Refer to the appropriate categories below and your benefit book for additional information.)*		
Telehealth/Virtual Care Services • Medical • Mental Health	Plan Pays 100% See Mental Health and/or Substance Use Disorder Services	Not Covered Not Covered
Convenient Care/Retail Clinics/Quick Care	Same as a Primary Care Physician	Deductible and Coinsurance
Urgent Care Facility Services (a single Copay applies to each urgent care visit)	$45 Copay	Deductible and Coinsurance
Emergency Room Services • Facility • Professional Services	 Deductible and Coinsurance Deductible and Coinsurance	 In-network level of benefits In-network level of benefits
Outpatient Hospital or Facility Services Services include but are not limited to surgery, laboratory and radiology, observation stays, and other Services provided on an Outpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Hospital or Facility Services Services include but are not limited to charges for room and board, diagnostic testing, rehabilitation Services and other ancillary Services provided on an Inpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance

Preventive Services	In-network Provider	Out-of-network Provider
Preventive Services • Affordable Care Act (ACA) required Preventive Services (may be subject to limits that include but are not limited to age, gender, and frequency) • ACA-required covered Preventive Services (outside of limits) • Other covered Preventive Services not required by ACA For additional information visit NebraskaBlue.com/PreventiveCare	Plan Pays 100% Plan Pays 100% Plan Pays 100%	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Immunizations • Pediatric (up to age 7) • Age 7 and older • Related to an Illness • Shingles vaccination	Plan Pays 100% Plan Pays 100% Same as any other Illness Plan Pays 100%	Coinsurance Deductible and Coinsurance Same as any other Illness Plan Pays 100%
Mammograms (including 3D Mammograms) • Diagnostic or Preventive Screening (one per Calendar Year) • Subsequent Diagnostic or Preventive Screenings	Plan Pays 100% Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Colorectal Cancer Screenings (starting at age 45) • Colonoscopy Screening - Diagnostic or Preventive Screening (one per Calendar Year) - Subsequent Diagnostic or Preventive Screenings • Sigmoidoscopy/Proctoscopy Screening and CT of the Colon - Diagnostic or Preventive Screening (one per Calendar Year) - Subsequent Diagnostic or Preventive Screenings • FIT DNA - Preventive Screening (one every three years) - Screenings outside the age or frequency limit • Fecal Occult Blood Test - Preventive Screening (one per year) - Screenings outside the age or frequency limit • Barium Enema, and other tests as determined under ACA Preventive Services - Preventive Screenings - Diagnostic Screenings **NOTE:** Related Services will pay in the same manner as the Colorectal Cancer Screening when performed on the same date of service. Screening limits accumulate based on a Calendar Year.	Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Bone Density Screenings • Diagnostic or Preventive Screening (one per Calendar Year) • Subsequent Diagnostic or Preventive Screenings	Plan Pays 100% Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance

Mental Health and/or Substance Use Disorder Services	In-network Provider	Out-of-network Provider
Office Visit	$35 Copay	Deductible and Coinsurance
Benefits for **office visit** include the **office visit**, medication checks, psychological therapy and/or Substance Use Disorder counseling.		
Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **office Services** are available when provided in the office; X-rays, laboratory tests, supplies and/or drugs administered during the **office visit**.		
All Other Outpatient Items and Services	Deductible and Coinsurance	Deductible and Coinsurance
Other Services provided in the office but **NOT** included in the **office visit** or **office Services** benefit listed above include, but are not limited to; psychological evaluations, assessments, testing, physical therapy, occupational therapy, speech therapy or any other covered Mental Health and/or Substance Use Disorder Services.		
Telehealth/Virtual Care Services	Plan Pays 100%	Not Covered
Emergency Room Services		
• Facility	Deductible and Coinsurance	In-network level of benefits
• Professional Services	Deductible and Coinsurance	In-network level of benefits
Inpatient Services	Deductible and Coinsurance	Deductible and Coinsurance
For additional resources and support visit NebraskaBlue.com/MentalHealth		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Acupuncture	Not Covered	Not Covered
Advanced Diagnostic Imaging (CT, MRI, MRA, MRS, PET & SPECT scans and other nuclear medicine)	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (to the nearest facility for appropriate care)		
• Ground Ambulance	Deductible and Coinsurance	In-network level of benefits
• Air Ambulance	Deductible and Coinsurance	In-network level of benefits
Autism Spectrum Disorder		
• Testing and Diagnosis	Same as Mental Health	Same as Mental Health
• Treatment	Same as Mental Health	Same as Mental Health
Biofeedback		
• Medical	Not Covered	Not Covered
• Mental Health	Not Covered	Not Covered
Dermatological Services	Same as any other Illness	Same as any other Illness
Diabetic Care		
• Vision Exam (One per Calendar Year)	Plan Pays 100%	Deductible and Coinsurance
• Foot Exam (One per Calendar Year)	Plan Pays 100%	Deductible and Coinsurance
• A1C Lab Test	Plan Pays 100%	Deductible and Coinsurance
Diabetic Services Services include education, self-management training, podiatric appliances, and equipment.	Same as any other Illness	Deductible and Coinsurance
Drugs Administered in an Outpatient Setting (such as home, physician office and other Outpatient settings)	Same as any other Illness	Same as any other Illness
Durable Medical Equipment and Supplies (including Prosthetics) (rental or purchase, whichever is least costly, rental shall not exceed the cost of purchasing)	Deductible and Coinsurance	Deductible and Coinsurance

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Enteral Feedings	Deductible and Coinsurance	Deductible and Coinsurance
Hearing Services		
• Bone Anchored Hearing Aids	Deductible and Coinsurance	Deductible and Coinsurance
• Cochlear Implants	Deductible and Coinsurance	Deductible and Coinsurance
• Hearing Aids and related Services (limited to $3,500 every three Calendar Years)	Deductible and Coinsurance	Deductible and Coinsurance
Home Health Care Services		
• Home Health Aide	Deductible and Coinsurance	Deductible and Coinsurance
• Home Infusion Therapy	Deductible and Coinsurance	Deductible and Coinsurance
• Respiratory Care	Deductible and Coinsurance	Deductible and Coinsurance
• Skilled Nursing Care (limited to 8 hours per day)	Deductible and Coinsurance	Deductible and Coinsurance
Hospice Services	Deductible and Coinsurance	Deductible and Coinsurance
Independent Laboratory		
• Diagnostic	Deductible and Coinsurance	Deductible and Coinsurance
• Preventive	Same as Preventive Services In-network level of benefits	Deductible and Coinsurance
Infertility		
• Services to Diagnose	Same as any other Illness	Deductible and Coinsurance
• Treatment to Promote Fertility	Not Covered	Not Covered
Nicotine Addiction		
• Medical Services and Therapy	Same as Substance Use Disorder Services	Same as Substance Use Disorder Services
• Nicotine Addiction Classes & Alternative Therapy, such as Acupuncture	Not Covered	Not Covered
Nutritional Counseling (Non-Preventive)	Plan Pays 100%	Deductible and Coinsurance
Obesity		
• Non-Surgical Treatment	Not Covered	Not Covered
• Surgical Treatment	Same as any other illness	Deductible and Coinsurance
Oral Surgery and Dentistry Services such as incision and drainage of abscesses and excision of tumors and cysts. Dental treatment when due to an accidental Injury to naturally healthy teeth. (treatment related to accidents must be provided within 12 months of the date of Injury)	Same as any other Illness	In-network level of benefits
Organ and Tissue Transplantation	Same as any other Illness	Deductible and Coinsurance
Ostomy Supplies	Deductible and Coinsurance	Deductible and Coinsurance
Physician Professional Services include but is not limited to Inpatient and Outpatient professional Services for surgery, surgical assistant, anesthesia, Inpatient Hospital visits and other non-surgical Services.	Deductible and Coinsurance	Deductible and Coinsurance
Pregnancy, Maternity and Newborn Care		
• Pregnancy and Maternity (payment for prenatal and postnatal care is included in the payment for the delivery)	Deductible and Coinsurance	Deductible and Coinsurance
• Newborn Care (newborns are covered at birth, subject to the plans enrollment provisions)	Deductible and Coinsurance	Deductible and Coinsurance
NOTE: The plan pays 100% for the initial postpartum depression screening up to one year following a Pregnancy or childbirth.		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Radiation Therapy and Chemotherapy	Deductible and Coinsurance	Deductible and Coinsurance
Radiology (X-ray) Services and Other Diagnostic Tests • Lab and X-Ray • Prostate Antigen Tests (PSA)	 Deductible and Coinsurance Plan Pays 100%	 Deductible and Coinsurance Deductible and Coinsurance
Rehabilitation Services • Cardiac Rehabilitation (limited to 36 sessions per diagnosis) • Pulmonary Rehabilitation (Limited to 20 sessions per Calendar Year)	 Deductible and Coinsurance Deductible and Coinsurance	 Deductible and Coinsurance Deductible and Coinsurance
Renal Dialysis	Deductible and Coinsurance	Deductible and Coinsurance
Sexual Dysfunction	Not Covered	Not Covered
Skilled Nursing/Inpatient Rehabilitation Facility (Limited to 60 days per Calendar Year)	Deductible and Coinsurance	Deductible and Coinsurance
Sleep Studies	Deductible and Coinsurance	Deductible and Coinsurance
Temporomandibular and Craniomandibular Joint Disorder	Same as any other Illness	Deductible and Coinsurance
Therapy & Manipulations • Physical, Occupational or Speech Therapy (Limited to 30 sessions each per Calendar Year) • Cognitive Rehabilitation Therapy (Limited to 20 sessions per Calendar Year) • Post-Cochlear Implant Aural Therapy (Limited to 20 sessions per Calendar Year) • Chiropractic or Osteopathic Manipulative Treatments or Adjustments (Limited to 30 sessions per Calendar Year)	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
NOTE: Treatment limits stated for physical therapy, occupational therapy and speech therapy Services are not applicable to treatment provided for Mental Health and/or Substance Use Disorder Services. Evaluations are covered but do not apply to the combined Calendar Year limit.		
Vision Services • Eyeglasses or Contact Lenses (only covered if required because of a change in prescription due to intraocular surgery or ocular Injury, must be within 12 months of surgery or Injury) • Eye Exam - Diagnostic (to diagnose an Illness) - Preventive (routine exam including refraction) limited to one exam per Calendar Year	 Deductible and Coinsurance See Physician Office Services Not Covered	 In-network level of benefits See Physician Office Services Not Covered
Wigs (Limited to $1,000 per Calendar Year when hair loss is related to chemotherapy or radiation Therapy for Cancer diagnosis)	Deductible and Coinsurance	Deductible and Coinsurance
All Other Covered Services	Deductible and Coinsurance	Deductible and Coinsurance

Prescription Drugs	In-network Provider	Out-of-network Provider
Prescription Drug Out-of-pocket Limit • Individual • Family (Embedded*)	$2,250 $4,500	
Retail – per 30-day supply		
• Preferred Generic Drugs	$5 Copay	$5 Copay
• Non-Preferred Generic Drugs	$5 Copay	$5 Copay
• Preferred Brand Name Drugs	$40 Copay	$40 Copay
• Non-Preferred Brand Name Drugs	$60 Copay	$60 Copay
NOTE: A 90-day supply is available at an Extended Supply Network pharmacy.		
Home Delivery – per 90-day supply		
• Preferred Generic Drugs	$10 Copay	Not Covered
• Non-Preferred Generic Drugs	$10 Copay	Not Covered
• Preferred Brand Name Drugs	$80 Copay	Not Covered
• Non-Preferred Brand Name Drugs	$120 Copay	Not Covered
Specialty Drugs (Specialty Drugs must be purchased through a designated Specialty Pharmacy) • Preferred Specialty Drugs • Non-Preferred Specialty Drugs	 Same as retail Same as retail	 Not Covered Not Covered
Contraceptive Drugs		
• Contraceptive Drugs and Methods in accordance with Federal Guidelines	Plan Pays 100%	Plan Pays 100%
• All other Contraceptive Drugs and Methods	Same as any other Generic or Brand Name Drugs	Same as any other Generic or Brand Name Drugs
For additional information see Women's Services listed on NebraskaBlue.com/PreventiveCare		
Diabetic Insulin		
• Preferred Generic Drugs	Plan Pays 100%	Plan Pays 100%
• Non-Preferred Generic Drugs	Same as any other Generic Drugs	Same as any other Generic Drugs
• Preferred Brand Name Drugs	Plan Pays 100%	Plan Pays 100%
• Non-Preferred Brand Name Drugs	Same as any other Non-Preferred Brand Name Drugs	Same as any other Non-Preferred Brand Name Drugs
This plan utilizes the Open Network and Prescription Drug List 10 (PDL10). You can find this PDL and network listing on NebraskaBlue.com/Pharmacy or you may contact Member Services at the phone number on the back of your I.D. card.		

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a Contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions, and limitations, refer to the Contract. In the event there are discrepancies between this document and the Contract, the terms and conditions of the Contract will govern.

PremierBlue

BlueCross BlueShield Nebraska

Schedule of Benefits Summary

Group Name: State of Nebraska

Effective Date: January 1, 2026

Payment for Services	In-network Provider	Out-of-network Provider
Covered Services are reimbursed based on the Allowable Charge. Blue Cross and Blue Shield of Nebraska (BCBSNE) In-network Providers have agreed to accept the benefit payment as payment in full, not including Deductible, Coinsurance and/or Copayment amounts and any charges for Noncovered Services, which are the Covered Person's responsibility. That means In-network Providers, under the terms of their contract with BCBSNE, can't bill for amounts over the Contracted Amount. In some situations, Out-of-network Providers can bill for amounts over the Out-of-network Allowance. Cost-sharing and reimbursement amounts for categories showing "Same as any other Illness" may vary based on where Services are rendered.		
In-network Provider: The provider network is shown on your I.D. card. For help locating In-network Providers, visit NebraskaBlue.com/DoctorFinder. For certain Durable Medical Equipment, Independent Laboratory and Specialty Drug Services, the Doctor Finder may display providers that are considered Out-of-network for these types of Services. Refer to your benefit book for additional information.		
Deductible (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable)		
• Individual	$3,400	$5,200
• Family (Embedded*)	$5,300	$10,400
Coinsurance (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met)		
• Covered Person Pays	20%	40%
• Plan Pays	80%	60%
Out-of-pocket Limit (includes Deductible, Coinsurance and Copayments)		
• Individual	$4,400	$8,200
• Family (Embedded*)	$8,300	$16,400
In-network and Out-of-network Deductible and Out-of-pocket Limits are separate and do not cross accumulate. All other limits (days, visits, sessions, dollar amounts, etc.) cross accumulate between In-network and Out-of-network, unless noted differently. Day, session or visit limits for certain Services shown on this summary are not applicable to Mental Health and/or Substance Use Disorder Services. Once the annual Out-of-pocket Limit is reached, most Covered Services are payable by the plan at 100% for the rest of the Calendar Year.		
*Embedded – If you have single coverage, you only need to satisfy the individual Deductible and Out-of-pocket Limit. If you have family coverage, no one family member contributes more than the individual amount. Family members may combine their covered expenses to satisfy the required family Deductible and Out-of-pocket Limit.		
Copayment(s) (Copay(s)) apply to: • This plan has no medical or prescription drug copays The Copay amount varies by the type of Covered Services. Refer to the appropriate category for benefit information.		
Services may require Preauthorization. Failure to obtain Preauthorization will result in denial of benefits. **For additional information regarding Preauthorization procedures visit NebraskaBlue.com/PreAuth.**		

Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Primary Care Physician Office Visit	Deductible and Coinsurance	Deductible and Coinsurance
Specialist Physician Office Visit	Deductible and Coinsurance	Deductible and Coinsurance
Physician Home Visits	Deductible and Coinsurance	Deductible and Coinsurance
Benefits for **Primary Care Physician** or **Specialist Physician office visit** include the **office visit** (including the initial visit to diagnose Pregnancy), consultations and medication checks.		
Allergy Services (includes serum, testing and injections)	Deductible and Coinsurance	Deductible and Coinsurance
Physician Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **Physician Office Services** are available when provided in a **Primary Care Physician or Specialist Physician's office,** with or without an **office visit;** X-rays, laboratory and pathology Services, supplies and/or drugs administered during the **office visit**, hearing exams or eye exams (excluding refractions) due to Illness or Injury. Other Services provided in the office but **NOT** included in the **Physician's office visit** or **Physician office Services** benefit listed above, include but are not limited to, **Preventive Services**, **Mental Health** and/or **Substance Use Disorder Services**, **Biofeedback**, **Advanced Diagnostic Imaging** (CT, MRI, MRA, MRS, PET and SPECT scans and other Nuclear Medicine), **Durable Medical Equipment**, **Pregnancy, Maternity** and **Newborn Care**, **Radiation Therapy** and **Chemotherapy**, **Sleep Studies**, **Therapy** and **Manipulations** and Surgery and Anesthesia. *(Refer to the appropriate categories below and your benefit book for additional information.)*		
Telehealth/Virtual Care Services • Medical • Mental Health	Deductible then Plan Pays 100% See Mental Health and/or Substance Use Disorder Services	Not Covered Not Covered
Convenient Care/Retail Clinics/Quick Care	Same as a Primary Care Physician	Deductible and Coinsurance
Urgent Care Facility Services	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room Services • Facility • Professional Services	 Deductible and Coinsurance Deductible and Coinsurance	 In-network level of benefits In-network level of benefits
Outpatient Hospital or Facility Services Services include but are not limited to surgery, laboratory and radiology, observation stays, and other Services provided on an Outpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Hospital or Facility Services Services include but are not limited to charges for room and board, diagnostic testing, rehabilitation Services and other ancillary Services provided on an Inpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance

Preventive Services	In-network Provider	Out-of-network Provider
Preventive Services • Affordable Care Act (ACA) required Preventive Services (may be subject to limits that include but are not limited to age, gender, and frequency) • ACA-required covered Preventive Services (outside of limits) • Other covered Preventive Services not required by ACA	Plan Pays 100% Plan Pays 100%	Deductible and Coinsurance Deductible and Coinsurance
For additional information visit NebraskaBlue.com/PreventiveCare	Plan Pays 100%	Deductible and Coinsurance
Immunizations • Pediatric (up to age 7) • Age 7 and older • Related to an Illness • Shingles vaccination	Plan Pays 100% Plan Pays 100% Same as any other Illness Plan Pays 100%	Coinsurance Deductible and Coinsurance Same as any other Illness Plan Pays 100%
Mammograms (including 3D Mammograms) • Diagnostic or Preventive Screening (one per Calendar Year) • Subsequent Diagnostic or Preventive Screenings	Plan Pays 100% Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Colorectal Cancer Screenings (starting at age 45) • Colonoscopy Screening - Diagnostic or Preventive Screening (one per Calendar Year) - Subsequent Diagnostic or Preventive Screenings • Sigmoidoscopy/Proctoscopy Screening and CT of the Colon - Diagnostic or Preventive Screening (one per Calendar Year) - Subsequent Diagnostic or Preventive Screenings • FIT DNA - Preventive Screening (one every three years) - Screenings outside the age or frequency limit • Fecal Occult Blood Test - Preventive Screening (one per year) - Screenings outside the age or frequency limit • Barium Enema, and other tests as determined under ACA Preventive Services - Preventive Screenings - Diagnostic Screenings	Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness Plan Pays 100% Same as any other Illness	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
NOTE: Related Services will pay in the same manner as the Colorectal Cancer Screening when performed on the same date of service. Screening limits accumulate based on a Calendar Year.		
Bone Density Screenings • Diagnostic or Preventive Screening (one per Calendar Year) • Subsequent Diagnostic or Preventive Screenings	Plan Pays 100% Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance

Mental Health and/or Substance Use Disorder Services	In-network Provider	Out-of-network Provider
Office Visit	Deductible and Coinsurance	Deductible and Coinsurance
Benefits for **office visit** include the **office visit**, medication checks, psychological therapy and/or Substance Use Disorder counseling.		
Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **office Services** are available when provided in the office; X-rays, laboratory tests, supplies and/or drugs administered during the **office visit**.		
All Other Outpatient Items and Services	Deductible and Coinsurance	Deductible and Coinsurance
Other Services provided in the office but **NOT** included in the **office visit** or **office Services** benefit listed above include, but are not limited to; psychological evaluations, assessments, testing, physical therapy, occupational therapy, speech therapy or any other covered Mental Health and/or Substance Use Disorder Services.		
Telehealth/Virtual Care Services	Deductible then Plan Pays 100%	Not Covered
Emergency Room Services • Facility • Professional Services	 Deductible and Coinsurance Deductible and Coinsurance	 In-network level of benefits In-network level of benefits
Inpatient Services	Deductible and Coinsurance	Deductible and Coinsurance
For additional resources and support visit NebraskaBlue.com/MentalHealth		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Acupuncture	Not Covered	Not Covered
Advanced Diagnostic Imaging (CT, MRI, MRA, MRS, PET & SPECT scans and other nuclear medicine)	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (to the nearest facility for appropriate care) • Ground Ambulance • Air Ambulance	 Deductible and Coinsurance Deductible and Coinsurance	 In-network level of benefits In-network level of benefits
Autism Spectrum Disorder • Testing and Diagnosis • Treatment	 Same as Mental Health Same as Mental Health	 Same as Mental Health Same as Mental Health
Biofeedback • Medical • Mental Health	 Not Covered Not Covered	 Not Covered Not Covered
Dermatological Services	Same as any other Illness	Same as any other Illness
Diabetic Care • Vision Exam (One per Calendar Year) • Foot Exam (One per Calendar Year) • A1C Lab Test	 Plan Pays 100% Plan Pays 100% Plan Pays 100%	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Diabetic Services Services include education, self-management training, podiatric appliances, and equipment.	Same as any other Illness	Deductible and Coinsurance
Drugs Administered in an Outpatient Setting (such as home, physician office and other Outpatient settings)	Same as any other Illness	Same as any other Illness
Durable Medical Equipment and Supplies (including Prosthetics) (rental or purchase, whichever is least costly, rental shall not exceed the cost of purchasing)	Deductible and Coinsurance	Deductible and Coinsurance

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Enteral Feedings	Deductible and Coinsurance	Deductible and Coinsurance
Hearing Services		
• Bone Anchored Hearing Aids	Deductible and Coinsurance	Deductible and Coinsurance
• Cochlear Implants	Deductible and Coinsurance	Deductible and Coinsurance
• Hearing Aids and related Services (limited to $3,500 every three Calendar Years)	Deductible and Coinsurance	Deductible and Coinsurance
Home Health Care Services		
• Home Health Aide	Deductible and Coinsurance	Deductible and Coinsurance
• Home Infusion Therapy	Deductible and Coinsurance	Deductible and Coinsurance
• Respiratory Care	Deductible and Coinsurance	Deductible and Coinsurance
• Skilled Nursing Care	Deductible and Coinsurance	Deductible and Coinsurance
Hospice Services	Deductible and Coinsurance	Deductible and Coinsurance
Independent Laboratory		
• Diagnostic	Deductible and Coinsurance	Deductible and Coinsurance
• Preventive	Same as Preventive Services In-network level of benefits	Deductible and Coinsurance
Infertility		
• Services to Diagnose	Same as any other Illness	Deductible and Coinsurance
• Treatment to Promote Fertility	Not Covered	Not Covered
Nicotine Addiction		
• Medical Services and Therapy	Same as Substance Use Disorder Services	Same as Substance Use Disorder Services
• Nicotine Addiction Classes & Alternative Therapy, such as Acupuncture	Not Covered	Not Covered
Nutritional Counseling (Non-preventive)	Deductible and Coinsurance	Deductible and Coinsurance
Obesity		
• Non-Surgical Treatment	Not Covered	Not Covered
• Surgical Treatment	Same as any other illness	Deductible and Coinsurance
Oral Surgery and Dentistry Services such as incision and drainage of abscesses and excision of tumors and cysts. Dental treatment when due to an accidental Injury to naturally healthy teeth. (treatment related to accidents must be provided within 12 months of the date of Injury)	Same as any other Illness	In-network level of benefits
Organ and Tissue Transplantation	Same as any other Illness	Deductible and Coinsurance
Ostomy Supplies	Deductible and Coinsurance	Deductible and Coinsurance
Physician Professional Services include but is not limited to Inpatient and Outpatient professional Services for surgery, surgical assistant, anesthesia, Inpatient Hospital visits and other non-surgical Services.	Deductible and Coinsurance	Deductible and Coinsurance
Pregnancy, Maternity and Newborn Care		
• Pregnancy and Maternity (payment for prenatal and postnatal care is included in the payment for the delivery)	Deductible and Coinsurance	Deductible and Coinsurance
• Newborn Care (newborns are covered at birth, subject to the plans enrollment provisions)	Deductible and Coinsurance	Deductible and Coinsurance
NOTE: The plan pays 100% for the initial postpartum depression screening up to one year following a Pregnancy or childbirth.		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Radiation Therapy and Chemotherapy	Deductible and Coinsurance	Deductible and Coinsurance
Radiology (X-ray) Services and Other Diagnostic Tests • Lab and X-Ray • Prostate Antigen Tests (PSA)	 Deductible and Coinsurance Plan Pays 100%	 Deductible and Coinsurance Deductible and Coinsurance
Rehabilitation Services • Cardiac Rehabilitation (limited to 36 sessions per diagnosis) • Pulmonary Rehabilitation (Limited to 20 sessions per Calendar Year)	 Deductible and Coinsurance Deductible and Coinsurance	 Deductible and Coinsurance Deductible and Coinsurance
Renal Dialysis	Deductible and Coinsurance	Deductible and Coinsurance
Sexual Dysfunction	Not Covered	Not Covered
Skilled Nursing/Inpatient Rehabilitation Facility (Limited to 60 days per Calendar Year)	Deductible and Coinsurance	Deductible and Coinsurance
Sleep Studies	Deductible and Coinsurance	Deductible and Coinsurance
Temporomandibular and Craniomandibular Joint Disorder	Same as any other Illness	Deductible and Coinsurance
Therapy & Manipulations • Physical, Occupational or Speech Therapy (Limited to 30 sessions each per Calendar Year) • Cognitive Rehabilitation Therapy (Limited to 20 sessions per Calendar Year) • Post-Cochlear Implant Aural Therapy (Limited to 20 sessions per Calendar Year) • Chiropractic or Osteopathic Manipulative Treatments or Adjustments (Limited to 30 sessions per Calendar Year)	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
NOTE: Treatment limits stated for physical therapy, occupational therapy and speech therapy Services are not applicable to treatment provided for Mental Health and/or Substance Use Disorder Services. Evaluations are covered but do not apply to the combined Calendar Year limit.		
Vision Services • Eyeglasses or Contact Lenses (only covered if required because of a change in prescription due to intraocular surgery or ocular Injury, must be within 12 months of surgery or Injury) • Eye Exam - Diagnostic (to diagnose an Illness) - Preventive (routine exam including refraction) limited to one exam per Calendar Year	 Deductible and Coinsurance See Physician Office Services Not Covered	 In-network level of benefits See Physician Office Services Not Covered
Wigs (Limited to $1,000 per Calendar Year when hair loss is related to chemotherapy or radiation Therapy for Cancer diagnosis)	Deductible and Coinsurance	Deductible and Coinsurance
All Other Covered Services	Deductible and Coinsurance	Deductible and Coinsurance

Prescription Drugs	In-network Provider	Out-of-network Provider
Retail – per 30-day supply		
• Preferred Generic Drugs	Deductible and Coinsurance	Deductible and Coinsurance
• Non-Preferred Generic Drugs	Deductible and Coinsurance	Deductible and Coinsurance
• Preferred Brand Name Drugs	Deductible and Coinsurance	Deductible and Coinsurance
• Non-Preferred Brand Name Drugs	Deductible and Coinsurance	Deductible and Coinsurance
NOTE: A 90-day supply is available at an Extended Supply Network pharmacy.		
Home Delivery – per 90-day supply		
• Preferred Generic Drugs	Deductible and Coinsurance	Not Covered
• Non-Preferred Generic Drugs	Deductible and Coinsurance	Not Covered
• Preferred Brand Name Drugs	Deductible and Coinsurance	Not Covered
• Non-Preferred Brand Name Drugs	Deductible and Coinsurance	Not Covered
Specialty Drugs (Specialty Drugs must be purchased through a designated Specialty Pharmacy)		
• Preferred Specialty Drugs	Deductible and Coinsurance	Not Covered
• Non-Preferred Specialty Drugs	Deductible and Coinsurance	Not Covered
Contraceptive Drugs		
• Contraceptive Drugs and Methods in accordance with Federal Guidelines	Plan Pays 100%	Deductible and Coinsurance
• All other Contraceptive Drugs and Methods	Same as any other Generic or Brand Name Drugs	Deductible and Coinsurance
For additional information see Women's Services listed on NebraskaBlue.com/PreventiveCare		
Diabetic Insulin		
• Preferred Generic Drugs	Plan Pays 100%	Deductible and Coinsurance
• Non-Preferred Generic Drugs	Same as any other Generic Drugs	Deductible and Coinsurance
• Preferred Brand Name Drugs	Plan Pays 100%	Deductible and Coinsurance
• Non-Preferred Brand Name Drugs	Same as any other Non-Preferred Brand Name Drugs	Deductible and Coinsurance
This plan utilizes the Open Network and Prescription Drug List 10 (PDL10). You can find this PDL and network listing on NebraskaBlue.com/Pharmacy or you may contact Member Services at the phone number on the back of your I.D. card.		

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a Contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions, and limitations, refer to the Contract. In the event there are discrepancies between this document and the Contract, the terms and conditions of the Contract will govern.

PremierBlue

BlueCross BlueShield Nebraska

Schedule of Benefits Summary

Group Name: State of Nebraska

Effective Date: July 1, 2026

Payment for Services	In-network Provider	Out-of-network Provider
Covered Services are reimbursed based on the Allowable Charge. Blue Cross and Blue Shield of Nebraska (BCBSNE) In-network Providers have agreed to accept the benefit payment as payment in full, not including Deductible, Coinsurance and/or Copayment amounts and any charges for Noncovered Services, which are the Covered Person's responsibility. That means In-network Providers, under the terms of their contract with BCBSNE, can't bill for amounts over the Contracted Amount. In some situations, Out-of-network Providers can bill for amounts over the Out-of-network Allowance. Cost-sharing and reimbursement amounts for categories showing "Same as any other Illness" may vary based on where Services are rendered.		
In-network Provider: The provider network is shown on your I.D. card. For help locating In-network Providers, visit NebraskaBlue.com/DoctorFinder. For certain Durable Medical Equipment, Independent Laboratory and Specialty Drug Services, the Doctor Finder may display providers that are considered Out-of-network for these types of Services. Refer to your benefit book for additional information.		
Deductible (the amount the Covered Person pays each Calendar Year for Covered Services before the Coinsurance is payable) • Individual • Family (Embedded*)	 $800 $1,600	 $1,600 $3,200
Coinsurance (the percentage amount the Covered Person must pay for most Covered Services after the Deductible has been met) • Covered Person Pays • Plan Pays	 20% 80%	 30% 70%
Medical Out-of-pocket Limit (includes medical Deductible, Coinsurance and Copayments) • Individual • Family (Embedded*)	 $2,700 $5,400	 $5,400 $10,800
In-network and Out-of-network Deductible and Out-of-pocket Limits cross accumulate. All other limits (days, visits, sessions, dollar amounts, etc.) cross accumulate between In-network and Out-of-network, unless noted differently. Day, session or visit limits for certain Services shown on this summary are not applicable to Mental Health and/or Substance Use Disorder Services. Once the annual Out-of-pocket Limit is reached, most Covered Services are payable by the plan at 100% for the rest of the Calendar Year.		
*Embedded – If you have single coverage, you only need to satisfy the individual Deductible and Out-of-pocket Limit. If you have family coverage, no one family member contributes more than the individual amount. Family members may combine their covered expenses to satisfy the required family Deductible and Out-of-pocket Limit.		
Copayment(s) (Copay(s)) apply to: • Physician Office • Urgent Care Facility • Physical, Occupational, Speech Therapy • Cognitive Rehabilitation Therapy • Post-Cochlear Implant Aural Therapy • Manipulations and Adjustments • Prescription Drugs The Copay amount varies by the type of Covered Services. Refer to the appropriate category for benefit information.		
Services may require Preauthorization. Failure to obtain Preauthorization will result in denial of benefits. **For additional information regarding Preauthorization procedures visit NebraskaBlue.com/PreAuth.**		

Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Primary Care Physician Office Visit	$25 Copay	Deductible and Coinsurance
Specialist Physician Office Visit	$40 Copay	Deductible and Coinsurance
Physician Home Visits	Deductible and Coinsurance	Deductible and Coinsurance
Benefits for **Primary Care Physician** or **Specialist Physician office visit** include the **office visit** (including the initial visit to diagnose Pregnancy), consultations and medication checks.		
Allergy Services (includes serum, testing and injections)	Plan Pays 100%	Deductible and Coinsurance
Physician Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **Physician Office Services** are available when provided in a **Primary Care Physician or Specialist Physician's office,** with or without an **office visit;** X-rays, supplies and/or drugs administered during the **office visit**, hearing exams or eye exams (excluding refractions) due to Illness or Injury. Other Services provided in the office but **NOT** included in the **Physician's office visit** or **Physician office Services** benefit listed above, include but are not limited to, **Preventive Services**, **Mental Health** and/or **Substance Use Disorder Services**, **Biofeedback**, **Advanced Diagnostic Imaging** (CT, MRI, MRA, MRS, PET and SPECT scans and other Nuclear Medicine), **Durable Medical Equipment**, **Pregnancy,** laboratory and pathology Services**, Maternity** and **Newborn Care**, **Radiation Therapy** and **Chemotherapy**, **Sleep Studies**, **Therapy** and **Manipulations** and Surgery and Anesthesia. *(Refer to the appropriate categories below and your benefit book for additional information.)*		
Telehealth/Virtual Care Services • Medical • Mental Health	Plan Pays 100% See Mental Health and/or Substance Use Disorder Services	Not Covered Not Covered
Convenient Care/Retail Clinics/Quick Care	Same as a Primary Care Physician	Deductible and Coinsurance
Urgent Care Center Visit (a single Copay applies to each urgent care visit) **Urgent Care Center Services** • Labs and Pathology	$40 Copay Deductible and Coinsurance Plan Pays 100% up to $500 then Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Emergency Room Services • Facility • Professional Services	Deductible and Coinsurance Deductible and Coinsurance	In-network level of benefits In-network level of benefits
Outpatient Hospital or Facility Services Services include but are not limited to surgery, radiology, observation stays, and other Services provided on an Outpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Hospital or Facility Services Services include but are not limited to charges for room and board, diagnostic testing, lab and pathology, rehabilitation Services and other ancillary Services provided on an Inpatient basis.	Deductible and Coinsurance	Deductible and Coinsurance

Preventive Services	In-network Provider	Out-of-network Provider
Preventive Services		
• Affordable Care Act (ACA) required Preventive Services (may be subject to limits that include but are not limited to age, gender, and frequency)	Plan Pays 100%	Deductible and Coinsurance
• ACA-required covered Preventive Services (outside of limits)	Plan Pays 100%	Deductible and Coinsurance
• Other covered Preventive Services not required by ACA	Plan Pays 100%	Deductible and Coinsurance
For additional information visit NebraskaBlue.com/PreventiveCare		
Immunizations		
• Pediatric (up to age 7)	Plan Pays 100%	Coinsurance
• Age 7 and older	Plan Pays 100%	Deductible and Coinsurance
• Related to an Illness	Same as any other Illness	Same as any other Illness
• Shingles vaccination	Plan Pays 100%	Plan Pays 100%
Colorectal Cancer Screenings (starting at age 45)		
• Colonoscopy Screening		
- Diagnostic or Preventive Screening (one per Calendar Year)	Plan Pays 100%	In-network level of benefits
- Subsequent Diagnostic or Preventive Screenings	Plan Pays 100%	In-network level of benefits
• Sigmoidoscopy/Proctoscopy Screening and CT of the Colon		
- Diagnostic or Preventive Screening (one per Calendar Year)	Plan Pays 100%	In-network level of benefits
- Subsequent Diagnostic or Preventive Screenings	Plan Pays 100%	In-network level of benefits
• FIT DNA		
- Preventive Screening (one every three years)	Plan Pays 100%	Deducible and Coinsurance
- Screenings outside the age or frequency limit	Same as any other Illness	Deducible and Coinsurance
• Fecal Occult Blood Test		
- Preventive Screening (one per year)	Plan Pays 100%	Deducible and Coinsurance
- Screenings outside the age or frequency limit	Same as any other Illness	Deducible and Coinsurance
• Barium Enema, and other tests as determined under ACA Preventive Services		
- Preventive Screenings	Plan Pays 100%	Deducible and Coinsurance
- Diagnostic Screenings	Same as any other Illness	Deducible and Coinsurance
NOTE: Related Services will pay in the same manner as the Colorectal Cancer Screening when performed on the same date of service. Screening limits accumulate based on a Calendar Year.		
Bone Density Screenings		
• Diagnostic or Preventive Screening (one per Calendar Year)	Plan Pays 100%	Deductible and Coinsurance
• Subsequent Diagnostic or Preventive Screenings	Deductible and Coinsurance	Deductible and Coinsurance

Mental Health and/or Substance Use Disorder Services	In-network Provider	Out-of-network Provider
Office Visit	$25 Copay	Deductible and Coinsurance
Benefits for **office visit** include the **office visit**, medication checks, psychological therapy and/or Substance Use Disorder counseling.		
Office Services	Deductible and Coinsurance	Deductible and Coinsurance
The following **office Services** are available when provided in the office; X-rays, supplies and/or drugs administered during the **office visit**.		
All Other Outpatient Items and Services	Deductible and Coinsurance	Deductible and Coinsurance
Other Services provided in the office but **NOT** included in the **office visit** or **office Services** benefit listed above include, but are not limited to; psychological evaluations, assessments, testing, laboratory tests, physical therapy, occupational therapy, speech therapy or any other covered Mental Health and/or Substance Use Disorder Services.		
Telehealth/Virtual Care Services	Plan Pays 100%	Not Covered
Emergency Room Services • Facility • Professional Services	 Deductible and Coinsurance Deductible and Coinsurance	 In-network level of benefits In-network level of benefits
Inpatient Services	Deductible and Coinsurance	Deductible and Coinsurance
For additional resources and support visit NebraskaBlue.com/MentalHealth		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Acupuncture	Not Covered	Not Covered
Advanced Diagnostic Imaging (CT, MRI, MRA, MRS, PET & SPECT scans and other nuclear medicine)	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (to the nearest facility for appropriate care) • Ground Ambulance • Air Ambulance	 Plan Pays 100% Plan Pays 100%	 In-network level of benefits In-network level of benefits
Autism Spectrum Disorder • Testing and Diagnosis • Treatment	 Same as Mental Health Same as Mental Health	 Same as Mental Health Same as Mental Health
Biofeedback • Medical • Mental Health	 Not Covered Not Covered	 Not Covered Not Covered
Dermatological Services	Same as any other Illness	Same as any other Illness
Diabetic Care • Vision Exam (One per Calendar Year) • Foot Exam • A1C Lab Test	 Plan Pays 100% Plan Pays 100% Plan Pays 100%	 Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Diabetic Services Services include education, self-management training, podiatric appliances, and equipment.	Same as any other Illness	Deductible and Coinsurance
Drugs Administered in an Outpatient Setting (such as home, physician office and other Outpatient settings)	Same as any other Illness	Same as any other Illness
Durable Medical Equipment and Supplies (including Prosthetics) (rental or purchase, whichever is least costly, rental shall not exceed the cost of purchasing)	Deductible and Coinsurance	Deductible and Coinsurance

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Enteral Feedings	Deductible and Coinsurance	Deductible and Coinsurance
Hearing Services		
• Bone Anchored Hearing Aids	Deductible and Coinsurance	Deductible and Coinsurance
• Cochlear Implants	Deductible and Coinsurance	Deductible and Coinsurance
• Hearing Aids and related Services (limited to $3,500 every three Calendar Years)	Deductible and Coinsurance	Deductible and Coinsurance
Home Health Care Services		
• Home Health Aide	Deductible and Coinsurance	Deductible and Coinsurance
• Home Infusion Therapy	Deductible and Coinsurance	Deductible and Coinsurance
• Respiratory Care	Deductible and Coinsurance	Deductible and Coinsurance
• Skilled Nursing Care (limited to 8 hours per day)	Deductible and Coinsurance	Deductible and Coinsurance
Hospice Services	Deductible and Coinsurance	Deductible and Coinsurance
Independent Laboratory		
• Diagnostic	Plan Pays 100% up to $500 then Deductible and Coinsurance	Deductible and Coinsurance
• Preventive	Same as Preventive Services In-network level of benefits	Deductible and Coinsurance
Infertility		
• Services to Diagnose	Same as any other Illness	Deductible and Coinsurance
• Treatment to Promote Fertility	Not Covered	Not Covered
Nicotine Addiction		
• Medical Services and Therapy	Same as Substance Use Disorder Services	Same as Substance Use Disorder Services
• Nicotine Addiction Classes & Alternative Therapy, such as Acupuncture	Not Covered	Not Covered
Nutritional Counseling (Non-Preventive)	Plan Pays 100%	Deductible and Coinsurance
Obesity		
• Non-Surgical Treatment	Not Covered	Not Covered
• Surgical Treatment	Same as any other illness	Deductible and Coinsurance
Oral Surgery and Dentistry Services such as incision and drainage of abscesses and excision of tumors and cysts. Dental treatment when due to an accidental Injury to naturally healthy teeth. (treatment related to accidents must be provided within 12 months of the date of Injury)	Same as any other Illness	In-network level of benefits
Organ and Tissue Transplantation	Same as any other Illness	Deductible and Coinsurance
Ostomy Supplies	Deductible and Coinsurance	Deductible and Coinsurance
Physician Professional Services include but is not limited to Inpatient and Outpatient professional Services for surgery, surgical assistant, anesthesia, Inpatient Hospital visits and other non-surgical Services.	Deductible and Coinsurance	Deductible and Coinsurance
Pregnancy, Maternity and Newborn Care		
• Standard Pregnancy and Maternity (payment for prenatal and postnatal care is included in the payment for the delivery)	Plan Pays 100%	Deductible and Coinsurance
• Standard Newborn Care (newborns are covered at birth, subject to the plans enrollment provisions)	Plan Pays 100%	Deductible and Coinsurance
• All other Pregnancy, Maternity, and Newborn Services	Deductible and Coinsurance	Deductible and Coinsurance
NOTE: The plan pays 100% for the initial postpartum depression screening up to one year following a Pregnancy or childbirth.		

Other Covered Services – Illness or Injury	In-network Provider	Out-of-network Provider
Radiation Therapy and Chemotherapy	Deductible and Coinsurance	Deductible and Coinsurance
Radiology (X-ray) Services and Other Diagnostic Tests		
• X-ray and Radiology	Deductible and Coinsurance	Deductible and Coinsurance
• Lab and Pathology (Outpatient)	Plan Pays 100% up to $500 then Deductible and Coinsurance	Deductible and Coinsurance
• Prostate Antigen Tests (PSA) (regardless of diagnosis, age or frequency)	Plan Pays 100%	Deductible and Coinsurance
Rehabilitation Services		
• Cardiac Rehabilitation (limited to 36 sessions per diagnosis)	Deductible and Coinsurance	Deductible and Coinsurance
• Pulmonary Rehabilitation (Limited to 20 sessions per Calendar Year)	Deductible and Coinsurance	Deductible and Coinsurance
Renal Dialysis	Deductible and Coinsurance	Deductible and Coinsurance
Sexual Dysfunction	Not Covered	Not Covered
Skilled Nursing/Inpatient Rehabilitation Facility (Limited to 60 days per Calendar Year)	Deductible and Coinsurance	Deductible and Coinsurance
Sleep Studies	Deductible and Coinsurance	Deductible and Coinsurance
Temporomandibular and Craniomandibular Joint Disorder	Same as any other Illness	Deductible and Coinsurance
Therapy & Manipulations		
• Physical, Occupational or Speech Therapy (Limited to 30 sessions each per Calendar Year)	$25 Copay	Deductible and Coinsurance
• Cognitive Rehabilitation Therapy (Limited to 20 sessions per Calendar Year)	$25 Copay	Deductible and Coinsurance
• Post-Cochlear Implant Aural Therapy (Limited to 20 sessions per Calendar Year)	$25 Copay	Deductible and Coinsurance
• Chiropractic or Osteopathic Manipulative Treatments or Adjustments (Limited to 30 sessions per Calendar Year)	$40 Copay	Deductible and Coinsurance
NOTE: Treatment limits stated for physical therapy, occupational therapy and speech therapy Services are not applicable to treatment provided for Mental Health and/or Substance Use Disorder Services. Evaluations are covered but do not apply to the combined Calendar Year limit.		
Vision Services		
• Eyeglasses or Contact Lenses (only covered if required because of a change in prescription due to intraocular surgery or ocular Injury, must be within 12 months of surgery or Injury)	Deductible and Coinsurance	In-network level of benefits
• Eye Exam		
- Diagnostic (to diagnose an Illness)	See Physician Office Services	See Physician Office Services
- Preventive (routine exam including refraction) limited to one exam per Calendar Year	Not Covered	Not Covered
Wigs (Limited to $1,000 per Calendar Year when hair loss is related to chemotherapy or radiation Therapy for Cancer diagnosis)	Deductible and Coinsurance	Deductible and Coinsurance
All Other Covered Services	Deductible and Coinsurance	Deductible and Coinsurance

Prescription Drugs	In-network Provider	Out-of-network Provider
Prescription Drug Out-of-pocket Limit • Individual • Family (Embedded*)	 $2,000 $4,000	
Retail – per 30-day supply		
• Preferred Generic Drugs	$5 Copay	$5 Copay
• Non-Preferred Generic Drugs	$5 Copay	$5 Copay
• Preferred Brand Name Drugs	$30 Copay	$30 Copay
• Non-Preferred Brand Name Drugs	$50 Copay	$50 Copay
NOTE: A 90-day supply is available at an Extended Supply Network pharmacy.		
Home Delivery – per 90-day supply		
• Preferred Generic Drugs	$10 Copay	Not Covered
• Non-Preferred Generic Drugs	$10 Copay	Not Covered
• Preferred Brand Name Drugs	$60 Copay	Not Covered
• Non-Preferred Brand Name Drugs	$100 Copay	Not Covered
Specialty Drugs (Specialty Drugs must be purchased through a designated Specialty Pharmacy) • Preferred Specialty Drugs • Non-Preferred Specialty Drugs	 Same as retail Same as retail	 Not Covered Not Covered
Contraceptive Drugs		
• Contraceptive Drugs and Methods in accordance with Federal Guidelines	Plan Pays 100%	Plan Pays 100%
• All other Contraceptive Drugs and Methods	Same as any other Generic or Brand Name Drugs	Same as any other Generic or Brand Name Drugs
For additional information see Women's Services listed on NebraskaBlue.com/PreventiveCare		
Diabetic Insulin		
• Preferred Generic Drugs	Plan Pays 100%	Plan Pays 100%
• Non-Preferred Generic Drugs	Same as any other Generic Drugs	Same as any other Generic Drugs
• Preferred Brand Name Drugs	Plan Pays 100%	Plan Pays 100%
• Non-Preferred Brand Name Drugs	Same as any other Non-Preferred Brand Name Drugs	Same as any other Non-Preferred Brand Name Drugs
This plan utilizes the Open Network and Prescription Drug List 10 (PDL10). You can find this PDL and network listing on NebraskaBlue.com/Pharmacy or you may contact Member Services at the phone number on the back of your I.D. card.		

Please note: This Schedule of Benefits Summary is intended to provide you with a brief overview of your benefits. It is not a Contract and should not be regarded as one. For more complete information about your plan, including benefits, exclusions, and limitations, refer to the Contract. In the event there are discrepancies between this document and the Contract, the terms and conditions of the Contract will govern.

State of Nebraska
Pharmacy Benefit Administration
Plan Recommendations & Deviations

Blue Cross and Blue Shield of Nebraska (BCBSNE) has listed the significant deviations to State of Nebraska's (the State's) current schedules of benefits (SOBs) and the benefits BCBSNE is proposing as noted on the enclosed SOBs within bid response. BCBSNE has based our proposed benefit plans on the incumbent benefit offerings where available; however, our proposal does not assume a 100% duplication of the employer's incumbent benefits. We have not agreed to duplicate the employer's existing benefit provisions, exclusions, special network arrangements (if applicable), and third-party vendor programs (if applicable). Our proposal assumes the use of BCBSNE's standard processes for the following categories (unless noted otherwise within the deviations):

- Claims administration programs (claim edits, fraud, waste and abuse investigations, etc.)
- Medical management programs (including services requiring precertification)
- Radiology management program
- Spine pain management program
- Medical policy determinations
- Subrogation
- Coordination of benefits
- Appeals procedures
- Definitions
- Exclusions (non-covered services)
- Transplant benefits
- Preventive services
- Telehealth through Amwell
- Member services (customer service)
- Pharmacy programs

The use of BCBSNE's standard benefits, processes, and procedures indicated above will allow BCBSNE to be cost efficient, resulting in savings to the State.

Upon a final decision to accept BCBSNE's administration, we will coordinate with the State to establish a finalized benefits package.

Current SPD Page Number (Applies to all Plans unless otherwise specified)	Current Benefit/Provision	Blue Cross and Blue Shield of Nebraska's Proposed Benefit/ Provision
SPD - SECTION 15 - PRESCRIPTION DRUGS – EXCLUSIONS – Pg	Prescription Drug as a replacement for a previously dispensed Prescription Drug that was lost, stolen, broken or destroyed.	BCBSNE provides coverage for one replacement for a lost, stolen, broken, or destroyed medication up to a 30 day supply one time per calendar year per medication.
WELLNEBRASKA PLANSPD - SECTION 15 - PRESCRIPTION DRUGS - WELLNEBRASKA PLAN (INCENTIVE) – Pg 172-173	The current plan offers a different (lower) Out-of-Pocket Maximum and lower copays based on a Wellness Incentive.	While BCBSNE does not offer cost share differentials on an incentivized basis, we would like to explore utilizing the IRS expanded preventive benefit list to meet the State's needs. We are fully open to adjusting our proposed Wellness schedule of benefits to accommodate the State's intent for wellness participation.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association

State of Nebraska
Pharmacy Benefit Administration
Plan Recommendations & Deviations

Current SPD Page Number (Applies to all Plans unless otherwise specified)	Current Benefit/Provision	Blue Cross and Blue Shield of Nebraska's Proposed Benefit/ Provision
SPD - SECTION 15 - PRESCRIPTION DRUGS - SPECIAL PROGRAMS – Pg 184	State of Nebraska and UnitedHealthcare may have certain programs in which you may receive an enhanced or reduced benefit based on your actions such as adherence/compliance to medication or treatment regimens and/or participation in health management programs. You may access information on these programs through the Internet at www.myuhc.com or by calling the number on your ID card.	BCBSNE does not include an enhanced or reduced benefit based on a member's actions. Upon bid award, additional discussion with the State is requested to understand details of this program.

BCBNE's standard processes will apply to the following provisions:	
Medical Management and Medical Policy	BCBSNE maintains a thorough and effective medical management program. Our program requires precertification of all inpatient hospital stays, skilled nursing care, hospice care, inpatient physical rehabilitation, and long-term acute care. For mental health and substance abuse, we require precertification on all inpatient admissions as well as outpatient visits, beginning on the 90th visit. Our Medical Policy and Radiology Management Programs require preauthorization for outpatient services, procedures, transplants, pulmonary rehabilitation, subsequent purchases of durable medical equipment, and certain prescription drugs. Our entire Medical Management Program consists not only of these precertification and preauthorization requirements, but also our Care Coordination, Member Education, Nurse Health Coaching and Case Management Programs, licensed medical professionals administer all. A list of services which require prior certification or preauthorization may be obtained at www.NebraskaBlue.com. Certification and preauthorization requirements are subject to change.
Subrogation	BCBSNE's standard processes for subrogation and workers' compensation will be used. The systems we utilize to identify, and track subrogation cases/recoveries and workers' compensation claims are fully integrated with our claims system. We do not outsource our subrogation and workers' compensation administration. All work is performed by BCBSNE employees who are knowledgeable in all applicable state and federal laws. Our Subrogation and Workers' Compensation Departments rely on legal support from BCBSNE's Legal Department and exceed industry averages in recoveries for our groups. The demonstrated success of our subrogation and workers' compensation efforts support the use of BCBSNE standard language, policies and procedures with regard to recoveries.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association

State of Nebraska
Pharmacy Benefit Administration
Plan Recommendations & Deviations

BCBNE's standard processes will apply to the following provisions:	
Coordination of Benefits	BCBSNE will apply our standard processes for coordination of benefits (COB), which follow the most recent National Association of Insurance Commissioners (NAIC) COB model. After the primary plan has applied payment, secondary payments are administered on any remaining allowable expenses up to the amount BCBSNE would have paid had we been the primary payer. BCBSNE's standard contract allows recoveries involving auto, no-fault, personal injury protection and homeowner's medical coverage to be managed through our Subrogation and Contractual Right of Recovery provisions. For Medicare COB, we coordinate when the member has received benefits from Medicare. Therefore, we do not coordinate with "Phantom Medicare" – payment that coordinates against what Medicare would have paid even though Medicare benefits do not actually exist because a member did not enroll. Following the NAIC's COB model allows us to function in the most efficient and effective manner that benefits the members and the employer.
Appeals	BCBSNE has established internal appeals processes and external review processes that comply with state and federal law. Therefore, BCBSNE will apply its standard appeals processes. BCBSNE utilizes internal medical professionals as well as outside physicians when reviewing member appeals.
Transplant Services	BCBSNE's transplant benefits will be offered based on our standard benefits and provisions. We include benefits for the following transplants, which may be available for covered members if they meet our approved, established criteria or medical policies: Liver, heart, lung(s), heart-lung, heart valve, kidney, kidney-pancreas, cornea, parathyroid, small intestine, small intestine-liver, small intestine-multiple viscera, and bone marrow (including autologous and allogeneic stem cell transplants. Benefits for the donation of organs or tissues to a Covered Person: The cost of care for Services arising from an organ donation from either live or nonliving donors, including all acquisition costs, when the recipient is a Covered Person, will be covered for the duration of the Contract of the Covered Person. Benefits for donation include Covered Services for treatment of complications resulting from the organ/tissue donation.
Prescription Drug Program	BCBSNE partners with Prime Therapeutics, LLC, to provide competitive prescription drug discounts and administration. Our proposal assumes the use of our standard provisions regarding the administration of prior authorizations and quantity limits. In addition, we will administer the pharmacy benefits according to our prescription drug and specialty drug lists, including our list of excluded drugs. BCBSNE has the right to change the prescription drug or tier status of a drug at any time without prior notice.

Prime Therapeutics is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska (BCBSNE), an independent licensee of the Blue Cross Blue Shield Association.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association

RFP DEVIATIONS

SECTION II. TERMS AND CONDITIONS

A. GENERAL, 1.

In addition to the list of documents the State has listed within A. GENERAL, Items 1a. through 1e., BCBSNE will require that our Administrative Services Agreement and the Business Associate Agreement also become part of the State of Nebraska's (the State's) contract.

SECTION III. VENDOR DUTIES

A. INDEPENDENT VENDOR / OBLIGATIONS

BCBSNE cannot agree to the requirements as written regarding subcontractors. As a full service insurance company and administrator, we are continually reviewing and updating our subcontractors. Any subcontractors utilized on the State's account will follow BCBSNE's specific subcontractor agreement. The contracts with these vendors include all necessary provisions required by BCBSNE and we do not offer customization to our subcontractor agreements based on employers' requirements.

I. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

BCBSNE does not agree to the language within this provision and have offered replacement language as follows here:

Data contained in membership files submitted to BCBSNE by the State are the property of the State. Once the files submitted to BCBSNE are entered into BCBSNE's proprietary systems, the data produced, extracted or reported from the BCBSNE systems is the property of BCBSNE ("BCBSNE Proprietary Data"). Any requests for disclosures to third parties or uses of BCBSNE Proprietary Data by the State shall require mutual consent of the parties here to. BCBSNE would require the execution of a non-disclosure agreement with another contractor to the extent the cooperation would require the exchange of data.

J. INSURANCE REQUIREMENTS

BCBSNE does not agree to the requirements surrounding subcontractor insurance coverage. BCBSNE requires subcontractors to carry adequate levels of corporate insurance; however, BCBSNE is not responsible for ensuring subcontractors maintain specific levels of insurance, nor do we provide worker's compensation insurance to any BCBSNE subcontractors. In the event an issue occurs with a subcontractor and the subcontractor does not have adequate insurance coverage, BCBSNE's corporate insurance will prevail.

L. CONFLICT OF INTEREST

BCBSNE agrees that it shall not solicit State of Nebraska employees for the term of this agreement, provided that the foregoing provision will not prevent BCBSNE from employing any such person who contacts BCBSNE on his or her own initiative without any direct or indirect solicitation by, or encouragement from, BCBSNE, or in response to general advertisements not specifically directed at any employee of the State of Nebraska.

P. DISASTER RECOVERY / BACK UP PLAN

BCBSNE does not agree with the requirement of providing a copy of our detailed recovery standards. BCBSNE has documented and implemented specific business continuity and disaster recovery plans; however, the plans contain competitively sensitive information (CSI) and personally identifiable information (PII); therefore, we do not provide copies to third parties. We can, however, make our recovery plan available for inspection on site at BCBSNE.

R. WARRANTY

BCBSNE's recommended alternative is therefore the following:

WARRANTY
Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement.

T. BUSINESS ASSOCIATE AGREEMENT

BCBSNE cannot agree to the Business Associate agreement as written. We have provided a signed version with our revisions, as well as a redlined version for review of our revisions.

SECTION IV. PAYMENT

D. INSEPCTION AND APPROVAL

BCBSNE agrees to allow inspections, but such inspections shall not occur more than annually and are subject to 90 days' advanced notice. In addition, such inspections shall be subject to the terms of an audit agreement that will define the scope of the inspection and the confidentiality of data disclosed during the inspection.

H. RIGHT TO AUDIT (2nd Paragraph)

BCBSNE does not agree with the second paragraph's requirements. Suggested alternative language is as follows:

Any audit initiated and authorized by the State shall be undertaken at the State's expense. The State specifically agrees to reimburse BCBSNE for any reasonable expense incurred by BCBSNE in accordance with such audit, including, but not limited to, reimbursement for BCBSNE personnel providing support to such audit in excess of a total of 10 hours plus any copying expenses.

The State also specifically agrees that BCBSNE has the authority to disapprove of the vendor providing such audit, which authority shall not be unreasonably exercised, and to refuse access to membership and claims records by such vendor. The State, recognizing that patient-specific information is confidential, agrees that it and its auditor will enter into an audit agreement addressing confidentiality which will require that the State and its auditor will take reasonable steps to restrict access to this information to those persons who need to know this information for determining compliance with the Services agreement and for performing any necessary audit. The State also specifically agrees that BCBSNE will not accept contingent fee audit vendors.

ATTACHMENT 5

State of Nebraska
"THE GROUP"

July 1, 2026
Effective Date

RX NEBRASKA PROGRAM

BCBSNE will provide pharmacy benefit management services as described herein. To the extent not specifically described in this Attachment 5, the terms of the Administrative Service Agreement shall control the administration of THE GROUP's pharmacy benefits. All references to designee throughout this Attachment 5 shall include any designee of BCBSNE or its pharmacy management vendor.

1. DEFINITIONS

Whenever used in this Attachment, the following definitions apply:

A. "Average Wholesale Price" (AWP) means the average wholesale price of a prescription drug as set forth by the Pricing Source and in accordance with the NDC-11 price at the time a Claim is processed. The price file will be updated no less frequently than once every three (3) business days through the Pricing Source.

B. "Brand Drugs" means those pharmaceuticals designated by the Pricing Source as having a multi-source indicator of M, N, or O or as otherwise defined by Pricing Source.

C. "Claim" or "Claims" means requests for payment submitted by Network Participants or Members for pharmaceutical products or services.

D. "Claims Adjudication" means the determination of whether a given Claim is entitled to reimbursement pursuant the terms and conditions of a Benefit Plan and the amount payable to or by a Network Participant or Member pursuant to such Benefit Plan, the applicable Network Contract and any other applicable factors, including any Copayment/Deductible or Coinsurance payable by a Member, as well as concurrent (on-line at point of service) Drug Utilization Review.

E. "Coinsurance" means that portion of the amount claimed for Covered Prescription Drug Services, calculated as a percentage of the charge for such services, which is to be paid by Members pursuant to the Member's Plan.

F. "Compound Drug" means a prescription where two or more pharmaceutical products are mixed together, and which, at a minimum, one pharmaceutical product must be a Federal Legend Drug. The end product must not be available in an equivalent commercial form. The product will not be considered a Compound Drug if it is reconstituted or if, to the active ingredient, only water, alcohol, flavoring, coloring or sodium chloride solutions are added.

G. "Copayment/Deductible" means a fixed dollar portion of the amount claimed for Covered Prescription Drug Services that is to be paid by Members pursuant to the Member's Plan.

H. "Covered Prescription Drug Services" means the managed pharmacy services/pharmaceutical products available to Members and eligible for reimbursement pursuant to the Member's Benefit Plan.

I. “Dispensing Fee” means the fee paid to Network Participants for the professional service of filling a prescription and is typically added to the submitted ingredient cost or contracted rate.

J. “Drug Utilization Review” or “DUR” means the process whereby the therapeutic effects and cost effectiveness of various drug therapies are reviewed, monitored and acted upon consistent with the Member’s Benefit Plan.

K. “Electronic Prescribing” or “E-prescribing” means the process of creating, storing and transmitting prescription information electronically, either by computer or hand-held device.

L. “Extended Supply Network” or “ESN” means the retail Network Participants who have agreed to provide Members more than a one month’s (or as mutually agreed) quantity supply of Covered Prescription Drug Services provided that the Member’s Benefit Plan has a mail service benefit and a retail quantity days’ supply limit of one month (or as mutually agreed).

M. “Federal Legend Drug” means a pharmaceutical product, which is required by law to bear on its packaging, “Caution: Federal law prohibits dispensing without a prescription” or “Rx Only”.

N. “Foreign Drug Claims” means Claims submitted through the Paper Claim process for reimbursement of pharmaceutical products purchased outside of the United States.

O. “Formulary” means a list of various pharmaceutical products which is available to Network Participants, members, physicians or other health care providers for purposes of providing information about the coverage and tier status of Covered Prescription Drug Services.

P. “Generic Drugs” means all drugs that are not defined as “Brand Drugs.”

Q. “Limited Distribution Drug” is one whose dispensing is restricted to a limited number of pharmacies.

R. “Low List Price Drugs” are Brand Drugs subject to Rebate Guarantees that (a) have a wholesale acquisition cost (“WAC”) that has decreased by at least 25%, or (b) are a Biosimilar Drug, or any new Brand Drug that is therapeutically and chemically equivalent to an existing Brand Drug, with a WAC at least 25% lower than the originator product, as identified by Prime as a Low List Price Drug in writing to THE GROUP prior to application of the Rebate Credit in any payment or reconciliation process.

S. “Mail Service” means the services through which Members may receive prescription drugs through the mail from a mail order pharmacy that has entered into an agreement to provide such services.

T. “Manufacturer” means a company that manufactures and/or distributes pharmaceutical drug products.

U. “Maximum Allowable Cost” or “MAC” means the highest cost at which a Benefit Plan will reimburse Network Participants or Members for pharmaceutical products present on the MAC list at the time of service.

V. “Maximum Allowable Cost List(s)” or “MAC List(s)” means a proprietary database listing, owned and maintained by BCBSNE or its designee, of multi-source pharmaceutical drug products and supplies and the corresponding MAC.

W. “Member” means an individual who is eligible to receive Covered Prescription Drug Services at the time of service.

X. “Network” or “Pharmacy Network” means the group of pharmacies that have been accepted as Network Participants and have entered into agreements with BCBSNE or its designee to provide Covered Prescription Drug Services to Members.

Y. “Network Contract” means a contract between a Network Participant and BCBSNE or its designee to provide Covered Prescription Drug Services to Members, as may be amended at any time.

Z. “Network Participant” or “Participating Pharmacy” means each individual pharmacy, chain or other dispensing provider that has entered into a Network Contract with BCBSNE or its designee to provide Covered Prescription Drug Services to Members.

AA. “Open Refill Transfer File” means a data file created by the Plan’s previous pharmacy benefit manager containing its members’ mail prescriptions, thus enabling a subsequent pharmacy benefit manager, such as BCBSNE or its designee, to continue to fill those open mail prescriptions.

BB. “Over the Counter Drugs” or “OTC Drugs” are products classified as OTC by Medi-Span as of the fill date based on the NDC-11 dispensed.

CC. “Paper Claims” means the prescription drug services that are submitted to BCBSNE for adjudication through the use of a paper claim form, generally by a Member subsequent to the point of sale.

DD. “Plan” or “Benefit Plan” means the processing parameters and other information entitling a Member to receive Covered Prescription Drug Services.

EE. “Pricing Source” means Medi-Span, or such other national drug database as BCBSNE may solely designate, which establishes and provides updates to BCBSNE no less frequently than once every three (3) days, or as otherwise required by law, regarding the AWP or other alternative pricing benchmark as determined by BCBSNE for Covered Prescription Drug Services. BCBSNE will provide THE GROUP with prior written notice if another Pricing Source is used.

FF. “Provider Tax” means any tax on a Covered Prescription Drug Service required to be collected or paid by a retail or mail seller for a Covered Prescription Drug Service.

GG. “Rebate(s)” means retrospective reimbursement of monetary amounts by a Manufacturer under a Manufacturer’s discount program with pharmacy management vendor for pharmaceutical products of that Manufacturer dispensed to a Member, for which the conditions precedent to receiving such monetary amounts are satisfied. Rebates do not include manufacturer administration fees, which are fees or other compensation received by BCBSNE and/or a pharmacy management vendor from a Manufacturer for services relating to the administration of Rebates under an agreement.

HH. “Specialty Pharmacy” means a licensed pharmacy designated by BCBSNE, or its designee, to provide Specialty Pharmaceutical Products. The list of Specialty Pharmacies may change at any time without notice.

II. “Specialty Pharmaceutical Product(s)” means designated complex injectable and oral drugs, generally covered up to a 30-day supply, which have very specific manufacturing, storage, and dilution requirements. Specialty drugs are drugs including, but not limited to drugs used for: multiple sclerosis; rheumatoid arthritis; hepatitis C; Crohn’s disease; anemia; and hemophilia. Specialty drugs may only be available through designated Specialty Pharmacies. BCBSNE reserves the right to change designated Specialty drugs and suppliers at any time without prior notice.

JJ. “Usual and Customary” or “U&C” means the lowest price, including any Dispensing Fee and Vaccine Dispensing Fee a Network Participant would charge a particular customer if such customer were paying cash for the identical prescription drug service on the date dispensed. This includes

any applicable discounts including but not limited to senior discounts, frequent shopper discounts, and other special discounts offered to attract customers.

KK. "Vaccine Dispensing Fee" means the fee paid to the Network Participant for the professional service of administering a vaccine and is added to the submitted ingredient cost or contracted rate.

2. GENERAL SERVICES

A. Claims Processing. BCBSNE will process Claims for Covered Prescription Drug Services electronically submitted by Network Participants and Paper Claims received from a Member according to Plan and eligibility information and will pay eligible Claims and provide to the submitting entity electronic notification of declined or ineligible Claims.

Claims are processed in accordance with the applicable Network Contract using "lesser of" pricing methodology, meaning Claims will be paid at the lesser of (i) the contracted rate (either a discount off of the applicable AWP or the MAC price) plus Dispensing Fee, Vaccine Administration Fee, and any other taxes and fees; (ii) the Network Participant's submitted ingredient cost plus Dispensing Fee, Vaccine Administration Fee, and any other taxes and fees; or (iii) the Network Participant's submitted U&C. The applicable AWP used for retail and Specialty Pharmacy will be based on the package size submitted. The applicable AWP for Mail Service will generally be based on the NDC dispensed.

B. Formulary Services. Subject to certain limitations, BCBSNE will develop, maintain, and update its Formulary or Formularies. THE GROUP acknowledges and agrees that BCBSNE may, from time to time, consistent with the Plan, promote the dispensing of pharmaceutical products in a manner consistent with the designated Formulary.

C. Rebate Management. BCBSNE will obtain Rebates for some Covered Prescription Drug Services from Manufacturers. Such Rebate arrangements are based on volume purchase discounts or other similar arrangements with Manufacturers.

D. Utilization Management. BCBSNE may provide cost containment programs in the form of utilization management programs on behalf THE GROUP. If provided, such services may be subject to additional fees as described in the Pharmacy Program Fees Exhibit, if applicable.

E. E-Prescribing. BCBSNE or its designee will support e-Prescribing transaction standards for eligibility, formulary, and medication history to allow prescribers to electronically send Members' prescriptions directly to a Network Participant from the point-of-care.

F. Special Projects. Special projects, including any additional fees, may be mutually agreed to by the parties and described in this Agreement, an amendment to this Agreement, or in a separate agreement (e.g., a Non-Standard Benefit or Service Agreement).

G. Audits. THE GROUP, or a mutually agreed upon independent third-party auditor who agrees to the terms of a confidentiality agreement, may conduct an annual audit as it relates to the administration of this agreement. The rights granted to THE GROUP by this section shall be limited to one audit or inspection during any twelve (12) month period, upon at least sixty-five (65) days' written notice to BCBSNE, and shall be subject to the terms and conditions of the audit guidelines between BCBSNE and PBM, as outlined in the attached Audit Exhibit.

The parties agree that THE GROUP shall not hire a third party to conduct a contingent fee audit, where the third party's compensation is based on a percentage of errors (or savings, or "uncovered recoveries", etc.) which may be found by the third party in its audit. Should THE GROUP contract with a third party to perform such contingent fee audit, BCBSNE has no obligation under the terms of this Agreement to cooperate with said third party in the conduct of such contingent fee audit.

H. Cooperation upon Termination. Should THE GROUP terminate this Agreement, BCBSNE will provide all standard industry PBM transition/data files that will be used by the new PBM to minimize member disruption, including BCBSNE agreed upon claims files, prior authorization files, accumulator files, mail open refill files, both pre and post termination date. THE GROUP will reimburse BCBSNE any fees BCBSNE's pharmacy management vendor charges BCBSNE for providing such electronic files, including the fee for sending the mail outbound refill file. Such fees will be included on THE GROUP's monthly billing and shall be payable within 15 days of mailing by BCBSNE.

3. REBATE MANAGEMENT SERVICES

A. Negotiating Rebates.

On its own behalf, BCBSNE or its designee have entered into, and may in the future, enter into arrangements with companies under which a portion of prescription drug charges are rebated. Pharmaceutical Rebates may be associated with drug claims processed under the Plan's pharmacy benefit.. These Rebate amounts vary, and may change during the year, based upon the status of a drug in BCBSNE's prescription drug formulary, drug utilization, benefit coverage, unexpected generic launches, and other factors. The calculation of Rebates is subject to the terms and conditions of the applicable Manufacturer Agreement between the Manufacturer and BCBSNE or its designee. BCBSNE cannot guarantee that Rebates will accrue for any products or Covered Prescription Drug Services utilized by Members.

In addition, pharmacy management vendors may receive administrative reimbursement or fees directly from BCBSNE or drug or other companies for administrative services they deliver for BCBSNE and those companies. These amounts are not considered Rebates as described here. BCBSNE will credit to Plan's account 100% of the allocated Rebates it receives from its pharmacy management vendor(s). In some cases, BCBSNE's pharmacy management vendor receives Manufacturer administrative fees, which are retained by the vendor unless otherwise noted in the Pharmacy Program Fees Exhibit, if applicable.

B. Rebate Payments.

The Rebate credit per claim for pharmacy Claims processed for July 1, 2026, through June 30, 2031, will be as shown within the Pharmacy Guarantees exhibit. In the following pages of this Attachment 5.

Although the Rebate credit per eligible prescription drug Claim or per enrolled employee per month may be more or less than the amounts BCBSNE receives under this Agreement, THE GROUP agrees to receive only the rebate credits identified in the Pharmacy Guarantees exhibit.

The calculation of Rebates is subject to the terms and conditions of the applicable Manufacturer Agreement between the Manufacturer and BCBSNE or its designee and applicable law. BCBSNE cannot guarantee that Rebates will accrue for any products or Covered Prescription Drug Services utilized by Members.

BCBSNE will have the right, upon notice, to make an adjustment to the Rebate guarantees in this Agreement if Rebate revenue is decreased because Brand Drugs lose their patent, move to generic status, or there is a change in law or change in interpretation of any law or action (collectively, "Change in Law"). BCBSNE shall inform THE GROUP of an adjustment to Rebate guarantees in writing not later than thirty (30) days prior to implementing the adjustment. In addition, if any

Change in Law has the effect of eliminating Rebates on prescription drugs, the Rebate guarantees in this Agreement shall be null and void.

Notwithstanding any other provision of this Attachment 5, Weight Management Drug Therapy Program rebates will be retained by BCBSNE if THE GROUP elects to utilize such Program. Weight Management Drug Therapy Program rebates are retained in lieu of any fees BCBSNE might otherwise charge for the Weight Management Drug Therapy Program. The Weight Management Drug Therapy Program and the medications included therein are subject to BCBSNE's sole discretion. However, the medications within the Weight Management Drug Therapy Program which are subject to such rebate retention shall be identified by BCBSNE and communicated to THE GROUP prior to any rebates retained due to THE GROUP's utilization of the Weight Management Drug Therapy Program.

For further information on Rebate credits, Rebate guarantees, and reconciliation thereon, please see Pharmacy Guarantees included in the following pages of this Attachment 5

C. Rebate Payment Schedule.

Rebates (net of pharmacy administration fees, if applicable) will be credited to THE GROUP on or before the 10th business day of the month following the month in which the Rebates are received by BCBSNE.

D. Rebates Upon Termination.

All rebate revenue earned by the State will be paid to the State regardless of its termination status as a client. Lag rebates will continue to be paid to the State after termination until 100% of earned rebates are paid.

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ATTACHMENT 5
RX NEBRASKA PROGRAM

Pharmacy Benefit Program
Audit Guidelines

The following guidelines will apply to all employer group audits unless the terms and conditions of the Agreement under which Prime performs the services subject to the audit provide other guidance.

1. No more than one (1) audit is permitted during any twelve (12) month period. Any previous audit must be closed before the employer group may initiate a new audit.

2. Employer group must provide BCBSNE with a minimum of sixty-five (65) days advance written notice of intent to audit and scope of the audit. All audit subject matter is combined into one annual audit versus initiating a separate audit for each subject.

3. A member of BCBSNE Account Management team will be designated as the lead internal contact for coordinating the audit. All coordination efforts between BCBSNE and the auditor will take place through the designated coordinator.

4. Audits will take place during normal business hours.

5. Any third-party auditor must be reasonably acceptable to Prime and BCBSNE.

6. Subject to applicable law, Prime may require that a third-party auditor perform the audit and to enter into a reasonable audit agreement, which will incorporate a Confidentiality and Non-Disclosure Agreement (CDA) approved by Prime's Legal Department before any information is exchanged. The CDA will specify that information provided by Prime to the group/auditor is to be used solely for the purpose of conducting the immediate audit and the information may not be used for any other purpose.

7. The audit is limited to claims for the employer group during the current year and the preceding year, unless a longer time period is mutually agreed upon by the parties.

8. The parties agree to collaborate in good faith to develop a reasonable approach to the audit that meets the needs of all parties and outlines the procedure for conducting the audit. An onsite audit agenda must be finalized no later than 10 business days prior to the desired onsite date.

9. Audits will adhere to a maximum sample size of 200-300 claims per audit. The description of claims to be audited must be provided to BCBSNE a minimum of fifteen (15) business days prior to the audit. Should initial claim review reveal errors, Prime and employer group will work collaboratively to define additional claims for auditing.

10. Only the information necessary for the auditing party to conduct a fair and valid audit will be disclosed. Any unnecessary information will be redacted before it is provided to the auditing party.

11. If access to the pharmacy participation agreements (pharmacy network contracts) is requested, Prime will provide on-site access so long as Prime is legally or contractually able to do so *and* only the relevant page(s) or exhibits (that is not the entire contract) are provided for the auditor's review.

12. The party conducting the audit will be responsible to bear its own costs and expenses related to the audit and will be responsible for reimbursing BCBSNE and Prime for all reasonable expenses incurred by BCBSNE and/or Prime in compliance with an audit such as, for example, copying, fees, or mail expenses incurred by BCBSNE and/or Prime. BCBSNE and Prime further reserve the right, in their sole discretion, to charge additional administrative fees for costs and expenses incurred in the event that the scope of an audit exceeds the limits included in this Audit Exhibit or the audit notification.

13. The auditor cannot keep or make copies of any documents provided by BCBSNE or Prime to the auditor without Prime's express written consent to do so and, if applicable, as outlined in the executed CDA. To the extent the auditor is provided confidential information remotely, auditor must not screen-grab, screen-shot, photograph, or otherwise copy confidential information without Prime's express written consent.

14. The auditor may be provided with screen-shots of the claim adjudication. The auditor will not have access to the live Claims Adjudication System without prior executive approval by Prime.

15. Employer groups and/or their auditors must follow Prime's visitor security policy if they are on-site.

16. Except as may otherwise be required by law, reporting of the audit results will be restricted to employer group's internal use only.

17. Employer groups and/or their auditors will provide BCBSNE and Prime with a draft and final copy of any audit reports.

18. A final draft of the auditor's report ("Draft Report") shall be submitted to Prime for review by Prime at least fifteen (15) business days prior to the final report being delivered to employer group. During this fifteen (15) day period, Prime may review the Draft Report for disclosure of such patient-specific, proprietary, trade secret, vital financial, or other confidential information which may be in violation of state or federal laws, contractual arrangements with its vendors or subcontractors. If Prime determines that the Draft Report contains such information, Prime may, within such period, request that a third party auditor delete the information from the Draft Report prior to delivery of the final report to employer group.

    Prime may further review the Draft Report for inaccurate information or findings on employer group's claims administration or claims payments. Prime may notify the auditor of any disputed findings contained in the Draft Report and request that the report be corrected. If Auditor agrees the information is incorrect, the report will be corrected. Otherwise, a statement from Prime indicating disagreement with certain facts will be included in the final report delivered to employer group. Prime shall receive a copy of the final report within five (5) days after delivery of the final report to Group.

    BCBSNE and Prime will not be obligated to reimburse an employer group for alleged errors based upon the use by the auditor of extrapolation methodologies for the purposes of inferring errors in a population of claim payments based upon the error rate in a sample drawn from that population.

19. Information concerning the employer group, which is the subject of the auditor's final report, shall not be reaudited at any time without the express written permission of BCBSNE and Prime.

20. If more than two (2) years have elapsed since Prime's processing of the employer group's pharmacy claims, those claims shall not be subject to audit without the express written permission of Prime.

The following additional guidelines will apply to network and rebate management audits of Prime subcontractors.

1. Employer group must provide network claim samples to BCBSNE at least fifty-five (55) days in advance of the onsite audit. Employer group must provide manufacturer samples to BCBSNE at least forty (40) days in advance of the onsite audit.

2. Employer group must provide a final onsite audit agenda to BCBSNE at least twenty (20) days in advance of the onsite audit.

3. Prime is required to give subcontractors at least 60 days prior written notice of a customer audit. The scope of the audit is limited to information necessary to verity that Prime and its subcontractor are in compliance with Prime's obligations to employer group.

4. Audit must be conducted onsite at Prime or Prime's subcontractor, as applicable, by a third-party auditor that (i) has separate, stand-alone audit division; (ii) carries commercially reasonable insurance coverage for professional malpractice; and (iii) executes a mutually acceptable confidentiality agreement with Prime's subcontractor(s).

5. For audits of Network Contracts held by Prime subcontractors:

    a. Prime will make available to employer group's approved third-party auditor typical claims and remittances in connection with employer group audits of Network Contracts. If employer group or its third-party auditor requires additional validation, employer group or its third-party auditor may perform a direct audit of applicable network rate sheets of Prime's subcontractor, subject to Paragraphs 5 and 6 of the above additional guidelines.

6. Rebate audits will be based on the reconciliation data provided by Prime, with Prime subcontractors' data input. The reconciliation data will be available two hundred and ten (210) days after the end of a quarter. Audit of contracts with Prime's pharmacy networks, and/or Prime's subcontractor, Prime or Prime's subcontractor will not provide copies of pharmacy network contracts to clients or potential clients. Prime does allow clients or a mutually agreed upon third-party auditor hired by the client, to come on site at Prime to conduct the audit including rate review. The auditor is not allowed to take any copies of contracts or copy rate information. Prime's subcontract does allow a mutually agreed upon third-party auditor hired by the client, to come on site at the subcontractor's direction to conduct the audit including rate review. The auditor is not allowed to take any copies of contracts or copy rate information.

7. Employer group audits of network rates maintained by Prime's subcontractor or group purchasing organization will be subject to a pass-through fee of $15,000 per audit.

8. Prime will facilitate responses to draft report of any audit findings. Responses will be provided within forty-five (45) days after the draft report is received from Prime.

ATTACHMENT 5
RX NEBRASKA PROGRAM
PHARMACY PROGRAM FEES EXHIBIT

The information below will be adjusted based on final programs and payment timing arrangements.

100% of the Manufacturer administration fees received received by BCBSNE from pharmacy management vendor(s) shall be passed through to THE GROUP.

BCBSNE will charge THE GROUP a $0.50 per enrolled subscriber per month fee to reflect THE GROUP's participation in the Guided HealthPharmacy Program. This fee will be in addition to the standard Administrative Service Fee. BCBSNE will provide THE GROUP with a monthly billing reflecting the amount due BCBSNE from THE GROUP. The billing will be provided on or before the 10th business day of the following month and shall be payable within 15 days of its mailing by BCBSNE.

BCBSNE will charge THE GROUP 20% of savings per Claim for Prescription Drug Claims that are included in the FlexAccess Program for the PPO plan option(s). This fee will be in addition to the standard Administrative Service Fee. BCBSNE will provide THE GROUP with monthly billing reflecting the amount due BCBSNE from THE GROUP for the previous month. The billing will be payable within 15 days of its mailing by BCBSNE.

BCBSNE will charge THE GROUP 20% of savings per Claim for Prescription Drug Claims that are included in the FlexAccess Program for the QHDHP plan option(s). This fee will be in addition to the standard Administrative Service Fee. BCBSNE will provide THE GROUP with monthly billing reflecting the amount due BCBSNE from THE GROUP for the previous month. The billing will be payable within 15 days of its mailing by BCBSNE.

BCBSNE will charge THE GROUP $0.20 PMPM for participation in the HighTouchRx™ Program. This fee will be in addition to the standard Administrative Service Fee. There is a $0.20 PMPM charge for participating members with $0.60 PMPM performance guarantee. Any guarantee reconciliation payment shall not exceed $0.20 PMPM, and shall be determined by calculating the difference, if any between (1) THE GROUP's cumulative actual savings amount for the contract term and (2) the guaranteed amount. BCBSNE will provide THE GROUP with monthly billing reflecting the amount due BCBSNE from THE GROUP for a previous month. The billing will be payable within 15 days of its mailing by BCBSNE.

ATTACHMENT 5
RX NEBRASKA PROGRAM
PERFORMANCE GUARANTEES EXHIBIT

Final 5-year pharmacy guarantees and criteria will be placed on this page.

Exhibit A – Rebate Credit

PBM will utilize a "Rebate Credit" when calculating Rebate Guarantee payments and performing Rebate Guarantee reconciliation (as further described below). The Rebate Credit will be used to account for and credit against the Rebate Guarantee payment the reduction in Rebates paid by Manufacturers for Low List Price Drugs during Rebate Guarantee payment and reconciliation, on a per claim basis.

"Low List Price Drugs" are Brand Drugs subject to Rebate Guarantees that (a) have a wholesale acquisition cost ("WAC") that has decreased by at least 25%, or (b) are a Biosimilar Drug, or any new Brand Drug that is therapeutically and chemically equivalent to an existing Brand Drug, with a WAC at least 25% lower than the originator product, as identified by Prime as a Low List Price Drug in writing to THE GROUP prior to application of the Rebate Credit in any payment or reconciliation process.

The Rebate Credit is calculated as the difference between:

(i) In the case of drugs described in (a), above, the per-claim value of the Rebate earned for an existing Brand Drug immediately prior to becoming a Low List Price Drug (subject to the average WAC inflation rate of the GPI subclass of the impacted product); or in the case of drugs described in (b), above, the per claim Rebate value of the originator Brand Drug immediately prior to the introduction of the associated Low List Price Drug to THE GROUP's formulary(ies) (subject to the average WAC inflation rate of the GPI subclass of the impacted product), as applicable;

and

(ii) the average per-claim value of the Rebate earned for the applicable Low List Price Drug for the applicable calendar quarter.

By way of example, if a Brand Drug earns a Rebate of $100, then becomes a Low List Price Drug and earns a reduced Rebate of $20, the Rebate Credit to be applied to the Rebate Guarantee payment with respect to any paid claims for such Low List Price Drug will equal $80. Low List Price Drugs that have been accounted for in updated underwriting of Rebate Guarantees (and, therefore, for which no such Rebate Credit will apply) will be identified by PBM and reported to THE GROUP. Rebate Credit adjustments will be reflected in reporting provided to THE GROUP. PBM shall also provide reporting, upon THE GROUP request, demonstrating the net-cost impact across the therapeutic category(ies) of the Low List Price Drugs eligible for the Rebate Credit.

For purposes of clarity, the Rebate Credit will be applied on a per-claim basis to each Rebate Guarantee payment. By way of example, if (y) a Low List Price Drug has a Rebate Credit of $80 (calculated as shown above), and (z) there are 100 paid claims for such Low List Price Drug during the applicable quarter for which the Rebate Guarantee is being reconciled, the total Rebate Credit that will be applied to offset that quarter's Rebate Guarantee payment will be $8,000.

Statutory Financial Statements
December 31, 2023 and 2022

BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross and Blue Shield Association

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BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.

Table of Contents

	Page
INDEPENDENT AUDITOR'S REPORT	1
STATUTORY FINANCIAL STATEMENTS	
Admitted Assets, Liabilities, and Policyholder Surplus	4
Operations and Changes in Policyholder Surplus	6
Cash Flows	7
Notes to Statutory Financial Statements	8
SUPPLEMENTARY INFORMATION	
Supplemental Schedule of Investment Risks Interrogatories	49
Summary Investment Schedule	51
Note to Supplementary Information	52

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CPAs & BUSINESS ADVISORS

Independent Auditor's Report

To the Board of Directors
Blue Cross and Blue Shield of Nebraska, Inc.
Omaha, Nebraska

Report on the Audit of the Statutory Financial Statements

Opinions

We have audited the accompanying statutory financial statements (financial statements) of Blue Cross and Blue Shield of Nebraska, Inc., which comprise the statutory statements of admitted assets, liabilities, and policyholder surplus as of December 31, 2023 and 2022, and the related statutory statements of operations and changes in policyholder surplus, and cash flows for the years then ended, and the related notes to the financial statements.

Unmodified Opinion on Regulatory Basis of Accounting

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the admitted assets, liabilities, and policyholder surplus of Blue Cross and Blue Shield of Nebraska, Inc. as of December 31, 2023 and 2022, and the results of its operations and its cash flows for the years then ended, on the basis of accounting described in Note 1.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter described in the Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles section of our report, the accompanying financial statements referred to above do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of Blue Cross and Blue Shield of Nebraska, Inc. as of December 31, 2023 and 2022, or the results of its operations or its cash flows for the years then ended.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Blue Cross and Blue Shield of Nebraska, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 1 to the financial statements, Blue Cross and Blue Shield of Nebraska, Inc. prepared these financial statements using accounting practices prescribed or permitted by the Insurance Department of the State of Nebraska, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The effects on the financial statements of the variances between the statutory basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material and pervasive.

Emphasis of Matter

As discussed in Note 1 to the financial statements, Blue Cross Blue Shield of Nebraska, Inc. records certain fixed income investment securities at amortized cost in accordance with Statement of Statutory Accounting Principles (SSAP) No. 26R. Note 2 to the financial statements discloses the amount of the unrealized losses on these investments at December 31, 2023 and 2022, that are not reflected in the Investment value within the Statement of Admitted Assets or Policyholder Surplus. In the event liquidity requirements or investment strategies change in the future, some of these unrealized losses maybe realized to the extent these investments are sold or redeemed prior to maturity, or an impairment were to occur. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the accounting practices prescribed or permitted by the Insurance Department of the State of Nebraska. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Blue Cross and Blue Shield of Nebraska, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Blue Cross and Blue Shield of Nebraska, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Blue Cross and Blue Shield of Nebraska, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the basic statutory-basis financial statements taken as a whole. The *Supplemental Schedule of Investment Risks Interrogatories and the Summary Investment Schedule* are required to be presented to comply with the National Association of Insurance Commissioners' Annual Statement Instructions and the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual and are not a required part of the basic statutory-basis financial statements. Such information included in the schedules referred to above is the responsibility of management, is presented for purposes of additional analysis and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the basic statutory-basis financial statements taken as a whole.

Ende Bailly LLP

Minneapolis, Minnesota
April 25, 2024

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND POLICYHOLDER SURPLUS
DECEMBER 31, 2023 AND 2022

ADMITTED ASSETS	2023	2022
Bonds	**$ 480,572,288**	$ 430,875,201
Equity interests		
Common stock	**183,342,575**	152,195,721
Cash, cash equivalents and short-term investments	**(33,349,237)**	857,487
Receivable for securities	**2,226,225**	45,092
Other invested assets	**96,982,561**	91,474,679
Total cash and invested assets	**729,774,412**	675,448,180
Investment income due and accrued	**2,972,709**	2,277,412
Premiums due and unpaid	**48,086,770**	45,162,700
Reinsurance Recoverables	**11,767,835**	12,196,354
Amounts due from Uninsured Plans	**35,714,479**	33,321,117
Income tax recoverable	**-**	6,458,315
Deferred tax asset	**8,027,595**	10,683,788
Guaranty funds receivable or on deposit	**221,426**	191,053
Data processing equipment, at cost, net of accumulated depreciation of $36,924,088 in 2023 and $37,108,256 in 2022.	**213,760**	485,987
Receivables from parent, subsidiaries and affiliates	**2,974,125**	2,750,552
Health care and other amounts receivable	**93,651,007**	73,945,889
Funds held by Federal Employee Program (FEP)	**64,001,741**	68,753,823
Other assets	**15,751,703**	19,389,433
	$ 1,013,157,562	$ 951,064,603

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND POLICYHOLDER SURPLUS
DECEMBER 31, 2023 AND 2022

LIABILITIES AND POLICYHOLDER SURPLUS	2023	2022
Policy and contract claims reserves	**$ 195,161,099**	$ 209,589,207
Accrued medical incentive pool and bonus amounts	**10,160,288**	8,240,609
Aggregate health policy reserves:		
Reserve for premium rate credits	**100,862,958**	72,999,094
Federal employees program premiums	**64,001,741**	68,753,823
Long term care reserves	**33,998,154**	33,694,261
Premiums received in advance	**22,103,156**	24,953,128
Amounts withheld or retained for others	**39,380,264**	34,172,644
General expenses due and accrued	**47,794,758**	47,431,011
Amounts due to parent, subsidiaries and affiliates	**427,577**	-
Payable for securities	**-**	15,732
Other liabilities	**61,040,285**	50,206,849
Total liabilities	**574,930,280**	550,056,358
Policyholder surplus:		
Common Capital Stock (authorized 4,500,000 shares of $100 par value, 10 shares issued and outstanding at December 31, 2023 and December 31, 2022)	**1,000**	1,000
Gross paid in and contributed surplus	**(1,000)**	(1,000)
Policyholder surplus	**438,227,282**	401,008,245
Total policyholder surplus	**438,227,282**	401,008,245
	$ 1,013,157,562	$ 951,064,603

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF OPERATIONS AND CHANGES IN POLICYHOLDER SURPLUS
YEARS ENDED DECEMBER 31, 2023 AND 2022

OPERATIONS	**2023**	2022
Net Premiums from health policies	**$ 1,828,714,733**	$ 1,678,140,505
Net Benefits under health policies	**1,613,387,715**	1,522,428,983
Claim adjustment expenses	**86,798,815**	86,334,873
General and administrative expenses net of service fee income	**117,482,325**	110,022,833
Reserves for life, accident and health contracts	**(118,175)**	-
Total underwriting deductions	**1,817,550,680**	1,718,786,689
Gain/(Loss) from operations	**11,164,053**	(40,646,184)
Net investment income including net realized capital gains, net of tax of ($51,196) in 2023 and $480,862 in 2022.	**22,724,251**	12,399,229
Other Income	**2,096,108**	659,324
Note Receivable impairment	**-**	(28,049,373)
Litigation Reserve	**(359,453)**	(24,234,826)
Net income (loss) before provision for federal income taxes	**35,624,959**	(79,871,830)
Federal income tax expense (benefit) provision	**11,648,191**	(5,018,905)
Net income (loss)	**$ 23,976,768**	$ (74,852,925)

CHANGES IN POLICYHOLDER SURPLUS		
BALANCE, BEGINNING OF YEAR	**$ 401,008,245**	$ 454,437,085
Net income (loss)	**23,976,768**	(74,852,925)
Change in net unrealized capital gain/(loss), net of tax of $7,369,043 in 2023 and $(7,837,464) in 2022.	**23,616,883**	(33,132,500)
Change in net deferred income taxes	**4,712,850**	(1,447,942)
Change in nonadmitted assets, including change in nonadmitted tax of $0 in both 2023 and 2022.	**(6,051,747)**	38,448,888
Change in pension	**3,664,556**	25,363,618
Change in postretirement benefits	**(4,700,274)**	(4,807,979)
Dividends to stockholders	**(8,000,000)**	(3,000,000)
BALANCE, END OF YEAR	**$ 438,227,282**	$ 401,008,245

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
OPERATING ACTIVITIES		
Net premiums collected	**$ 1,852,419,753**	$ 1,693,449,863
Net investment income collected	**24,053,544**	22,090,608
Health claims paid	**(1,646,174,238)**	(1,530,497,697)
Commissions, other taxes and expenses paid	**(193,623,642)**	(199,115,240)
Federal income taxes paid	**(2,589,279)**	(1,500,000)
NET CASH FROM (USED BY) OPERATING ACTIVITIES	**34,086,138**	(15,572,466)
INVESTING ACTIVITIES		
Proceeds from investments sold, matured or repaid		
Bonds	**108,064,369**	133,870,895
Common stocks	**8,413,851**	22,194,195
Real estate	**-**	-
Other invested assets	**880,142**	5,865,331
Miscellaneous proceeds	**-**	15,732
Total investment proceeds	**117,358,362**	161,946,153
Cost of investments acquired		
Bonds	**160,140,001**	118,896,394
Common stocks	**14,094,407**	15,575,430
Other invested assets	**2,762,400**	2,524,777
Total investments acquired	**176,996,808**	136,996,601
NET CASH (USED BY) FROM INVESTING ACTIVITIES	**(59,638,446)**	24,949,551
FINANCING ACTIVITIES		
Dividends to stockholders	**(8,000,000)**	(3,000,000)
Other cash (used for) financing activities	**(654,414)**	(9,510,354)
NET CASH USED FOR FINANCING ACTIVITIES	**(8,654,414)**	(12,510,354)
NET CHANGE IN CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	**(34,206,722)**	(3,133,268)
CASH AND SHORT-TERM INVESTMENTS, BEGINNING OF YEAR	**857,487**	3,990,754
CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS, END OF YEAR	**$ (33,349,237)**	$ 857,487

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Blue Cross and Blue Shield of Nebraska, Inc. ("BCBSNEI" or the "Company"), a member of the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield plans, is incorporated as a stock insurance company in the State of Nebraska and is subject to regulation by the Insurance Department of the State of Nebraska (NE DOI). The Company reorganized from a mutual benefit insurance company to a stock insurance company simultaneously with the creation of a mutual insurance holding company named GoodLife Partners, Inc. (GPI) effective July 1, 2018. As part of the reorganization, GoodLife Solutions, Inc. (GSI) was formed as a new intermediate stock holding company and is wholly owned by GPI. BCBSNEI is a wholly owned subsidiary of GSI. At all times as required by applicable law, GPI shall own, directly or indirectly, a minimum of over 50% of the voting securities of BCBSNEI.

BCBSNEI provides individual, group and association health insurance under traditional, preferred provider organization (PPO), and managed care contracts. It also provides dental coverage on a traditional and PPO basis to some of its medical contract members. In addition, drug coverage is also provided to a portion of its membership in conjunction with a medical contract. BCBSNEI provides Medicare Supplement coverage on both individual and group policies and sponsors Medicare Part D plans on an individual and group basis.

BCBSNEI also performs claims administrative and management services for other Blue Cross and Blue Shield plans, several state and Federal governmental entities, and various fully and modified self-insured groups within the State of Nebraska. The claims administrative services business represents a significant portion of the Company's business. Stop loss coverage is provided for certain large commercial business groups in this segment for a risk based premium.

Accounting Practices

The financial statements of BCBSNEI are presented on the basis of accounting practices prescribed or permitted by the NE DOI. The NE DOI recognizes only statutory accounting practices prescribed or permitted by the state of Nebraska for determining and reporting the financial condition and results of operations of an insurance company, and its solvency under the Nebraska Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Nebraska. The Director of Insurance has the right to permit other specific policies that deviate from prescribed practices.

The following are some of the significant differences between NAIC SAP and accounting principles generally accepted in the United States of America ("GAAP").

(a) Investments in bonds are generally carried at amortized cost. Under GAAP, bonds are carried at either amortized cost or estimated fair value based on their classification according to the Company's ability and intent to hold or trade the securities;

(b) Acquisition costs, such as commissions and other costs related to acquiring new business are expensed as incurred. Under GAAP, such costs are deferred and amortized to income as premiums are earned;

(c) Federal income taxes incurred are reported on a current basis in the statutory statements of operations. Deferred taxes are recorded for differences between book and tax basis accounting; however, there are limitations as to the amount of deferred tax assets that may be reported as "admitted assets." Under GAAP, such assets are recorded on the balance sheet net of any valuation allowance. The tax effect of deferred tax assets and liabilities and the changes between years is reflected in policyholder surplus;

(d) Certain non-liquid assets are excluded from the balance sheet as "non-admitted assets". Changes in the balances of non-admitted assets are recorded directly to policyholder surplus. Under GAAP, such "non-admitted assets" are recorded on the balance sheet, net of any valuation allowance;

(e) Reinsurance recoverable on unpaid losses are reported as a reduction of loss and policy reserves. Under GAAP, such amounts are reported as an asset;

(f) Comprehensive income and its components are not presented in the statutory financial statements;

(g) An administrative service contract is a type of uninsured accident and health plan where the reporting entity, as an administrator, performs administrative services such as claims processing for a third-party that is at risk, and accordingly, the administrator has not issued an insurance policy. Under this plan, the reporting entity pays claims from its own bank account, and subsequently receives reimbursement from the uninsured plan sponsor. The net difference between premium equivalents and the reimbursement of claims is recorded under SAP as an offset to general expenses. Under GAAP, the gross amounts are recorded as premium and claims under certain circumstances;

(h) Net negative cash balances are reported as a negative asset rather than as a liability under GAAP;

(i) The Statutory Statement of Cash Flows differs in certain respects from the presentation required within GAAP literature, including presentation of changes of cash and short investments instead of cash and cash equivalents. In addition, GAAP requires a reconciliation of net income to net cash from operating activities. Short term investments include securities with a maturity of one year or less and are included in the cash balance, whereas GAAP excludes short term investments from cash. Both statutory and GAAP include cash equivalents in the cash balance. GAAP cash equivalents are defined as highly liquid investments with an original maturity of three months or less at acquisition;

(j) Undistributed earnings for investments in the common stock of both public and privately held companies are recorded directly to surplus; under GAAP, unrealized gains or losses are reported as part of income;

(k) NAIC SAP requires all leases be classified as operating leases. Under GAAP, a right-of-use asset and corresponding lease liability would be carried on the balance sheet; and

(l) NAIC SAP requires an analysis of investments for other than temporary impairment (OTTI) as well as prescribed valuation based on credit ratings while under GAAP, an evaluation would be completed under ASU 2016-13, *Financial Instruments – Credit Losses* to calculate the potential allowance for credit loss.

Accounting Policies

The Company uses the following accounting policies:

Cash and Short-term Investments

The Company considers all highly liquid securities purchased with an original maturity of three months or less to be cash or cash equivalents. Short-term investments include all investments whose maturities, at the time of acquisition, are one year or less.

The Company has previously implemented the change in SSAP 2R which re-classes money market funds from short-term investments to cash and cash equivalents.

There were no Short-term investments for the years ended December 31, 2023 and 2022.

Investments

Bonds are stated at amortized cost, except for those bonds with a NAIC designation of between 3 - 6, which are stated at the lower of amortized cost or estimated fair value. Amortized cost may represent an amount after a write-down of a bond for impairment. The premium and discount from par value are amortized using the scientific method. Premiums and discounts on mortgage and asset backed bonds are amortized using the retrospective method based on anticipated prepayments at the date of purchase. Prepayment assumptions are obtained from broker dealer survey values or internal estimates.

Unaffiliated common stocks are reported at fair market value. Unaffiliated restricted common stocks, affiliated common stocks, and all other invested assets are reported under the equity method as determined in accordance with generally accepted accounting principles, adjusted to reflect statutory accounting practices where required.

Market value of bonds and unaffiliated common stocks are based on values prescribed by the Securities Valuation Office of the NAIC (statutory value). For securities not actively traded, market value is based upon estimates obtained from independent pricing services or valued at their underlying equity.

Net unrealized gains and losses resulting from the change in book value of investments carried at market or equity value are credited or charged directly to policyholder surplus. For investments carried at amortized cost, the amortization of premiums and accretion of discounts are recognized as adjustments to investment income.

Investment Income and Realized Capital Gains/Losses

Investment income consists primarily of interest and dividends. Interest is recognized on an accrual basis and dividends are recorded as earned at the ex-dividend date. Accrual of income is suspended for bonds that are in default or when the receipt of interest payments is in doubt. Realized capital gains and losses are determined on a specific identification basis and recorded in operations within net investment income.

Property and Equipment

Furniture and equipment are carried at cost less accumulated depreciation. The Company provides for depreciation of property and equipment using straight-line methods over the lesser of the estimated useful life of the related asset or seven years.

Capitalization Policy

The capitalization policy for recording new fixed assets is greater than $5,000. In addition, bulk purchases of fixed assets in excess of $5,000 such as, office and conference room furniture but excluding EDP equipment and software will be capitalized.

Data Processing Equipment

Data processing equipment and computer software are carried at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the lesser of the estimated useful life of the related asset or three years for data processing equipment and operating system software. Depreciation for application system software is computed using the straight-line method over the lesser of its estimated useful life or five years.

Non-Admitted Assets

Furniture and equipment, other prepaid expenses, and certain portions of deferred tax assets, data processing equipment, aged receivables and certain invested assets are designated as "non-admitted" under statutory reporting requirements. These assets are excluded from the statutory statements of admitted assets, liabilities, and policyholder surplus by adjustments to policyholder surplus.

Premium Income

Insured member premiums due are billed in advance of their respective coverage periods and are recorded as earned during the coverage period. The unearned portion of premiums for the coverage period is reflected in the statements of admitted assets, liabilities and policyholder surplus as premiums received in advance.

Manufactures' Administrative Fee (MAF) Revenue

MAF revenues are first used as an offset to related Pharmacy Benefit Manager (PBM) expenses within General and Administrative expenses, with the remainder, if any, recognized as administrative service income.

Premium Deficiency Reserve

To the extent that premiums received or to be received, for specific classes of business, are insufficient to cover estimated healthcare and other costs over the life of the underlying contracts, the Company establishes a liability for the related premium deficiency. Investment income has been considered a factor in the premium deficiency calculation. The analysis resulted in a premium deficiency reserve of $0 and $0 in 2023 and 2022, respectively.

Accrued Medical Incentives and Bonuses

The Company has entered into arrangements with certain providers which provide for the payment of incentives based upon cost and quality related targets during the term of the arrangements. These amounts are settled subsequent to December 31, however, the Company accrues these amounts at December 31 within Accrued Medical Incentive Pool and Bonus Amounts within the Statutory Statements of Admitted Assets, Liabilities, and Policyholder Surplus, based upon an estimate of claims incurred and other factors. This estimate is subject to change based upon further runout of claims data to the final settlement date.

Policy and Contract Claims

Policy and contract claims are shown net of reinsurance, subrogation, and coordination of benefits amounts. The Company provides a liability for unpaid incurred claims based on estimates using average ultimate claim costs for reported claims and estimates of unreported losses based upon past experience. Differences between actual and estimated claims are charged to operations in the year the differences become known.

Aggregate Health Policy Reserves

The Company provides a liability for policies issued that includes a rate stabilization provision. This liability is estimated based on actual claim experience and other various factors for policies with this provision.

Fair Values of Financial Instruments

The Company has adopted Statement of Statutory Accounting Principles (SSAP) No. 100, *Fair Value*. This standard defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Company considers the primary or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

The Company classified its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. SSAP No. 100 describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value, which are the following:

- Level 1 – Quoted prices in active markets for *identical* assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly; such as quoted prices for *similar* assets or liabilities, quoted prices in markets that are not active; or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Bonds – Issuer Obligations, including Industrial and Miscellaneous: Valued based on NAIC market values. For those securities not actively traded, quoted market prices of comparable instruments or discounted cash flow analysis are used based upon inputs that are observable in the markets for similar securities. Inputs include benchmark yields, credit spreads, default rates, prepayments and non-bonding broker quotes.

Bonds – Mortgage and Other Asset Backed Bonds: Valued based on Residential Mortgage-Backed Securities modeling file provided by the NAIC. The prepayment assumptions used for single class and multi-class mortgage backed/asset backed securities were obtained from broker/dealer survey values. These assumptions are consistent with the current interest rate and economic environment.

Common Stock Unaffiliated and Mutual Funds: Valued based on NAIC quoted market values. If NAIC market values are unavailable, then value is determined based on the underlying equity.

Common Stock Affiliated: Value is based on the underlying equity of the affiliate.

Other Invested Assets: Value is primarily based on the underlying equity of the related entity.

Cash and Cash Equivalents: The carrying amounts approximate their fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of the future fair values. Furthermore, although the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Risks and Uncertainties

The Company operates in a business environment which is subject to various risks and uncertainties. Such risk and uncertainties include, but are not limited to, interest rate risk, market valuation risk, credit risk, medical inflation risk and risks related to legal and regulatory changes.

Concentration of Credit Risk

The Company maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, for each account ownership category. At December 31, 2023 and December 31, 2022, the Company had approximately $540k and $3.5 million, respectively, in excess of FDIC-insured limits. In 2023, the Company added sweep accounts to mitigate this risk going forward. At December 31, 2023 the Company had approximately $731k in the sweep account.

Use of Estimates in the Preparation of the Statutory Financial Statements

The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Material estimates susceptible to significant change include policy and contract claim reserves, loss adjustment reserves, premium deficiency reserves, ACA receivables and payables, actuarial projections of pension and post-retirement benefit liabilities, the fair value of investments, investment impairments, contingencies, and deferred income taxes.

Cost Accounting and Allocation Methodology

The Company utilizes an activity-based methodology for assigning costs to lines of business. This is utilized internally to review profitability by line and has no direct impact to the Statutory Financial Statements.

Investment Impairment Methodology

The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. Based on an evaluation of the prospects of the issuers, including, but not limited to, the Company's intentions to sell or ability to hold the investments; the length of time of temporary impairment, the magnitude of the unrealized loss; the credit ratings of the issuers of the investments, and other information specific to the investment, the Company has concluded that the declines in the fair value of the Company's investments in bonds at December 31, 2023 and December 31, 2022 are temporary.

The Company considers various factors when evaluating whether a decline in the fair value of common stock securities are other than temporary, including but not limited to, the length of time of temporary impairment and magnitude of the unrealized loss; the volatility of the investment; analyst recommendations and price targets; opinions of the Company's investment managers; market liquidity; and the Company's intentions to sell or ability to hold the investments. Based on an evaluation of these factors, the Company

has concluded that the declines in the fair values of the Company's investments in common stocks at December 31, 2023 and December 31, 2022 are temporary.

The Company also regularly reviews and considers multiple factors when evaluating whether there is a decline which is other than temporary in the equity value of their various private equity investments. Some of the considerations are an evaluation of the financial statements, length of time of any unrealized loss, the underlying business of the private equity, and if it is determined that there would be any ongoing concern of the investment.

Income Taxes

Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes related primarily to differences between the basis of assets and liabilities for statutory and income tax reporting. The deferred tax assets and liabilities represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled. The tax effect of deferred tax assets and liabilities and the changes between years is reflected in policyholder surplus. The Company follows the SSAP No. 101, *Income Taxes.* The Company is a subsidiary corporation to be included in the consolidated U.S. corporation income tax return of GPI for both the 2023 and 2022 tax year, which also includes GSI and Sapphire Edge, Inc.

Beginning in 2023, the consolidated group executed a tax sharing agreement providing a "benefits for losses methodology" in allocating Federal income taxes among the members. The Federal Consolidated Income Tax Return liability or recoverable is allocated as though each entity filed a separate federal income tax return. The parties agree the federal income tax obligations will be shared under the immediate payment method. As such, settlement will be made at the point the taxes are calculated and any estimates will be adjusted upon the completion of the consolidated tax return.

Advertising Costs

All advertising and promotion costs are expensed when incurred. Advertising expense amounted to $1,142,676 and $1,386,264 for the years ended December 31, 2023, and 2022, respectively.

NOTE 2 - INVESTMENTS

Loan-backed Securities

The Company has no direct investments in mortgage loans. The Company has $179,568,442 and $140,213,995 of loan-backed securities in its bond portfolio at December 31, 2023 and 2022, respectively. The Company has no securities with a recognized other-than-temporary impairment that it intends to sell or is unable or does not intend to retain for a period of time sufficient to recover the amortized cost basis. The Company believes these investments are fully recoverable and has not recorded any valuation reserves for these securities. The prepayment assumptions used for single class and multi-class mortgage backed and asset backed securities were obtained from broker/dealer survey values. These assumptions are consistent with the current interest rate and economic environment.

All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains:

The aggregate amount of unrealized losses:	Less than 12 Months	$	221,208
	12 months or longer	$	14,126,921
The aggregate related fair value of securities with unrealized losses:	Less than 12 Months	$	20,165,058
	12 months or longer	$	110,262,268

Investments

The amortized cost, gross unrealized gains, gross unrealized losses and estimated statutory fair value of the investments in bonds and common stocks as of December 31, 2023 are as follows:

	2023			
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Bonds				
U.S. Governments	**$ 131,921,840**	**$ 246,754**	**$ (6,059,180)**	**$ 126,109,414**
States, territories and possessions (direct and guaranteed)	**3,468,022**	**-**	**(434,189)**	**3,033,833**
Political subdivisions of States, territories & possessions (direct and guaranteed)	**1,730,000**	**-**	**(37,518)**	**1,692,482**
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	**173,686,701**	**429,747**	**(14,277,066)**	**159,839,382**
Industrial and miscellaneous unaffiliated	**169,765,725**	**283,679**	**(8,984,592)**	**161,064,812**
Total bonds	**$ 480,572,290**	**$ 960,180**	**$ (29,792,545)**	**$ 451,739,923**
	Cost	**Gross Unrealized Gains**	**Gross Unrealized Losses**	**Estimated Statutory Fair Value**
Common stock - unaffiliated	**$ 88,571,459**	**$ 91,125,524**	**$ (210,247)**	**$ 179,486,736**
Common stock - affiliated	**28,484,224**	**-**	**(24,628,385)**	**3,855,839**
Total common stock	**$ 117,055,683**	**$ 91,125,524**	**$ (24,838,632)**	**$ 183,342,575**

The amortized cost, gross unrealized gains, gross unrealized losses and estimated statutory fair value of the investments in bonds and common stocks as of December 31, 2022 are as follows:

	2022			
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Bonds				
U.S. Governments	$ 80,684,919	$ -	$ (7,544,789)	$ 73,140,133
States, territories and possessions (direct and guaranteed)	$ 3,552,740	$ -	$ (568,690)	$ 2,984,050
Political subdivisions of States, territories & possessions (direct and guaranteed)	$ 1,730,000	$ -	$ (103,104)	$ 1,626,896
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	$ 162,651,286	$ 176,783	$ (18,126,635)	$ 144,701,433
Industrial and miscellaneous unaffiliated	$ 182,256,254	$ -	$ (14,446,495)	$ 167,809,759
Total bonds	$ 430,875,201	$ 176,783	$ (40,789,713)	$ 390,262,271

	Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Common stock - unaffiliated	$ 87,222,568	$ 64,452,383	$ (1,939,826)	$ 149,735,125
Common stock - affiliated	$ 22,984,224	$ -	$ (20,523,628)	$ 2,460,596
Total common stock	$ 110,206,792	$ 64,452,383	$ (22,463,454)	$ 152,195,721

The following table shows the investments' gross unrealized losses and estimated fair value, aggregated by investment category and length of time that bonds and common stocks have been in an unrealized loss position, at December 31, 2023 and 2022 for temporarily impaired securities:

	December 31, 2023					
	Less Than 12 Months		Greater Than 12 Months		Total	
Bonds:	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses
U.S. Governments	$ 45,647,144	$ (784,238)	$ 54,417,423	$ (5,274,942)	$ 100,064,567	$ (6,059,180)
States, territories and possessions (direct and guaranteed)			3,033,833	(434,189)	3,033,833	(434,189)
Political subdivisions of States, territories & possessions (direct and guaranteed)			1,692,482	(37,518)	1,692,482	(37,518)
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	16,356,914	(176,015)	117,248,077	(14,101,051)	133,604,991	(14,277,066)
Industrial and miscellaneous unaffiliated	3,730,607	(179,461)	132,019,808	(8,805,131)	135,750,415	(8,984,592)
Total bonds	65,734,665	(1,139,714)	308,411,623	(28,652,831)	374,146,288	(29,792,545)
Common stock:						
Unaffiliated	216,819	(2,989)	5,816,556	(207,258)	6,033,375	(210,247)
Affiliated	-	-	3,855,839	(24,628,385)	3,855,839	(24,628,385)
Total common stock	216,819	(2,989)	9,672,395	(24,835,643)	9,889,214	(24,838,632)
Total temporarily impaired securities	$ 65,951,484	$ (1,142,703)	$ 318,084,018	$ (53,488,474)	$ 384,035,502	$ (54,631,177)

	December 31, 2022					
	Less Than 12 Months		Greater Than 12 Months		Total	
Bonds:	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses
U.S. Governments	$ 27,358,723	$ (3,120,496)	$ 45,781,410	$ (4,424,293)	$ 73,140,133	$ (7,544,789)
States, territories and possessions (direct and guaranteed)			2,984,050	(568,690)	2,984,050	(568,690)
Political subdivisions of States, territories & possessions (direct and guaranteed)			1,626,896	(103,104)	1,626,896	(103,104)
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	55,416,081	(3,961,183)	89,285,352	(14,165,452)	144,701,433	(18,126,635)
Industrial and miscellaneous unaffiliated	88,523,101	(5,391,301)	79,286,658	(9,055,194)	167,809,759	(14,446,495)
Total bonds	171,297,905	(12,472,980)	218,964,366	(28,316,733)	390,262,271	(40,789,713)
Common stock:						
Unaffiliated	9,550,691	(1,696,179)	2,319,129	(243,647)	11,869,820	(1,939,826)
Affiliated	-	-	2,460,596	(20,523,628)	2,460,596	(20,523,628)
Total common stock	9,550,691	(1,696,179)	4,779,725	(20,767,275)	14,330,416	(22,463,454)
Total temporarily impaired securities	$ 180,848,596	$ (14,169,159)	$ 223,744,091	$ (49,084,008)	$ 404,592,687	$ (63,253,167)

The amortized cost and estimated statutory fair value of bonds at December 31, 2023, by contractual maturity, are shown below. Expected maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties. Bonds not due at a single maturity date have been included in the table below in the year of final maturity.

	Amortized Cost	**Estimated Statutory Fair Value**
Due in one year or less	**$ 41,366,297**	**$ 40,760,234**
Due after one year through five years	**143,690,015**	**136,432,479**
Due after five years through ten years	**141,073,140**	**132,837,053**
Due after ten years	**154,442,834**	**141,710,157**
	$480,572,288	**$451,739,923**

Investment income including realized gain/(loss) and related expenses for the years ended December 31, 2023 and 2022 were as follows:

	2023	2022
Investment Income		
(Loss) on sales of bonds	**$ (1,433,322)**	$ (3,187,380)
Gains on sales of common stock	**1,189,533**	8,569,602
Impairment of other invested assets	**-**	(1,360,000)
(Loss) on dissolution of common stock	**-**	(108,900)
Interest income on bonds and short term investments	**15,792,861**	10,073,547
Dividends on unaffiliated common stock	**4,522,406**	4,444,634
Dividends from other invested assets	**3,252,903**	2,907,689
Interest income (expense)	**49,632**	(7,779,063)
Investment expenses	**(700,959)**	(680,038)
Tax benefit (expense) on realized capital gains	**51,196**	(480,862)
Net Investment Income including capital gains, net of tax and investment expenses	**$ 22,724,251**	$ 12,399,229

Proceeds from the sale of investments for the years ended December 31, 2023 and 2022 were as follows:

	2023	2022
Consideration on Bonds	**$ 69,818,387**	$ 95,458,442
Consideration on Bond Paydowns/Maturities/Calls	**38,245,982**	38,412,453
Consideration on Stocks	**8,413,851**	22,194,195
Consideration on Other Invested Assets	**883,149**	5,863,806
Consideration on Misccellaneous	**-**	15,732
Gain on Short Term investments	**(3,007)**	1,525
Total investment proceeds	**$ 117,358,362**	$ 161,946,153

At December 31, 2023 and 2022, securities with an admitted asset value of approximately $100,869 and $101,332, respectively, were on deposit with regulatory agencies as required by law in the State of Nebraska.

At December 31, 2023 and 2022, the net overdraft amount of cash was ($51,195,624) and ($48,349,799) respectively, and is netted with cash equivalents of $17,845,387 and $49,207,286, respectively.

Fair Value of Financial Instruments

The carrying value and estimated fair value of financial instruments at December 31 are shown below. For those assets carried at fair value in the financial statements and for those assets not stated at fair value in the financial statements but whose estimated fair values are disclosed, the following table indicates the inputs used to estimate fair value measurements as of December 31, 2023 and 2022:

	2023				
Description	**Carrying Value**	**Fair Value**	**Level 1**	**Level 2**	**Level 3**
Bonds	**$ 480,572,288**	**$ 451,739,923**	**$ 8,494,055**	**$ 443,245,868**	**$ -**
Equity interests					
Common stock-unaffiliated	**166,919,427**	**166,919,427**	**166,919,427**	**-**	**-**
Common stock-unaffiliated	**12,567,309**	**12,567,309**	**-**	**-**	**(A)**
Common stock-affiliated	**3,855,839**	**3,855,839**	**-**	**-**	**(A)**
Cash and short-term investments	**(33,349,237)**	**(33,349,237)**	**(33,349,237)**	**-**	**-**
Other invested assets	**96,982,561**	**96,982,561**	**-**	**-**	**(A)**
Total	**$ 727,548,190**	**$ 698,715,822**	**$ 142,064,245**	**$ 443,245,868**	**$ -**

	2022				
Description	Carrying Value	Fair Value	Level 1	Level 2	Level 3
Bonds	$ 430,875,200	$ 390,262,271	$ 51,164,450	$ 339,097,821	$ -
Equity interests					
Common stock-unaffiliated	136,860,366	136,860,366	136,860,366	-	-
Common stock-unaffiliated	12,874,759	12,874,759	-	-	(A)
Common stock-affiliated	2,460,596	2,460,596	-	-	(A)
Cash and short-term investments	857,487	857,487	857,487	-	-
Other invested assets	91,474,679	91,474,679	-	-	(A)
Total	$ 675,403,090	$ 634,790,158	$ 188,882,303	$ 339,097,821	$ -

(A) – These investments are accounted for using the equity method. For purposes of this disclosure, the equity method is presumed to approximate fair value. If management were to determine fair value for its equity method investments, it would use level 3 inputs, and such amounts may differ significantly from fair values above.

Included in the tables above, the Company has affiliated and unaffiliated restricted common stock of the gross amount of $114,407,635 and $107,812,065 at December 31, 2023 and 2022, respectively. The amounts non-admitted related to those investments are $1,001,920 and $1,002,025 at December 31, 2023 and 2022, respectively. These stocks are considered restricted based on the holders having the first right of refusal in the event of the sale of the common stock.

There are no liabilities carried at fair value at December 31, 2023 and 2022.

NOTE 3 - INCOME TAXES

The Company follows SSAP No. 101, *Income Taxes*.

The components of the net deferred tax asset (liability) are as follows:

	December 31, 2023		
	Ordinary	**Capital**	**Total**
Gross deferred tax assets	**$ 33,775,356**	**$ 390,119**	**$ 34,165,475**
Statutory valuation allowance adjustments	**-**	**-**	**-**
Adjusted gross deferred tax assets (DTA)	**33,775,356**	**390,119**	**34,165,475**
Deferred tax assets nonadmit	**-**	**-**	**-**
Subtotal net admitted deferred tax asset	**33,775,356**	**390,119**	**34,165,475**
Deferred tax liabilities (DTL)	**36,367**	**26,101,514**	**26,137,881**
Net admitted deferred tax asset (liability)	**$ 33,738,989**	**$ (25,711,395)**	**$ 8,027,594**

	December 31, 2022		
	Ordinary	Capital	Total
Gross deferred tax assets	$ 29,391,023	$ 951,315	$ 30,342,338
Statutory valuation allowance adjustments	-	-	-
Adjusted gross deferred tax assets (DTA)	29,391,023	951,315	30,342,338
Deferred tax assets nonadmit	-	-	-
Subtotal net admitted deferred tax asset	29,391,023	951,315	30,342,338
Deferred tax liabilities (DTL)	54,550	19,604,002	19,658,552
Net admitted deferred tax asset (liability)	$ 29,336,473	$ (18,652,687)	$ 10,683,786

The change in the components of the net deferred tax asset (liability) is:

	2023 Change		
	Ordinary	**Capital**	**Total**
Gross deferred tax assets	**$ 4,384,333**	**$ (561,196)**	**$ 3,823,137**
Statutory valuation allowance adjustments	**-**	**-**	**-**
Adjusted gross deferred tax assets (DTA)	**4,384,333**	**(561,196)**	**3,823,137**
Deferred tax assets nonadmit	**-**	**-**	**-**
Subtotal net admitted deferred tax asset	**4,384,333**	**(561,196)**	**3,823,137**
Deferred tax liabilities (DTL)	**(18,184)**	**6,497,512**	**6,479,328**
Net admitted deferred tax asset (liability)	**$ 4,402,517**	**$ (7,058,708)**	**$ (2,656,191)**

The change in the components of the net deferred tax asset (liability) is:

	2022 Change		
	Ordinary	Capital	Total
Gross deferred tax assets	$ (2,299,651)	$ 501,915	$ (1,797,736)
Statutory valuation allowance adjustments	-	-	-
Adjusted gross deferred tax assets (DTA)	(2,299,651)	501,915	(1,797,736)
Deferred tax assets nonadmit	-	-	-
Subtotal net admitted deferred tax asset	(2,299,651)	501,915	(1,797,736)
Deferred tax liabilities (DTL)	(52,077)	(8,135,179)	(8,187,256)
Net admitted deferred tax (liability) asset	$ (2,247,574)	$ 8,637,094	$ 6,389,520

The deferred tax provision is included in the Statement of Changes in Policyholders' Surplus as follows:

	2023	2022
Netted against change in net unrealized capital (losses)	**$ (7,369,043)**	$ 7,837,466
Change in net deferred income taxes	**4,712,850**	(1,447,947)
Change in non-admitted assets	**-**	-
	$ (2,656,193)	$ 6,389,519

The admission calculation components under SSAP No. 101 is as follows:

	December 31, 2023		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	**$ 12,052,918**	**$ -**	**$ 12,052,918**
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	**3,650,187**	**-**	**$ 3,650,187**
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	**3,650,187**	**-**	**$ 3,650,187**
Adjusted gross deferred tax assets allowed per limitation threshold	**XXX**	**XXX**	**64,202,144**
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	**18,072,252**	**390,119**	**$ 18,462,371**
Deferred tax assets admitted as the result of application of SSAP No. 101 total	**$ 33,775,357**	**$ 390,119**	**$ 34,165,476**

	December 31, 2022		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	$ 1,296,668	$ -	$ 1,296,668
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	18,190,375	-	18,190,375
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	18,190,375	-	18,190,375
Adjustment for application of threshold limitation	XXX	XXX	58,446,966
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	9,903,980	951,315	10,855,295
Deferred tax assets admitted as the result of application of SSAP No. 101 total	$ 29,391,023	$ 951,315	$ 30,342,338

The change in admitted deferred tax assets under SSAP No. 101 as of December 31, 2023 is calculated as follows:

	Change		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	$ 10,756,250	$ -	$ 10,756,250
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	(14,540,188)	-	(14,540,188)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	(14,540,188)	-	(14,540,188)
Adjustment for application of threshold limitation	XXX	XXX	5,755,178
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	8,168,272	(561,196)	7,607,076
Deferred tax assets admitted as the result of application of SSAP No. 101 total	$ 4,384,334	$ (561,196)	$ 3,823,138

The threshold limitation of $64,202,144 was based on the following:

	2023	2022
Ratio percentage used to determine recovery period and threshold limitation amount	**889%**	**762%**
Amount of adjusted capital and surplus used to determine recovery period and threshold limitation	**$ 430,199,687**	$ 390,324,457

The income tax provision consists of these major components for the years ended December 31, 2023 and 2022:

Current Income Tax	**2023**	2022
Federal income tax expense (benefit)	**$ 11,648,191**	$ (5,018,906)
Federal income tax on net capital gains	**(51,196)**	480,862
Federal and Foreign income taxes incurred	**$ 11,596,995**	$ (4,538,044)

The effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities for the years ended December 31, 2023 and 2022 are as follows:

Deferred Tax Assets	**2023**	2022	Change
Ordinary			
Discounting of unpaid losses	**$ 1,502,108**	$ 1,723,558	
Post retirement benefit	**450,064**	515,389	
Incentive/commission bonus accruals	**2,032,279**	1,466,341	
Pension accrual	**-**	955,420	
Deferred acquisition costs	**595,803**	558,450	
Accrued vacation	**1,520,720**	1,402,731	
Fixed assets	**5,039,209**	3,059,115	
Compensation and benefits accrual	**628,489**	503,583	
Deferred tax assets related to non-admitted assets	**5,495,322**	3,314,320	
Litigation Reserve	**5,394,491**	5,394,491	
Note Receivable Write-off	**7,947,810**	7,947,810	
Other Assets	**1,760,845**	1,605,451	
Other	**1,408,217**	944,365	
Subtotal	**33,775,357**	29,391,023	4,384,334
Statutory valuation allowance adjustment	**-**	-	-
Nonadmitted	**-**	-	-
Admitted ordinary deferred tax assets	**33,775,357**	29,391,023	4,384,334
Capital			
Investments	**179,716**	740,890	
Deferred tax assets related to non-admitted investment	**-**	-	
Other	**210,403**	210,425	
Subtotal	**390,119**	951,315	(561,196)
Statutory valuation allowance adjustment	**-**	-	-
Nonadmitted	**-**	-	-
Admitted capital deferred tax assets	**390,119**	951,315	(561,196)
Admitted deferred tax assets	**34,165,476**	30,342,338	3,823,138

Deferred Tax Liabilities	**2023**	2022	Change
Ordinary			
Pension			
Other	**36,367**	54,550	
Subtotal	**36,367**	54,550	(18,183)
Capital			
Investments	**26,101,514**	19,604,002	
Subtotal	**26,101,514**	19,604,002	6,497,512
Deferred tax liabilities	**26,137,881**	19,658,552	6,479,329
Net deferred tax assets	**$ 8,027,595**	$ 10,683,786	$ (2,656,191)

The Company has recognized all deferred tax liabilities.

D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2023		2022	
	Amount	**Effective Tax Rate (%)**	Amount	Effective Tax Rate (%)
Provision computed at statutory rate	**$ 7,463,620**	**21.0 %**	$(16,672,270)	21.0 %
Tax on change in nonadmitted assets	**(2,366,222)**	**(6.7)**	9,490,632	(12.0)
Pension and Post-retirement benefits	**(225,416)**	**(0.6)**	4,316,684	(5.4)
Accrued employee benefits subject to 162(m)(6) limitation	**2,100,710**	**5.9**	1,740,603	(2.2)
Nondeductible expenses	**(876,842)**	**(2.5)**	191,217	(0.2)
Revision to prior year estimates	**294,483**	**0.8**	412,647	(0.5)
Tax-exempt interest (net)	**(5,967)**	**(0.0)**	(7,199)	0.0
Dividends received deduction (net)	**(264,128)**	**(0.7)**	(255,362)	0.3
Income tax expense/(benefit) of affiliates	**763,907**	**2.2**	(2,307,049)	2.9
Totals	**$ 6,884,145**	**19.3 %**	$ (3,090,097)	3.9 %
Federal and foreign income tax (benefit) expense	**$ 11,648,191**	**33.8**	$ (5,018,906)	6.3
Realized capital gains tax	**(51,196)**	**(1.1)**	480,862	(0.6)
Change in net deferred income taxes	**(4,712,850)**	**(13.3)**	1,447,947	(1.8)
Total statutory income taxes	**$ 6,884,145**	**19.4 %**	$ (3,090,097)	3.9 %

	2023	2022
Change in net admitted deferred tax asset	**$ 2,656,191**	(6,389,520)
Change in deferred tax assets nonadmitted	**-**	-
Excluding:		
Change in unrealized (losses) gains - DTA	**(561,174)**	730,886
Change in unrealized (losses) - DTL	**(6,807,869)**	7,106,581
Change in net deferred income taxes for rate reconciliation	**$ (4,712,852)**	1,447,947

Income tax expense for 2023 and 2022 that is available for recoupment in the event of future net losses is $12,052,918 and $0, respectively.

The Company joins in a consolidated federal income tax return filed by Good Life Partners, Inc. The other members of the affiliated group joining in the Good Life Partners, Inc. consolidated return are as follows:

Good Life Solutions, Inc.
Blue Cross and Blue Shield of Nebraska, Inc.
Sapphire Edge, Inc.

Beginning in 2023, The Company executed a tax sharing agreement providing a "benefits for losses methodology" in allocating Federal income taxes among consolidated group members. The Company allocates the Federal Consolidated Income Tax Return liability or recoverable as though each entity filed a separate federal income tax return. The parties agree the federal income tax obligations will be shared under the immediate payment method. As such, settlement will be made annually upon the completion of the consolidated tax return. Blue Cross and Blue Shield of Nebraska, Inc., acting as the banker for tax transactions, shall collect all income tax from related entities based upon each entities standalone taxable income and shall reimburse related entities for taxable losses, to the extent their losses are available to offset consolidated taxable income. Any exceptions regarding the funding of the intercompany tax balance must be approved by the Executive Vice President and CFO.

As of December 31, 2023, there were no material positions for which management believes it is reasonably possible that the total amounts of tax contingencies will significantly increase or decrease within 12 months of the reporting date.

The Company classifies all interest and penalties related to tax contingencies as income tax expense. As of December 31, 2023 and 2022, no accrued interest or penalties were recorded as an income tax liability on the statutory statement of admitted assets, liabilities, and policyholder surplus.

Open tax years subject to examination include 2020, 2021 and 2022.

On August 16, 2022, the Inflation Reduction Act of 2022 (ACT) was signed into law. The Act includes a new Federal alternative minimum tax (AMT), effective January 1, 2023, that is based on the adjusted financial statement income (AFSI) set forth on the applicable financial statement (AFS) of an applicable corporation. A corporation is an applicable corporation if its rolling average pre-tax AFSI over three prior years (starting with the years 2020-2022) is greater than $1 billion. For a group of related entities, the $1 billion threshold is determined on a group basis, and the group's AFS is generally treated as the AFS for all separate taxpayers in the group. An applicable corporation is not automatically subject to an AMT liability. The corporation's tentative AMT liability is equal to 15% of its adjusted AFSI, and AMT is payable to the extent the tentative AMT liability exceeds regular corporate income tax. However, any AMT paid would be indefinitely available as a credit carryover that could reduce future regular tax in excess of AMT.

The Company, and the controlled group of corporations of which the reporting entity is a member, has determined that they do not expect to be liable for AMT in 2024. Based upon information available as of December 31, 2023, the controlled group of corporations of which the Company is a member, does not expect to qualify as an applicable corporation.

NOTE 4 - PROPERTY, FURNITURE, FIXTURES AND EQUIPMENT, AND DATA PROCESSING EQUIPMENT

Admitted assets included the following data processing equipment as of December 31, 2023 and 2022:

	2023	2022
Electronic data processing equipment	**$ 37,137,848**	$ 37,594,244
Accumulated depreciation	**(36,924,088)**	(37,108,256)
Carrying value	**$ 213,760**	$ 485,988

The Company utilizes the following furniture, fixtures, software, and equipment that were non-admitted as of December 31, 2023 and 2022:

	2023	2022
Non Admitted Assets		
Computer Software	**$ 31,461,978**	$ 31,373,217
Accumulated depreciation	**(31,291,063)**	(31,181,190)
Amount not admitted	**$ 170,915**	$ 192,028
Leasehold Improvements	**$ 5,662,994**	$ 4,208,061
Accumulated depreciation	**(4,009,327)**	(3,734,996)
Amount not admitted	**$ 1,653,667**	$ 473,065
Furniture, fixtures and equipment	**$ 17,267,956**	$ 17,673,940
Accumulated depreciation	**(16,758,014)**	(16,886,613)
Amount not admitted	**$ 509,942**	$ 787,327

Depreciation expense for the year ended December 31, 2023 and 2022 is:

	2023	2022
Electronic data processing equipment	**$ 379,848**	$ 741,710
Computer software amortization	**109,873**	135,689
Furniture, fixtures and equipment	**519,323**	276,952
Office building	**-**	-
Total	**$ 1,009,044**	$ 1,154,351

NOTE 5 - INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

BCBSNEI owns Azure Equity Management, LLC (Azure), a wholly owned equity management and holding company, which owns several private equity investments. In 2023, BCBSNEI made total contributions to Azure in the amount of $242,259. The amounts contributed were for various investments as listed below. At December 31, 2023 and December 31, 2022, the investment in Azure is $15,256,224 and $16,530,622, respectively. In 2023, Azure had $998,474 of assets which were non-admitted on BCBSNEI's books related to investments below resulting in a carrying value of $14,257,750 as of December 31, 2023.

Azure has a 26.1% ownership in HealthInvest Equity Partners, LP (HealthInvest). HealthInvest is a private equity fund, limited liability company whose primary purpose is to generate financial returns through investments in the securities of healthcare companies at various stages of development. Azure is a limited partner and has made a $3,000,000 capital commitment to HealthInvest. As of December 31, 2023, Azure has invested $2,655,000 in HealthInvest. At December 31, 2022, Azure had invested $2,587,500 in HealthInvest. At December 31, 2023 and December 31, 2022, the market value of our investment in HealthInvest is $3,551,617 and $3,764,688, respectively.

Azure has a 5.71% ownership in HLM Venture Partners Fund IV (HLM). HLM is a private equity fund, capital firm based in Boston whose primary purpose is to generate financial returns through investments in the securities of health care technology, technology-enabled health care services and medical device and diagnostic companies. Azure is a limited partner and has made a $5,000,000 capital commitment to HLM. As of December 31, 2023,

and 2022, Azure has invested $4,837,500 in HLM. At December 31, 2023 and December 31, 2022, the market value of our investment in HLM is $2,316,860 and $2,712,748, respectively. HLM distributed funds of $0 in 2023 and $847,569 in 2022.

Azure has a 1.85% ownership in Blue Venture Fund III (BVF). BVF is a private equity fund based in Chicago whose primary purpose is to generate financial returns through investments in the securities of strategic healthcare companies. Azure is a limited partner and has made a $5,000,000 capital commitment to BVF. As of December 31, 2023, Azure has invested $4,637,205 in BVF. As of December 31, 2022, Azure had invested $4,462,446. At December 31, 2023 and December 31, 2022, the market value of our investment in BVF is $8,380,003 and $9,048,059, respectively. BVF paid dividends to Azure of $665,443 in 2023 and $75,068 in 2022.

Azure has two minor investments in Higi SH Holding Inc. (Higi) LP, and Cecilia Health (formerly Fit4D Inc.), which had market values as of December 31, 2023 of $0 and $998,475 and as of December 31, 2022 of $0 and $995,858, respectively.

BCBSNEI owns a 13.79% ownership interest in Regional Advantage Services, LLC (RAS), an administrative services company formed by several unrelated Blue Cross Blue Shield plans known as the Northern Plains Alliance to perform the necessary management services of the regional Medicare Advantage PPO and Medicare Part D contracts sponsored by the affiliated Blue Cross Blue Shield plans. BCBSNEI pays RAS an administrative fee for services rendered. BCBSNEI paid and expensed $4,045,722 and $2,543,634 in fees to RAS in 2023 and 2022, respectively. BCBSNEI investment in RAS is $13,790 at December 31, 2023, and 2022.

BCBSNEI owns a 49% interest in both QuadTech II, LLC (QuadTech) and TWBC TIF Holdings (TWBC), commercial real estate joint ventures. QuadTech II holds the tax increment financing (TIF) on the Blue Cross Centre and TWBC holds the TIF in the Think building. BCBSNEI's investment in QuadTech II is $1,782 and $4,191 at December 31, 2023 and December 31, 2022, respectively, and its investment in TWBC is $1,664 and $1,977 at December 31, 2023 and December 31, 2022, respectively. Both balances are non-admitted in 2023 and 2022 as they no longer have an audit. QuadTech II paid dividends to BCBSNEI of $945,700 and $937,860 in 2023 and 2022, respectively, and TWBC paid dividends of $342,510 and $340,060 in 2023 and 2022, respectively.

In January 2020, the BCC Building which was held in the QuadTech fund under a real estate investment was refinanced and BCBSNEI signed a new 26-year lease. Based on these changes it was determined the QuadTech Fund didn't fall within the strategy of the prior investment fund and was split out to QuadTech LP of which BCBSNE owns 49.08%. BCBSNEI investment in QuadTech, LP is $0 and $0 at December 31, 2023 and 2022 respectively. Quad Tech paid dividends of $662,619 and $392,663 in 2023 and 2022, respectively.

During 2016, BCBSNEI formed Sapphire Edge Inc. (SEI), a wholly owned subsidiary of BCBSNEI. SEI is a mutual benefit corporation established to offer for sale Medicare Advantage products to Nebraska consumers. Blue Cross Blue Shield of Michigan (BCBSM) performs managerial responsibilities and services under a Management Services Agreement. In addition, the parties entered into a quota share reinsurance agreement effective January 1, 2017, where each will reinsure and indemnify SEI with BCBSNEI and BCBSM assuming 60% and 40% respectively. The company made contributions of $2,740,000 in 2022, and $5,500,000 in 2023 to SEI for operating expenses. BCBSNEI's investment in SEI is $3,855,839 and $2,460,596 on December 31, 2023, and December 31, 2022, respectively.

BCBSNEI owns a 5% ownership interest in Community Care Health Plan of Nebraska, Inc (CCHP). CCHP was established to sell Medicaid in the state of Nebraska, BCBSNEI funded the investment with $6,760,000 in October 2020. BCBSNEI's investment in CCHP is $8,733,132 and $9,156,700 at December 31, 2023 and December 31, 2022, respectively. Effective January 1, 2024, CCHP has lost their contract with the State of Nebraska and has subsequently filed a protest.

BCBSNEI's ownership of other affiliated entities is less than 10% of admitted assets.

At December 31, 2023, the Company reported $2,974,123 as amounts due from affiliates, which consisted of expenses net of taxes Sapphire Edge owed of $2,809,177, Goodlife Solutions of $117,798 and an additional receivable with Think Nebraska, LLC (Think) of $47,148. The Sapphire Edge and Goodlife Solutions balance were settled in January of 2023. In addition, there is a payable to Goodlife Partners of $427,578 which was settled in January 2023. The previous receivable related to the Think line of credit totaling $34,846,714 at December 31, 2022 including interest, which had previously been non-admitted, was impaired in 2022. The portion of the balance related to previously accrued interest of $9,797,343 was expensed within net investment income in 2022. The Company determined that the line of credit was unlikely to be paid back as a result of continuing losses. Think is owned 100% by BCBSNEI's parent company GoodLife Solutions, Inc.

BCBSNEI has an administrative service agreement for our Rx program with Prime in which BCBSNEI paid and expensed $9,653,085 and $8,091,249 in fees in 2023 and 2022. In 2022, the Company began receiving MAF revenue from Prime. BCBSNEI received and accrued $20,408,316 in 2023 and $17,009,065 in 2022, of which $15,598,260 in 2023 and $12,804,645 in 2022, was used to offset administrative expense and $4,810,056 in 2023 and $4,204,420 in 2022, respectively, was included in Administrative Services Income in Note 10.

On January 29, 2016, BCBSNEI and SEI entered into a management service agreement, whereby 100% of all SEI related expenses shall be allocated from BCBSNEI to SEI. SEI is 100% owned by BCBSNEI. SEI desires to retain BCBSNEI to provide certain services customary, appropriate and reasonable to support a Medicare Advantage Organization in administration of its Medicare Advantage and Part D products. SEI and BCBSNEI also have a Quota Share Agreement effective January 1, 2017, as discussed above. BCBSNEI paid and expensed $13,212,450 and $14,743,275 in fees during 2023 and 2022, respectively.

NOTE 6 - RETIREMENT PLANS, DEFERRED COMPENSATION, POST EMPLOYMENT AND OTHER POSTRETIREMENT BENEFIT PLANS AND COMPENSATED ABSENCES

Defined Benefit Plan

The Company participates in the Blue Cross and Blue Shield Association's National Retirement Program which is a defined benefit pension plan covering all employees that have five or more years of service as of December 31, 2005. Effective January 1, 2006, the Company limited participation in the defined benefit retirement plan to those individuals who have five years or more of service and were fully vested at that date. The defined benefits are based on years of service and the employee's final average compensation. In 2022, BCBSNEI made a $10,110,000 million contribution to the plan. In 2023, BCBSNEI made a $1,100,000 contribution to the plan. The pension plan's accumulated benefit obligation was valued as of December 31, 2022, using a discount rate of 5.15% and as of December 31, 2023 using a discount rate of 5%. The net periodic benefit costs were calculated using a discount rate of 5.15% for 2023 and a discount rate of 3.05% for 2022.

In 2022, settlement accounting was triggered for the Company's defined benefit plan due to the number of retirements and also due to terminated vested employees taking lump-sum payments. Settlement accounting resulted in accelerated recognition of the unrecognized loss that was to be amortized over the expected working life of the population participating in the plan. Due to the dollar amount of the lump sums equaling more than is allowed under an actuarially determined formula, the unrecognized loss must be recognized immediately. For 2022, the settlement expense was $269,761. In 2023, the settlement expense was not triggered.

In 2022, the actual return on plan assets was a gain of $12,684,179 and, in 2023, the actual return on plan assets was a gain of $4,479,359.

Effective as of December 31, 2014, BCBSNEI froze the defined benefit plan which resulted in no future service cost being recognized but the plan still recognizes increases in pensionable compensation.

The decrease in pension liability of $3,664,556 and $25,363,618 for the years ended December 31, 2023 and 2022, respectively, was recorded in policyholder surplus.

The National Employee Benefits Committee (NEBC) of the Blue Cross and Blue Shield Association filed a lawsuit against Allianz Global Investors (Allianz) and Aon Hewitt Investment Consulting (AON) for breach of fiduciary duty and breach of contract arising from the Structured Alpha investment strategies implemented by Allianz that resulted in substantial losses of ERISA plan assets in the National Retirement Trust (NRT). NEBC has reached a settlement agreement with Allianz in 2022 and BCBSNEI was allocated approximately $20.8 million in net recovery from the Allianz settlement, and such amount was deposited into the defined benefit plan assets on behalf of BCBSNEI. Such amount deposited resulted in an increase in plan assets with return on assets.

Financial information regarding the defined benefit plan is as follows:

		2023		2022
Changes in projected benefit obligation				
Projected benefit obligation at beginning of year	**$**	**51,220,149**	$	63,714,898
Service Cost		**-**		535,000
Interest cost		**2,412,866**		1,811,945
Benefit payments (includes lump sum settlements)		**(2,718,399)**		(5,780,324)
Actuarial (gains) losses		**(1,420,815)**		(9,061,370)
Projected benefit obligation at end of year	**$**	**49,493,801**	$	51,220,149
Accumulated benefit obligation	**$**	**46,264,233**	$	47,338,109
Change in plan assets				
Fair value of plan assets at beginning of year	**$**	**46,670,535**	$	29,656,680
Actual return on assets (net of expenses)		**4,479,359**		12,684,179
Employer contributions		**1,100,000**		10,110,000
Benefit payments		**(2,718,399)**		(954,380)
Lump sum settlements		**-**		(4,825,944)
Fair value of plan assets at end of year	**$**	**49,531,495**	$	46,670,535
Funded status reconciliation				
Overfunded		**37,694**		
Assets (nonadmitted)		**(37,694)**		
Accrued benefit costs		**763,759**		1,686,511
Total assets (nonadmitted)	**$**	**763,759**	$	1,686,511
Underfunded				
Liabilities recognized				
Liability for pension benefits		**(763,759)**	$	2,863,103
Total liabilities recognized	**$**	**(763,759)**	$	2,863,103
Unrecognized liabilities	$	**-**	$	-
Components of net periodic benefit cost				
Service cost	**$**	**260,000**	$	535,000
Interest cost		**2,412,866**		1,811,945
Expected return on assets		**(2,495,618)**		(1,350,352)
Amortization of actuarial loss		**-**		4,698,660
Settlement loss		**-**		269,761
Total net periodic benefit cost	**$**	**177,248**	$	5,965,014

		2023		2022
Amounts in unassigned funds(surplus) recognized as components of net periodic benefit costs				
Unrecognized items at beginning of year	**$**	**2,863,103**	$	28,226,721
Net gain and loss arising during the period		**(3,664,556)**		(20,395,197)
Net gain and loss recognized		**-**		(4,968,421)
Unrecognized items at end of year	**$**	**(801,453)**	$	2,863,103
Amounts in unassigned funds(surplus) that have not yet been recognized as components of net periodic benefit costs				
Net actuarial (gains)/losses	**$**	**(801,453)**	$	2,863,103
Total	**$**	**(801,453)**	$	2,863,103

Assumptions used to determine benefit obligations		
Measurement date	**12/31/2023**	12/31/2022
Discount rate	**5.00%**	5.15%
Rate of compensation increase	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Assumptions used in computing net periodic benefit cost		
Measurement date	**1/1/2023**	1/1/2022
Discount rate	**5.15%**	3.05%
Expected return on assets	**5.75%**	4.50%
Rate of compensation increase	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%

At December 31, 2023, the basis of the overall expected long-term rate of return on assets assumption is a forward-looking approach based on the current long-term capital market outlook assumptions of the asset categories the trust invests in and the trust's target asset allocation.

At December 31, 2023, the assumed target asset allocation for the program is: 15% - 25% equity securities, 69% - 79% debt securities, and 2% - 10% other securities.

Using a mean-variance model to project returns over a 30-year horizon under the target asset allocation, the 35th to 65th percentile range of annual rates of return is 5.4% - 6.4%

The company selected the expected return on asset assumption of 5.75% for 2023. This rate is net of both investment related expenses and a 0.10% reduction for other administrative expenses charged to the Trust.

Fair Value Measurements of Plan Assets at December 31, 2023:

Description for each class of plan assets	**Level 1**	**Level 2**	**Level 3**	**Total**
Government Obligations	**$ -**	**$ 2,303,941**	**$ -**	**$ 2,303,941**
Non-Agency Backed Securities	**-**	**-**	**-**	**-**
Corporate Obligations	**-**	**12,195,304**	**-**	**12,195,304**
Limited Liability Corporations	**-**	**-**	**-**	**-**
Real Estate	**-**	**-**	**2,420,698**	**2,420,698**
Registered Investments	**1,917,729**	**-**	**-**	**1,917,729**
Common/Collective Trusts	**-**	**30,495,486**	**-**	**30,495,486**
Common stocks	**-**	**-**	**-**	**-**
Interest-bearing Cash	**198,336**	**-**	**-**	**198,336**
Derivatives	**-**	**-**	**-**	**-**
Total assets measured at fair value	**$ 2,116,066**	**$ 44,994,732**	**$ 2,420,698**	**$ 49,531,495**

Fair Value Measurements of Plan Assets at December 31, 2022:

Description for each class of plan assets	Level 1	Level 2	Level 3	Total
Government Obligations	$ -	$ 2,612,345	$ -	$ 2,612,345
Non-Agency Backed Securities	-	5,126	-	5,126
Corporate Obligations	-	11,035,421	-	11,035,421
Limited Liability Corporations	-	-	-	-
Real Estate	-	-	2,725,359	2,725,359
Registered Investments	1,705,902	-	-	1,705,902
Common/Collective Trusts	-	29,714,311	-	29,714,311
Common stocks	-	-	-	-
Interest-bearing Cash	(1,127,930)	-	-	(1,127,930)
Derivatives	-	-	-	-
Total assets measured at fair value	$ 577,973	$ 43,367,204	$ 2,725,359	$ 46,670,535

The investment program for the National Retirement Trust is based on the precepts of capital market theory that are generally accepted and followed by institutional investors, who by definition are long-term oriented investors. This philosophy holds that:

1. Increasing risk is rewarded with compensating returns over time and therefore, prudent risk taking is justifiable for long-term investors.
2. Risk can be controlled through diversification of asset classes and investment approaches as well as diversification of individual securities.
3. Risk is reduced by time, and over time the relative performance of different asset classes is reasonably consistent. Over the long term, equity investments have provided and should continue to provide superior returns over other security types. Fixed-income securities can dampen volatility and provide liquidity in periods of depressed economic activity. Lengthening duration of fixed income securities may reduce surplus volatility.
4. The strategic or long-term allocation of assets among various asset classes is an important driver of long term returns.
5. Relative performance of various asset classes is unpredictable in the short-term and attempts to shift tactically between asset classes are unlikely to be rewarded.

Investments will be made for the sole interest of the participants and beneficiaries of the programs participating in the National Retirement Trust. Accordingly, the assets of the National Retirement Trust shall be invested in accordance with these objectives:

1. To ensure assets are available to meet current and future obligations of the participating programs when due.
2. To earn the maximum return that can be realistically achieved in the markets over the long term at a specified and controlled level of risk in order to minimize future contributions.
3. To invest assets with consideration of the liability characteristics in order to better align asset and liabilities.
4. To invest the assets with the care, skill, and diligence that a prudent person acting in a like capacity would undertake. The Committee acknowledges that, in the process, it has the objective of controlling the costs involved with administering and managing the investments of the National Retirement Trust.
5. The target asset allocation for the company is as follows: 15% - 25% equity securities, 69% - 79% debt securities, and 2% - 10% other securities.

The Company estimates that a $1.1 million contribution will be made to the qualified program in 2024. This is management's current best estimate of total contributions for the year and should not be construed as a commitment to fund this amount. Management has discretion to fund more or less based on circumstances throughout the year.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

2024	$	8,879,000
2025		6,515,000
2026		5,471,000
2027		4,691,000
2028		4,522,000
2029-2033		18,025,000

Supplemental Retirement Program

The Company established an Executive Nonqualified Deferred Compensation Plan (DC Plan) effective January 1, 2011, for the benefit of a select group of Executives as designated by the Board of Directors. The Company contributed $1,155,899 in 2023 and expensed $1,399,493 in 2023. The Company contributed $1,275,313 in 2022 and expensed $1,626,148 in 2022.

Defined Contribution Plans

401(k) Plan

The Company has Tax-Favored Savings Plans under Section 401(k) of the Internal Revenue Code (IRC). As of January 1, 2021, all eligible employees are auto enrolled at 6% deferral rate upon hire. The Plans allow employees to defer a portion of their income on a pre-tax basis through contributions to the 401(k) Plans, for every dollar the employee contributes, up to 6% of the employee's wages, BCBSNEI will make contributions based on a 100% match on the first 6% of compensation contributed.

All employees are immediately 100% vested in their contributions and are eligible for the company match immediately upon employment. All employees and employer safe harbor contributions are 100% vested immediately.

The amount expensed under the Plans for BCBSNE were $5,864,356 for 2023 and $5,317,962 in 2022.

Nonqualified Deferred Compensation Program (401(k) Wrap Plan)

In addition to the Tax-Favored Savings Plans noted above, BCBSNEI provides a Nonqualified Deferred Compensation Plan to provide certain employees the opportunity to make elective contributions and receive employer matching contributions in excess of those permitted under the Employer's Tax-Favored Savings Program and the Code (Internal Revenue Code of 1986). This Plan is considered an unfunded plan for IRC purposes with any assets set aside to fund the Plan subject to the general creditors of BCBSNEI. The Company's expense for this Plan was $752,134 in 2023 and $732,016 in 2022.

Defined Contribution Plan (replacing the Defined Benefit plan)

Effective January 1, 2006, the Company established a Qualified Defined Contribution Plan for those employees who had less than five years of service as of December 31, 2005 and therefore, were not participants in the Company's defined benefit plan. Effective January 1, 2021 BCBSNEI changed the plan and any supplemental, discretionary amount BCBSNE contributes to employee 401(k) plans will be made on an annual basis rather than on the current per pay period basis. A new employee becomes eligible for the Defined Contribution Plan on the first day of the quarter following six months of employment. Employees are fully vested after three years of service. The Company contribution and expense under this Plan was $3,003,834 in 2023 and $3,832,371 in 2022.

Post Retirement Benefit Plan

The Company provides certain health care and life insurance benefits ("postretirement benefits") for retired employees. Health coverage provided to retirees varies based upon a number of factors including years of service. The postretirement medical program was amended effective January 1, 2008 to provide defined dollar benefits. Life Insurance benefits are calculated based on the amount of the employee's final salary and age. The retiree medical and retiree life insurance plans were amended as of January 1, 2021 and frozen to new entrants. The retiree medical pre-65 grandfathers those that already met the eligibility requirements as of December 31, 2020. The amendment capped the life insurance benefit at $50,000 for current retirees already in the plan. Effective January 1, 2021 the retiree medical plan for Medicare eligible age (65+) plan transitioned to a Group Medicare Advantage plan with BCBSNEI no longer subsidizing the premiums.

The decrease in postretirement liability which was recorded in policyholder surplus as a reduction of ($4,700,274) and ($4,807,979), for the years ended December 31, 2023 and 2022, respectively.

Financial information regarding the postretirement benefit plan is as follows:

	Health Benefits		Life Benefits	
	2023	2022	**2023**	2022
Change in benefit obligation				
Projected benefit obligation at beginning of year	**$ 731,077**	$ 1,323,167	**$ 1,723,163**	$ 2,292,220
Service cost	**6,057**	9,078	**-**	-
Interest cost	**29,044**	22,927	**80,029**	60,908
Benefit payments (net of contributions)	**(76,221)**	(311,872)	**(12,014)**	(16,510)
Actuarial losses (gains)/losses	**(161,715)**	(312,223)	**(176,253)**	(613,455)
Program Amendments	**-**	-	**-**	-
Projected benefit obligation at end of year	**$ 528,242**	$ 731,077	**$ 1,614,925**	$ 1,723,163
Funded status reconciliation				
Underfunded				
Liabilities recognized				
Accrued benefit costs	**$ 7,783,048**	$ 12,730,705	**$ 3,874,026**	$ 3,937,716
Liability/(contra-liability) for benefits	**(7,254,806)**	(11,999,628)	**(2,259,101)**	(2,214,553)
Total liabilities recognized	**$ 528,242**	$ 731,077	**1,614,925**	$ 1,723,163
Components of net periodic benefit cost				
Service cost	**$ 6,057**	$ 9,078	**$ -**	$ -
Interest cost	**29,044**	22,927	**80,029**	60,908
Amortization of prior service cost	**(2,579,610)**	(2,579,610)	**(86,689)**	(86,689)
Amortization of net (gain)/loss	**(2,326,927)**	(3,067,358)	**(45,016)**	-
Loss recognition due to a settlement or curtailment	**-**	-	**-**	-
Total net periodic benefit cost	**$ (4,871,436)**	$ (5,614,963)	**$ (51,676)**	$ (25,781)
Amounts in unassigned funds(surplus) recognized as components of net periodic benefit costs				
Unrecognized items at beginning of year	**$ (11,999,628)**	$ (17,334,373)	**$ (2,214,553)**	$ (1,687,787)
Net prior service cost or credit recognized	**2,579,610**	2,579,610	**86,689**	86,689
Net (gain)/loss arising during the period	**(161,715)**	(312,223)	**(176,253)**	(613,455)
Net gain/(loss) recognized	**2,326,927**	3,067,358	**45,016**	-
Post/Service Cost/(credit)	**-**	-	**-**	-
Unrecognized items at end of year	**$ (7,254,806)**	$ (11,999,628)	**$ (2,259,101)**	$ (2,214,553)
Amounts in unassigned funds(surplus) that have not yet been recognized as components of net periodic benefit costs				
Net prior service cost/(credit)	**$ (3,739,233)**	$ (6,318,843)	**$ (1,296,863)**	$ (1,383,552)
Net actuarial (gains)/losses	**(3,515,573)**	(5,680,785)	**(962,238)**	(831,001)
Total	**$ (7,254,806)**	$ (11,999,628)	**$ (2,259,101)**	$ (2,214,553)

	Health Benefits	Health Benefits	Life Benefits	Life Benefits
Assumptions used to determine benefit obligations				
Measurement date	**12/31/2023**	12/31/2022	**12/31/2023**	12/31/2022
Discount rate	**4.90%**	5.10%	**4.90%**	5.10%
Rate of compensation increase	**N/A**	N/A	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Health care cost trend rate assumed for next year	**N/A**	N/A		
Ultimate health care cost trend rate	**N/A**	N/A		
Year that the rate reaches the ultimate trend rate	**N/A**	N/A		
Assumptions used in computing net periodic benefit cost				
Measurement date	**1/1/2023**	1/1/2022	**1/1/2023**	1/1/2022
Discount rate	**5.10%**	2.70%	**5.10%**	2.70%
Expected return on assets	**N/A**	N/A	**N/A**	N/A
Rate of compensation increase	**N/A**	N/A	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Health care cost trend rate assumed for next year	**N/A**	N/A		
Ultimate health care cost trend rate	**N/A**	N/A		
Year that the rate reaches the ultimate trend rate	**N/A**	N/A		

The health care cost trend assumption does not have a material impact for 2023 and 2022 as the employer has capped its premium contribution and also frozen the plan effective January 1, 2021 to new entrants.

The Company expects to fund the actuarial benefit payments as they become due.

The following health and life benefit payments and Medicare receipts, which reflect expanded future service, as appropriate, are expected to be (paid) as follows:

	Other Benefits Gross	Medicare Receipts
2024	$ (273,000)	$ -
2025	(269,000)	-
2026	(226,000)	-
2027	(203,000)	-
2028	(163,000)	-
2029-2033	(589,000)	-

NOTE 7 - POLICY AND CONTRACT CLAIMS

The Company recorded a total liability for policy and contract claims of $205,321,387 and $217,829,816 as of December 31, 2023 and 2022, including a liability for unpaid claim adjustment expenses of $32,193,409 and $32,364,863, respectively, and a liability for accrued medical incentive pool and bonus amounts of $10,160,288 and $8,240,609, respectively. An analysis of the liability for policy and contract claims, excluding claim adjustment expenses, follows:

	2023	2022
Balance at beginning of the year	**$ 185,464,953**	$ 185,067,278
Incurred related to		
Current year	**1,631,191,792**	1,550,302,328
Prior year	**(17,804,079)**	(27,873,343)
Total incurred	**1,613,387,713**	1,522,428,985
Change in healthcare receivables	**(14,153,062)**	(3,417,376)
Change in reinsurance recoverable	**-**	32,770
Paid related to		
Current year	**1,478,703,952**	1,374,362,389
Prior year	**161,173,798**	151,053,527
Total paid	**1,639,877,750**	1,525,415,916
Balance at end of the year	**$ 173,127,978**	$ 185,464,953

During 2023 and 2022, the Company had favorable development of $17,804,079 and $27,873,343, respectively, related to prior years. The amount of subrogation recoverable netted against claim reserves for 2023 was $10,000,000 and for 2022 was $10,000,000.

The current reserve model was implemented in 2011. This model combines a standard completion factor and a projected PMPM model on a sliding scale. Also, a specific provision for adverse deviations (PAD) to be applied consistently to the model was introduced in place of varying judgment from month to month.

NOTE 8 - HEALTHCARE REFORM

Medical Loss Ratio

The ACA established minimum medical loss ratio (MLR) standards for health insurers. These new standards were effective for 2011 and are required to be reported to the Department of Health and Human Services (HHS). The reporting date for 2023 MLR is July 31, 2024. Based on the MLR standards, the Company is required to pay a pro-rata rebate to individual members or groups if the incurred MLR for Individual or Small Group business is less than 80% and Large Group is less than 85%. At December 31, 2023 and December 31, 2022, the Company's estimate of the MLR for Individual, Small Group and Large Group were all above the established MLR thresholds and no rebates are due.

The report due to HHS on July 31, 2024, requires a three month look back of December 31, 2023 unpaid claims activity through March 31, 2024 for the purpose of updating the estimated 2023 MLR calculations.

Risk-sharing Provisions of the Patient Protection and Affordable Care Act

During 2023 and 2022, the Company wrote health insurance premiums which are subject to the ACA risk sharing provisions.

The ACA's permanent risk adjustment program (RA) is intended to reinforce market rules that prohibit risk selection by insurers. RA accomplishes this by transferring funds from plans with lower-risk enrollees to plans with higher-risk enrollees. The goal of RA is to encourage insurers to compete based on the value and efficiency of their plans rather than by attracting healthier enrollees. To the extent that risk selecting behavior by insurers, or decisions made by enrollees, drive up costs in the health insurance marketplaces (for example, if insurers selling outside the Exchange try to keep premiums low by steering applicants with greater health needs to Exchange coverage), RA also works to stabilize premiums and the cost of tax credit subsidies to the federal government. The RA amounts recorded by the Company as of December 31, 2023, and 2022 are:

Permanent PPACA Risk Adjustment Program

	2023	2022
Assets		
- Premium adjustments receivable due to ACA RA	$ **26,347**	$ -
Liabilities		
- Risk adjustment user fees payable for ACA RA	**-**	-
- Premium adjustments payable due to ACA RA	**8,240,000**	5,980,000
Operations (Revenue & Expenses)		
- Reported as revenue in premiums (written/collected) due to ACA RA	**(6,114,259)**	(8,741,036)
- Reported in expenses (benefits under health policies) as ACA RA user fees (incurred/paid)	**-**	-

In accordance with SSAP No. 107, the following roll forward of prior year ACA Risk Sharing Provisions (gross of any non-admission) with reasons for adjustments to prior year balance is presented.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)
	1	2	3	4	5	6
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program						
1. Premium adjustments receivable	-	-	198,614	-	(198,614)	-
2. Premium adjustments (payable)	-	(5,980,000)	-	(3,899,221)	-	(2,080,779)
3. Subtotal ACA Permanent Risk Adjustment Program	-	(5,980,000)	198,614	(3,899,221)	(198,614)	(2,080,779)
b. Transitional ACA Reinsurance Program						
1. Amounts recoverable for claims paid	-	-	-		-	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-			-	-
3. Amounts receivable relating to uninsured plans	-	-			-	-
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-	-			-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-
c. Temporary ACA Risk Corridors Program						
1. Accrued retrospective premium	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions	**-**	**(5,980,000)**	**198,614**	**(3,899,221)**	**(198,614)**	**(2,080,779)**

	Adjustments			Unsettled Balances as of the	
	To Prior Year Balances	To Prior Year Balances	9	Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	7	8	9	10	11
	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program					
1. Premium adjustments receivable	224,961	-	A	26,347	-
2. Premium adjustments (payable)	-	2,080,779	B	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	224,961	2,080,779		26,347	-
b. Transitional ACA Reinsurance Program					
1. Amounts recoverable for claims paid	-	-	C	-	-
2. Amounts recoverable for claims unpaid (contra liability)	-		D	-	-
3. Amounts receivable relating to uninsured plans			E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium			F		
5. Ceded reinsurance premiums payable	-	-	G	-	-
6. Liability for amounts held under uninsured plans	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-		-	-
c. Temporary ACA Risk Corridors Program					
1. Accrued retrospective premium	-	-	I	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-		-	-
d. Total for ACA Risk Sharing Provisions	**224,961**	**2,080,779**		**26,347**	**-**

Explanation of Adjustments

A Adjusted receivable in 4th quarter due to updated information.

B Adjusted payable in 3rd quarter due to updated information.

C

D

E

F

G

H

I

J

NOTE 9 - CAPITAL AND POLICYHOLDER SURPLUS

Blue Cross and Blue Shield of Nebraska reorganized from a mutual benefit insurance company to a stock insurance company effective July 1, 2018. The stock insurance company is called BCBSNEI and will do business in that name. As part of the reorganization GSI was formed as a new intermediate stock holding company and BCBSNEI is a wholly owned subsidiary of GSI. BCBSNEI has 500,000 shares authorized with a par value of $100, 10 shares issued and 10 shares outstanding. All shares are common stock. BCBSNEI has no preferred stock outstanding.

Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the state of Nebraska to not exceed any dividend or distribution of cash or other property the fair market value of which together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of (a) ten percent of such insurer's policyholders surplus as of December 31 next preceding or (b) the net income, not including realized capital gains, for the twelve-month period ending December 31 next preceding but shall not include pro rata distributions of any class of the insurer's own securities. In determining whether a dividend or distribution is extraordinary, BCBSNEI may carry forward net income from the previous two calendar years that has not already been paid out as dividends. This carryforward shall be computed by taking the net income from the second and third preceding calendar years, not including realized capital gains, less dividends paid in the second and immediately preceding calendar years. During 2023, BCBSNEI can pay extraordinary dividends to its parent of $35,822,728 with prior approval of regulatory authority. In 2023, BCBSNEI distributed a cash dividend of $8 million to GSI who in return distributed the $2 million to GPI, in order to cover operating expenses incurred by GPI. During 2022, BCBSNEI distributed a cash dividend of $3 million to GSI who in return distributed the $3 million to GPI, in order to cover operating expenses incurred by GPI.

There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. There were no restrictions placed on the Company's surplus.

Policyholder surplus is reduced by the following non-admitted assets:

	2023	2022
Non-admitted assets:		
Pharmaceutical rebates and other health care receivables	**$ 7,267,184**	$ 5,976,061
Furniture and fixtures	**2,185,391**	1,260,392
EDP equipment and software	**170,916**	192,028
Prepaid expenses	**10,902,305**	8,523,850
Invested assets	**1,001,920**	1,002,025
Miscellaneous receivable	**9,505,546**	8,027,159
Total non-admitted assets	**$ 31,033,262**	$ 24,981,515

NOTE 10 - GAIN OR LOSS FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

The Company is engaged as administrator for a number of uninsured and partially insured plans and paid benefits for these plans totaling $933,428,408 in 2023 and $768,963,552 in 2022. A summary of financial results thereon follows:

2023	Cost Plus
Administrative services income	**$ 90,524,953**
Allocated costs using full absorption costing	**(101,277,369)**
Total net (loss) from operations	**$ (10,752,416)**
2022	
Administrative services income	$ 73,215,213
Allocated costs using full absorption costing	(84,903,712)
Total net (loss) gain from operations	$ (11,688,499)

Agency Contracts and Expense Reimbursements

The Company is a member of the Blue Card Program, and by agreement processed claims for others and the related reimbursements have been excluded from the statutory statements of operations.

The Company allocates its operating expenses by various lines of business to determine the expense reimbursements where BCBSNEI acts as a fiscal intermediary for other federal health programs and other reimbursable lines of business.

The following is a summary of claims processed for the Blue Card Program for the years ended December 31:

	2023	2022
Blue Card Program	**$ 1,499,315,015**	$ 1,392,891,103

The following is a summary of operating expense reimbursements:

	2023	2022
Blue Card Program	**$ 45,609,999**	$ 11,653,411

NOTE 11 - LEASES

The Company has several lease agreements for the use of office space, data processing, other equipment, and storage space. The agreements expire on various dates through 2045. In most cases, management expects to renew these leases or replace them with similar leases. Total rent expenses for these leases and other month-to-month leases were approximately $21,168,509 in 2023 and $22,242,291 in 2022.

Effective January 1, 2020, the existing BCBSNEI Credit Tenant Lease (CTL) was terminated, and a new CTL facility was established. This new lease provides for more favorable rates and extends the lease term to 26 years. The landlord is QuadTech, LP. The lease expense is included below.

Years Ending December 31,	Operating Leases
2024	$ 7,781,064
2025	7,779,089
2026	7,868,549
2027	7,959,037
2028	8,050,566
Thereafter	151,932,080
	$ 191,370,385

NOTE 12 - HEALTHCARE RECEIVABLES

The Company has contracted with Prime LLC, a pharmaceutical benefits manager, to provide pharmaceutical services and obtain pharmacy rebates from drug manufacturers. The estimate for the fourth quarter is based on the previous quarter's actual prescriptions, which are confirmed/invoiced by the Company's pharmaceutical benefit manager. At December 31, 2023 and 2022, the Company had a total pharmacy rebates receivable of $100,918,191 and $79,921,950, respectively, of which is $93,651,007 and $73,945,889 is an admitted asset. The current year receivable of $100,918,191 contains $68,092,576 related to fully insured business and $32,825,615 related self-insured business.

Quarter Ending	Estimated Pharmacy Rebates	Pharmacy Rebates Invoiced/Confirmed as an admitted asset	Actual Rebates Collected Within 90 days of Invoicing/Confirmation	Actual Rebates Collected Within 91 to 180 days of Invoicing/Confirmation	Actual Rebates Collected More Than 180 Days of Invoicing/Confirmation
12/31/2023	**$ 49,129,740**	**$ -**	**$ 981,359**	**$ -**	**$ -**
9/30/2023	**45,494,223**	**46,959,092**	**1,456,467**	**-**	**-**
6/30/2023	**39,836,867**	**46,049,267**	**38,332,259**	**5,696,401**	**-**
3/31/2023	**36,317,720**	**40,253,971**	**33,654,160**	**4,610,770**	**354,578**
12/31/2022	$ 37,494,709	$ 36,467,055	$ 31,016,029	$ 5,687,327	$ (7,164)
9/30/2022	36,609,434	36,463,547	32,707,094	5,438,097	(63,832)
6/30/2022	33,483,682	36,938,774	29,797,390	5,093,578	240,076
3/31/2022	35,225,445	33,655,256	27,057,867	5,471,245	683,869
12/31/2021	$ 33,571,935	$ 35,055,839	$ 30,391,455	$ 5,585,255	$ 642,380
9/30/2021	32,989,522	33,417,790	28,751,534	5,175,673	1,080,777
6/30/2021	30,387,530	32,888,895	25,570,240	5,058,123	671,962
3/31/2021	30,538,802	30,407,955	23,612,697	5,503,926	501,830
	$ 441,079,610	$ 408,557,442	$ 303,328,549	$ 53,320,394	$ 4,104,476

The Company does not have any pharmacy risk sharing receivables at December 31, 2023 and 202.

NOTE 13 - REINSURANCE

Assumed Reinsurance

Effective January 1, 2017, the Company entered into a reinsurance agreement with Sapphire Edge Inc (SEI), a wholly owned affiliate of the Company, in which the Company assumes reinsurance ceded from SEI. Premiums assumed in 2023 and 2022 were $56,833,912 and $57,082,713, respectively. Claims assumed in 2023 and 2022 were $58,010,461 and $56,684,776, respectively, and assumed commissions expensed for 2023 and 2022 were $6,899,116 and $7,575,034, respectively.

Effective April 1, 2020, the Company entered into a reinsurance agreement with HM Life Insurance Company (HMLI) in which the Company assumes reinsurance through a 50% quota share agreement on specific stop loss and aggregate stop loss business. Premiums assumed in 2023 and 2022 were $25,492,595 and $24,821,386, respectively. Reinsurance payable on paid and unpaid losses at December 31, 2023 and December 31, 2022 were $4,689,481 and $5,157,193, respectively.

Ceded Reinsurance

Effective January 1, 2016, the Company purchased excess loss reinsurance from BCS Insurance Company (BCS), a non-affiliated reinsurer. This BCS reinsurance contract is for insured medical claims in excess of $2,000,000. At December 31, 2023 and 2022, there were no amounts recoverable from BCS which have been netted against Unpaid Policy and Contract Claims Reserves. Premiums ceded under the BCS contract was $4,064,754 and $903,648 in 2023 and 2022, respectively. Amounts recovered under the BCS contract was $0 in 2023 and 2022, respectively.

The Company cedes 70% of its individual Long-Term Care premiums and claims to Genworth Life Insurance Company (Genworth). Premiums ceded were $2,552,226 and $2,249,240 in 2023 and 2022, respectively. Unearned premiums were $63,311,365 and $62,368,050 at December 31, 2023 and 2022. Reserve credits for unearned premiums were $16,083,556 and $16,495,665 at December 31, 2023 and 2022, respectively. The Company is currently seeking to recapture the ceded risk from Genworth.

No policies have been issued by the Company that have been reinsured with a company chartered in a country other than the United States that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business. The Company does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits. The Company does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premiums collected under the reinsured policies. The Company has not executed or amended any new agreements, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement.

NOTE 14 - COMMITMENT AND CONTINGENCIES

Assessments

In accordance with SSAP No. 35R, *Guaranty Fund and Other Assessments*, BCBSNEI has accrued a liability of $221,423 and $191,050, at December 31, 2023 and 2022, respectively, for estimated guaranty fund assessments. This liability is for the Nebraska Guaranty Fund related to future insurance company insolvencies and is based on information provided by the National Organization of Life and Health Insurance Association (NOLHGA). During 2023 and 2022, BCBSNEI's premium taxes paid were offset by $0 and $1,239,741, respectively, from previously paid Nebraska Life & Health Insurance Guaranty Association assessments.

There were no assessments made in 2023 and 2022. The Company doesn't expect any potential assessments to have a material effect on the Company.

Commitments

BCBSNEI has commitments outstanding to various private equity investments that are not listed in Note 5 of $17,806,902 in 2023 and $15,372,437 in 2022.

All Other Contingencies

The Company is involved in various claims, lawsuits, federal and state tax examinations and proceedings that arose in the ordinary course of business. While these actions are being contested, the outcome of individual matters is not predictable with assurance. The Company does not believe that any liability resulting from any of the actions will have a material adverse effect on its financial position, statement of operations, policyholder's surplus, cash flows, or liquidity.

BCBSNEI is a defendant in a multi-district class action lawsuit brought by two groups of plaintiffs against all Blue Cross and Blue Shield plans – policyholder plaintiffs and provider plaintiffs. BCBSNEI established a litigation reserve of $18,600,000 at December 31, 2019, based on its analysis of the relevant facts and circumstances and related primarily to settlement negotiations with certain policyholder plaintiffs. BCBSNEI recorded the reserve as a charge to the statement of operations in 2019. In December 2020, BCBSNEI paid $2,568,805 and in 2022 paid an additional amount of $14,577,969 to settle claims made by those policyholder plaintiffs. Based on analysis of the current facts and circumstances related primarily to ongoing settlement negotiations with certain provider plaintiffs, BCBSNEI has increased its accrual for this matter by $24,234,826 at December 31, 2022. No changes to such accruals occurred in 2023.

BCBSNEI is the guarantor on the lease of a building used by Think Aksarben, LLP and in place with TREI Partners, LLC. The remaining term of the lease is 21.5 years and has remaining payments due of approximately $119.2 million.

On December 9, 2015, Kearney Regional Medical Center (KRMC) entered into a seven-year loan agreement with First National Bank of Omaha (FNBO) and Nebraska Land Bank (NLB) related to the construction of a medical facility. BCBSNEI provided a $9,000,000 and $1,000,000 guaranty with FNBO and NLB respectively. The guarantees have been completely absolved in 2022.

NOTE 15 - SUBSEQUENT EVENTS

Subsequent event disclosures have been evaluated through April 25, 2024, with the issue date of the report being April 25, 2024.

Subsequent to year-end, Change Healthcare experienced a material data breach which has caused significant disruption in the ability of healthcare providers across the United States to bill and collect outstanding claims. The Company continues to monitor the developments associated with the breach and at this time does not expect to have material financial statement impact.

Supplementary Information
December 31, 2023

BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross and Blue Shield Association

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
SUPPLEMENTAL SCHEDULE OF INVESTMENT RISKS INTERROGATORIES
DECEMBER 31, 2023

1. The Company's total admitted assets as reported on the accompanying statutory statement of admitted assets, liabilities and policyholder surplus are $1,013,157,562 at December 31, 2023.

2. Following are the ten largest exposures to a single issuer/borrower/investment, by investment category, excluding U.S. Government, U.S. Government agency securities and those U.S. Government money market funds listed in the Appendix to the *SVO Practices and Procedures Manual* as exempt and property occupied by the Company:

Investment Category/Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
Prime LLC	Other Invested Assets	$ 43,761,577	4.319 %
Azure Equity Management, LLC	Other Invested Assets	15,256,224	1.506
Goldenrod II LLC	Other Invested Assets	12,625,758	1.246
Goldenrod LLC	Other Invested Assets	12,606,891	1.244
Community Care Health Plan of Nebraska, Inc	Common Stock	8,733,132	0.862
International Plan Solutions, LLC	Other Invested Assets	6,272,515	0.619
SBA Tower Trust	Bond	5,003,349	0.494
Comcast Corp	Bond	5,002,086	0.494
Wells Fargo Company	Bond	4,687,437	0.463
National Securities Clearing	Bond	4,515,686	0.446

3. The Company's total admitted assets held in bonds by NAIC rating:

NAIC Rating	Amount	Percentage of Total Admitted Assets
NAIC - 1	$ 397,983,277	39.281 %
NAIC - 2	72,408,269	7.147
NAIC - 3	7,576,265	0.748
NAIC - 4	2,604,477	0.257
NAIC - 5		
NAIC - 6		

4. The Company's assets held in foreign investments are less than 2.5% of the total admitted assets.

5. Following are the largest three investments with contractual sales restrictions:

Name of Issuer	Amount	Percentage of Total Admitted Assets
Prime LLC	$ 43,761,577	4.319 %
Azure Equity Management, LLC	15,256,224	1.506
Goldenrod II, LLC	12,625,758	1.246

6. Following are the ten largest exposures to a single issuer/borrower/investment in equity interests, by investment category, including mutual funds, preferred stocks, publicly traded equity securities and other equity securities and excluding money market and bond mutual funds listed in the Appendix to the *SVO Practices and Procedures Manual* as exempt or Class 1.

Investment Category/Issuer	Amount	Percentage of Total Admitted Assets
Vanguard Instit Index S&P 500	$ 128,464,272	12.680 %
Prime LLC	43,761,577	4.319
Vanguard Extended Mkt Index - Inst	24,363,815	2.405
Azure Equity Management, LLC	15,256,224	1.506
Goldenrod II LLC	12,625,758	1.246
Goldenrod LLC	12,606,891	1.244
Community Care Health Plan of Nebraska, Inc	8,733,132	0.862
International Plan Solutions, LLC	6,272,515	0.619
BCS Financial Corporation	3,834,176	0.378
Blue Venture Partners IV, LLC	3,396,597	0.335

7. Assets held in nonaffiliated, privately placed equities are greater than 2.5% of the Company's admitted assets at December 31, 2023. The aggregate value of such investments was $82,724,819 or 9.9% of total admitted assets. The following are the largest three.

Investment Category/Issuer	Amount	Percentage of Total Admitted Assets
Prime LLC	$ 43,761,577	4.319 %
Goldenrod II LLC	12,625,758	1.246
Goldenrod, LLC	12,606,884	1.244

8. Assets held in general partnership interests are less than 2.5% of the Company's admitted assets at December 31, 2023.

9. The Company has no mortgage loans reported in its Annual Statement Schedule B at December 31, 2023 and the Company does not own any Real Estate reported on Schedule A as of December 31, 2023.

10. None of the Company's total admitted assets are subject to the following types of agreements: repurchase agreements, reverse repurchase agreements, dollar repurchase agreements, dollar reverse repurchase agreements, or securities lending.

11. The Company has no warrants that are not attached to other financial instruments, options, caps, and floors at December 31, 2023.

12. The Company has no potential exposure for collars, swaps, and forwards at December 31, 2023.

13. The Company has no potential exposure for futures contracts at December 31, 2023.

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
SUMMARY INVESTMENT SCHEDULE
DECEMBER 31, 2023

	Gross Investment Holdings *		Admitted Assets as Reported in the Annual Statement	
	Amount	Percentage	Amount	Percentage
Bonds				
U.S. Treasury securities	$ 131,921,840	18.1 %	$ 131,921,840	18.1 %
U.S. Government agency and corporate		-		-
obligations (excluding mortgage-		-		-
backed securities)		-		-
issued by U.S.		-		-
Government-sponsored agencies	-	-	-	-
Securities issued by states, territories		-		-
and possessions and political		-		-
subdivisions in the U.S.		-		-
States, territories and possessions		-		-
general obligations	3,468,022	0.5	3,468,022	0.5
Political subdivision of states,		-		-
territories and political		-		-
subdivision general obligations	1,730,000	0.2	1,730,000	0.2
Revenue and assessment obligation	173,686,701	23.8	173,686,701	23.8
Mortgage-backed securities		-		-
(includes residential and		-		-
commercial MBS) pass-through		-		-
securities. Issued or		-		-
guaranteed by FNMA and FHLMC		-		-
All other CMOs and REMICs:		-		-
Issued or guaranteed by GMNA,		-		-
FNMA, FHLMC or VA		-		-
Other debt and other fixed income		-		-
securities (excluding short term)		-		-
Unaffiliated domestic securities	169,765,725	23.2	169,765,725	23.3
Unaffiliated foreign securities		-		-
Equity interests:		-		-
Investments in mutual funds	166,388,127	22.8	166,388,127	22.8
Preferred stocks	-	-	-	-
Publicly traded equity securities		-		-
Affiliated	-	-	-	-
Unaffiliated	12,567,309	1.7	12,567,309	1.7
Other equity securities:		-		-
Affiliated	3,855,839	0.5	3,855,839	0.5
Unaffiliated	531,300	0.1	531,300	0.1
Real estate investments		-		-
Property occupied by company	-	-	-	-
Property held for production of income		-		-
Property held for sale	-	-	-	-
Receivables for securities	2,226,225	0.3	2,226,225	0.3
Cash, cash equivalents		-		-
and short-term investments	(33,349,237)	(4.6)	(33,349,237)	(4.6)
Other invested assets	97,984,481	13.4	96,982,561	13.3
	$ 730,776,332	100.0 %	$ 729,774,412	100.0 %

* – Gross investment holdings as valued in compliance with the NAIC *Accounting Practices and Procedures Manual*.

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
NOTE TO SUPPLEMENTARY INFORMATION
DECEMBER 31, 2023

NOTE – BASIS OF PRESENTATION

The accompanying schedules and interrogatories present selected statutory-basis financial data as of December 31, 2023 and for the year then ended for the purpose of complying with paragraph 9 of the Annual Audited Financial Reports in the Annual Audited Report section of the National Association of Insurance Commissioners' *Annual Statement Instructions* and the National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* and agree to or are included in the amounts reported in the Company's 2023 Statutory Annual Statement, as filed with the Insurance Department of Nebraska.

Statutory Financial Statements
December 31, 2024 and 2023

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross and Blue Shield Association

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BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.

Table of Contents

	Page
INDEPENDENT AUDITOR'S REPORT	1
STATUTORY FINANCIAL STATEMENTS	
Admitted Assets, Liabilities, and Policyholder Surplus	4
Operations and Changes in Policyholder Surplus	6
Cash Flows	7
Notes to Statutory Financial Statements	8
SUPPLEMENTARY INFORMATION	
Supplemental Schedule of Investment Risks Interrogatories	47
Summary Investment Schedule	49
Note to Supplementary Information	50

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CPAs & BUSINESS ADVISORS

Independent Auditor's Report

To the Board of Directors
Blue Cross and Blue Shield of Nebraska, Inc.
Omaha, Nebraska

Report on the Audit of the Statutory Financial Statements

Opinions

We have audited the accompanying statutory financial statements (financial statements) of Blue Cross and Blue Shield of Nebraska, Inc., which comprise the statutory statements of admitted assets, liabilities, and policyholder surplus as of December 31, 2024 and 2023, and the related statutory statements of operations and changes in policyholder surplus, and cash flows for the years then ended, and the related notes to the financial statements.

Unmodified Opinion on Regulatory Basis of Accounting

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the admitted assets, liabilities, and policyholder surplus of Blue Cross and Blue Shield of Nebraska, Inc. as of December 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended, on the basis of accounting described in Note 1.

Adverse Opinion on U.S. Generally Accepted Accounting Principles

In our opinion, because of the significance of the matter described in the Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles section of our report, the accompanying financial statements referred to above do not present fairly, in accordance with accounting principles generally accepted in the United States of America, the financial position of Blue Cross and Blue Shield of Nebraska, Inc. as of December 31, 2024 and 2023, or the results of its operations or its cash flows for the years then ended.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Blue Cross and Blue Shield of Nebraska, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

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Basis for Adverse Opinion on U.S. Generally Accepted Accounting Principles

As described in Note 1 to the financial statements, Blue Cross and Blue Shield of Nebraska, Inc. prepared these financial statements using accounting practices prescribed or permitted by the Insurance Department of the State of Nebraska, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The effects on the financial statements of the variances between the statutory basis of accounting described in Note 1 and accounting principles generally accepted in the United States of America, although not reasonably determinable, are presumed to be material and pervasive.

Emphasis of Matter

As discussed in Note 1 to the financial statements, Blue Cross Blue Shield of Nebraska, Inc. records certain fixed income investment securities at amortized cost in accordance with Statement of Statutory Accounting Principles (SSAP) No. 26R. Note 2 to the financial statements discloses the amount of the unrealized losses on these investments at December 31, 2024, that are not reflected in the Investment value within Admitted Assets or Policyholder Surplus. In the event liquidity requirements or investment strategies change in the future, some of these unrealized losses maybe realized to the extent these investments are sold or redeemed prior to maturity, or an impairment were to occur. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the accounting practices prescribed or permitted by the Insurance Department of the State of Nebraska. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Blue Cross and Blue Shield of Nebraska, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Blue Cross and Blue Shield of Nebraska, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Blue Cross and Blue Shield of Nebraska, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the basic statutory-basis financial statements taken as a whole. The *Supplemental Schedule of Investment Risks Interrogatories and the Summary Investment Schedule* are required to be presented to comply with the National Association of Insurance Commissioners' Annual Statement Instructions and the National Association of Insurance Commissioners' Accounting Practices and Procedures Manual and are not a required part of the basic statutory-basis financial statements. Such information included in the schedules referred to above is the responsibility of management, is presented for purposes of additional analysis and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the basic statutory-basis financial statements taken as a whole.

Ernst & Young LLP

Minneapolis, Minnesota
April 29, 2025

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND POLICYHOLDER SURPLUS
YEARS ENDED DECEMBER 31, 2024, AND 2023

ADMITTED ASSETS	2024	2023
Bonds	**$ 371,496,669**	$ 480,572,288
Equity interests		
Common stock	**200,789,335**	183,342,575
Cash, cash equivalents and short-term investments	**(34,562,738)**	(33,349,237)
Receivable for securities	**7,225,269**	2,226,225
Other invested assets	**106,057,555**	96,982,561
Total cash and invested assets	**651,006,090**	729,774,412
Investment income due and accrued	**2,459,572**	2,972,709
Premiums due and unpaid	**108,861,665**	48,086,770
Reinsurance Recoverables	**13,754,088**	11,767,835
Amounts due from Uninsured Plans	**57,690,532**	35,714,479
Income tax recoverable	**6,903,600**	-
Deferred tax asset	**9,021,672**	8,027,595
Guaranty funds receivable or on deposit	**202,462**	221,426
Data processing equipment, at cost, net of accumulated depreciation of $35,658,741 in 2024 and $36,924,088 in 2023.	**221,297**	213,760
Receivables from parent, subsidiaries and affiliates	**190,218**	2,974,125
Health care and other amounts receivable	**101,178,251**	93,651,007
Funds held by Federal Employee Program (FEP)	**39,646,818**	64,001,741
Other assets	**31,836,078**	15,751,703
	$ 1,022,972,343	$ 1,013,157,562

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES, AND POLICYHOLDER SURPLUS
DECEMBER 31, 2024, AND 2023

LIABILITIES AND POLICYHOLDER SURPLUS	2024	2023
Policy and contract claims reserves	**$ 233,750,048**	$ 195,161,099
Accrued medical incentive pool and bonus amounts	**10,932,484**	10,160,288
Aggregate health policy reserves:		
Reserve for premium rate credits	**77,374,787**	100,862,958
Federal employees program premiums	**39,646,818**	64,001,741
Long Term Care	**94,446,427**	33,998,154
Premiums received in advance	**25,093,398**	22,103,156
Amounts withheld or retained for others	**46,662,326**	39,380,264
General expenses due and accrued	**46,820,985**	47,794,758
Amounts due to parent, subsidiaries and affiliates	**22,281,174**	427,577
Other liabilities	**47,081,538**	61,040,285
Total liabilities	**644,089,985**	574,930,280
Policyholder surplus:		
Common Capital Stock (authorized 4,500,000 shares of $100 par value, 10 shares issued and outstanding at December 31, 2024 and December 31, 2023)	**1,000**	1,000
Gross paid in and contributed surplus	**(1,000)**	(1,000)
Policyholder surplus	**378,882,358**	438,227,282
Total policyholder surplus	**378,882,358**	438,227,282
	$ 1,022,972,343	$ 1,013,157,562

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF OPERATIONS AND CHANGES IN POLICYHOLDER SURPLUS
YEARS ENDED DECEMBER 31, 2024, AND 2023

OPERATIONS	2024	2023
Net Premiums from health policies	**$ 1,969,815,284**	$ 1,828,714,733
Net Benefits under health policies	**1,799,644,347**	1,613,387,715
Claim adjustment expenses	**81,266,415**	86,798,815
General and administrative expenses net of service fee income	**92,053,776**	117,482,325
Reserves for life, accident and health contracts	**59,810,047**	(118,175)
Total underwriting deductions	**2,032,774,585**	1,817,550,680
(Loss)/Gain from operations	**(62,959,301)**	11,164,053
Net investment income including net realized capital gains, net of tax of $1,914,432 in 2024 and ($51,196) in 2023.	**32,274,262**	22,724,251
Other Income	**1,885,352**	2,096,108
Litigation Reserve	**4,499,899**	(359,453)
Net (loss)/income before provision for federal income taxes	**(24,299,788)**	35,624,959
Federal income tax (benefit) expense provision	**(890,382)**	11,648,191
Net (loss)/income	**$ (23,409,406)**	$ 23,976,768

CHANGES IN POLICYHOLDER SURPLUS		
BALANCE, BEGINNING OF YEAR	**$ 438,227,282**	$ 401,008,245
Net (loss)/income	**(23,409,406)**	23,976,768
Change in net unrealized capital (loss)/gain, net of tax of $4,323,204 in 2024 and $7,369,043 in 2023.	**(28,787,336)**	23,616,883
Change in net deferred income taxes	**5,317,281**	4,712,850
Change in nonadmitted assets, including change in nonadmitted tax of $0 in both 2024 and 2023.	**(3,277,702)**	(6,051,747)
Change in pension	**1,934,158**	3,664,556
Change in postretirement benefits	**(4,121,919)**	(4,700,274)
Dividends to stockholders	**(7,000,000)**	(8,000,000)
BALANCE, END OF YEAR	**$ 378,882,358**	$ 438,227,282

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
STATUTORY STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2024, AND 2023

	2024	2023
OPERATING ACTIVITIES		
Net premiums collected	**$ 1,938,772,930**	$ 1,852,419,753
Net investment income collected	**26,631,878**	24,053,544
Health claims paid	**(1,828,187,585)**	(1,646,174,238)
Commissions, other taxes and expenses paid	**(193,234,386)**	(193,623,642)
Federal income taxes paid	**(10,477,050)**	(2,589,279)
NET CASH (USED BY) FROM OPERATING ACTIVITIES	**(66,494,213)**	34,086,138
INVESTING ACTIVITIES		
Proceeds from investments sold, matured or repaid		
Bonds	**228,034,846**	108,064,369
Common stocks	**24,879,638**	8,413,851
Other invested assets	**406,240**	880,142
Total investment proceeds	**253,320,724**	117,358,362
Cost of investments acquired		
Bonds	**127,495,504**	160,140,001
Common stocks	**54,501,428**	14,094,407
Other invested assets	**10,274,106**	2,762,400
Total investments acquired	**192,271,038**	176,996,808
NET CASH FROM (USED BY) INVESTING ACTIVITIES	**61,049,686**	(59,638,446)
FINANCING ACTIVITIES		
Dividends to stockholders	**(7,000,000)**	(8,000,000)
Other cash from (used for) financing activities	**11,231,026**	(654,414)
NET CASH FROM (USED FOR) FINANCING ACTIVITIES	**4,231,026**	(8,654,414)
NET CHANGE IN CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	**(1,213,501)**	(34,206,722)
CASH AND SHORT-TERM INVESTMENTS, BEGINNING OF YEAR	**(33,349,237)**	857,487
CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS, END OF YEAR	**$ (34,562,738)**	$ (33,349,237)

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Blue Cross and Blue Shield of Nebraska, Inc. ("BCBSNEI" or the "Company"), a member of the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield plans, is incorporated as a stock insurance company in the State of Nebraska and is subject to regulation by the Insurance Department of the State of Nebraska (NE DOI). The Company reorganized from a mutual benefit insurance company to a stock insurance company simultaneously with the creation of a mutual insurance holding company named GoodLife Partners, Inc. (GPI) effective July 1, 2018. As part of the reorganization, GoodLife Solutions, Inc. (GSI) was formed as a new intermediate stock holding company and is wholly owned by GPI. BCBSNEI is a wholly owned subsidiary of GSI. At all times as required by applicable law, GPI shall own, directly or indirectly, a minimum of over 50% of the voting securities of BCBSNEI.

BCBSNEI provides individual, group and association health insurance under traditional, preferred provider organization (PPO), and managed care contracts. It also provides dental coverage on a traditional and PPO basis to some of its medical contract members. In addition, drug coverage is also provided to a portion of its membership in conjunction with a medical contract. BCBSNEI provides Medicare Supplement coverage on both individual and group policies and sponsors Medicare Part D plans on an individual and group basis.

BCBSNEI also performs claims administrative and management services for other Blue Cross and Blue Shield plans, several state and Federal governmental entities, and various fully and modified self-insured groups within the State of Nebraska. The claims administrative services business represents a significant portion of the Company's business. Stop loss coverage is provided for certain large commercial business groups in this segment for a risk-based premium.

Accounting Practices

The financial statements of BCBSNEI are presented on the basis of accounting practices prescribed or permitted by the NE DOI. The NE DOI recognizes only statutory accounting practices prescribed or permitted by the state of Nebraska for determining and reporting the financial condition and results of operations of an insurance company, and its solvency under the Nebraska Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Nebraska. The Director of Insurance has the right to permit other specific policies that deviate from prescribed practices.

The following are some of the significant differences between NAIC SAP and accounting principles generally accepted in the United States of America ("GAAP").

(a) Investments in bonds are generally carried at amortized cost. Under GAAP, bonds are carried at either amortized cost or estimated fair value based on their classification according to the Company's ability and intent to hold or trade the securities;

(b) Acquisition costs, such as commissions and other costs related to acquiring new business are expensed as incurred. Under GAAP, such costs are deferred and amortized to income as premiums are earned;

(c) Federal income taxes incurred are reported on a current basis in the statutory statements of operations. Deferred taxes are recorded for differences between book and tax basis accounting; however, there are limitations as to the amount of deferred tax assets that may be reported as "admitted assets." Under GAAP, such assets are recorded on the balance sheet net of any valuation allowance. The tax effect of deferred tax assets and liabilities and the changes between years is reflected in policyholder surplus under NAIC SAP;

(d) Certain non-liquid assets are excluded from the balance sheet as "non-admitted assets". Changes in the balances of non-admitted assets are recorded directly to policyholder surplus. Under GAAP, such "non-admitted assets" are recorded on the balance sheet, net of any valuation allowance;

(e) Reinsurance recoverable on unpaid losses are reported as a reduction of loss and policy reserves. Under GAAP, such amounts are reported as an asset;

(f) Comprehensive income and its components are not presented in the statutory financial statements;

(g) An administrative service contract is a type of uninsured accident and health plan where the reporting entity, as an administrator, performs administrative services such as claims processing for a third-party that is at risk, and accordingly, the administrator has not issued an insurance policy. Under this plan, the reporting entity pays claims from its own bank account, and subsequently receives reimbursement from the uninsured plan sponsor. The net difference between premium equivalents and the reimbursement of claims is recorded under SAP as an offset to general expenses. Under GAAP, the gross amounts are recorded as premium and claims under certain circumstances;

(h) Net negative cash balances are reported as a negative asset rather than as a liability under GAAP;

(i) The Statutory Statement of Cash Flows differs in certain respects from the presentation required within GAAP literature, including presentation of changes of cash and short investments instead of cash and cash equivalents. In addition, GAAP requires a reconciliation of net income to net cash from operating activities. Short-term investments include securities with a maturity of one year or less and are included in the cash balance, whereas GAAP excludes short-term investments from cash. Both statutory and GAAP include cash equivalents in the cash balance. GAAP cash equivalents are defined as highly liquid investments with an original maturity of three months or less at acquisition;

(j) Undistributed earnings for investments in the common stock of both public and privately held companies are recorded directly to surplus; under GAAP, unrealized gains or losses are reported as part of income.

(k) NAIC SAP requires all leases be classified as operating leases. Under GAAP, a right-of-use asset and corresponding lease liability would be carried on the balance sheet; and

(l) NAIC SAP requires an analysis of investments for other than temporary impairment (OTTI) as well as prescribed valuation based on credit ratings, while under GAAP, an evaluation would be completed under ASU 2016-13, *Financial Instruments – Credit Losses* to calculate the potential allowance for credit loss.

Accounting Policies

The Company uses the following accounting policies:

Cash and Short-term Investments

The Company considers all highly liquid securities purchased with an original maturity of three months or less to be cash or cash equivalents. Short-term investments include all investments whose maturities, at the time of acquisition, are one year or less.

The Company has previously implemented the change in SSAP 2R which re-classes money market funds from short-term investments to cash and cash equivalents.

There were no Short-term investments for the years ended December 31, 2024 and 2023.

Investments

Bonds are stated at amortized cost, except for those bonds with a NAIC designation of between 3 - 6, which are stated at the lower of amortized cost or estimated fair value. Amortized cost may represent an amount after a write-down of a bond for impairment. The premium and discount from par value are amortized using the scientific method. Premiums and discounts on mortgage and asset backed bonds are amortized using the retrospective method based on anticipated prepayments at the date of purchase. Prepayment assumptions are obtained from broker dealer survey values or internal estimates.

Unaffiliated common stocks are reported at fair market value. Unaffiliated restricted common stocks, affiliated common stocks, and all other invested assets are reported under the equity method as determined in accordance with generally accepted accounting principles, adjusted to reflect statutory accounting practices where required.

Market value of bonds and unaffiliated common stocks are based on values prescribed by the Securities Valuation Office of the NAIC (statutory value). For securities not actively traded, market value is based upon estimates obtained from independent pricing services or valued at their underlying equity.

Net unrealized gains and losses resulting from the change in book value of investments carried at market or equity value are credited or charged directly to policyholder surplus. For investments carried at amortized cost, the amortization of premiums and accretion of discounts are recognized as adjustments to investment income.

Investment Income and Realized Capital Gains/Losses

Investment income consists primarily of interest and dividends. Interest is recognized on an accrual basis and dividends are recorded as earned at the ex-dividend date. Accrual of income is suspended for bonds that are in default or when the receipt of interest payments is in doubt. Realized capital gains and losses are determined on a specific identification basis and recorded in operations within net investment income.

Property and Equipment

Furniture and equipment are carried at cost less accumulated depreciation. The Company provides for depreciation of property and equipment using straight-line methods over the lesser of the estimated useful life of the related asset or seven years.

Capitalization Policy

The capitalization policy for recording new fixed assets is greater than $5,000. In addition, bulk purchases of fixed assets in excess of $5,000 such as, office and conference room furniture but excluding EDP equipment and software will be capitalized. Effective January 1, 2024, we have updated our capitalization policy for internally developed software to capitalize only those costs for software projects that in total are equal to or in excess of $1,000,000.

Data Processing Equipment

Data processing equipment and computer software are carried at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the lesser of the estimated useful life of the related asset or three years for data processing equipment and operating system software. Depreciation for application system software is computed using the straight-line method over the lesser of its estimated useful life or five years.

Non-Admitted Assets

Furniture and equipment, other prepaid expenses, and certain portions of deferred tax assets, data processing equipment, aged receivables and certain invested assets are designated as "non-admitted" under statutory reporting requirements. These assets are excluded from the statutory statements of admitted assets, liabilities, and policyholder surplus by adjustments to policyholder surplus.

Premium Income

Insured member premiums due are billed in advance of their respective coverage periods and are recorded as earned during the coverage period. The unearned portion of premiums for the coverage period is reflected in the statements of admitted assets, liabilities and policyholder surplus as premiums received in advance.

Manufactures' Administrative Fee (MAF) Revenue

MAF revenues are first used as an offset to related Pharmacy Benefit Manager (PBM) expenses within General and Administrative expenses, with the remainder, if any, recognized as administrative service income.

Premium Deficiency Reserve

To the extent that premiums received or to be received, for specific classes of business, are insufficient to cover estimated healthcare and other costs over the life of the underlying contracts, the Company establishes a liability for the related premium deficiency. Investment income has been considered a factor in the premium deficiency calculation. The analysis resulted in a premium deficiency reserve of $0 and $0 in 2024 and 2023, respectively.

Accrued Medical Incentives and Bonuses

The Company has entered into arrangements with certain providers which provide for the payment of incentives based upon cost and quality related targets during the term of the arrangements. These amounts are settled subsequent to December 31, however, the Company accrues these amounts at December 31 within Accrued Medical Incentive Pool and Bonus Amounts within the Statutory Statements of Admitted Assets, Liabilities, and Policyholder Surplus, based upon an estimate of claims incurred and other factors. This estimate is subject to change based upon further runout of claims data to the final settlement date.

Policy and Contract Claims

Policy and contract claims are shown net of reinsurance, subrogation, and coordination of benefits amounts. The Company provides a liability for unpaid incurred claims based on estimates using average ultimate claim costs for reported claims and estimates of unreported losses based upon past experience. Differences between actual and estimated claims are charged to operations in the year the differences become known.

Aggregate Health Policy Reserves

The Company provides a liability for policies issued that includes a rate stabilization provision. This liability is estimated based on actual claim experience and other various factors for policies with this provision.

Fair Values of Financial Instruments

The Company has adopted Statement of Statutory Accounting Principles (SSAP) No. 100, *Fair Value*. This standard defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Company considers the primary or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions and risk of nonperformance.

The Company classified its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. SSAP No. 100 describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last unobservable, that may be used to measure fair value, which are the following:

- Level 1 – Quoted prices in active markets for *identical* assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly; such as quoted prices for *similar* assets or liabilities, quoted prices in markets that are not active; or other inputs that can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Bonds – Issuer Obligations, including Industrial and Miscellaneous: Valued based on NAIC market values. For those securities not actively traded, quoted market prices of comparable instruments or discounted cash flow analysis are used based upon inputs that are observable in the markets for similar securities. Inputs include benchmark yields, credit spreads, default rates, prepayments and non-bonding broker quotes.

Bonds – Mortgage and Other Asset Backed Bonds: Valued based on Residential Mortgage-Backed Securities modeling file provided by the NAIC. The prepayment assumptions used for single class and multi-class mortgage backed/asset backed securities were obtained from broker/dealer survey values. These assumptions are consistent with the current interest rate and economic environment.

Common Stock Unaffiliated and Mutual Funds: Valued based on NAIC quoted market values. If NAIC market values are unavailable, then value is determined based on the underlying equity.

Common Stock Affiliated: Value is based on the underlying equity of the affiliate.

Other Invested Assets: Value is primarily based on the underlying equity of the related entity.

Cash and Cash Equivalents: The carrying amounts approximate their fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of the future fair values. Furthermore, although the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Risks and Uncertainties

The Company operates in a business environment which is subject to various risks and uncertainties. Such risk and uncertainties include, but are not limited to, interest rate risk, market valuation risk, credit risk, medical inflation risk and risks related to legal and regulatory changes.

Concentration of Credit Risk

The Company maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per depositor, per insured bank, for each account ownership category. At December 31, 2024 and December 31, 2023, the Company had approximately $610,000 and $540,000, respectively, in excess of FDIC-insured limits. In 2023, the Company added sweep accounts to mitigate the risk related to the per depositor guarantee limit going forward. At December 31, 2024, the Company had approximately $5 million in the sweep account.

Use of Estimates in the Preparation of the Statutory Financial Statements

The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Material estimates susceptible to significant change include policy and contract claim reserves, loss adjustment reserves, premium deficiency reserves, ACA receivables and payables, actuarial projections of pension and post-retirement benefit liabilities, the fair value of investments, investment impairments, contingencies, and deferred income taxes.

Cost Accounting and Allocation Methodology

The Company utilizes an activity-based methodology for assigning costs to lines of business. This is utilized internally to review profitability by line and has no direct impact to the Statutory Financial Statements.

Investment Impairment Methodology

The Company regularly reviews its investment portfolio for factors that may indicate that a decline in fair value of an investment is other than temporary. Based on an evaluation of the prospects of the issuers, including, but not limited to, the company's intentions to sell or ability to hold the investments; the length of time of temporary impairment, the magnitude of the unrealized loss; the credit ratings of the issuers of the investments, and other information specific to the investment, the Company has concluded that the declines in the fair values of the Company's investments in bonds at December 31, 2024 and December 31, 2023 are temporary.

The Company considers various factors when evaluating whether a decline in the fair value of common stock securities are other than temporary, including but not limited to, the length of time of temporary impairment and magnitude of the unrealized loss; the volatility of the investment; analyst recommendations and price targets; opinions of the Company's investment managers; market liquidity; and the Company's intentions to sell or ability to hold the investments. Based on an evaluation of these factors, the Company

has concluded that the declines in the fair values of the Company's investments in common stocks at December 31, 2024 and December 31, 2023 are temporary.

The Company also regularly reviews and considers multiple factors when evaluating whether there is a decline which is other than temporary in the equity value of their various private equity investments. Some of the considerations are an evaluation of the financial statements, length of time of any unrealized loss, the underlying business of the private equity, and if it is determined that there would be any ongoing concern of the investment.

Income Taxes

Income taxes are provided for the tax effects of transactions reported in the financial statements and consist of taxes currently due plus deferred taxes related primarily to differences between the basis of assets and liabilities for statutory and income tax reporting. The deferred tax assets and liabilities represent the future tax return consequences of those differences, which will either be taxable or deductible when the assets and liabilities are recovered or settled. The tax effect of deferred tax assets and liabilities and the changes between years is reflected in policyholder surplus. The Company follows the SSAP No. 101, *Income Taxes.* The Company is a subsidiary corporation to be included in the consolidated U.S. corporation income tax return of GPI for both the 2024 and 2023 tax year, which also includes GSI and Sapphire Edge, Inc.

Beginning in 2023, the consolidated group executed a tax sharing agreement providing a "benefits for losses methodology" in allocating Federal income taxes among the members. The Federal Consolidated Income Tax Return liability or recoverable is allocated as though each entity filed a separate federal income tax return. The parties agree the federal income tax obligations will be shared under the immediate payment method. As such, settlement will be made at the point the taxes are calculated, and any estimates will be adjusted upon the completion of the consolidated tax return.

Advertising Costs

All advertising and promotion costs are expensed when incurred. Advertising expense amounted to $1,614,552 and $1,142,676 for the years ended December 31, 2024, and 2023, respectively.

NOTE 2 - INVESTMENTS

Loan-backed Securities

The Company has no direct investments in mortgage loans. The Company has $144,103,016 and $179,568,442 of loan-backed securities in its bond portfolio at December 31, 2024 and 2023, respectively. The Company has no securities with a recognized other-than-temporary impairment that it intends to sell or is unable or does not intend to retain for a period of time sufficient to recover the amortized cost basis. The Company believes these investments are fully recoverable and has not recorded any valuation reserves for these securities. The prepayment assumptions used for single class and multi-class mortgage backed and asset backed securities were obtained from broker/dealer survey values. These assumptions are consistent with the current interest rate and economic environment.

All securities (which fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains) is as follows:

The aggregate amount of unrealized losses:	Less than 12 months	$ 474,082
	12 months or longer	$ 9,620,456
The aggregate related fair value of securities with unrealized losses:	Less than 12 months	$ 38,583,302
	12 months or longer	$ 70,170,302

Investments

The amortized cost, gross unrealized gains, gross unrealized losses and estimated statutory fair value of the investments in bonds and common stocks as of December 31, 2024 are as follows:

	2024			
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Bonds				
U.S. Governments	**$ 130,746,537**	**$ 22,604**	**$ (8,017,345)**	**$ 122,751,796**
States, territories and possessions (direct and guaranteed)	**3,381,650**	**-**	**(379,152)**	**3,002,498**
Political subdivisions of States, territories & possessions (direct and guaranteed)	**430,000**	**-**	**(4,343)**	**425,657**
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	**125,987,010**	**74,486**	**(8,429,589)**	**117,631,907**
Industrial and miscellaneous unaffiliated	**110,951,472**	**236,075**	**(5,989,508)**	**105,198,039**
Total bonds	**$ 371,496,669**	**$ 333,165**	**$ (22,819,937)**	**$ 349,009,897**
	Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Common stock - unaffiliated	**$ 87,403,873**	**$ 108,349,183**	**$ (1,268,741)**	**$ 194,484,315**
Common stock - affiliated	**75,984,224**	**-**	**(69,679,204)**	**6,305,020**
Total common stock	**$ 163,388,097**	**$ 108,349,183**	**$ (70,947,945)**	**$ 200,789,335**

The amortized cost, gross unrealized gains, gross unrealized losses and estimated statutory fair value of the investments in bonds and common stocks as of December 31, 2023 are as follows:

	2023			
	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Bonds				
U.S. Governments	$ 131,921,840	$ 246,754	$ (6,059,180)	$ 126,109,414
States, territories and possessions (direct and guaranteed)	$ 3,468,022	$ -	$ (434,189)	$ 3,033,833
Political subdivisions of States, territories & possessions (direct and guaranteed)	$ 1,730,000	$ -	$ (37,518)	$ 1,692,482
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	$ 173,686,701	$ 429,747	$ (14,277,066)	$ 159,839,382
Industrial and miscellaneous unaffiliated	$ 169,765,725	$ 283,679	$ (8,984,592)	$ 161,064,812
Total bonds	$ 480,572,290	$ 960,180	$ (29,792,545)	$ 451,739,923

	Cost	Gross Unrealized Gains	Gross Unrealized Losses	Estimated Statutory Fair Value
Common stock - unaffiliated	$ 88,571,459	$ 91,125,524	$ (210,247)	$ 179,486,736
Common stock - affiliated	$ 28,484,224	$ -	$ (24,628,385)	$ 3,855,839
Total common stock	$ 117,055,683	$ 91,125,524	$ (24,838,632)	$ 183,342,575

The following table shows the investments' gross unrealized losses and estimated fair value, aggregated by investment category and length of time that bonds and common stocks have been in an unrealized loss position, at December 31, 2024 and 2023 for temporarily impaired securities:

	December 31, 2024					
	Less Than 12 Months		Greater Than 12 Months		Total	
Bonds:	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses
U.S. Governments	$ 24,799,911	$ (332,496)	$ 86,081,715	$ (7,684,851)	$110,881,626	$ (8,017,347)
States, territories and possessions (direct and guaranteed)	-	-	3,002,498	(379,152)	3,002,498	(379,152)
Political subdivisions of States, territories & possessions (direct and guaranteed)	-	-	425,654	(4,343)	425,654	(4,343)
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	15,904,921	(339,794)	77,269,245	(8,089,793)	93,174,166	(8,429,587)
Industrial and miscellaneous unaffiliated	9,294,056	(213,333)	76,551,373	(5,776,175)	85,845,429	(5,989,508)
Total bonds	49,998,888	(885,623)	243,330,485	(21,934,314)	293,329,373	(22,819,937)
Common stock:						
Unaffiliated	8,961,245	(1,217,647)	1,571,793	(51,094)	10,533,038	(1,268,741)
Affiliated	-	-	6,305,020	(69,679,204)	6,305,020	(69,679,204)
Total common stock	8,961,245	(1,217,647)	7,876,813	(69,730,298)	16,838,058	(70,947,945)
Total temporarily impaired securities	$ 58,960,133	$ (2,103,270)	$ 251,207,298	$ (91,664,612)	$310,167,431	$(93,767,882)

	December 31, 2023					
	Less Than 12 Months		Greater Than 12 Months		Total	
Bonds:	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses	Estimated Fair Value	Unrealized Losses
U.S. Governments	$ 45,647,144	$ (784,238)	$ 54,417,423	$ (5,274,942)	$100,064,567	$ (6,059,180)
States, territories and possessions (direct and guaranteed)	-	-	3,033,833.00	(434,189.00)	3,033,833	(434,189)
Political subdivisions of States, territories & possessions (direct and guaranteed)	-	-	1,692,482.00	(37,518.00)	1,692,482	(37,518)
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	16,356,914	(176,015)	117,248,077	(14,101,051)	133,604,991	(14,277,066)
Industrial and miscellaneous unaffiliated	3,730,607	(179,461)	132,019,808	(8,805,131)	135,750,415	(8,984,592)
Total bonds	65,734,665	(1,139,714)	308,411,623	(28,652,831)	374,146,288	(29,792,545)
Common stock:						
Unaffiliated	216,819	(2,989)	5,816,556	(207,258)	6,033,375	(210,247)
Affiliated	-	-	3,855,839	(24,628,385)	3,855,839	(24,628,385)
Total common stock	216,819	(2,989)	9,672,395	(24,835,643)	9,889,214	(24,838,632)
Total temporarily impaired securities	$ 65,951,484	$ (1,142,703)	$ 318,084,018	$ (53,488,474)	$384,035,502	$(54,631,177)

The amortized cost and estimated statutory fair value of bonds at December 31, 2024, by contractual maturity, are shown below. Expected maturities may differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties. Bonds not due at a single maturity date have been included in the table below in the year of final maturity.

	Amortized Cost	**Estimated Statutory Fair Value**
Due in one year or less	**$ 19,867,292**	**$ 19,656,176**
Due after one year through five years	**86,330,975**	**82,288,348**
Due after five years through ten years	**135,375,784**	**126,640,709**
Due after ten years	**129,922,616**	**120,424,664**
	$371,496,669	**$349,009,897**

Investment income including realized gain/(loss) and related expenses for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Investment Income		
Loss on sales of bonds	**$ (7,622,586)**	$ (1,433,322)
Gains on sales of common stock	**16,738,928**	1,189,533
Interest income on bonds and short term investments	**17,609,313**	15,792,861
Dividends on unaffiliated common stock	**4,575,866**	4,522,406
Dividends from other invested assets	**3,474,532**	3,252,903
Interest income	**59,198**	49,632
Investment expenses	**(646,557)**	(700,959)
Tax (expense)/benefit on realized capital gains	**(1,914,432)**	51,196
Net Investment Income including capital gains, net of tax and investment expenses	**$ 32,274,262**	$ 22,724,251

Proceeds from the sale of investments for the years ended December 31, 2024 and 2023 were as follows:

	2024	2023
Consideration on Bonds	**$ 193,231,809**	$ 69,818,387
Consideration on Bond Paydowns/Maturities/Calls	**34,803,037**	38,245,982
Consideration on Stocks	**24,879,638**	8,413,851
Consideration on Other Invested Assets	**406,240**	883,149
Gain on Short Term investments	**-**	(3,007)
Total investment proceeds	**$ 253,320,724**	$ 117,358,362

At December 31, 2024 and 2023, securities with an admitted asset value of approximately $100,406 and $100,869, respectively, were on deposit with regulatory agencies as required by law in the State of Nebraska.

At December 31, 2024 and 2023, the net overdraft amount of cash was ($84,041,826) and ($51,195,624) respectively, and is netted with cash equivalents of $49,479,088 and $17,846,387 respectively.

Fair Value of Financial Instruments

The carrying value and estimated fair value of financial instruments at December 31 are shown below. For those assets carried at fair value in the financial statements and for those assets not stated at fair value in the financial statements but whose estimated fair values are disclosed, the following table indicates the inputs used to estimate fair value measurements as of December 31, 2024 and 2023:

	2024				
Description	**Carrying Value**	**Fair Value**	**Level 1**	**Level 2**	**Level 3**
Bonds	**$ 371,496,669**	**$ 349,009,897**	**$ 81,931,366**	**$ 267,078,531**	**$ -**
Equity interests					
Common stock-unaffiliated	**181,396,331**	**181,396,331**	**181,396,331**	**-**	**-**
Common stock-unaffiliated	**13,087,984**	**13,087,984**	**-**	**-**	**(A)**
Common stock-affiliated	**6,305,020**	**6,305,020**	**-**	**-**	**(A)**
Cash and short-term investments	**(34,562,738)**	**(34,562,738)**	**(34,562,738)**	**-**	**-**
Other invested assets	**106,057,555**	**106,057,555**	**-**	**-**	**(A)**
Total	**$ 643,780,821**	**$ 621,294,049**	**$ 228,764,959**	**$ 267,078,531**	**$ -**

	2023				
Description	Carrying Value	Fair Value	Level 1	Level 2	Level 3
Bonds	$ 480,572,288	$ 451,739,923	$ 8,494,055	$ 443,245,868	$ -
Equity interests					
Common stock-unaffiliated	166,919,427	166,919,427	166,919,427	-	-
Common stock-unaffiliated	12,567,309	12,567,309	-	-	(A)
Common stock-affiliated	3,855,839	3,855,839	-	-	(A)
Cash and short-term investments	(33,349,237)	(33,349,237)	(33,349,237)	-	-
Other invested assets	96,982,561	96,982,561	-	-	(A)
Total	$ 727,548,190	$ 698,715,822	$ 142,064,245	$ 443,245,868	$ -

(A) – These investments are accounted for using the equity method. For purposes of this disclosure, the equity method is presumed to approximate fair value. If management were to determine fair value for its equity method investments, it would use level 3 inputs, and such amounts may differ significantly from fair values above.

Included in the tables above, the Company has affiliated and unaffiliated restricted common stock of the gross amount of $126,563,438 and $114,407,635 at December 31, 2024 and 2023, respectively. The amounts non-admitted related to those investments are $1,112,874 and $1,001,920 at December 31, 2024 and 2023, respectively. These stocks are considered restricted based on the holders having the first right of refusal in the event of the sale of the common stock.

There are no liabilities carried at fair value at December 31, 2024 and 2023.

NOTE 3 - INCOME TAXES

The Company follows SSAP No. 101, *Income Taxes*.

The components of the net deferred tax asset (liability) are as follows:

	December 31, 2024		
	Ordinary	**Capital**	**Total**
Gross deferred tax assets	**$ 36,333,476**	**$ 375,112**	**$ 36,708,588**
Statutory valuation allowance adjustments	**-**	**-**	**-**
Adjusted gross deferred tax assets (DTA)	**36,333,476**	**375,112**	**36,708,588**
Deferred tax assets nonadmit	**-**	**-**	**-**
Subtotal net admitted deferred tax asset	**36,333,476**	**375,112**	**36,708,588**
Deferred tax liabilities (DTL)	**(18,184)**	**(27,668,732)**	**(27,686,916)**
Net admitted deferred tax asset (liability)	**$ 36,315,292**	**$ (27,293,620)**	**$ 9,021,672**

	December 31, 2023		
	Ordinary	Capital	Total
Gross deferred tax assets	$ 33,775,356	$ 390,119	$ 34,165,475
Statutory valuation allowance adjustments	-	-	-
Adjusted gross deferred tax assets (DTA)	33,775,356	390,119	34,165,475
Deferred tax assets nonadmit	-	-	-
Subtotal net admitted deferred tax asset	33,775,356	390,119	34,165,475
Deferred tax liabilities (DTL)	(36,367)	(26,101,514)	(26,137,881)
Net admitted deferred tax asset (liability)	$ 33,738,989	$ (25,711,395)	$ 8,027,594

The change in the components of the net deferred tax asset (liability) is:

	2024 Change		
	Ordinary	**Capital**	**Total**
Gross deferred tax assets	**$ 2,558,120**	**$ (15,007)**	**$ 2,543,113**
Statutory valuation allowance adjustments	**-**	**-**	**-**
Adjusted gross deferred tax assets (DTA)	**2,558,120**	**(15,007)**	**2,543,113**
Deferred tax assets nonadmit	**-**	**-**	**-**
Subtotal net admitted deferred tax asset	**2,558,120**	**(15,007)**	**2,543,113**
Deferred tax liabilities (DTL)	**18,183**	**(1,567,218)**	**(1,549,035)**
Net admitted deferred tax asset (liability)	**$ 2,576,303**	**$ (1,582,225)**	**$ 994,078**

The change in the components of the net deferred tax asset (liability) is:

	2023 Change		
	Ordinary	Capital	Total
Gross deferred tax assets	$ 4,384,333	$ (561,196)	$ 3,823,137
Statutory valuation allowance adjustments	-	-	-
Adjusted gross deferred tax assets (DTA)	4,384,333	(561,196)	3,823,137
Deferred tax assets nonadmit	-	-	-
Subtotal net admitted deferred tax asset	4,384,333	(561,196)	3,823,137
Deferred tax liabilities (DTL)	(18,183)	6,497,512	6,479,329
Net admitted deferred tax (liability) asset	$ 4,402,516	$ (7,058,708)	$ (2,656,192)

The deferred tax provision is included in the Statement of Changes in Policyholders' Surplus as follows:

	2024	2023
Netted against change in net unrealized capital (losses)	**$ 4,323,205**	$ 7,369,043
Change in net deferred income taxes	**(5,317,284)**	(4,712,851)
	$ (994,079)	$ 2,656,192

The admission calculation components under SSAP No. 101 is as follows:

	December 31, 2024		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	**$ 8,409,615**	**$ -**	**$ 8,409,615**
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	**12,952,895**	**-**	**$ 12,952,895**
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	**12,952,895**	**-**	**$ 12,952,895**
Adjusted gross deferred tax assets allowed per limitation threshold	**XXX**	**XXX**	**55,422,845**
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	**14,970,966**	**375,112**	**$ 15,346,078**
Deferred tax assets admitted as the result of application of SSAP No. 101 total	**$ 36,333,476**	**$ 375,112**	**$ 36,708,588**

	December 31, 2023		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	$ 12,052,918	$ -	$ 12,052,918
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	3,650,187	-	3,650,187
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	3,650,187	-	3,650,187
Adjustment for application of threshold limitation	XXX	XXX	64,202,144
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	18,072,252	390,119	18,462,371
Deferred tax assets admitted as the result of application of SSAP No. 101 total	$ 33,775,357	$ 390,119	$ 34,165,476

The change in admitted deferred tax assets under SSAP No. 101 as of December 31, 2024 is calculated as follows:

	Change		
	Ordinary	Capital	Total
Federal income taxes paid in prior years recoverable through loss carrybacks	$ (3,643,303)	$ -	$ (3,643,303)
Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from carrybacks, above) after application of the threshold limitation (The lesser of the next two items)	9,302,708	-	9,302,708
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	9,302,708	-	9,302,708
Adjustment for application of threshold limitation	XXX	XXX	(8,779,299)
Adjusted gross deferred tax assets (excluding the amount of deferred tax assets shown above and from carryback) offset by gross deferred tax liabilities	(3,101,286)	(15,007)	(3,116,293)
Deferred tax assets admitted as the result of application of SSAP No. 101 total	$ 2,558,119	$ (15,007)	$ 2,543,112

The threshold limitation of $55,422,845 was based on the following:

	2024	2023
Ratio percentage used to determine recovery period and threshold limitation amount	**590%**	**889%**
Amount of adjusted capital and surplus used to determine recovery period and threshold limitation	**$ 369,860,686**	$ 430,199,687

The income tax provision consists of these major components for the years ended December 31, 2024 and 2023:

Current Income Tax	**2024**	2023
Federal income tax (benefit) expense	**$ (890,383)**	$ 11,648,191
Federal income tax on net capital gains	**1,914,432**	(51,196)
Federal and Foreign income taxes incurred	**$ 1,024,049**	$ 11,596,995

The effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities for the years ended December 31, 2024 and 2023 are as follows:

Deferred Tax Assets	**2024**	2023	Change
Ordinary			
Discounting of unpaid losses	**$ 1,592,123**	$ 1,502,108	
Post retirement benefit	**384,135**	450,064	
Bonus Accruals	**2,175,427**	2,032,279	
Pension accrual	**(335,370)**	-	
Deferred acquisition costs	**1,137,264**	595,803	
Accrued vacation	**1,591,816**	1,520,720	
Fixed assets	**6,128,710**	5,039,209	
Compensation and benefits accrual	**868,691**	628,489	
Deferred tax assets related to non-admitted assets	**5,942,388**	5,495,322	
Litigation Reserve	**4,020,443**	5,394,491	
Note Receivable Write-off	**8,789,469**	7,947,810	
Other Assets	**1,747,127**	1,760,845	
Other	**2,291,253**	1,408,217	
Subtotal	**36,333,476**	33,775,357	2,558,119
Statutory valuation allowance adjustment	**-**	-	-
Nonadmitted	**-**	-	-
Admitted ordinary deferred tax assets	**36,333,476**	33,775,357	2,558,119
Capital			
Investments	**151,851**	179,716	
Deferred tax assets related to non-admitted investment	**-**	-	
Other	**223,261**	210,403	
Subtotal	**375,112**	390,119	(15,007)
Statutory valuation allowance adjustment	**-**	-	-
Nonadmitted	**-**	-	-
Admitted capital deferred tax assets	**375,112**	390,119	(15,007)
Admitted deferred tax assets	**36,708,588**	34,165,476	2,543,112

Deferred Tax Liabilities	**2024**	2023	Change
Ordinary			
Pension			
Other	**18,184**	36,367	
Subtotal	**18,184**	36,367	(18,183)
Capital			
Investments	**27,668,732**	26,101,514	
Subtotal	**27,668,732**	26,101,514	1,567,218
Deferred tax liabilities	**27,686,916**	26,137,881	1,549,035
Net deferred tax assets	**$ 9,021,672**	$ 8,027,595	$ 994,077

The Company has recognized all deferred tax liabilities.

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	2024		2023	
	Amount	**Effective Tax Rate (%)**	Amount	Effective Tax Rate (%)
Provision computed at statutory rate	**$ (4,694,215)**	**21.0 %**	$ 7,463,620	21.0 %
Tax on change in nonadmitted assets	**(558,411)**	**2.5**	(2,366,222)	(6.7)
Pension and Post-retirement benefits	**(865,603)**	**3.9**	(225,416)	(0.6)
Accrued employee benefits subject to 162(m)(6) limitation	**2,164,698**	**(9.7)**	2,100,710	5.9
Nondeductible expenses	**242,826**	**(1.1)**	(876,842)	(2.5)
Revision to prior year estimates	**(290,458)**	**1.3**	294,483	0.8
Tax-exempt interest (net)	**(5,033)**	**0.0**	(5,967)	(0.0)
Dividends received deduction (net)	**(287,036)**	**1.3**	(264,128)	(0.7)
Income tax expense/(benefit) of affiliates	**-**	**-**	763,907	2.2
Totals	**$ (4,293,232)**	**19.2 %**	$ 6,884,145	19.3 %
Federal and foreign income tax (benefit) expense	**$ (890,383)**	**4.0**	$11,648,191	33.8
Realized capital gains tax	**1,914,432**	**(8.6)**	(51,196)	(1.1)
Change in net deferred income taxes	**(5,317,283)**	**23.8**	(4,712,850)	(13.3)
Total statutory income taxes	**$ (4,293,232)**	**19.2 %**	$ 6,884,145	19.4 %

	2024	2023
Change in net admitted deferred tax asset	**$ (994,077)**	2,656,191
Excluding:		
Change in unrealized (losses) gains - DTA	**(27,865)**	(561,174)
Change in unrealized (losses) - DTL	**(4,295,340)**	(6,807,869)
Change in net deferred income taxes for rate reconciliation	**$ (5,317,283)**	(4,712,852)

Income tax expense for 2024 and 2023 that is available for recoupment in the event of future net losses is $0 and $12,508,374 respectively.

The Company joins in a consolidated federal income tax return filed by Good Life Partners, Inc. The other members of the affiliated group joining in the Good Life Partners, Inc. consolidated return are as follows:

Good Life Solutions, Inc.
Blue Cross and Blue Shield of Nebraska, Inc.
Sapphire Edge, Inc.

Beginning in 2023, the Company executed a tax sharing agreement providing a "benefits for losses methodology" in allocating Federal income taxes among consolidated group members. The Company allocates the Federal Consolidated Income Tax Return liability or recoverable as though each entity filed a separate federal income tax return. The parties agree the federal income tax obligations will be shared under the immediate payment method. As such, settlement will be made annually upon the completion of the consolidated tax return. Blue Cross and Blue Shield of Nebraska, Inc., acting as the banker for tax transactions, shall collect all income tax from related entities based upon each entities standalone taxable income and shall reimburse related entities for taxable losses, to the extent their losses are available to offset consolidated taxable income.

As of December 31, 2024, there were no material positions for which management believes it is reasonably possible that the total amounts of tax contingencies will significantly increase or decrease within 12 months of the reporting date.

The Company classifies all interest and penalties related to tax contingencies as income tax expense. As of December 31, 2024 and 2023, no accrued interest or penalties were recorded as an income tax liability on the statutory statement of admitted assets, liabilities, and policyholder surplus.

Open tax years subject to examination include 2021, 2022 and 2023.

On August 16, 2022, the Inflation Reduction Act of 2022 (ACT) was signed into law. The Act includes a new Federal alternative minimum tax (CAMT), effective January 1, 2023, that is based on the adjusted financial statement income (AFSI) set forth on the applicable financial statement (AFS) of an applicable corporation. A corporation is an applicable corporation if its rolling average pre-tax AFSI over three prior years (starting with the years 2020-2022) is greater than $1 billion. For a group of related entities, the $1 billion threshold is determined on a group basis, and the group's AFS is generally treated as the AFS for all separate taxpayers in the group. An applicable corporation is not automatically subject to an CAMT liability. The corporation's tentative CAMT liability is equal to 15% of its adjusted AFSI, and CAMT is payable to the extent the tentative CAMT liability exceeds regular corporate income tax. However, any CAMT paid would be indefinitely available as a credit carryover that could reduce future regular tax in excess of CAMT.The Company, and the controlled group of corporations of which the reporting entity is a member, has determined that they do not expect to be liable for AMT in 2025.

NOTE 4 - PROPERTY, FURNITURE, FIXTURES AND EQUIPMENT, AND DATA PROCESSING EQUIPMENT

Admitted assets included the following data processing equipment as of December 31, 2024 and 2023:

Admitted Assets	**2024**	2023
Electronic data processing equipment	**$ 35,880,037**	$ 37,137,848
Accumulated depreciation	**(35,658,741)**	(36,924,088)
Carrying value	**$ 221,297**	$ 213,760

The Company utilizes the following furniture, fixtures, software, and equipment that were non-admitted as of December 31, 2024 and 2023:

	2024	2023
Non Admitted Assets		
Computer Software	**$ 28,583,928**	$ 31,461,978
Accumulated depreciation	**(28,430,171)**	(31,291,063)
Amount not admitted	**$ 153,757**	$ 170,915
Leasehold Improvements	**$ 6,567,092**	$ 5,662,994
Accumulated depreciation	**(4,361,788)**	(4,009,327)
Amount not admitted	**$ 2,205,304**	$ 1,653,667
Furniture, fixtures and equipment	**$ 17,062,392**	$ 17,267,956
Accumulated depreciation	**(16,667,671)**	(16,758,014)
Amount not admitted	**$ 394,721**	$ 509,942

Depreciation expense for the year ended December 31, 2024 and 2023 is:

	2024	2023
Electronic data processing equipment	**$ 154,693**	$ 379,848
Computer software amortization	**59,958**	109,873
Furniture, fixtures and equipment	**559,462**	519,323
Total	**$ 774,114**	$ 1,009,044

NOTE 5 - INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

BCBSNEI owns Azure Equity Management, LLC (Azure), a wholly owned equity management and holding company, which owns several private equity investments. In 2024, BCBSNEI made total contributions to Azure in the amount of $345,560. The amounts contributed were for various investments as listed below. At December 31, 2024 and December 31, 2023, the investment in Azure is $14,259,082 and $15,256,224, respectively. At December 31, 2024, Azure had $1,105,237 of assets which were non-admitted on BCBSNEI's books related to investments below.

Azure has a 26.1% ownership in HealthInvest Equity Partners, LP (HealthInvest). HealthInvest is a private equity fund, limited liability company whose primary purpose is to generate financial returns through investments in the securities of healthcare companies at various stages of development. Azure is a limited partner and has made a $3,000,000 capital commitment to HealthInvest. As of December 31, 2024 and 2023, Azure has invested $2,685,000 in HealthInvest. At December 31, 2024 and December 31, 2023, the market value of our investment in HealthInvest is $3,060,550 and $3,551,617, respectively.

Azure has a 5.71% ownership in HLM Venture Partners Fund IV (HLM). HLM is a private equity fund, whose primary purpose is to generate financial returns through investments in the securities of health care technology, technology-enabled health care services and medical device and diagnostic companies. Azure is a limited partner and has made a $5,000,000 capital commitment to HLM. As of December 31, 2024 and 2023, Azure has invested $4,900,000 and $4,837,500 respectively in HLM. At December 31, 2024 and December 31, 2023, the market

value of our investment in HLM is $1,833,730 and $2,316,860, respectively. HLM distributed funds of $199,833 in 2024 and $0 in 2023.

Azure has a 1.85% ownership in Blue Venture Fund III (BVF). BVF is a private equity fund whose primary purpose is to generate financial returns through investments in the securities of strategic healthcare companies. Azure is a limited partner and has made a $5,000,000 capital commitment to BVF. As of December 31, 2024, Azure has invested $4,783,502 in BVF. As of December 31, 2023, Azure had invested $4,638,205. At December 31, 2024 and December 31, 2023, the market value of our investment in BVF is $8,250,058 and $8,380,003, respectively. BVF paid dividends to Azure of $125,903 in 2024 and $665,443 in 2023.

Azure has two minor investments in Higi SH Holding Inc. (Higi) LP, and Cecilia Health (formerly Fit4D Inc.), which had market values as of December 31, 2024, of $0 and $1,105,238, respectively, and as of December 31, 2023 of $0 and $998,475, respectively.

BCBSNEI owns a 13.79% ownership interest in Regional Advantage Services, LLC (RAS), an administrative services company formed by several unrelated Blue Cross Blue Shield plans known as the Northern Plains Alliance to perform the necessary management services of the regional Medicare Advantage PPO and Medicare Part D contracts sponsored by the affiliated Blue Cross Blue Shield plans. BCBSNEI pays RAS an administrative fee for services rendered. BCBSNEI paid and expensed $3,803,652 and $4,045,722 in fees to RAS in 2024 and 2023, respectively. BCBSNEI investment in RAS is $13,790 at December 31, 2024, and 2023.

BCBSNEI owns a 49% interest in both QuadTech II, LLC (QuadTech) and TWBC TIF Holdings (TWBC), commercial real estate joint ventures. QuadTech II holds the tax increment financing (TIF) on the Blue Cross Centre and TWBC holds the TIF in the Think building. BCBSNEI's investment in QuadTech II is $4,324 and $1,782 at December 31, 2024 and 2023, respectively, and its investment in TWBC is $3,313 and $1,664 at December 31, 2024 and 2023, respectively. Both balances are non-admitted in 2024 and 2023 QuadTech II paid dividends to BCBSNEI of $940,555 and $945,700 in 2024 and 2023, respectively, and TWBC paid dividends of $337,120 and $342,510 in 2024 and 2023, respectively.

In January 2020, the BCC Building, which was held in the QuadTech fund under a real estate investment was refinanced and BCBSNEI signed a new 26-year lease. Based on these changes it was determined the QuadTech Fund didn't fall within the strategy of the prior investment fund and was split out to QuadTech LP of which BCBSNE owns 49.08%. BCBSNEI investment in QuadTech, LP is $0 at both December 31, 2024 and 2023 respectively. Quad Tech paid dividends of $500,645 and $662,619 in 2024 and 2023 respectively. QuadTech LP has a negative equity of $39.4 million as of December 31, 2024 which, under the equity method, is not realized within these financial statements.

In 2016, BCBSNEI formed Sapphire Edge Inc. (SEI), a wholly owned subsidiary of BCBSNEI. SEI is a mutual benefit corporation established to offer for sale Medicare Advantage products to Nebraska consumers. Blue Cross Blue Shield of Michigan (BCBSM) performs managerial responsibilities and services under a Management Services Agreement. In addition, the parties entered a quota share reinsurance agreement effective January 1, 2017, where each will reinsure and indemnify SEI with BCBSNEI and BCBSM assuming 60% and 40%, respectively, of the risk. This agreement ended December 31, 2024 and was not renewed, therefore all risk net of the stoploss will be retained going forward. The Company made contributions of $5,500,000 in 2023 and $47,500,000 in 2024 of which $17,000,000 was in cash and $30,500,000 was a note payable which was settled in 2025. BCBSNEI's investment in SEI is $6,305,020 and $3,855,839 on December 31, 2024, and December 31, 2023, respectively.

BCBSNEI owns a 5% ownership interest in Community Care Health Plan of Nebraska, Inc (CCHP). CCHP was established to sell Medicaid in the state of Nebraska. BCBSNEI funded the investment with $6,760,000 in October 2020. BCBSNEI's investment in CCHP is $6,009,019 and $8,733,132 at December 31, 2024 and December 31, 2023, respectively. Effective January 1, 2024, CCHP lost their contract with the State of Nebraska

and operational decommissioning was completed effective December 31, 2023. CCHP is supporting run out of activities and the remaining funds will be distributed as approved by the Nebraska Department of Insurance. BCBSNEI's ownership of other affiliated entities is less than 10% of admitted assets.

At December 31, 2024, the Company reported $190,215 as amounts due from affiliates, which consisted of a receivable with Think Nebraska, LLC (Think), which was settled in the first quarter of 2025. The Company reported $22,281,174 due to affiliates, which consisted of a $22,106,721 to Saphire Edge, Inc, $40,243 to Good Life Partners, and $134,210 to Good Life Solutions. These balances were settled in the first quarter of 2025. Think is owned 100% by BCBSNEI's parent company GoodLife Solutions, Inc.

BCBSNEI has an administrative service agreement for our Rx program with Prime LLC (Prime) in which BCBSNEI paid and expensed $10,024,630 and $9,653,085 in fees in 2024 and 2023, respectively. In 2022, the Company began receiving MAF revenue from Prime. BCBSNEI received and accrued $21,835,084 in 2024 and $20,408,316 in 2023, of which $15,928,635 in 2024 and $15,598,260 in 2023, was used to offset administrative expense and $5,906,449 in 2024 and $4,810,056 in 2023 was included in Administrative Services Income in Note 10.

On January 29, 2016, BCBSNEI and SEI entered into a management service agreement, whereby 100% of all SEI related expenses shall be allocated from BCBSNEI to SEI. SEI is 100% owned by BCBSNEI. SEI desires to retain BCBSNEI to provide certain services customary, appropriate and reasonable to support a Medicare Advantage Organization in administration of its Medicare Advantage and Part D products. SEI and BCBSNEI also have a Quota Share Agreement effective January 1, 2017 which is ending December 31, 2024, as discussed above. BCBSNEI paid and expensed $16,752,124 and $13,212,450 in fees during 2024 and 2023, respectively.

NOTE 6 - RETIREMENT PLANS, DEFERRED COMPENSATION, POST EMPLOYMENT AND OTHER POSTRETIREMENT BENEFIT PLANS AND COMPENSATED ABSENCES

Defined Benefit Plan

The Company participates in the Blue Cross and Blue Shield Association's National Retirement Program which is a defined benefit pension plan covering all employees that have five or more years of service as of December 31, 2005. Effective January 1, 2006, the Company limited participation in the defined benefit retirement plan to those individuals who have five years or more of service and were fully vested at that date. The defined benefits are based on years of service and the employee's final average compensation. Effective as of December 31, 2014, BCBSNEI froze the defined benefit plan which resulted in no future service cost being recognized but the plan still recognizes increases in pensionable compensation.

In 2024 and 2023, BCBSNEI made a $1,100,000 million contribution to the plan in both years.

The decrease in pension liability of $1,934,158 and $3,664,556 for the years ended December 31, 2024 and 2023, respectively, was recorded in policyholder surplus.

Financial information regarding the defined benefit plan is follows:

	2024	2023
Changes in projected benefit obligation		
Projected benefit obligation at beginning of year	**$ 49,493,801**	$ 51,220,149
Interest cost	**2,304,801**	2,412,866
Benefit payments (includes lump sum settlements)	**(1,002,901)**	(2,718,399)
Actuarial (gains) losses	**(2,944,341)**	(1,420,815)
Settlements	**(2,423,106)**	-
Projected benefit obligation at end of year	**$ 45,428,254**	$ 49,493,801
Accumulated benefit obligation	**$ 42,454,569**	$ 46,264,233
Change in plan assets		
Fair value of plan assets at beginning of year	**$ 49,531,495**	$ 46,670,535
Actual return on assets (net of expenses)	**1,885,523**	4,479,359
Employer contributions	**1,100,000**	1,100,000
Benefit payments	**(1,002,901)**	(2,718,399)
Expense payments	**(202,640)**	-
Settlements	**(2,423,106)**	-
Fair value of plan assets at end of year	**$ 48,888,371**	$ 49,531,495
Funded status reconciliation		
Prepaid benefit costs	**724,506**	
Overfunded	**2,735,611**	37,694
Assets (nonadmitted)	**(3,460,117)**	(37,694)
Accrued benefit costs	**-**	763,759
Total assets (nonadmitted)	**$ -**	$ 763,759
Underfunded		
Liabilities recognized		
Liability for pension benefits	**-**	$ (763,759)
Total liabilities recognized	**$ -**	$ (763,759)
Unrecognized liabilities	$ -	$ -
Components of net periodic benefit cost		
Service cost	**$ 195,000**	$ 260,000
Interest cost	**2,304,801**	2,412,866
Expected return on assets	**(2,742,151)**	(2,495,618)
Amortization of actuarial loss	**-**	-
Settlement gain	**(145,915)**	-
Total net periodic (benefit) cost	**$ (388,265)**	$ 177,248

	2024	2023
Amounts in unassigned funds(surplus) recognized as components of net periodic benefit costs		
Unrecognized items at beginning of year	**$ (801,453)**	$ 2,863,103
Net gain and loss arising during the period	**(2,080,073)**	(3,664,556)
Net gain recognized	**145,915**	-
Unrecognized items at end of year	**$ (2,735,611)**	$ (801,453)
Amounts in unassigned funds(surplus) that have not yet been recognized as components of net periodic benefit costs		
Net actuarial (gains)/losses	**$ (2,735,611)**	$ (801,453)
Total	**$ (2,735,611)**	$ (801,453)

Assumptions used to determine benefit obligations		
Measurement date	**12/31/2024**	12/31/2023
Discount rate	**5.65%**	5.00%
Rate of compensation increase	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Assumptions used in computing net periodic benefit cost		
Measurement date	**1/1/2024**	1/1/2023
Discount rate	**5.00%**	5.15%
Expected return on assets	**6.00%**	5.75%
Rate of compensation increase	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%

At December 31, 2024, the basis of the overall expected long-term rate of return on assets assumption is a forward-looking approach based on the current long-term capital market outlook assumptions of the asset categories the trust invests in and the trust's target asset allocation.

At December 31, 2024, the assumed target asset allocation for the program is: 15% - 25% equity securities, 69% - 79% debt securities, and 2% - 10% other securities.

Using a mean-variance model to project returns over a 30-year horizon under the target asset allocation, the 35th to 65th percentile range of annual rates of return is 5.9% - 7.1%.

The company selected the expected return on asset assumption of 6.00% for 2024. This rate is net of both investment related expenses and a 0.10% reduction for other administrative expenses charged to the Trust.

Fair Value Measurements of Plan Assets at December 31, 2024:

Description for each class of plan assets	**Level 1**	**Level 2**	**Level 3**	**Total**
Government Obligations	**$ -**	**$ 2,414,772**	**$ -**	**$ 2,414,772**
Non-Agency Backed Securities	**-**	**-**	**-**	**-**
Corporate Obligations	**-**	**11,558,959**	**-**	**11,558,959**
Limited Liability Corporations	**-**	**-**	**-**	**-**
Real Estate	**-**	**-**	**2,831,016**	**2,831,016**
Registered Investments	**2,019,060**	**-**	**-**	**2,019,060**
Common/Collective Trusts	**-**	**30,051,014**	**-**	**30,051,014**
Common stocks	**-**	**-**	**-**	**-**
Interest-bearing Cash	**13,550**	**-**	**-**	**13,550**
Derivatives	**-**	**-**	**-**	**-**
Total assets measured at fair value	**$ 2,032,611**	**$ 44,024,746**	**$ 2,831,016**	**$ 48,888,371**

Fair Value Measurements of Plan Assets at December 31, 2023:

Description for each class of plan assets	Level 1	Level 2	Level 3	Total
Government Obligations	$ -	$ 2,303,941	$ -	$ 2,303,941
Non-Agency Backed Securities	-	-	-	-
Corporate Obligations	-	12,195,304	-	12,195,304
Limited Liability Corporations	-	-	-	-
Real Estate	-	-	2,420,698	2,420,698
Registered Investments	1,917,729	-	-	1,917,729
Common/Collective Trusts	-	30,495,486	-	30,495,486
Common stocks	-	-	-	-
Interest-bearing Cash	198,336	-	-	198,336
Derivatives	-	-	-	-
Total assets measured at fair value	$ 2,116,067	$ 44,994,732	$ 2,420,698	$ 49,531,496

The investment program for the National Retirement Trust is based on the precepts of capital market theory that are generally accepted and followed by institutional investors, who by definition are long-term oriented investors. This philosophy holds that:

1. Increasing risk is rewarded with compensating returns over time and therefore, prudent risk taking is justifiable for long-term investors.
2. Risk can be controlled through diversification of asset classes and investment approaches as well as diversification of individual securities.
3. Risk is reduced by time, and over time the relative performance of different asset classes is reasonably consistent. Over the long term, equity investments have provided and should continue to provide superior returns over other security types. Fixed-income securities can dampen volatility and provide liquidity in periods of depressed economic activity. Lengthening duration of fixed income securities may reduce surplus volatility.
4. The strategic or long-term allocation of assets among various asset classes is an important driver of long term returns.
5. Relative performance of various asset classes is unpredictable in the short-term and attempts to shift tactically between asset classes are unlikely to be rewarded.

Investments will be made for the sole interest of the participants and beneficiaries of the programs participating in the National Retirement Trust. Accordingly, the assets of the National Retirement Trust shall be invested in accordance with these objectives:

1. To ensure assets are available to meet current and future obligations of the participating programs when due.
2. To earn the maximum return that can be realistically achieved in the markets over the long term at a specified and controlled level of risk in order to minimize future contributions.
3. To invest assets with consideration of the liability characteristics in order to better align asset and liabilities.
4. To invest the assets with the care, skill, and diligence that a prudent person acting in a like capacity would undertake. The Committee acknowledges that, in the process, it has the objective of controlling the costs involved with administering and managing the investments of the National Retirement Trust.
5. The target asset allocation for the company is as follows: 15% - 25% equity securities, 69% - 79% debt securities, and 2% - 10% other securities.

The Company estimates that a $497 thousand contribution will be made to the qualified program in 2025. This is management's current best estimate of total contributions for the year and should not be construed as a commitment to fund this amount. Management has discretion to fund more or less based on circumstances throughout the year.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

2025	$	8,534,000
2026		6,198,000
2027		5,228,000
2028		4,807,000
2029		4,588,000
2030-2034		16,803,000

Supplemental Retirement Program

The Company established an Executive Nonqualified Deferred Compensation Plan (DC plan) effective January 1, 2011 for the benefit of a select group of Executives as designated by the Board of Directors. The Company contributed $1,045,027 and expensed $1,133,347 in 2024. The Company contributed $1,155,899 and expensed $1,399,493 in 2023.

Defined Contribution Plans

401(k) Plan

The Company has Tax-Favored Savings Plans under Section 401(k) of the Internal Revenue Code (IRC). As of January 1, 2021, all eligible employees are auto enrolled at 6% deferral rate upon hire. The Plans allow employees to defer a portion of their income on a pre-tax basis through contributions to the 401(k) Plans, for every dollar the employee contributes, up to 6% of the employee's wages, BCBSNEI will make contributions based on a 100% match on the first 6% of compensation contributed.

All employees are immediately 100% vested in their contributions and are eligible for the company match immediately upon employment. All employees and employer safe harbor contributions are 100% vested immediately.

The amount expensed under the Plans were $6,236,281 for 2024 and $5,864,356 for 2023.

Nonqualified Deferred Compensation Program (401(k) Wrap Plan)

In addition to the Tax-Favored Savings Plans noted above, BCBSNEI provides a Nonqualified Deferred Compensation Plan to provide certain employees the opportunity to make elective contributions and receive employer matching contributions in excess of those permitted under the Employer's Tax-Favored Savings Program and the Code (Internal Revenue Code of 1986). This Plan is considered an unfunded plan for IRC purposes with any assets set aside to fund the Plan subject to the general creditors of BCBSNEI. The Company's expense for this Plan was $744,128 in 2024 and $752,134 in 2023.

Defined Contribution Plan (replacing the Defined Benefit plan)

Effective January 1, 2006, the Company established a Qualified Defined Contribution Plan for those employees who had less than five years of service as of December 31, 2005 and therefore, were not participants in the Company's defined benefit plan. Effective January 1, 2021, BCBSNEI changed the plan and any supplemental, discretionary amount BCBSNEI contributes to employee 401(k)s will be made on an annual basis rather than on the current per pay period basis. A new employee becomes eligible for the Defined Contribution Plan on the first day of the quarter following six months of employment. Employees are fully vested after three years of service. The Company contribution under this Plan was $3,344,754 in 2024 and $3,003,834 in 2023.

Post Retirement Benefit Plan

The Company provides certain health care and life insurance benefits ("postretirement benefits") for retired employees. Health coverage provided to retirees varies based upon a number of factors including years of service. The postretirement medical program was amended effective January 1, 2008 to provide defined dollar benefits. Life Insurance benefits are calculated based on the amount of the employee's final salary and age. The retiree medical and retiree life insurance plans were amended as of January 1, 2021 and frozen to new entrants. The retiree medical pre-65 grandfathers those that already met the eligibility requirements as of December 31, 2020. The amendment capped the life insurance benefit at $50,000 for current retirees already in the plan. Effective January 1, 2021 the retiree medical plan for Medicare eligible age (65+) plan transitioned to a Group Medicare Advantage plan with BCBSNEI no longer subsidizing the premiums.

The (increase) in postretirement liability, which was recorded as a reduction in policyholder surplus, was ($4,121,919) and ($4,700,274), for the years ended December 31, 2024 and 2023, respectively.

Financial information regarding the postretirement benefit plan is as follows:

	Health Benefits		Life Benefits	
	2024	2023	**2024**	2023
Change in benefit obligation				
Projected benefit obligation at beginning of year	**$ 528,242**	$ 731,077	**$ 1,614,925**	$ 1,723,163
Service cost	**4,030**	6,057	**-**	-
Interest cost	**18,794**	29,044	**77,170**	80,029
Benefit payments (net of contributions)	**(155,538)**	(76,221)	**(11,926)**	(12,014)
Actuarial losses (gains)/losses	**(55,047)**	(161,715)	**(191,432)**	(176,253)
Projected benefit obligation at end of year	**$ 340,481**	$ 528,242	**$ 1,488,737**	$ 1,614,925
Funded status reconciliation				
Underfunded				
Liabilities recognized				
Accrued benefit costs	**$ 3,416,453**	$ 7,783,048	**$ 3,804,753**	$ 3,874,026
Liability/(contra-liability) for benefits	**(3,075,972)**	(7,254,806)	**(2,316,016)**	(2,259,101)
Total liabilities recognized	**$ 340,481**	$ 528,242	**1,488,737**	$ 1,614,925
Components of net periodic benefit cost				
Service cost	**$ 4,030**	$ 6,057	**$ -**	$ -
Interest cost	**18,794**	29,044	**77,170**	80,029
Amortization of prior service cost	**(2,579,610)**	(2,579,610)	**(86,689)**	(86,689)
Amortization of net (gain)/loss	**(1,654,271)**	(2,326,927)	**(47,828)**	(45,016)
Total net periodic benefit cost	**$ (4,211,057)**	$ (4,871,436)	**$ (57,347)**	$ (51,676)
Amounts in unassigned funds(surplus) recognized as components of net periodic benefit costs				
Unrecognized items at beginning of year	**$ (7,254,806)**	$ (11,999,628)	**$ (2,259,101)**	$(2,214,553)
Net prior service cost or credit recognized	**2,579,610**	2,579,610	**86,689**	86,689
Net (gain)/loss arising during the period	**(55,047)**	(161,715)	**(191,432)**	(176,253)
Net gain/(loss) recognized	**1,654,271**	2,326,927	**47,828**	45,016
Unrecognized items at end of year	**$ (3,075,972)**	$ (7,254,806)	**$ (2,316,016)**	$(2,259,101)
Amounts in unassigned funds(surplus) that have not yet been recognized as components of net periodic benefit costs				
Net prior service cost/(credit)	**$ (1,159,623)**	$ (3,739,233)	**$ (1,210,174)**	$(1,296,863)
Net actuarial (gains)/losses	**(1,916,349)**	(3,515,573)	**(1,105,842)**	(962,238)
Total	**$ (3,075,972)**	$ (7,254,806)	**$ (2,316,016)**	$(2,259,101)

	Health Benefits	Health Benefits	Life Benefits	Life Benefits
Assumptions used to determine benefit obligations				
Measurement date	**12/31/2024**	12/31/2023	**12/31/2024**	12/31/2023
Discount rate	**5.55%**	4.90%	**5.55%**	4.90%
Rate of compensation increase	**N/A**	N/A	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Health care cost trend rate assumed for next year	**N/A**	N/A		
Ultimate health care cost trend rate	**N/A**	N/A		
Year that the rate reaches the ultimate trend rate	**N/A**	N/A		
Assumptions used in computing net periodic benefit cost				
Measurement date	**1/1/2024**	1/1/2023	**1/1/2024**	1/1/2023
Discount rate	**4.90%**	5.10%	**4.90%**	5.10%
Expected return on assets	**N/A**	N/A	**N/A**	N/A
Rate of compensation increase	**N/A**	N/A	**Graded; 3.0% - 5.50%**	Graded; 3.0% - 5.50%
Health care cost trend rate assumed for next year	**N/A**	N/A		
Ultimate health care cost trend rate	**N/A**	N/A		
Year that the rate reaches the ultimate trend rate	**N/A**	N/A		

The health care cost trend assumption does not have a material impact for 2024 and 2023 as the employer has capped its premium contribution and also frozen the plan effective January 1, 2021 to new entrants.

The Company expects to fund the actuarial benefit payments as they become due.

The following health and life benefit payments and Medicare receipts, which reflect expanded future service, as appropriate, are expected to be (paid) as follows:

	Other Benefits Gross	Medicare Receipts
2025	$ (251,000)	$ -
2026	(214,000)	-
2027	(190,000)	-
2028	(155,000)	-
2029	(157,000)	-
2030-2034	(532,000)	-

NOTE 7 - POLICY AND CONTRACT CLAIMS

The Company recorded a total liability for policy and contract claims of $244,682,532 and $205,321,387 as of December 31, 2024 and 2023, including a liability for unpaid claim adjustment expenses of $33,598,817 and $32,193,409, respectively, and a liability for accrued medical incentive pool and bonus amounts of $10,932,484 and $10,160,288, respectively. An analysis of the liability for policy and contract claims, excluding claim adjustment expenses, follows:

	2024	2023
Balance at beginning of the year	**$ 173,127,978**	$ 185,464,953
Incurred related to		
Current year	**1,796,515,259**	1,631,191,792
Prior year	**3,129,089**	(17,804,079)
Total incurred	**1,799,644,348**	1,613,387,713
Change in healthcare receivables	**(257,480)**	(14,153,062)
Paid related to		
Current year	**1,604,484,944**	1,478,703,952
Prior year	**157,461,146**	161,173,798
Total paid	**1,761,946,090**	1,639,877,750
Balance at end of the year	**211,083,716**	173,127,978
Balance at end of the year	**211,083,716**	173,127,978
add Unpaid claims adjustment expenses	**33,598,817**	32,193,409
End of Year Policy and contract claims reserves	**244,682,532**	**205,321,387**

During 2024 and 2023, the Company had unfavorable development of $3,129,089 and favorable development of ($17,804,079), respectively, related to prior years. The amount of subrogation recoverable netted against claim reserves for 2024 was $13,000,000 and for 2023 was $10,000,000.

The current reserve model was implemented in 2011. This model combines a standard completion factor and a projected PMPM model on a sliding scale. Also, a specific provision for adverse deviations (PAD) is applied consistently.

NOTE 8 - HEALTHCARE REFORM

Medical Loss Ratio

The ACA established minimum medical loss ratio (MLR) standards for health insurers. These new standards were effective for 2011 and are required to be reported to the Department of Health and Human Services (HHS). The reporting date for 2024 MLR is July 31, 2025. Based on the MLR standards, the Company is required to pay a pro-rata rebate to individual members or groups if the incurred MLR for Individual or Small Group business is less than 80% and Large Group is less than 85%. At December 31, 2024 and December 31, 2023, the Company's estimate of the MLR for Individual, Small Group and Large Group were all above the established MLR thresholds and no rebates are due.

The report due to HHS on July 31, 2025, requires a three month look back of December 31, 2024 unpaid claims activity through March 31, 2025 for the purpose of updating the estimated 2024 MLR calculations.

Risk-sharing Provisions of the Patient Protection and Affordable Care Act

During 2024 and 2023, the Company wrote health insurance premiums which are subject to the ACA risk sharing provisions.

The ACA's permanent risk adjustment program (RA) is intended to reinforce market rules that prohibit risk selection by insurers. RA accomplishes this by transferring funds from plans with lower-risk enrollees to plans with higher-risk enrollees. The goal of RA is to encourage insurers to compete based on the value and efficiency of their plans rather than by attracting healthier enrollees. To the extent that risk selecting behavior by insurers, or decisions made by enrollees, drive up costs in the health insurance marketplaces (for example, if insurers selling outside the Exchange try to keep premiums low by steering applicants with greater health needs to Exchange coverage), RA also works to stabilize premiums and the cost of tax credit subsidies to the federal government. The RA amounts recorded by the Company as of December 31, 2024, and 2023 are:

Permanent PPACA Risk Adjustment Program

	2024	2023
Assets		
- Premium adjustments receivable due to ACA RA	$ **10,821,414**	$ 26,347
Liabilities		
- Risk adjustment user fees payable for ACA RA	**-**	-
- Premium adjustments payable due to ACA RA	**1,855,946**	8,240,000
Operations (Revenue & Expenses)		
- Reported as revenue in premiums (written/collected) due to ACA RA	**2,640,484**	(6,114,259)
- Reported in expenses (benefits under health policies) as ACA RA user fees (incurred/paid)	**-**	-

In accordance with SSAP No. 107, the following roll forward of prior year ACA Risk Sharing Provisions (gross of any non-admission) with reasons for adjustments to prior year balance is presented.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences	
					Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)
	1	2	3	4	5	6
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program						
1. Premium adjustments receivable	66,347	-	1,220,283	-	(1,153,936)	-
2. Premium adjustments (payable)	-	(8,460,000)	-	(15,937,556)	-	7,477,556
3. Subtotal ACA Permanent Risk Adjustment Program	66,347	(8,460,000)	1,220,283	(15,937,556)	(1,153,936)	7,477,556
b. Transitional ACA Reinsurance Program						
1. Amounts recoverable for claims paid	-	-	-		-	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-			-	-
3. Amounts receivable relating to uninsured plans	-	-			-	-
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	-	-			-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-
c. Temporary ACA Risk Corridors Program						
1. Accrued retrospective premium	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions	**66,347**	**(8,460,000)**	**1,220,283**	**(15,937,556)**	**(1,153,936)**	**7,477,556**

	Adjustments			Unsettled Balances as of the	
	To Prior Year Balances	To Prior Year Balances	9	Cumulative Balance from Prior Years (Col 1 – 3 +7)	Cumulative Balance from Prior Years (Col 2 – 4 +8)
	7	8	9	10	11
	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program					
1. Premium adjustments receivable	1,153,936	-	A	-	-
2. Premium adjustments (payable)	-	(7,477,556)	B	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	1,153,936	(7,477,556)		-	-
b. Transitional ACA Reinsurance Program					
1. Amounts recoverable for claims paid	-	-	C	-	-
2. Amounts recoverable for claims unpaid (contra liability)	-		D	-	-
3. Amounts receivable relating to uninsured plans			E	-	-
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium			F		
5. Ceded reinsurance premiums payable	-	-	G	-	-
6. Liability for amounts held under uninsured plans	-	-	H	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	-		-	-
c. Temporary ACA Risk Corridors Program					
1. Accrued retrospective premium	-	-	I	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	J	-	-
3. Subtotal ACA Risk Corridors Program	-	-		-	-
d. Total for ACA Risk Sharing Provisions	**1,153,936**	**(7,477,556)**		**-**	**-**

Explanation of Adjustments

A Adjusted receivable in 4th quarter due to updated information.

B Adjusted payable in 4th quarter due to updated information.

NOTE 9 - CAPITAL AND POLICYHOLDER SURPLUS

Blue Cross and Blue Shield of Nebraska reorganized from a mutual benefit insurance company to a stock insurance company effective July 1, 2018. The stock insurance company is called BCBSNEI and will do business in that name. As part of the reorganization, GSI was formed as a new intermediate stock holding company and BCBSNEI is a wholly owned subsidiary of GSI. BCBSNEI has 500,000 shares authorized with a par value of $100, 10 shares issued and 10 shares outstanding. All shares are common stock. BCBSNEI has no preferred stock outstanding.

Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the state of Nebraska to not exceed any dividend or distribution of cash or other property the fair market value of which together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of (a) ten percent of such insurer's policyholders surplus as of December 31 next preceding year or (b) the net income, not including realized capital gains, for the twelve-month period ending December 31 next preceding but shall not include pro rata distributions of any class of the insurer's own securities. In determining whether a dividend or distribution is extraordinary, BCBSNEI may carry forward net income from the previous two calendar years that has not already been paid out as dividends. This carryforward shall be computed by taking the net income from the second and third preceding calendar years, not including realized capital gains, less dividends paid in the second and immediately preceding calendar years. During 2024, BCBSNEI can pay extraordinary dividends to its parent of $30,888,236 with prior approval of regulatory authority. In 2024, BCBSNEI distributed a cash dividend of $7 million to GSI who in return distributed the $1.5 million to GPI, in order to cover operating expenses incurred by GPI. In 2023, BCBSNEI distributed a cash dividend of $8 million to GSI who in return distributed the $2 million to GPI, in order to cover operating expenses incurred by GPI.

There are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. There were no restrictions placed on the Company's surplus.

Policyholder surplus is reduced by the following non-admitted assets:

	2024	2023
Non-admitted assets:		
Pharmaceutical rebates and other health care receivables	**$ 4,442,615**	$ 7,267,184
Furniture and fixtures	**3,142,639**	2,185,391
EDP equipment and software	**153,757**	170,916
Prepaid expenses	**12,444,175**	10,902,305
Invested assets	**1,112,874**	1,001,920
Intangible Pension Asset	**3,460,113**	37,690
Miscellaneous receivable	**9,554,792**	9,467,856
Total non-admitted assets	**$ 34,310,965**	$ 31,033,262

NOTE 10 - GAIN OR LOSS FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

The Company is engaged as administrator for a number of uninsured and partially insured plans and paid benefits for these plans totaling $1,379,950,192 in 2024 and $933,428,408 in 2023. A summary of financial results thereon follows:

2024	Cost Plus
Administrative services income	**$ 113,037,672**
Allocated costs using full absorption costing	**(116,967,707)**
Total net (loss) from operations	**$ (3,930,035)**
2023	
Administrative services income	$ 101,277,369
Allocated costs using full absorption costing	(112,029,785)
Total net (loss) gain from operations	$ (10,752,416)

Agency Contracts and Expense Reimbursements

The Company is a member of the Blue Card Program, and by agreement processed claims for others and the related reimbursements have been excluded from the statutory statements of operations.

The Company allocates its operating expenses by various lines of business to determine the expense reimbursements where BCBSNEI acts as a fiscal intermediary for other federal health programs and other reimbursable lines of business.

The following is a summary of claims processed for the Blue Card Program for the years ended December 31:

	2024	2023
Blue Card Program	**$ 1,506,315,420**	$ 1,499,315,015

The following is a summary of operating expense reimbursements:

	2024	2023
Blue Card Program	**$ 16,424,513**	$ 15,786,931

NOTE 11 - LEASES

The Company has several lease agreements for the use of office space, data processing, other equipment, and storage space. The agreements expire on various dates through 2045. In most cases, management expects to renew these leases or replace them with similar leases. In addition, on January 1, 2020, the Company entered into an updated BCBSNEI Credit Tenant Lease (CTL), which expires in 2045. The landlord is QuadTech, LP.

Total rent expense for these leases and other month-to-month leases were approximately $17,856,411 in 2024 and $21,168,509 in 2023. The lease expense for the next 5 years and thereafter is as follows:

Years Ending December 31,	Operating Leases
2025	$ 7,781,631
2026	7,871,091
2027	7,961,579
2028	8,053,108
2029	8,144,418
Thereafter	143,788,933
	$ 183,600,760

NOTE 12 - HEALTHCARE RECEIVABLES

The Company has contracted with Prime LLC, a pharmaceutical benefits manager, to provide pharmaceutical services and obtain pharmacy rebates from drug manufacturers. The estimate for the fourth quarter is based on the previous quarter's actual prescriptions, which are confirmed/invoiced by the Company's pharmaceutical benefit manager. At December 31, 2024 and 2023, the Company had a total pharmacy rebates receivable of $105,620,866 and $100,918,191, respectively, of which is $101,178,251 and $93,651,007 is an admitted asset. The current year receivable of $105,620,866 contains $68,350,056 related to fully insured business and $37,270,810 related self-insured business.

Quarter Ending	Estimated Pharmacy Rebates	Pharmacy Rebates Invoiced/Confirmed as an admitted asset	Actual Rebates Collected Within 90 days of Invoicing/Confirmation	Actual Rebates Collected Within 91 to 180 days of Invoicing/Confirmation	Actual Rebates Collected More Than 180 Days of Invoicing/Confirmation
12/31/2024	**$ 52,890,369**	**$ -**	**$ -**	**$ -**	**$ -**
9/30/2024	**51,116,493**	**53,721,337**	**-**	**-**	**-**
6/30/2024	**50,140,998**	**52,524,724**	**42,954,263**	**6,021,553**	**-**
3/31/2024	**44,201,084**	**47,637,228**	**39,074,341**	**6,026,697**	**923,754**
12/31/2023	$ 49,129,740	$ 49,344,701	$ 41,144,529	$ 6,337,455	$ 711,169
9/30/2023	45,494,223	46,977,140	39,571,506	6,245,659	(13,335)
6/30/2023	39,836,867	45,746,088	37,844,347	5,696,401	57,839
3/31/2023	36,317,720	40,394,777	32,745,905	4,902,605	(160,494)
12/31/2022	$ 37,494,709	$ 36,294,339	$ 31,016,029	$ 5,687,327	$ (567,566)
9/30/2022	36,609,434	36,455,635	32,707,094	5,438,097	(56,185)
6/30/2022	33,483,682	37,023,641	29,797,390	5,093,578	259,914
3/31/2022	35,225,445	33,687,055	27,057,867	5,471,245	708,519
	$ 511,940,764	$ 479,806,665	$ 353,913,271	$ 56,920,617	$ 1,863,615

The Company does not have any pharmacy risk sharing receivables at December 31, 2024 and 2023.

NOTE 13 - REINSURANCE

Assumed Reinsurance

Effective January 1, 2017, the Company entered into a reinsurance agreement with Sapphire Edge, Inc. (SEI), a wholly owned affiliate of the Company, in which the Company assumes reinsurance ceded from SEI. Premiums assumed in 2024 and 2023 were $62,108,258 and $56,833,912, respectively. Claims assumed in 2024 and 2023 were $68,189,420 and $58,010,461, respectively, and assumed commissions expensed for 2024 and 2023 were $7,215,570 and $6,899,116 respectively. This reinsurance agreement ended December 31, 2024 and was not renewed.

Effective April 1, 2020, the Company entered into a reinsurance agreement with HM Life Insurance Company (HMLI) in which the Company assumes reinsurance through a 50% quota share agreement on specific stop loss and aggregate stop loss business. Premiums assumed in 2024 and 2023 were $25,454,382 and $25,492,595, respectively. Reinsurance payable on paid and unpaid losses at December 31, 2024 and December 31, 2023 were $3,160,261 and $4,689,481, respectively.

Ceded Reinsurance

Effective January 1, 2016, the Company purchased excess loss reinsurance from BCS Insurance Company (BCS), a non-affiliated reinsurer. This BCS reinsurance contract is for insured medical claims in excess of $2,000,000. At December 31, 2024 and 2023, there were no amounts recoverable from BCS which have been netted against Unpaid Policy and Contract Claims Reserves. Premiums ceded under the BCS contract was $3,449,463 and $4,064,754 in 2024 and 2023, respectively. Amounts recovered under the BCS contract was $0 in 2024 and 2023, respectively.

The Company previously ceded 70% of its individual Long-Term Care premiums and claims to Genworth Life Insurance Company (Genworth). In December 2024, BCBSNEI was notified of an interim final award issued by the arbitration panel on the recapture of the quota share agreement. The interim report ruled that the effective recapture dates are January 1, 2022 and November 8, 2022. At December 31, 2024, BCBSNEI recorded the recapture of all ceded Active Life Reserves, Disabled Life Reserves, Claim Reserves and Unearned premium. This resulted in a $77.5 million increase in Long Term Care Reserves on the statements of admitted assets, liabilities, and policyholder surplus at December 31, 2024. Also, an estimated settlement of $28 million was recorded as a receivable from GenWorth within the Uncollected premiums and agents' balances in the course of collection within the statements of admitted assets, liabilities, and policyholder surplus at December 31, 2024. These entries along with recognition of the ceded premium and loss activity recognized through the recapture had a net impact to increase reserves for life, accident and health contracts, resulting in an impact on expense in the 2024 statement of operations of $59.8 million. Premiums ceded were ($13,917,115) and $2,552,226 in 2024 and 2023, respectively. Unearned premiums were $0 and $63,311,365 at December 31, 2024 and 2023. Reserve credits for unearned premiums were $0 and $16,083,556 at December 31, 2024 and 2023, respectively.

No policies have been issued by the Company that have been reinsured with a company chartered in a country other than the United States that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business. The Company does not have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits. The Company does not have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premiums collected under the reinsured policies. The Company has not executed or amended any new agreements, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement.

NOTE 14 - COMMITMENT AND CONTINGENCIES

Assessments

In accordance with SSAP No. 35R, *Guaranty Fund and Other Assessments*, BCBSNEI has accrued a liability of $202,459 and $221,423, at December 31, 2024 and 2023, respectively, for estimated guaranty fund assessments. This liability is for the Nebraska Guaranty Fund related to future insurance company insolvencies and is based on information provided by the National Organization of Life and Health Insurance Association (NOLHGA).

There were no assessments made in 2024 and 2023. The Company doesn't expect any potential assessments to have a material effect on the Company.

Commitments

BCBSNEI has commitments outstanding to various private equity investments that are not listed in Note 5 of $15,948,882 at December 31, 2024 and $17,806,902 at December 31, 2023.

All Other Contingencies

The Company is involved in various claims, lawsuits, federal and state tax examinations and proceedings that arose in the ordinary course of business. While these actions are being contested, the outcome of individual matters is not predictable with assurance. The Company does not believe that any liability resulting from any of the actions will have a material adverse effect on its financial position, statement of operations, policyholder's surplus, cash flows, or liquidity.

BCBSNEI is a defendant in a multi-district class action lawsuit brought by two groups of plaintiffs against all Blue Cross and Blue Shield plans – policyholder plaintiffs and provider plaintiffs. BCBSNEI established a litigation reserve in 2022 and recorded an amount of $25,688,052. This amount remained unchanged as of December 31, 2023. During 2024 based on analysis of the current facts and circumstances, BCBSNEI has decreased its accrual by $6,543,083 to $19,144,969 at December 31, 2024, which is included in other liabilities in the statement of admitted assets, liabilities, and policyholder surplus.

BCBSNEI is the guarantor on the lease of a building used by Think Aksarben, LLP, a subsidiary of GSI, with TREI Partners, LLC. The remaining term of the lease is 20.5 years and has remaining payments due of approximately $146.2 million.

NOTE 15 - ANNUAL STATEMENT RECONCILIATION

There are certain classification differences between the accompanying statutory financial statement and the Company's statutory filing as of December 31, 2024. These differences relate to classifications and summarized account grouping on the Statutory Statements of Admitted Assets, Liabilities and Policyholder Surplus as well as the Statutory Statements of Cash Flows. These classification differences had no effect on Statutory Net Loss and Policyholder Surplus.

	As listed in the Statutory-Basis Financial Statements	As listed in the Statutory-Basis Annual Statement
December 31, 2024		
Statutory Statements of Admitted Assets, Liabilities, and Policyholder Surplus		
Admitted Assets		
Income tax recoverable	$ 6,903,600	$ 8,571,242
Total Admitted Assets	$ 1,022,972,343	$ 1,024,639,985
Liabilities and Policyholder Surplus		
Amounts due to parent , subsidiaries, and affiliates	$ 22,281,174	$ 23,948,816
Total Liabilities	$ 644,089,985	$ 645,757,627
Total Liabilities and Policyholder Surplus	$ 1,022,972,343	$ 1,024,639,985
Statutory Statements of Cash Flows		
Operating Activities		
Federal Income taxes paid	$ (10,477,050)	$ (12,144,693)
Net Cash (Used By) Operating Activities	$ (66,494,213)	$ (68,161,856)
Financing Activates		
Other cash from financing activates	$ 11,231,026	$ 12,898,669
Net Cash From Financing Activities	$ 4,231,026	$ 5,898,669

NOTE 16 - SUBSEQUENT EVENTS

Subsequent event disclosures have been evaluated through April 29, 2025, with the issue date of the report being April 29, 2025.

In 2025, the Company made additional capital contributions to SEI in the amount of $25,000,000.

Supplementary Information
December 31, 2024

BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross and Blue Shield Association

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
SUPPLEMENTAL SCHEDULE OF INVESTMENT RISKS INTERROGATORIES
DECEMBER 31, 2024

1. The Company's total admitted assets as reported on the accompanying statutory statement of admitted assets, liabilities and policyholder surplus are $ 1,022,972,343 at December 31, 2024.

2. Following are the ten largest exposures to a single issuer/borrower/investment, by investment category, excluding U.S. Government, U.S. Government agency securities and those U.S. Government money market funds listed in the Appendix to the *SVO Practices and Procedures Manual* as exempt and property occupied by the Company:

Investment Category/Issuer	Description of Exposure	Amount	Percentage of Total Admitted Assets
Prime LLC	Other Invested Assets	$ 48,261,624	4.710 %
Goldenrod LLC	Other Invested Assets	14,950,197	1.459
Azure Equity Management, LLC	Other Invested Assets	14,259,082	1.392
Goldenrod II LLC	Other Invested Assets	13,703,944	1.337
Internationl Plan Soluntions, LLC	Other Invested Assets	6,456,132	0.630
Sapphire Edge Corporation	Common Stock	6,305,020	0.615
Community Care Health Plan of Nebraska, Inc.	Common Stock	6,009,019	0.586
SBA Tower Trust SBA Tower Trust	Bond	5,000,000	0.488
Wells Fargo Company WFC 3.584% 5/22/28	Bond	4,633,203	0.452
BCS Financial Corporation	Other Invested Assets	4,532,828	0.442

3. The Company's total admitted assets held in bonds by NAIC rating:

NAIC Rating	Amount	Percentage of Total Admitted Assets
NAIC - 1	$ 322,036,014	31.530 %
NAIC - 2	41,824,303	4.095
NAIC - 3	5,823,736	0.570
NAIC - 4	-	-
NAIC - 5	1,812,622	0.177
NAIC - 6		

4. The Company's assets held in foreign investments are less than 2.5% of the total admitted assets.

5. Following are the largest three investments with contractual sales restrictions:

Name of Issuer	Amount	Percentage of Total Admitted Assets
Prime LLC	$ 48,261,624	4.710 %
Goldenrod II, LLC	14,950,197	1.459
Azure Equity Management, LLC	14,259,082	1.392

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
SUPPLEMENTAL SCHEDULE OF INVESTMENT RISKS INTERROGATORIES
DECEMBER 31, 2024

6. Following are the ten largest exposures to a single issuer/borrower/investment in equity interests, by investment category, including mutual funds, preferred stocks, publicly traded equity securities and other equity securities and excluding money market and bond mutual funds listed in the Appendix to the *SVO Practices and Procedures Manual* as exempt or Class 1.

Investment Category/Issuer	Amount	Percentage of Total Admitted Assets
Vanguard Instit Index S&P 500	$ 147,371,925	14.383 %
Prime LLC	48,261,624	4.710
Vanguard Extended Mkt Index - Inst	23,890,193	2.332
Goldenrod LP	14,950,197	1.459
Azure Equity Management, LLC	14,259,082	1.392
Goldenrod II LP	13,703,944	1.337
International Plan Solutions, LLC	6,456,132	0.630
Sapphire Edge Inc	6,305,020	0.615
Community Care Health Plan of Nebraska, Inc.	6,009,019	0.586
BCS Financial Corporation	4,532,828	0.442

7. Assets held in nonaffiliated, privately placed equities are greater than 2.5% of the Company's admitted assets at December 31, 2024. The aggregate value of such investments was $104,421,391 or 10.191% of total admitted assets. The following are the largest three.

Investment Category/Issuer	Amount	Percentage of Total Admitted Assets
Prime LLC	$ 48,261,624	4.710 %
Goldenrod, LLC	14,950,197	1.459
Goldenrod II LLC	13,703,944	1.337

8. Assets held in general partnership interests are less than 2.5% of the Company's admitted assets at December 31, 2024.

9. The Company has no mortgage loans reported in its Annual Statement Schedule B at December 31, 2024 and the Company does not own any Real Estate reported on Schedule A as of December 31, 2024.

10. None of the Company's total admitted assets are subject to the following types of agreements: repurchase agreements, reverse repurchase agreements, dollar repurchase agreements, dollar reverse repurchase agreements, or securities lending.

11. The Company has no warrants that are not attached to other financial instruments, options, caps, and floors at December 31, 2024.

12. The Company has no potential exposure for collars, swaps, and forwards at December 31, 2024.

13. The Company has no potential exposure for futures contracts at December 31, 2024.

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
SUMMARY INVESTMENT SCHEDULE
DECEMBER 31, 2024

	Gross Investment Holdings *		Admitted Assets as Reported in the Annual Statement	
	Amount	Percentage	Amount	Percentage
Bonds				
U.S. Treasury securities	$ 130,746,537	20.0 %	$ 130,746,537	20.1 %
U.S. Government agency and corporate		-		-
obligations (excluding mortgage-		-		-
backed securities)		-		-
issued by U.S.		-		-
Government-sponsored agencies	-	-	-	-
Securities issued by states, territories		-		-
and possessions and political		-		-
subdivisions in the U.S.		-		-
States, territories and possessions		-		-
general obligations	3,381,650	0.5	3,381,650	0.5
Political subdivision of states,		-		-
territories and political		-		-
subdivision general obligations	430,000	0.1	430,000	0.1
Revenue and assessment obligation	125,987,010	19.3	125,987,010	19.4
Mortgage-backed securities		-		-
(includes residential and		-		-
commercial MBS) pass-through		-		-
securities. Issued or		-		-
guaranteed by FNMA and FHLMC		-		-
All other CMOs and REMICs:		-		-
Issued or guaranteed by GMNA,		-		-
FNMA, FHLMC or VA		-		-
Other debt and other fixed income		-		-
securities (excluding short term)		-		-
Unaffiliated domestic securities	110,951,472	17.0	110,951,472	17.0
Unaffiliated foreign securities		-		-
Equity interests:		-		-
Investments in mutual funds	180,837,831	27.7	180,837,831	27.8
Preferred stocks	-	-	-	-
Publicly traded equity securities		-		-
Affiliated	-	-	-	-
Unaffiliated	13,087,984	2.0	13,087,984	2.0
Other equity securities:		-		-
Affiliated	6,305,020	1.0	6,305,020	1.0
Unaffiliated	558,500	0.1	558,500	0.1
Real estate investments		-		-
Property occupied by company	-	-	-	-
Property held for production of income		-		-
Property held for sale	-	-	-	-
Receivables for securities	7,225,269	1.1	7,225,269	1.1
Cash, cash equivalents		-		-
and short-term investments	(34,562,738)	(5.3)	(34,562,738)	(5.3)
Other invested assets	107,170,429	16.4	106,057,555	16.3
	$ 652,118,964	100.0 %	$ 651,006,090	100.0 %

* – Gross investment holdings as valued in compliance with the NAIC *Accounting Practices and Procedures Manual*.

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC.
NOTE TO SUPPLEMENTARY INFORMATION
DECEMBER 31, 2024

NOTE – BASIS OF PRESENTATION

The accompanying schedules and interrogatories present selected statutory-basis financial data as of December 31, 2024 and for the year then ended for the purpose of complying with paragraph 9 of the Annual Audited Financial Reports in the Annual Audited Report section of the National Association of Insurance Commissioners' *Annual Statement Instructions* and the National Association of Insurance Commissioners' *Accounting Practices and Procedures Manual* and agree to or are included in the amounts reported in the Company's 2024 Statutory Annual Statement, as filed with the Insurance Department of Nebraska.

SOC 1, Type II Examination
Report of BlueCross and BlueShield of Nebraska, Inc.'s Description of its HealthEdge Administrative Services Only (ASO) Claims and Membership Processing System and Related General IT Controls and on the Suitability of the Design and Operating Effectiveness of its Controls
For the Period of October 1, 2022 to September 30, 2023

BlueCross and BlueShield of Nebraska, Inc.

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Section I - Independent Service Auditor's Report 1

Section II - Management's Assertion Provided by BlueCross and BlueShield of Nebraska, Inc. 5

Section III - System Description Provided by BlueCross and BlueShield of Nebraska, Inc. 7

Section IV - Control Objectives and Related Controls, Test of Operating Effectiveness and Result of Tests Provided by the Independent Service Auditor and BlueCross and BlueShield of Nebraska, Inc. 33

1. Application and Software Change Control 35
2. Physical Security 38
3. Security Administration 40
4. Operations 43
5. Scheduling 45
6. Provider Pricing Information Maintenance and Updates 46
7. Environmental Operations 49
8. Group Applications 52
9. Billing 55
10A. Claims Processing 56
10B. Claims 59
10C. Checks, Remittances, and EOBs 63
11. Refund Processing 64

Section V - Other Information Provided by Blue Cross and Blue Shield of Nebraska

Introduction 66
BCBSNE Business Continuity 66
BCBSNE Approach to Business Continuity 66
Management's Responses to Testing Exceptions 67

Section I

Independent Service Auditor's Report

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CPAs & BUSINESS ADVISORS

Independent Service Auditor's Report

The Board of Directors
BlueCross and BlueShield of Nebraska, Inc.
Omaha, Nebraska

Scope

We have examined BlueCross and BlueShield of Nebraska, Inc.'s description of its HealthEdge Administrative Services Only (ASO) Claims and Membership Processing System and Related General IT Controls for processing user entities' transactions throughout the period October 1, 2022 to September 30, 2023 (description), and the suitability of the design and operating effectiveness of the controls included in the description to achieve the related control objectives stated in the description, based on the criteria identified in "BlueCross and BlueShield of Nebraska, Inc.'s Assertion" (assertion). The controls and control objectives included in the description are those that management of BlueCross and BlueShield of Nebraska, Inc. believes are likely to be relevant to user entities' internal control over financial reporting, and the description does not include those aspects of the HealthEdge ASO Claims and Membership Processing System and Related General IT Controls that are not likely to be relevant to user entities' internal control over financial reporting.

The information included in Section V, "Other Information Provided by BlueCross and BlueShield of Nebraska, Inc.," is presented by management of BlueCross and BlueShield of Nebraska, Inc. to provide additional information and is not a part of BlueCross and BlueShield of Nebraska, Inc.'s description of its HealthEdge ASO Claims and Membership Processing System and Related General IT Controls made available to user entities during the period October 1, 2022 to September 30, 2023. Information about BlueCross and BlueShield of Nebraska, Inc.'s business continuity planning has not been subjected to the procedures applied in the examination of the description of the HealthEdge ASO Claims and Membership Processing System and Related General IT Controls and of the suitability of the design and operating effectiveness of controls to achieve the related control objectives stated in the description of the HealthEdge ASO Claims and Membership Processing System and Related General IT Controls and, accordingly, we express no opinion on it.

BlueCross and BlueShield of Nebraska, Inc. uses Prime Therapeutics, LLC, Scott Technology Center, TierPoint, LLC, Microsoft Azure and HealthEdge Software, Inc., subservice organizations, to process the Prescription Drug Program, for data center services, and for various subservices, including application and development support for its claims and membership processing system. The description includes only the control objectives and related controls of BlueCross and BlueShield of Nebraska, Inc. and excludes the control objectives and related controls of the subservice organization. The description also indicates that certain control objectives specified by BlueCross and BlueShield of Nebraska, Inc. can be achieved only if complementary subservice organization controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls are suitably designed and operating effectively, along with the related controls at BlueCross and BlueShield of Nebraska, Inc. Our examination did not extend to controls of the subservice organization and we have not evaluated the suitability of the design or operating effectiveness of such complementary subservice organization controls.

The description indicates that certain control objectives specified in the description can be achieved only if complementary user entity controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls are suitably designed and operating effectively, along with related controls at the service organization. Our examination did not extend to such complementary user entity controls and we have not evaluated the suitability of the design or operating effectiveness of such complementary user entity controls.

Service Organization's Responsibilities

In Section II, BlueCross and BlueShield of Nebraska, Inc. has provided an assertion about the fairness of the presentation of the description and suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. BlueCross and BlueShield of Nebraska, Inc. is responsible for preparing the description and its assertion, including the completeness, accuracy, and method of presentation of the description and assertion, providing the services covered by the description, specifying the control objectives and stating them in the description, identifying the risks that threaten the achievement of the control objectives, selecting the criteria stated in the assertion, and designing, implementing, and documenting controls that are suitably designed and operating effectively to achieve the related control objectives stated in the description.

Service Auditor's Responsibilities

Our responsibility is to express an opinion on the fairness of the presentation of the description and on the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether, in all material respects, based on the criteria in management's assertion, the description is fairly presented and the controls were suitably designed and operating effectively to achieve the related control objectives stated in the description throughout the period October 1, 2022 to September 30, 2023. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our qualified opinion.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of controls involves:

- Performing procedures to obtain evidence about the fairness of the presentation of the description and the suitability of the design and operating effectiveness of the controls to achieve the related objectives stated in the description, based on the criteria in management's assertion;
- Assessing the risks that the description is not fairly presented and that the controls were not suitably designed or operating effectively to achieve the related control objectives stated in the description;
- Testing the operating effectiveness of those controls that management considers necessary to provide reasonable assurance that the related control objectives stated in the description were achieved; and
- Evaluating the overall presentation of the description, suitability of the control objectives stated in the description, and suitability of the criteria specified by the service organization in its assertion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Inherent Limitations

The description is prepared to meet the common needs of a broad range of user entities and their auditors who audit and report on user entities' financial statements and may not, therefore, include every aspect of the system that each individual user entity may consider important in its own particular environment. Because of their nature, controls at a service organization may not prevent, or detect and correct, all misstatements in processing or reporting transactions. Also, the projection to the future of any evaluation of the fairness of the presentation of the description, or conclusions about the suitability of the design or operating effectiveness of the controls to achieve the related control objectives, is subject to the risk that controls at a service organization may become ineffective.

Description of Tests of Controls

The specific controls tested and the nature, timing, and results of those tests are presented in Section IV of our report titled "Control Objectives and Related Controls, Tests of Operating Effectiveness and Results of Tests Provided by the Independent Service Auditor and BlueCross and BlueShield of Nebraska, Inc."

Basis for Qualified Opinion

BlueCross and BlueShield of Nebraska, Inc. states in its description that it has controls in place to remove network access within one business day upon an employee's termination. However, as noted in Control Activity 3.3 of Control Objective 3 in Section IV of the description of tests of controls and results, controls related to the timely removal of logical access for terminated individuals were not performed effectively during the period October 1, 2022, to September 30, 2023. As a result, controls were not operating effectively to achieve the control objective "Controls provide reasonable assurance that logical access to applications and data is restricted to authorized individuals."

Qualified Opinion

In our opinion, except for the matter referred to in the preceding paragraph, in all material respects, based on the criteria described in BlueCross and BlueShield of Nebraska, Inc.'s assertion:

a. The description fairly presents the HealthEdge ASO Claims and Membership Processing System and Related General IT Controls that was designed and implemented throughout the period October 1, 2022 to September 30, 2023.
b. The controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the period October 1, 2022 to September 30, 2023, and the subservice organization and user entities applied the complementary controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls throughout the period October 1, 2022 to September 30, 2023.
c. The controls operated effectively to provide reasonable assurance that the control objectives stated in the description were achieved throughout the period October 1, 2022 to September 30, 2023, if complementary subservice organization and user entity controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls operated effectively throughout the period October 1, 2022 to September 30, 2023.

Restricted Use

This report, including the description of tests of controls and results thereof in Section IV, is intended solely for the information and use of management of BlueCross and BlueShield of Nebraska, Inc., user entities of BlueCross and BlueShield of Nebraska, Inc.'s HealthEdge ASO Claims and Membership Processing System and Related General IT Controls during some or all of the period October 1, 2022 to September 30, 2023, and their auditors who audit and report on such user entities' financial statements or internal control over financial reporting and have sufficient understanding to consider it, along with other information, including information about controls implemented by user entities themselves, when assessing the risks of material misstatement of user entities' financial statements. This report is not intended to be and should not be used by anyone other than these specified parties.

Fargo, North Dakota
December 11, 2023

SOC 2, Type 2 Examination

Report on BlueCross and BlueShield of Nebraska, Inc.'s Description of its BlueCard, Federal Employee Program (FEP), and Medicare Advantage Business Segments and on the Suitability of the Design and Operating Effectiveness of Controls Relevant to Security Throughout the Period of October 1, 2022 to September 30, 2023

BlueCross and BlueShield of Nebraska, Inc.

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Section I - Management's Assertion Provided by Blue Cross and Blue Shield of Nebraska 1

Section II - Independent Service Auditor's Report 3

Section III - Description of Blue Cross and Blue Shield of Nebraska's System 8

Section IV - Trust Services Principles, Criteria, Client Controls, and Tests of Controls Provided by the Independent Service Auditor and Blue Cross and Blue Shield of Nebraska 27

- CC1.0 - Control Environment 29
- CC2.0 - Communication and Information 34
- CC3.0 - Risk Assessment 37
- CC4.0 - Monitoring Activities 45
- CC5.0 - Control Activities 48
- CC6.0 - Logical and Physical Access Controls 51
- CC7.0 - System Operations 63
- CC8.0 - Change Management 67
- CC9.0 - Risk Mitigation 72

Section V - Other Information Provided by Blue Cross and Blue Shield of Nebraska 76

- Introduction 76
- Management's Response to Testing Findings 77
- Systemwide Framework Mapping 78

Section I

Management's Assertion Provided by BlueCross and BlueShield of Nebraska, Inc.

BlueCross BlueShield Nebraska

Blue Cross and Blue Shield of Nebraska, Inc. is an independent licensee of the Blue Cross and Blue Shield Association

BlueCross and BlueShield of Nebraska, Inc.'s Assertion

We have prepared the accompanying description of BlueCross and BlueShield of Nebraska, Inc.'s BlueCard and FEP Business Segments Relevant to Security System throughout the period October 1, 2022 to September 30, 2023 (description), based on the criteria for a description of a service organization's system in DC Section 200, *2018 Description Criteria for a Description of a Service Organization's System in a SOC 2 Report (*AICPA, *Description Criteria*) (description criteria). The description is intended to provide report users with information about the BlueCard and FEP Business Segments Relevant to Security System that may be useful when assessing the risks arising from interactions with BlueCross and BlueShield of Nebraska, Inc.'s system , particularly information about system controls that BlueCross and BlueShield of Nebraska, Inc. has designed, implemented and operated to provide reasonable assurance that its service commitments and system requirements were achieved based on the trust services criteria relevant to security, availability, processing integrity, confidentiality, and privacy (applicable trust services criteria) set forth in TSP section 100, *2017 Trust Services Criteria for Security, Availability, Processing Integrity, Confidentiality and Privacy, (*AICPA*, Trust Services Criteria).*

BlueCross and BlueShield of Nebraska, Inc. uses HealthEdge Software, Inc., Scott Technology Center, Advantasure Inc.'s, Blue Cross and Blue Shield Association, Federal Employee Program Operations Center, Tierpoint LLC and Microsoft Azure, subservice organizations, for application and development support for its claims and membership processing system, for certain data center services, software and application support for Medicare Advantage and Federal Employee programs and cloud backup systems. The description indicates that complementary subservice organization controls that are suitability designed and operating effectively are necessary, along with controls at BlueCross and BlueShield of Nebraska, Inc., to achieve BlueCross and BlueShield of Nebraska, Inc.'s service commitments and system requirements based on the applicable trust services criteria. The description presents BlueCross and BlueShield of Nebraska, Inc.'s controls, the applicable trust services criteria, and the types of complementary subservice organization controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls. The description does not disclose the actual controls at the subservice organization.

The description indicates that complementary user entity controls that are suitability designed and operating effectively are necessary, along with controls at BlueCross and BlueShield of Nebraska, Inc., to achieve BlueCross and BlueShield of Nebraska, Inc.'s service commitments and system requirements based on applicable trust service criteria. The description presents BlueCross and BlueShield of Nebraska, Inc.'s controls, the applicable trust services criteria, and the complementary user entity controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls.

As noted in CC6 – Logical and Physical Security Controls in Section IV of the description of tests of controls and results, controls related to the timely removal of logical access for terminated individuals were not performed effectively during the period October 1, 2022, to September 30, 2023. As a result, controls were not operating effectively to achieve the control objective " Prior to issuing system credentials and granting system access, the entity registers and authorizes new internal and external users whose access is administered by the entity. For those users whose access is administered by the entity, user system credentials are removed when user access is no longer authorized."

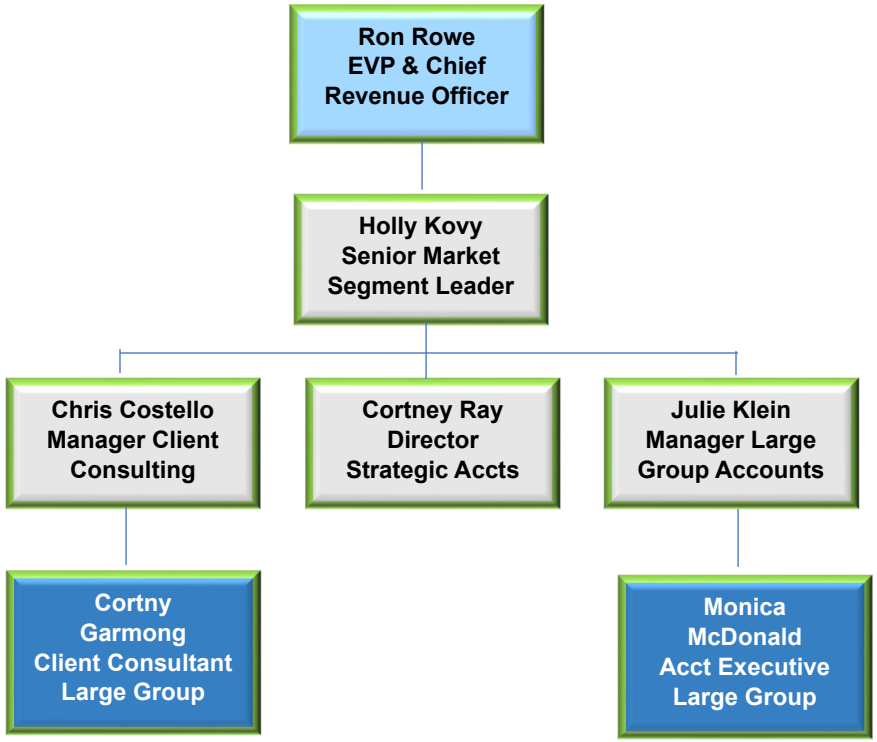
Except for the matter described in the preceding paragraph we confirm, to the best of our knowledge and belief, that

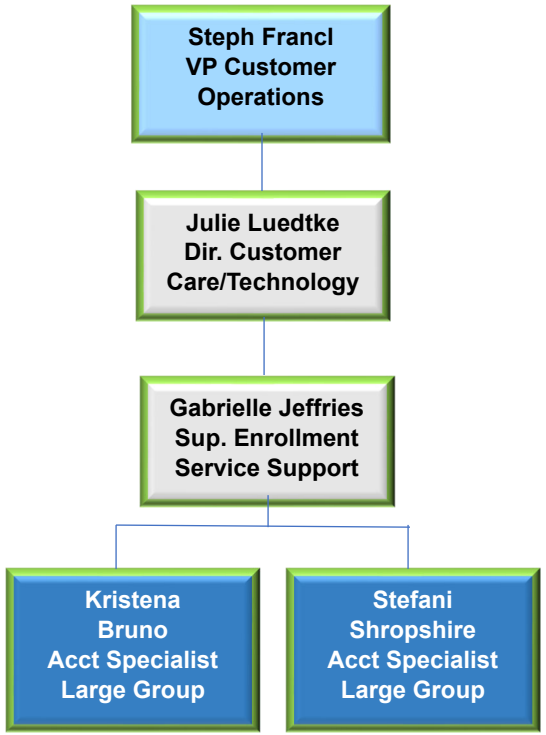
a. The description presents BlueCross and BlueShield of Nebraska, Inc. BlueCard and FEP Business Segments Relevant to Security System that was designed and implemented throughout the period October 1, 2022 to September 30, 2023, in accordance with the description criteria.

b. The controls stated in the description were suitably designed throughout the period October 1, 2022 to September 30, 2023, to provide reasonable assurance that BlueCross and BlueShield of Nebraska, Inc.'s service commitments and system requirements would be achieved based on the applicable trust services criteria, if its controls operated effectively throughout that period, and if the subservice organization and user entities applied the complementary controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls throughout that period.

c. The controls stated in the description operated effectively throughout the period October 1, 2022 to September 30, 2023, to provide reasonable assurance that BlueCross and BlueShield of Nebraska, Inc.'s service commitments and system requirements were achieved based on the applicable trust services criteria, if complementary subservice organization controls and complementary user entity controls assumed in the design of BlueCross and BlueShield of Nebraska, Inc.'s controls operated effectively throughout that period.

ORGANIZATIONAL CHART Account Management





BlueCross BlueShield Nebraska

GUIDED HEALTH CLINICAL PROGRAMS

GuidedHealth® includes an extensive suite of retrospective drug utilization review (DUR) programs designed to identify potential misuse and abuse, close gaps in care, improve adherence and discontinue unsafe medicine use. Drug therapy opportunities trigger outreach to members and/or their physicians to help:

- Improve member safety by identifying potentially inappropriate medicine use
- Encourage treatment where appropriate and close gaps in care
- Improve adherence and health outcomes

All programs are developed using evidence-based medicine and nationally recognized drug compendia and guidelines. They have been organized into modules focusing on overutilization, underutilization and drug safety.

The Overuse Module Includes:

- Triple Therapy Alert
- Polypharmacy
- Controlled Substances Alert
- Proton Pump Inhibitor Duration of Therapy

The Underuse Module Includes:

- Adherence
- Gaps in care
- Statin use in diabetes
- Asthma Inhaled Corticosteroid Opportunity

The Safety Module Includes:

- Anticholinergic use in dementia
- Antipsychotic use in dementia
- FDA Medwatch

GuidedHealth is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

36-319 (12-02-24)

BlueCross BlueShield Nebraska

Convenient access for all your pharmacy needs with Open Network

Blue Cross and Blue Shield of Nebraska (BCBSNE) has pharmacy networks that offer convenient access to in-network pharmacies for all your prescriptions needs.

Open Network offers:

CONVENIENCE

Fill your prescriptions at a convenient retail pharmacy close to work or home.

SUPPLY

Fill a one-month supply at more than 66,000 pharmacies nationwide, and up to a 90-day supply at more than 55,000 pharmacies nationwide.

ACCESS

Access to major national and regional pharmacy chains, retailers, grocers and independent pharmacies.

How to find a Open Network pharmacy

Find a participating pharmacy in three easy steps:

1. Log into your online member account at myNebraskaBlue.com
2. Visit NebraskaBlue.com/Find-a-Pharmacy and select Open Network
3. Call the Member Services number on the back of your BCBSNE member ID card

Open Network pharmacies

Open Network includes, but is not limited to, the following pharmacies:

- Walgreens
- Walmart and Sam's Club
- Hy-Vee
- U Save
- CVS/Target

Blue Cross and Blue Shield of Nebrask is an independent licensee of the Blue Cross Blue Shield Association.

BlueCross BlueShield Nebraska

AMAZON PHARMACY
FOR HOME DELIVERY

With Amazon Pharmacy you can have your long-term medications sent to you with access to MedsYourWay® discount card pricing administered by Inside Rx.

You'll see the lowest price and, depending on your plan, pricing options for covered medicines. Medications purchased via Amazon Pharmacy may count toward your out-of-pocket maximums.

TO GET STARTED:

- Log onto your member account at **myNebraskaBlue.com**
- Select Pharmacy Benefits from the home page
- From the MyPrime home page, select Home Delivery and follow the prompts

Home delivery from a brand name you know and trust.

With Amazon Pharmacy, you will enjoy the following benefits and features:

- Mobile app or computer access to your account
- Shop the lowest price whether that's your insurance copay, coinsurance or MedsYourWay discount card pricing
- Track the progress of your prescription fulfillment and delivery
- Receive prescriptions in discreet, tamper-resistant packaging
- Free standard, five-day shipping (two-day for Amazon Prime members)
- Manage your medications and view your order history
- Works with your health insurance plan and doctors to get prescriptions filled so you don't have to
- Talk to a pharmacist 24/7/365

To set up your Amazon Pharmacy account, visit **Amazon.com/NebraskaMYW** or call 855-797-8857.

amazon pharmacy

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.
MedsYourWay drug discount card administered by Inside Rx. MedsYourWay drug discount card and Inside Rx are not insurance. Limitations apply. Members are responsible for the cost of prescription(s) when using the card.
MedsYourWay is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.
60-134 (01-28-25)

BlueCross BlueShield Nebraska

PRIME THERAPEUTICS®

MedsYourWay™

at Retail Pharmacies

The lowest available drug prices for your members

Three out of four consumers use discount drug cards (DDCs) to save money on their prescription medicines.[1] With current discount programs, consumers search for the best discount card price available and present the right card at the pharmacy.

We help make the process easier with MedsYourWay, now available at retail pharmacies. MedsYourWay gives your members the best drug prices available — without needing a discount card.

OPPORTUNITIES TO SAVE UP TO

96% COVERED MEDICATIONS
processed through MedsYourWay

80% NON-COVERED GENERICS
and over-the-counter products[2]

→ Program details

- No action is required for groups to offer this benefit.
- Members get their medicines at the lowest price available without the hassle of searching websites and apps for discounts.
- All covered purchases apply to members' deductible.
- Members can use MyPrime.com to see the lowest price between their covered benefit price or discount card price before arriving at the pharmacy.
- Discount pricing is accepted at most retail pharmacies.

→ Here's how it works

MedsYourWay – integrates discount drug card pricing to complement your plan benefit. It automatically compares several discount drug card prices to the plan benefit price behind the scenes. Members pay the lowest price between their benefit price and the discount card price. And their covered purchases count toward their deductible.

Member presents insurance card | **MedsYourWay identifies lowest out-of-pocket cost** | **Best price applied at pharmacy**

→ QUESTIONS?

To learn more about MedsYourWay contact a member of your account team.

1 GoodRx, 2021.

2 Milliman analysis against Prime's commercial client claims from October 2020 – March 2021 and DDC fee schedule as of 1Q2021.

MedsYourWay is a trademark of Prime Therapeutics.

Prime Therapeutics is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska (BCBSNE), an independent licensee of the Blue Cross Blue Shield Association. 60-171 (06-12-23)

BlueCross BlueShield Nebraska

PRIME THERAPEUTICS®

FlexAccess®

Specialty Copay Solution

FlexAccess delivers a member-centric experience with greater savings opportunity and expanded pharmacy options.

The FlexAccess™ drug list includes over 490 drugs. These drugs represent over 91% of Specialty drug spend across our commercial book of business. It spans across 30 high-cost therapeutic classes (e.g., autoimmune, oral self-administered, oncology) and includes the top 20 drugs by utilization and spend. This drug list is updated regularly and is subject to change. Option to exclude Oncology and/or HIV as needed.

OPPORTUNITIES TO SAVE UP TO

$7 PMPM[2]

COPAYS AS LOW AS $0

→ Program details

- Member copays of $0-$35, which count toward accumulators[1]
- More specialty and retail pharmacy options - provides more flexibility and lower costs
- Promotes an easy member enrollment with proactive outreach
- Automated savings opportunities – no coupon or separate card needed

→ How FlexAccess Works

It's completely automated, so members don't need to search or bring coupons to the pharmacy. FlexAccess unlocks access to more savings for members on medications that are not available at designated specialty pharmacies.

FlexAccess offers low copays and gives members access to more specialty and retail pharmacies helping you lower health care costs, increase access to medications and improve member experience.

1 **MORE PHARMACY OPTIONS** (specialty and retail)

+ 2 **LOW MEMBER COPAYS** ($0-$35)

= 3 **GREAT MEMBER EXPERIENCE**

QUESTIONS?

To learn more about FlexAccess, contact a member of your account service team.

1 If your state has an anti-accumulator law, Prime will work with you on an alternative design.

2 Prime internal ASO book of business data 2021.

FlexAccess is a trademark of Prime Therapeutics. Savings may differ depending on current benefit design. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. 60-172 (06-23-25)

HighTouchRx™

BlueCross BlueShield Nebraska

Using integrated medical and pharmacy data to identify individuals on high-cost medications where cost-effective interventions and therapies can be recommended.

HighTouchRx uses a dedicated team of data scientists and pharmacists that leverages end-to-end medical and pharmacy data, paired with advanced clinical rules and artificial intelligence, to identify non-optimized drug use. Here's how it works:

- Specialized pharmacists perform provider outreach to recommend drug therapy optimization
- Following pharmacist intervention, reporting is provided showing hard-dollar savings

CLINICAL RULES EXAMPLES:

- Outlier drug therapy regimen
- Duplicate therapy
- Vial optimization
- Self-administration
- Dispensing optimization
- Dosing surveillance
- Lower cost alternatives
- Brand to generic
- Drug regimen optimization

BENEFITS:

- → Cost savings for both member and plan sponsor
- → Seamless member experience as the work is done behind the scenes between the pharmacist and prescribing physician
- → Regular reporting to provide a clear view into dollars saved

QUESTIONS?

To learn more about HighTouchRx, contact a member of your account team.

HighTouchRX is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. 60-175 (03-13-25)

BlueCross BlueShield Nebraska

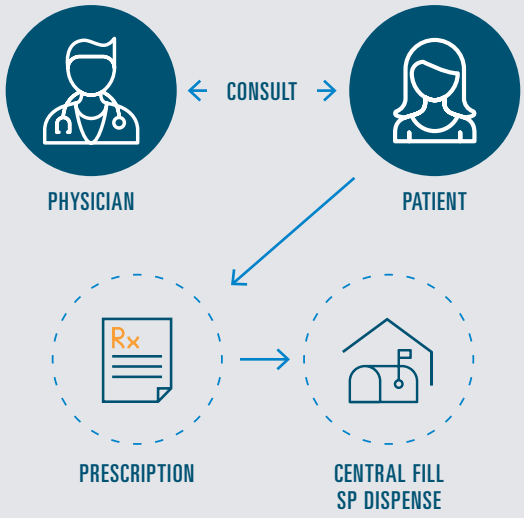
IntegratedRx™

Oncology

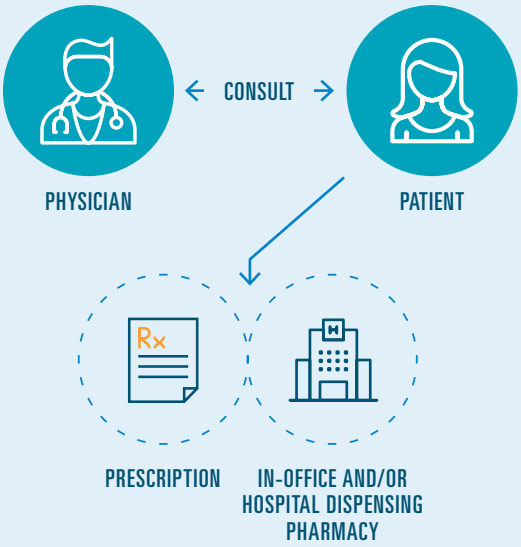
With **IntegratedRx**, members can receive their medicine through the clinic's integrated pharmacy, where the pharmacist and provider are part of the same team. This allows for direct lines of communication and end-to-end coordination across the treatment pathway, creating a better overall member and provider experience.

→ Here's How It Works

Traditional SP pharmacy model
(NON-INTEGRATED PHARMACY)



Prime's IntegratedRx model
(INTEGRATED PHARMACY)



Benefits of the program:

- Patients begin treatment up to two days faster
- Savings up to **$14K** per member by reducing waste through better integration[1]
- Up to **30%** lower medication costs for member[2]

IntegratedRX is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. 60-176 (10-11-22)

1 2019 National Community Oncology Dispensing Association, Inc. (NCODA) Study.
2 Independent analysis completed by Milliman; Savings may vary based on financial arrangement.

Amazon Pharmacy Home Delivery

Frequently Asked Questions

Where do I go to set up home delivery with Amazon Pharmacy?

To set up your Amazon Pharmacy account, visit Amazon.com/MYW. If you have any questions or issues, you can call 855-797-8857 to get help.

How do I create an Amazon Pharmacy account to get my medications delivered to my home?

Log into your Amazon account and select "Pharmacy" from the main menu bar. If you do not have an Amazon account, you must create that account first and then your Amazon Pharmacy account. Follow these steps:

- Provide consent for pulling medication history in from your plan – (Recommended).
- View the Medicine Cabinet information that was imported.
- You'll receive a welcome email which outlines next steps… it's that easy!

Easy sign-up

Provide consent for pulling in your medication history from your plan, which saves you time.

When I entered my member ID number, I received an error message.

When entering your member ID, please do not include the prefix (first three characters). Your member ID will start with the number "1" as shown at right.

What do I need to do if my prescription is not on file with Amazon Pharmacy?

In most cases, Amazon Pharmacy will contact your doctor to get the appropriate prescriptions. However, you may need to contact your doctor and ask them to send a 90-day prescription to Amazon Pharmacy located in Austin, Texas.

How much does shipping cost for prescriptions?

Amazon Prime members get free 2-day shipping. Members without Amazon Prime get free 5-day shipping.

Is my personal health information safe with Amazon Pharmacy?

Amazon Pharmacy adheres to HIPAA regulations, which govern how they may use and disclose your Protected Health Information ("PHI"), such as medication history, medical conditions, health insurance information, and other personal information they use to provide prescriptions. Amazon Pharmacy is committed to maintaining their customers' privacy. PHI is encrypted and protected by Amazon's extensive data security and privacy measures.

For more information, review Amazon Pharmacy's Notice of Privacy Practices.

Does Amazon Pharmacy sell customer data?

No, Amazon Pharmacy does not sell customer data. Protecting customers' privacy and the security of our customers' data has always been a top priority for Amazon.

How do members know that it's an Amazon Pharmacy representative calling and not a fraudulent call?

Most communications from Amazon Pharmacy will come from your preferred channel (e.g., text, or email), but if an Amazon Pharmacy agent does need to call you, they will introduce themselves as an Amazon Pharmacy representative and that they are calling on a recorded line. They will also use a one-time password code so they can verify your identity. The password code will be texted to the cell phone number on record for that member. If a customer is unsure that they are receiving a fraudulent call and have concerns, then they should hang up immediately and call Amazon Pharmacy directly.

Here are a few reasons why an Amazon Pharmacy agent may need to call you:

- A call back was requested by the member
- A call was disconnected
- To provide updates on an issue/problem with the members account (typical to a traditional retail pharmacy calling a customer to advise on issues impacting their prescription)
- A clinical question or concern (e.g., question pertaining to an allergy/medical history, drug interaction, clinical consult, etc.)

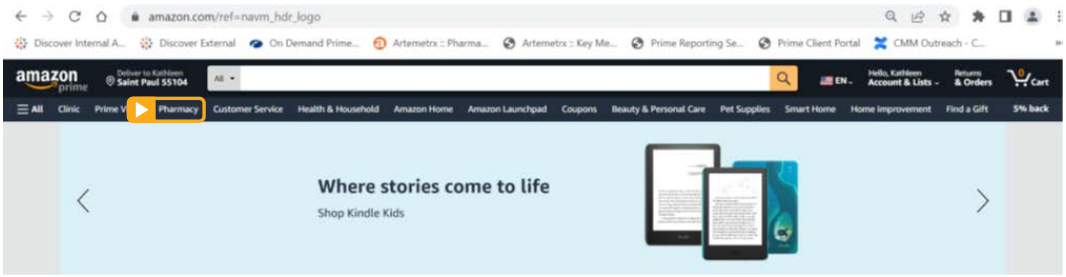
How do members report something suspicious?

Amazon takes fraud, scam, phishing and spoofing attempts seriously. If you receive a suspicious communication that you think may not be from Amazon Pharmacy, please report it immediately. To report suspicious communications including emails, calls or text messages, please select the appropriate link on this webpage and follow the instructions.

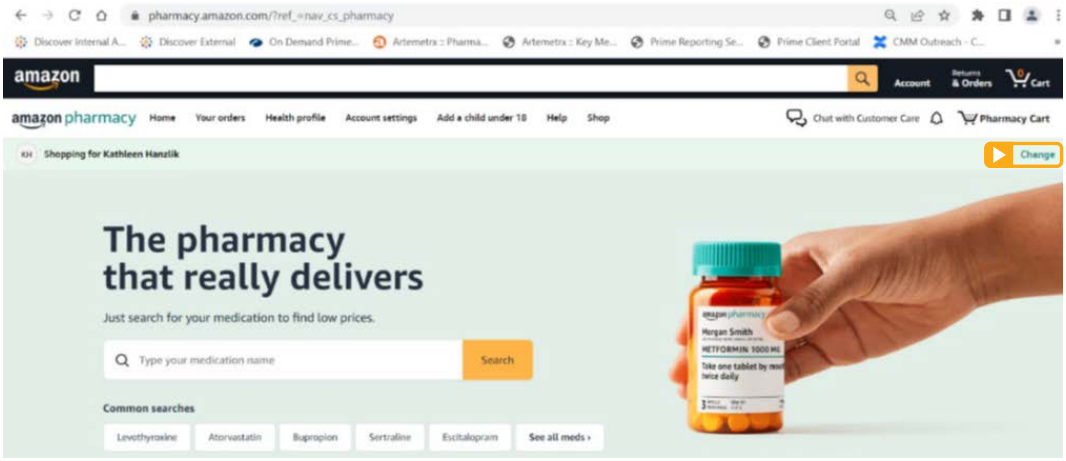
How do I create an Amazon Pharmacy account for my adult dependent child?

Step 1
User must be an Amazon.com account holder who also has set up an Amazon Pharmacy account

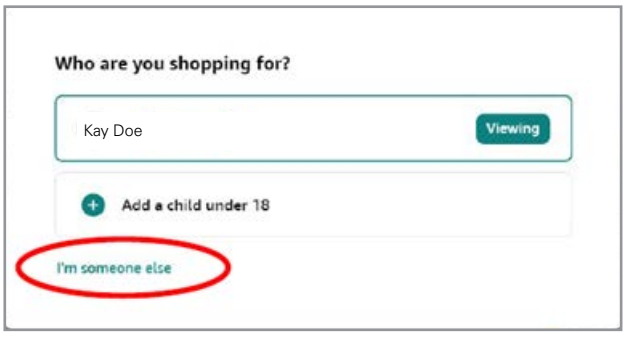
Step 2
Account holder signs in to their Amazon.com account and clicks on Pharmacy in the navigation bar



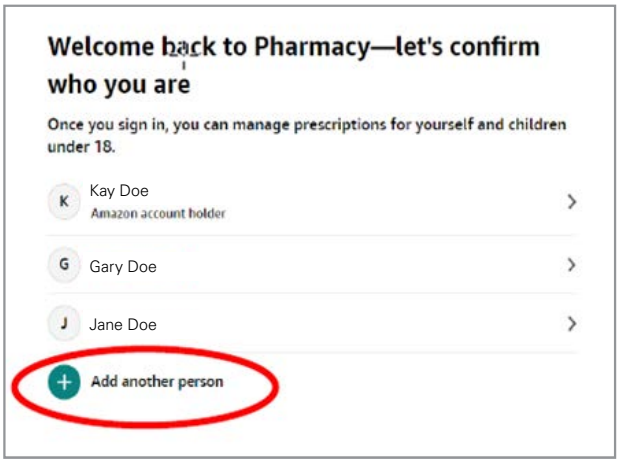
Step 3
Account holder lands on his or her Amazon Pharmacy account and clicks the "Change" link to add a new profile



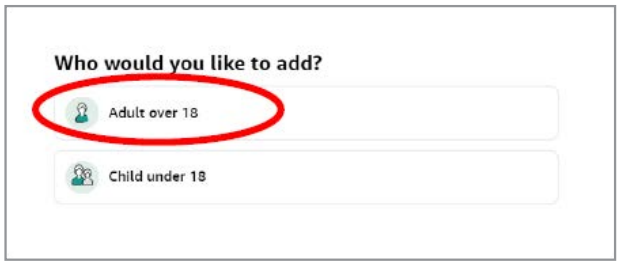
Step 4
Account holder sees "Who are you shopping for?" dialogue box and clicks "I'm someone else"



→ **Step 5**
Account holder sees "Welcome back to Pharmacy…" and clicks on "Add another person"

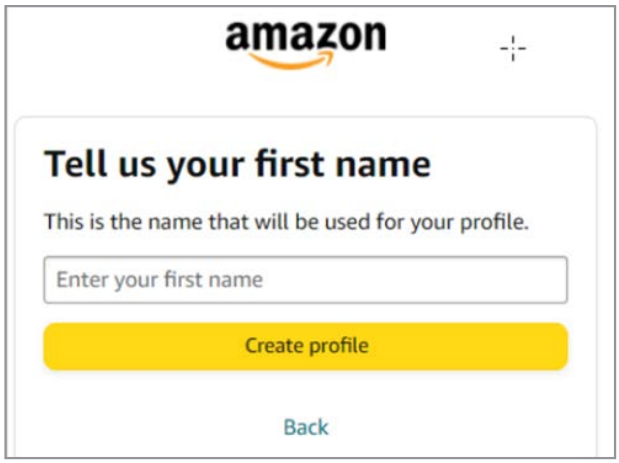


→ **Step 6**
Account holder sees "Who would you like to add?" and clicks "Adult over 18"

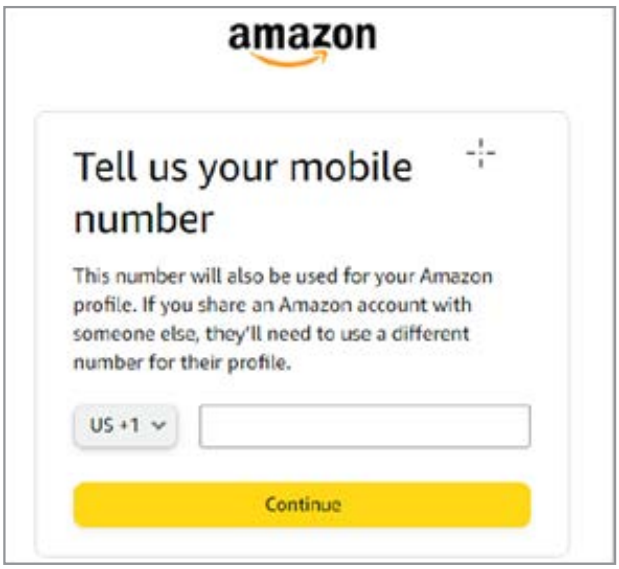


→ **Step 7**
Account holder sees "Tell us your first name," enters the new adult's first name and clicks "create profile"

→ **Step 4**
Account holder sees "Who are you shopping for" dialogue box and clicks "I'm someone else"



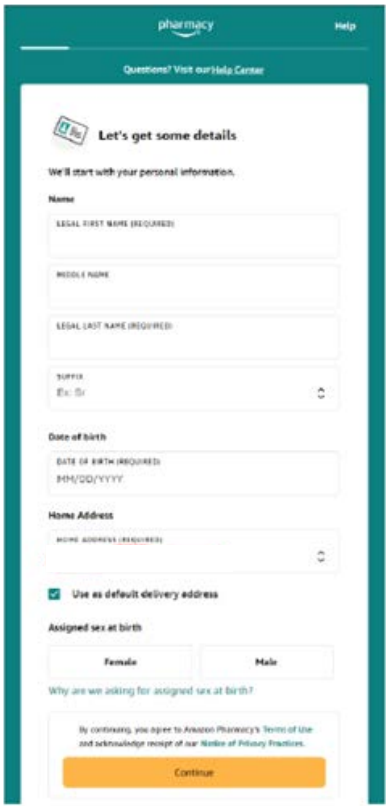
→ **Step 8**
Account holder sees "Tell us your mobile number" and adds a phone number for the new adult profile/ member.



→ **Step 9**
Account holder chooses whether to create a security PIN for this new adult member profile

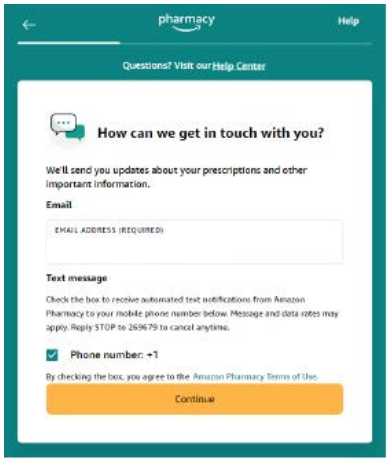
→ **Step 10**
If no PIN selected, account holder checks box to affirm no pin and then clicks "Continue"

→ **Step 11**
Account holder sees "Let's get some details" screen and fills out info for the new adult member. Clicks "Continue"

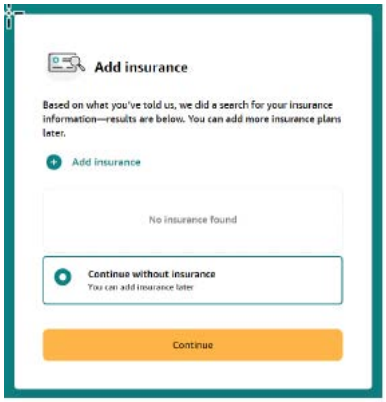


→ **Step 12**
Account holder sees "How can we get in touch with you?" If the account holder used the new adult's separate cell number, this screen will show up pre-populated with that phone number and any email address previously entered.

If the account holder used his or her own cell number, this screen will be pre-populated with the account holder's email address and phone number – so messages for this new adult member would be sent to the account holder. Clicks "Continue"



→ **Step 13**
If insurance ID does not auto populate, account holder clicks "Add insurance," manually enters in insurance card information. Clicks "Continue"



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Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska.

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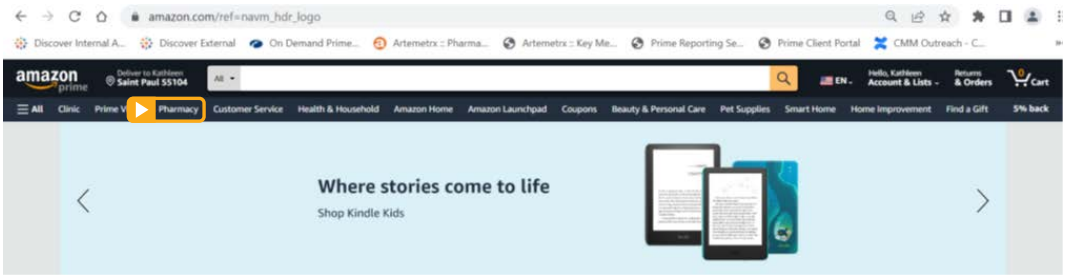
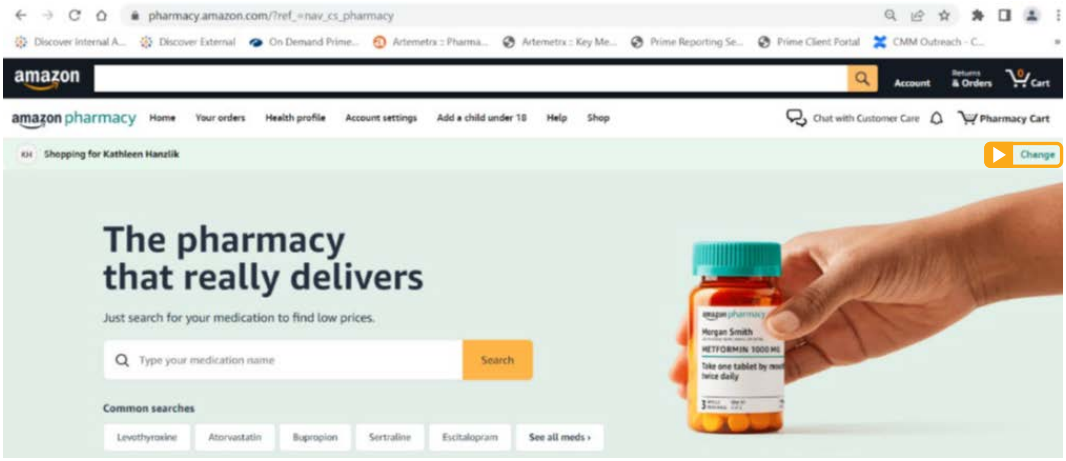
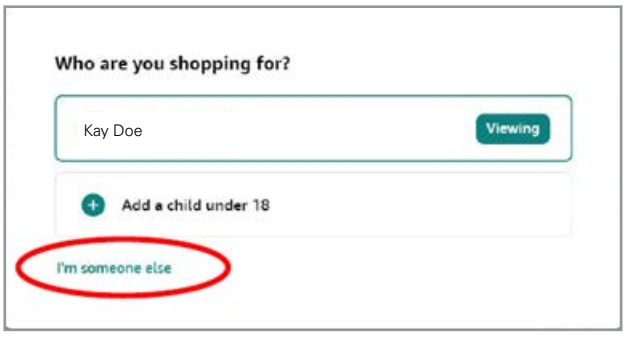


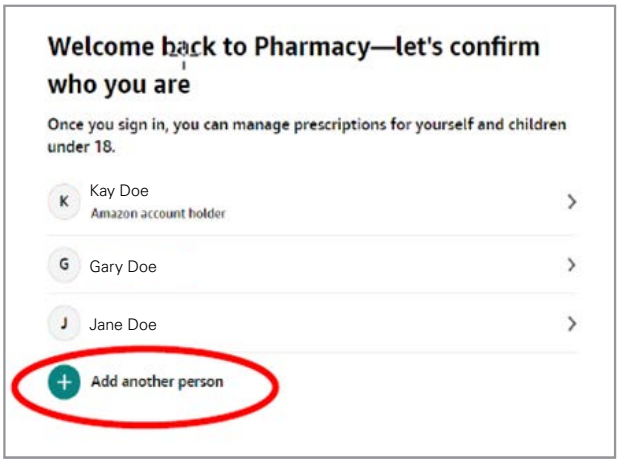
Step 3
Account holder lands on his or her Amazon Pharmacy account and clicks the "Change" link to add a new profile



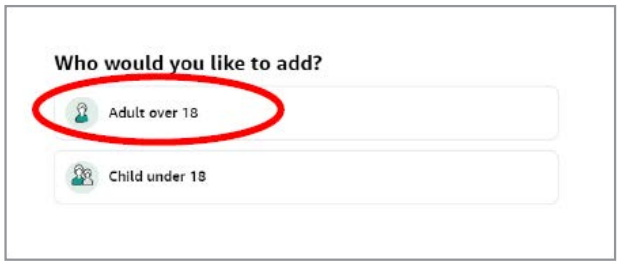
Step 4
Account holder sees "Who are you shopping for?" dialogue box and clicks "I'm someone else"



→ **Step 5**
Account holder sees "Welcome back to Pharmacy…" and clicks on "Add another person"

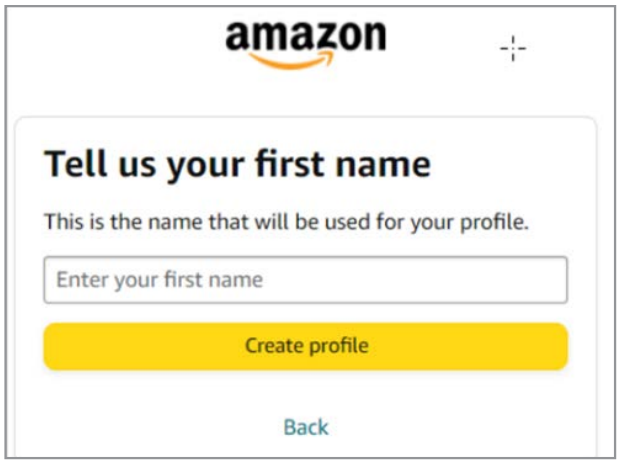


→ **Step 6**
Account holder sees "Who would you like to add?" and clicks "Adult over 18"

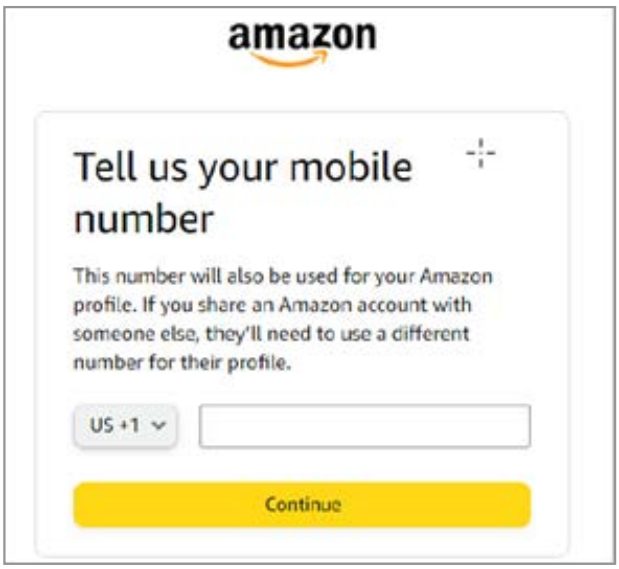


→ **Step 7**
Account holder sees "Tell us your first name," enters the new adult's first name and clicks "create profile"

→ **Step 4**
Account holder sees "Who are you shopping for" dialogue box and clicks "I'm someone else"



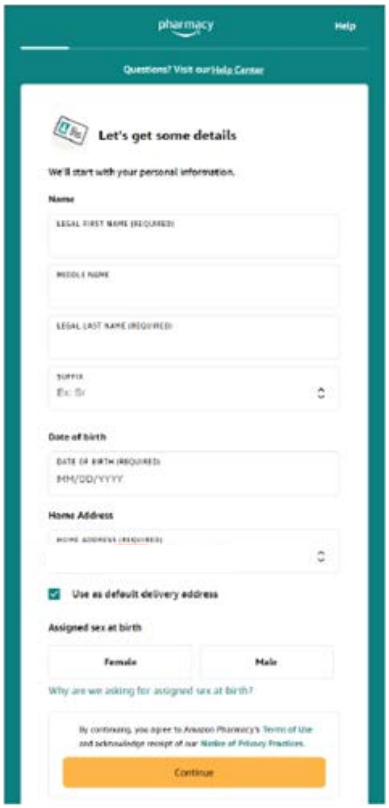
→ **Step 8**
Account holder sees "Tell us your mobile number" and adds a phone number for the new adult profile/ member.



→ **Step 9**
Account holder chooses whether to create a security PIN for this new adult member profile

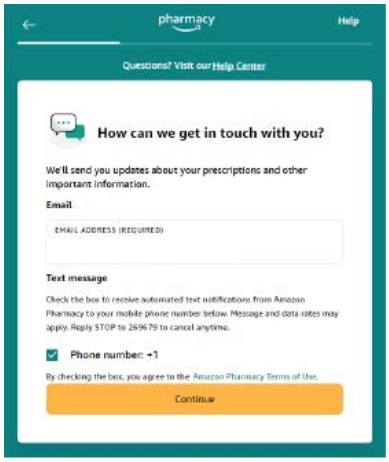
→ **Step 10**
If no PIN selected, account holder checks box to affirm no pin and then clicks "Continue"

→ **Step 11**
Account holder sees "Let's get some details" screen and fills out info for the new adult member. Clicks "Continue"

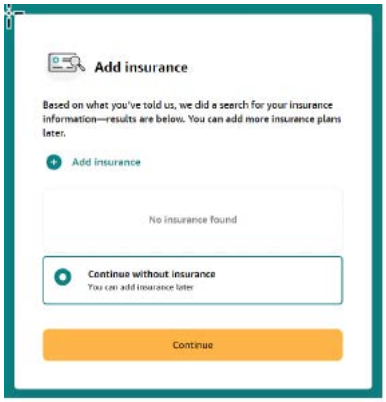


→ **Step 12**
Account holder sees "How can we get in touch with you?" If the account holder used the new adult's separate cell number, this screen will show up pre-populated with that phone number and any email address previously entered.

If the account holder used his or her own cell number, this screen will be pre-populated with the account holder's email address and phone number – so messages for this new adult member would be sent to the account holder. Clicks "Continue"



→ **Step 13**
If insurance ID does not auto populate, account holder clicks "Add insurance," manually enters in insurance card information. Clicks "Continue"



Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.
Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for Blue Cross and Blue Shield of Nebraska.

BlueCross BlueShield Nebraska

Understanding your pharmacy benefits

Knowing how your benefits work with different types of prescription drugs can help you manage costs. We're here to help.

Go generic – same quality, lower cost!

Generic drugs cost an average of 80% less than brand-name drugs. Ask your doctor or pharmacist about less expensive generic or brand-name options.

Get your medications at the best price.

To get you the lowest price on your medications, our system searches across multiple discount card prices. All you need to do is show your member ID card to the participating pharmacy and we'll do the rest. No more searching for discount cards and coupons.

Receive your maintenance medications at your home.

Set up home delivery with Amazon Pharmacy for your maintenance or long-term medications. Home delivery brings the highest quality, safety and convenience to filling prescriptions.

Pharmacy tools and resources

Through your online member account, you can access your pharmacy benefits from the Home screen. Here you can find in-network pharmacies, compare prices and sign up for home delivery.

Scan the code or log onto **myNebraskaBlue.com** to learn more.

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60-297 (02-14-25)

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[Draft] (No subject)

From

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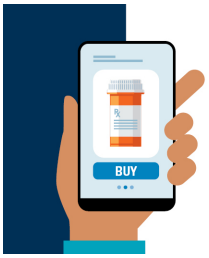
BlueCross BlueShield Nebraska



Medication when you need it, with fewer trips to the pharmacy

Get up to a 90-day supply of your maintenance medications delivered to your home with free standard shipping. You'll also get refill reminders, so you never have to go without your medications.

Signing up is easy!

Log in to your online member account at myNebraskaBlue.com, select MyPrime and select "Home Delivery."

If you do not have an online member account, you can visit Amazon to set up your pharmacy account. Please note, you must have a standard Amazon.com account to set up home delivery.

Create Your Amazon Pharmacy account

1919 Aksarben Drive, Omaha, NE 68106

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EML-064 (06-13-25)

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BlueCross BlueShield Nebraska

Specialty Drug Benefits

Our Specialty Drug Benefit program, powered by Accredo, provides a convenient, cost-effective way for you to order specialty medications.

These medications are typically self-administered injectable drugs used to treat serious or chronic medical conditions.

With your Accredo account, you can:

- Order refills online
- Check order status and track shipments
- View order and medication history
- Set communication preferences

It's easy to get started

Log into myNebraskaBlue.com and select Pharmacy from Tools and Resources or contact an Accredo patient care advocate at 833-715-0973.

Get Started

1919 Aksarben Drive, Omaha, NE 68106

Accredo, a trademark of Express Scripts Strategic Development, Inc., is a specialty pharmacy contracted to provide services to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

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EML-157-2 (01-21-25)

Outlook

[Test]:Medication benefits from Blue Cross and Blue Shield of Nebraska

From Blue Cross Blue Shield of Nebraska <noreply@nebraskablue.com>
Date Wed 4/24/2024 12:50 PM
To Melissa LaFave <Melissa.LaFave@nebraskablue.com>

View this email as a web page.

Understanding your pharmacy benefits

Knowing how your benefits work with different types of prescription drugs can help you manage costs. We're here to help. Below are a few things to know:

Generic drugs cost on average 80% less than brand-name drugs.
Go generic – same quality, lower cost! Ask your doctor or pharmacist about less expensive generic or brand-name options.

Check your prescription drug list (PDL) to make sure your medications are covered.
When your doctor prescribes a medication, you can check your plan's PDL to make sure you're getting the best coverage under your health plan.

Get your medications at the best price
To get you the lowest price on your medications, our system searches across multiple discount card prices. All you need to do is show your member ID card to the participating pharmacy and we'll do the rest. No more searching for discount cards and coupons, or scanning codes.

Receive your maintenance medications at your home
Set up home delivery with Amazon Pharmacy for your maintenance or long-term medications. Home delivery brings the highest quality, safety and convenience for filling prescriptions.

Pharmacy tools and resources
Through your online member account, you can access your pharmacy benefits from the Home screen. Here you can find in-network pharmacies, compare price and sign up for home delivery.

Learn More

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EML-075 (04-04-24)

Drug Claim Form

BlueCross BlueShield Nebraska

Member information

ID number

Date of birth / / ❑ Male ❑ Female

Name (First, Last)

Street address

City State Zip

Member's relationship to primary cardholder:

❑ Self ❑ Spouse ❑ Dependent

I certify that:

- The information on this form is correct
- The member named above is eligible for pharmacy benefits
- The member named above received the medicine(s) listed
- These benefits have not been assigned; any further assignment is void
- I give my permission to share the information on this form with Prime Therapeutics LLC

X

Member or legal representative signature

Is this medicine for an on-the-job-injury? ❑ Yes ❑ No

Do you have other insurance for this prescription medicine? ❑ Yes ❑ No

If yes, what is the other insurance company's name?

Cardholder information (primary policyholder)

Name (First, Last)

Pharmacy information

Pharmacy name

Pharmacy address

City State Zip

Prescription (Rx) claim information

Did you buy this medicine outside of the U.S.? . . . . . ❑ Yes ❑ No

All fields below must be completed. (See example on the back of this form.) Talk to your pharmacist if you need help.

Please attach original itemized pharmacy receipts. (A cash register receipt is not acceptable.)

1 Rx number

Date filled / /

Quantity _____ Days' supply

Name of medicine _____

NDC number

(Your pharmacist can provide the national drug code (NDC).)

Total prescription charge $.

2 Rx number

Date filled / /

Quantity _____ Days' supply

Name of medicine _____

NDC number

(Your pharmacist can provide the national drug code (NDC).)

Total prescription charge $.

Instructions

1. Use a separate claim form for each member. All information provided on or attached to this claim form must be for the same person.
2. Attach original itemized pharmacy receipts provided with your prescription. Be sure that all the required information is visible (staple to the top of the form, if necessary). Note: your claim will be sent back if required information is missing.

Required information

- Member name
- ID number
- Date of birth
- Pharmacy name and address
- Total charge
- Drug name and NDC number
- Quantity
- Date filled
- Rx number
- Days' supply
- All compound drug information (if applicable)

Questions?

Please call the Member Services number on the back of your member ID card.

3. Keep a copy of this form and pharmacy receipts for your records. Send the original form and pharmacy receipts to:

Prime Therapeutics
Mail route: Commercial
PO Box 25136
Lehigh Valley, PA 18002-5136

EXAMPLE

Rx number 0 0 0 0 0 6 0 1 1 4 8 1

Date filled 0 1 / 1 2 / 1 9

Quantity 30 Days' supply 3 0

Name of medicine "Drug Name"

NDC number 0 0 1 2 3 4 5 6 7 3 1

(Your pharmacist can provide the national drug code (NDC).)

Total prescription charge $ 2 0 5 . 1 4

Is this prescription claim for a compound medicine?
❑ Yes ❑ No

Note: If yes, ask your pharmacist to complete the information below.

Compound Information

Please enter information for ALL drug ingredients.

Compound Prescriptions

For pharmacy use only

NDC Number	Drug Ingredient	Quantity	Charge

Rx 1	Rx 2
Attach original itemized pharmacy receipts here All required information must be visible (see step 2 above). Keep a copy of this form and your receipt(s) for your records.	**Attach original itemized pharmacy receipts here** All required information must be visible (see step 2 above). Keep a copy of this form and your receipt(s) for your records.

Fraud Prevention Regulation: Any person who knowingly and with intent to defraud any health plan or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent health plan act, which is a crime and subjects such person to criminal and civil penalties.

Blue Cross and Blue Shield of Nebraska is an Independent Licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Prime Therapeutics LLC is an independent company that provides pharmacy benefit management services.

14006455

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A Guide to Your HEALTH BENEFITS

Sample Book

$X,XXX Deductible

(Effective Date: 01/01/2025)

98-XXX 1/2025

Benefit Summary

Benefit Year: Plan/Calendar Year

IMPORTANT TELEPHONE NUMBERS

Member Services
Omaha and Toll-free. 1-844-201-0763

Coordination of Benefits
Omaha 402-390-1840
Toll-free 1-800-462-2924

Subrogation
Omaha 402-390-1847
Toll-free 1-800-662-3554

Workers' Compensation
Omaha 402-398-3615
Toll-free 1-800-821-4786

Preauthorization
Omaha 402-390-1870
Toll-free 1-800-247-1103

BlueCard Provider Information
Toll-free 1-800-810-BLUE (2583)
Website . . . . . www.bcbs.com

Network Pharmacy Locator
Toll-free 1-877-800-0746

TABLE OF CONTENTS

INTRODUCTION. 1
How To Use This Document 1
About Your I.D. Card. 1
Schedule Of Benefits And Benefits Summary 1
Your Rights And Responsibilities As A BCBSNE Member 2

THE PLAN AND HOW IT WORKS 3
About The Plan. 3
Ancillary Services. 3
How The Network Works. 4
Out-Of-Area Services 5
How The Plan Components Work 7

PREAUTHORIZATION REQUIREMENTS 9
Preauthorization Process 9
Benefits Requiring Preauthorization 9
Preauthorization Exceptions. 10
Effect On Benefits 10

BENEFIT DESCRIPTIONS. 11
Ambulance Services. 12
Anesthesia Services. 13
Drugs Administered In An Outpatient Setting. 13
Durable Medical Equipment (DME) 13
Home Health Care Services and Hospice Services 13
Hospice Services 14
Hospital And Facility Services 14
Maternity And Newborn Care 16
Mental Health, Substance Use Disorder Benefits. 17
Oral Surgery And Dentistry 18
Organ And Tissue Transplants 19
Physician Services 20
Preventive Services 22
Therapy and Manipulations 23
Women's Health Act 23

EXCLUSIONS — WHAT'S NOT COVERED 24
Using Headings In This Section 24
Plan Exclusions. 24

PRESCRIPTION DRUG BENEFITS. 31
Accessing Benefits. 32
Services Not Covered Under The Prescription Drug Program 32
Limitations 33
Preauthorization 33
PDL Exception Process 34
Additional Provisions 34
Definitions 35

ELIGIBILITY AND ENROLLMENT 37
Who's Eligible 37
Initial Enrollment 37
Types of Membership. 37
Special Enrollment 37

Late Enrollment/Open Enrollment 38
Adding A Dependent 38
Effective Date Of Coverage 38
Qualified Medical Child Support Orders (QMCSO) 39
Active Employees Age 65 And Over 39
Family Medical Leave Act (FMLA) 39

CLAIM PROCEDURES 40
If You Receive Covered Services From An In-network Provider 40
Filing A Claim 40
Payment Of Benefits For Non-Contracting Provider Claims 41
Payment For Services That Are The Covered Person's Responsibility 41
Right To Amend Provider Agreements Or Benefit Payment Procedures 41
Claim Determinations 41
Explanation Of Benefits 42

APPEAL PROCEDURES 43
Appeal Procedure Definitions 43
How To Appeal An Adverse Benefit Determination 43
Internal Appeal 44
Rights To Documentation 45
External Review 45

COORDINATION OF BENEFITS 47
When You Have Coverage Under More Than One Plan 47
Definitions 47
Order Of Benefit Determination Rules 48
Administration Of Coordination Of Benefits 49
Miscellaneous Provisions 50

WHEN COVERAGE ENDS 51
Termination Of Coverage 51
Continuation Of Coverage Under The Federal Continuation Law (COBRA) 51
What Is The Federal Continuation Law? 51
Electing COBRA Coverage 52
Uniformed Services Employment And Reemployment Rights (Military Leave) 53

GENERAL LEGAL PROVISIONS 54
Benefit Plan Document 54
Fraud Or Misrepresentation 54
Contracting Providers 54
Subrogation 54
Contractual Right To Reimbursement 54
Workers' Compensation 55
Legal Actions 55
Your ERISA Rights 56

DEFINITIONS 58

INTRODUCTION

This document is your Summary Plan Description (SPD).

This SPD has been written to help you understand your Group health Plan coverage. It describes the benefits, exclusions and limitations of your Plan in a general way, and is not, and should not be considered a contract.

Your Group health Plan is administered in accordance with the Administrative Services Agreement between the Group and Blue Cross and Blue Shield of Nebraska, Inc. (BCBSNE), an independent licensee of the Blue Cross and Blue Shield Association. The Administrative Services Agreement and official Plan documents control the coverage for your Group.

NOTE: BCBSNE provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. BCBSNE liability may occur only under a stop loss provision, as set forth in a stop loss agreement with the Group.

Please share the information found in this SPD with your Eligible Dependents.

How To Use This Document

For your convenience, defined terms are capitalized throughout this document. For an explanation of a defined term, refer to the Section titled "Definitions."

Please take some time to read this document and become familiar with it. As you read this document, you will find that many sections are related to other sections of the document. You may not have all the information you need by reading just one section. We encourage you to review the benefits and limitations by reading the Benefit Summary page and the sections titled "Benefit Descriptions" and "Exclusions." **If you have a question about your coverage or a Claim, please contact BCBSNE Member Services Department.**

About Your I.D. Card

BCBSNE will issue you an identification card (I.D. card). Your I.D. number is a unique alpha numeric combination.

Present your I.D. to your health care provider when you receive Services. With your BCBSNE I.D. card, Hospitals and Physicians can identify your coverage and will usually submit Claims for you.

If you want extra cards for covered family members or need to replace a lost card, please contact BCBSNE Member Services Department, or you may access through the website, NebraskaBlue.com.

Schedule Of Benefits And Benefits Summary

Your Schedule of Benefits is a personalized document, sent by BCBSNE, that provides you with a basic description of your Plan coverage option. It also shows the membership option that applies to you.

A **Benefit Summary** is included in this SPD. It includes information concerning deductible and cost-sharing amounts, benefit limits, and other coverage details.

Your Rights And Responsibilities As A BCBSNE Member

You have the right to:

- be treated with respect and dignity;
- privacy of your personal health information that BCBSNE maintains, following state and federal laws;
- receive information about the benefits, limitations and exclusions of your health plan, including how to access the network of hospitals, physicians and other health care providers;
- work with your doctor and other health care professionals about decisions regarding your treatment;
- discuss all of your treatment options, regardless of cost or benefit coverage;
- make a complaint or file an appeal about your health plan, any care you receive or any benefit determination your health plan makes;
- make recommendations to BCBSNE about this rights and responsibilities policy; and
- give Us suggestions about how BCBSNE can better serve you and other members.

You have the responsibility to:

- read and be familiar with your health plan coverage information and what your plan covers and doesn't cover, or ask for help if you need it;
- understand how your choice of an In-network or Out-of-network Provider will impact what you pay out of your own pocket, if your plan has different In-network and Out-of-network benefits, or ask for help if you need it;
- give BCBSNE all the information needed to process your claims and provide you with the benefits you're entitled to under your plan;
- give all your health care providers the information they need to appropriately treat you; and
- advise your Group of any changes that affect you or your family, such as a birth, marriage/divorce or change of address.

About The Plan

This Group health Plan is a Preferred Provider Organization (PPO) health benefit plan. Claims administration is provided by Blue Cross and Blue Shield of Nebraska (BCBSNE).

Preferred Provider (PPO) networks have been established by BCBSNE through contracts with a panel of Hospitals, Physicians and other health care providers who have agreed to furnish medical Services to you and your family in a manner that will help manage health care costs. These providers are referred to as "In-network" or "Preferred Providers." The BCBSNE PPO provider network is identified on your I.D. card.

Blue Cross and Blue Shield Plans in other states (Host Blue) have also contracted with health care providers in their geographic areas, who are referred to as "Preferred Providers."

Use of the network is voluntary, and selection of a health care provider is always your choice. If you choose to use providers who do not participate in the BCBSNE or Host Blue network for non-emergency situations, you can expect to pay more than your applicable Deductible, Copayment and/or Coinsurance amounts. After this health plan pays its required portion of the bill, Out-of-network Providers may bill you for any amount not paid. This balance billing does not happen when you use In-network or Preferred Providers because these providers have agreed to accept a discounted payment for Services with no additional billing to you other than your applicable Deductible, Copayment and/or Coinsurance amounts. In-network Providers will also file Claims for you.

For help in locating In-network Providers, managing your personal health care benefits, as well as accessing various resources and tools, visit BCBSNE online at NebraskaBlue.com/Find-a-Doctor. You may also call BCBSNE Member Services using the toll-free number on your I.D. card or refer to the Important Telephone Numbers in the front of this book. If you would like a printed provider list, BCBSNE will furnish one without charge.

For help in locating a Preferred Provider in another Blue Cross and/or Blue Shield Service Area, including providers outside the U.S., you may call the special toll-free number of the Blue Cross and Blue Shield BlueCard Program (1-800-810-2583) for assistance.

Be Informed. Out-of-network Providers' charges may be higher than the benefit amount allowed by this health plan. You may contact BCBSNE Member Services Department concerning allowable benefit amounts in Nebraska for specific procedures. Your request must specify the Service or procedure, including any Service or procedure code(s) or diagnosis-related group, and the provider's estimated charge.

Ancillary Services

For certain Durable Medical Equipment, Independent Clinical Labs, and Specialty Pharmacy Services, the Doctor Finder a NebraskaBlue.com/Find-A-Doctor, may show you providers outside of the state in which you live, these providers could be considered Out-of-network for these Services.

When you need Durable or Home Medical Equipment or supplies, it is important to use a supplier that is In-network in the state where you will receive the item. If you need it shipped to you from a different state, please contact the Member Services Department to confirm the supplier's network status.

During the course of treatment you may have samples, substances or tests that are sent to an Independent Clinical Lab for analysis. These labs are not operated, controlled or funded by a doctor's office or hospital. To have these Services covered with the least amount of Out-of-pocket costs, ask your doctor to use an In-state and In-network laboratory. If your lab work will be sent to a lab in a different state than the ordering Physician, Please contact the Member Services Department to find out if the lab is In-network.

Certain serious or chronic medical conditions may require prescription drugs that are only available through Specialty Pharmacies. Physicians ordering Prescription Drugs through a Specialty Pharmacy will need to use a Speciality Pharmacy that is In-network in the state your physician is located. To verify, please contact the Member Services Department.

These Services may also require Preauthorization. Please see the section titled "Preauthorization Requirements" for additional information or visit NebraskaBlue.com/PreAuth.

How The Network Works

Using In-network Providers:

- present I.D. card and pay Copayment (when applicable);
- receive highest level of benefits;
- provider files Claims for you;
- provider accepts insurance payment as payment in full (except Deductible, Copayment and/or Coinsurance amounts); and
- no balance billing.

Using Out-of-network Providers:

- you may be required to pay full cost at time of service;
- you may be reimbursed at a lower benefit level;
- you may have to file Claims; and
- you may be responsible for amounts that exceed the Allowable Charge.

Remember, if more than one Physician is involved in your care, it is important for you to check the status of each provider.

Exception

Emergency Services and post-stabilization Services provided at an Out-of-network health care facility, limited to a hospital emergency department, general acute hospital, satellite emergency department, or Ambulatory Surgical Facility, or by an ancillary individual Out-of-network health care professional or air ambulance provider, will be considered as having been provided by an In-network Provider, and the Covered Person will not be responsible for amounts over the Allowable Charge, as required by law. Benefits for Inpatient care will continue to be paid subject to the In-network cost-sharing level, as long as the Services are for an Emergency Medical Condition.

For non-emergency Services, if a Covered Person receives Services at an In-network health care facility but the Physician or other provider is Out-of-network, benefits for those Covered Services will be subject to the In-network Deductible, Coinsurance, and/or Copayment. Providers may not bill the Covered Person for charges over the Allowable Charge payable under this Plan, unless otherwise allowed by law.

If a Covered Person receives a bill from an Out-of-network Provider, and the Covered Person did not provide consent to the Out-of-network Provider to receive such Services, the Covered Person should send the bill to the Member Services Department for further review by either sending a secure e-mail through myNebraskaBlue.com or by mail at the following address:

Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, NE 68180

Out-Of-Area Services

BCBSNE has a variety of relationships with other Blue Cross and/or Blue Shield Licensees. These relationships are called "Inter-Plan Arrangements." These Inter-Plan Arrangements work based on rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever you access health care services outside the geographic area BCBSNE serves, the claim for those services may be processed through one of these Inter-Plan Arrangements.

When you access care outside BCBSNE's service area, you will receive it from one of two kinds of providers. Most providers ("participating providers") contract with the local Blue Cross and Blue Shield Licensee in that geographic area ("Host Blue"). Some providers ("non-participating providers") don't contract with the Host Blue. We explain below how we pay both kinds of providers.

Inter-Plan Arrangements Eligibility - Claim Types — All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for dental care benefits (except when paid as medical benefits), and any prescription drug programs or vision care benefits that may be administered by a third party contracted by BCBSNE to provide the specific services or services.

BlueCard® Program

Under the BlueCard® Program, when you receive Covered Services within the geographic area served by a Host Blue, BCBSNE will remain responsible for doing what we agreed to in our agreement with the Group. However, the Host Blue is responsible for contracting with and generally handling all interactions with its participating providers.

When you receive Covered Services outside BCBSNE's service area and the claim is processed through the BlueCard Program, the amount you pay for Covered Services is calculated based on the lower of:

- the billed charges for your Covered Services, or
- the negotiated price that the Host Blue makes available to BCBSNE.

Often, this "negotiated price" will consist of a simple discount which reflects an actual price that the Host Blue pays to your health care provider. Sometimes, it is an estimated price that takes into account special arrangements with your health care provider or provider group that may include types of settlements, incentive payments, and/or other credits or charges. Occasionally, it may be an average price, based on a discount that results in expected average savings for similar types of health care providers after taking into account the same types of transactions as with an estimated price.

Estimated pricing and average pricing also take into account adjustments to correct for over- or underestimation of past pricing of claims, as noted above. However, such adjustments will not affect the price BCBSNE used for your claim because they will not be applied after a claim has already been paid.

Negotiated (non-BlueCard® Program) National Account Arrangements

With respect to one or more Host Blues, instead of using the BlueCard Program, BCBSNE may process your claims for Covered Services through Negotiated Arrangements for National Accounts.

The amount you pay for Covered Services under this arrangement will be calculated based on the lower of either billed covered charges for Covered Services or the negotiated price (refer to the description of negotiated price under BlueCard® Program) made available to BCBSNE by the Host Blue.

If reference-based benefits, which are service-specific benefit dollar limits for specific procedures, based on a Host Blue's local market rates, are made available to you, you will be responsible for the amount that the health care provider bills above the specific reference benefit limit for the given procedure. For a participating provider, that amount will be the difference between the negotiated price and the reference benefit limit. For a non--participating provider, that amount will be the difference between the provider's billed charge and the reference benefit limit. Where a reference benefit limit is greater than either a negotiated price or a provider's billed charge, you will incur no liability, other than related patient cost-sharing under the Plan.

Special Cases – Total Care

- BlueCard Program: If you receive Covered Services under a Total Care value-based program inside a Host Blue's service area, you will not be responsible for paying any of the Provider Incentives, risk-sharing, and/or Care Coordinator Fees that are a part of such an arrangement except when a Host Blue passes these fees to BCBSNE through average pricing or fee schedule adjustments.
- Negotiated (non-BlueCard Program) Arrangements: If BCBSNE has entered into a Negotiated Arrangement with a Host Blue to provide Total Care to your Group on your behalf, BCBSNE will follow the same procedures for Total Care administration and Care Coordinator Fees noted above for the BlueCard Program.

Inter-Plan Programs – Federal/State Taxes/Surcharges/Fees

Federal or state laws or regulations may require a surcharge, tax or other fee that applies to insured accounts. If applicable, BCBSNE will include any such surcharge, tax or fee as part of the claim charge passed on to you.

Non-Participating Healthcare Providers Outside Our Service Area

Subscriber Liability Calculation — When Covered Services are provided outside of BCBSNE's service area by nonparticipating healthcare providers, the amount you pay for such Services will normally be based on either the Host Blue's nonparticipating healthcare provider local payment or the pricing arrangements required by applicable state law. In these situations, you may be liable for the difference between the amount that the nonparticipating provider bills and the payment BCBSNE will make for the Covered Services as set forth in this paragraph. Federal or state law, as applicable, will govern payments for out-of-network emergency services.

If you need Emergency Services, BCBSNE will cover you at the highest level that federal regulations allow. You will have to pay any Deductibles, Coinsurance, Copayments, charges for Noncovered Services, and any excess charge over the amount payable under the Contract, unless prohibited by law.

Exceptions — In certain situations, BCBSNE may use other payment bases, such as billed covered charges for Covered Services, the payment BCBSNE would make if the healthcare Services had been obtained within BCBSNE's service area, or a special negotiated payment, to determine the amount BCBSNE will pay for Services provided by nonparticipating providers. In these situations, you may be liable for the difference between the amount that the nonparticipating provider bills and the payment BCBSNE will make for the Covered Services set forth in this paragraph.

Blue Cross Blue Shield Global® Core

If you are outside the United States, (hereinafter "BlueCard service area"), you may be able to take advantage of Blue Cross Blue Shield Global Core when accessing Covered Services. Blue Cross Blue Shield Global Core is unlike the BlueCard Program available in the BlueCard service area in certain ways. For instance, although the Blue Cross Blue Shield Global Core assists you with accessing a network of inpatient, outpatient and professional providers, the network is not served by Host Blue. As such, when you receive care from providers outside the BlueCard service area, you will typically have to pay the providers and submit the claims yourself to obtain reimbursement for these services. If you need medical assistance services (including locating a doctor or hospital) outside the BlueCard service area, you should call the Blue Cross Blue Shield Global Core Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week. An assistance coordinator, working with a medical professional, can arrange a physician appointment or hospitalization, if necessary.

- Inpatient Services: In most cases, if you contact the Blue Cross Blue Shield Global Core Service Center for assistance, hospitals will not require you to pay for covered inpatient services, except for your cost-share amounts. In such cases, the hospital will submit your claim to the Service Center to begin claims processing. However, if you paid in full at the time of service, you must submit a claim to receive reimbursement for Covered Services. You must contact BCBSNE to obtain Preauthorization for non-emergency inpatient services.

- Outpatient Services: Physicians, urgent care centers and other outpatient providers located outside the BlueCard service area will typically require you to pay in full at the time of service. You must submit a claim to obtain reimbursement for Covered Services.
- Submitting a Blue Cross Blue Shield Global Core Claim: When you pay for Covered Services outside the BlueCard service area, you must submit a claim to obtain reimbursement. For institutional and professional claims, you should complete a Blue Cross Blue Shield Global Core claim form and send the claim form with the provider's itemized bill(s) to the Service Center (the address is on the form) to initiate claims processing. Following the instructions on the claim form will help ensure timely processing of your claim. The claim form is available from BCBSNE, the Service Center or online at www.bcbsglobalcore.com. If you need assistance with your claim submission, you should call the Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177, 24 hours a day, seven days a week.

How The Plan Components Work

Your Deductible, Copayment, Coinsurance (cost-sharing) and Out-of-pocket Limit for In-network and Out-of-network Providers are shown on the Benefit Summary. Following is an explanation of each of those components.

Allowable Charge — An amount BCBSNE uses to calculate the payment of Covered Services. This amount will be based on either the Contracted Amount for In-network Providers or the Out-of-network Allowance for Out-of-network Providers.

Coinsurance — This is the percentage you must pay for Covered Services, after the Deductible is applied.

Copayment (Copay) — A fixed dollar amount payable by the Covered Person for a Covered Service. Multiple Copayments may apply to one claim, depending on the Services submitted on the Claim.

Deductible* — You are responsible for your expenses until you reach the Plan's Deductible. After the Deductible is met, benefits for the rest of that Benefit Year will not be subject to any further Deductible. Copayments do not apply to the Deductible. In-network and Out-of-network Deductibles do not cross accumulate unless otherwise indicated on the Schedule of Benefits Summary. Charges paid for prescription drugs with a pharmaceutical discount or drug copay card may not accumulate to the Deductible.

Out-of-pocket Limit* — This Limit is the maximum amount of cost-sharing each Covered Person or Membership Unit must pay in a Benefit Year. In-network and Out-of-network Out-of-pocket Limits do not cross accumulate unless otherwise indicated on the Schedule of Benefits Summary.

Certain kinds of charges do not count toward your Out-of-pocket Limit. For example:

- charges in excess of the Allowable Charge;
- charges for Noncovered Services;
- penalty amounts for failure to comply with Preauthorization requirements;
- penalty amounts under the Prescription Drug Program;
- cost-sharing amounts for prescription drugs paid by the Covered Person with a pharmaceutical discount or copay card may not apply.

**If you have a family or multiple party membership, your plan may have either an Aggregate or an Embedded Deductible and/or Out-of-pocket Limit. The Benefit Summary will indicate whether your plan has an Aggregate or an Embedded amount. See "Definitions" in the back of this book for a description of these terms.*

If you have a Health Savings Account (HSA) eligible high Deductible health Plan, the Deductible and Out-of-pocket limit may be adjusted annually. All Copays and Coinsurance amounts will apply after the Deductible is met.

Utilization Review — Benefits are available for **Medically Necessary and Scientifically Validated Services.** Services provided by all health care providers are subject to utilization review by BCBSNE. Services will not automatically be considered Medically Necessary because they have been ordered or provided by a Physician. BCBSNE will determine whether Services provided are Medically Necessary or Scientifically Validated under the terms of the plan, and if benefits are available.

Preauthorization Requirements — Preauthorization is required for all Inpatient Hospital admissions, as well as certain surgical procedures, and specialized Services and supplies. In-network Hospitals will notify BCBSNE of an Inpatient admission. However, when you are admitted as an Inpatient to an Out-of-network Hospital, or to a Hospital outside the state of Nebraska, it is your responsibility to see that BCBSNE is notified of your admission. For more information, please refer to the section of this book titled "Preauthorization Requirements."

Expansion of Benefits —The scope of benefits may be expanded on a concurrent/prospective basis as determined by BCBSNE, to include payment for specific Services which would not ordinarily be included as Covered Services. It must appear that the use of such Services will: 1) equal or reduce costs; 2) improve the quality of medical care; and 3) be medically more appropriate than an alternate Covered Service. BCBSNE will advise the Covered Person and the provider in writing to what extent payment will be allowed for such Services. Any such expansion of the scope of benefits does not constitute an amendment to the Plan, or provide a continuing right to receive such Services.

Continuity of Care — In the event a Covered Person is receiving an active course of treatment for certain types of care from an In-network Provider on the date that Our contracting agreement with that provider is terminated, the provider will continue to render Covered Services to the Covered Person, and the contracting agreement shall continue to apply to those Covered Services after the termination takes effect, for up to 90 days or until the Covered Person is no longer a continuing care patient. The types of care that qualify and the length of time that the contracting agreement shall continue to apply are stated in the BCBSNE Provider Policies and Procedures Manual. The terms of the Provider Policies and Procedures Manual may be updated by BCBSNE from time to time.

Preauthorization Process

Preauthorization procedures are intended to determine if health care services or supplies are appropriate under the terms of the Plan.

BCBSNE requires that all Hospital stays, certain surgical procedures, and specialized Services and supplies be Preauthorized prior to receipt of such Services or supplies. It is your responsibility to see that Preauthorization occurs; however, a Hospital or Provider may initiate the Preauthorization.

Under all circumstances, the Covered Person and his or her provider bear the ultimate responsibility for the medical decisions regarding treatment. BCBSNE is not responsible for treatment or diagnosis of a Covered Person, regardless of any case preauthorization, review or management.

When BCBSNE receives a request for Preauthorization, the appropriateness of the setting and the level of medical care as well as the timing and duration of the admission is assessed by BCBSNE (or by persons designated by BCBSNE).

To initiate the Preauthorization process, BCBSNE must be contacted by you, your family member, the Physician, the Hospital or someone acting on behalf of you or your family member. Notification of the intended receipt of Services may be made by telephone or in writing. We may require that the Preauthorization include written documentation from the attending Physician, dentist or other medical provider demonstrating the Medical Necessity of the procedure or Service and the location where the Service will be provided.

In the case of an ongoing Inpatient admission, the care should continue to be Preauthorized in order to assure that it is being provided in the most appropriate setting.

Please remember that Preauthorization does not guarantee payment. All other Group health Plan provisions apply. For example: Copayments, Deductibles, Coinsurance, eligibility and exclusions.

Benefits Requiring Preauthorization

The following Services, supplies or drugs must be Preauthorized:

- Advanced Diagnostic Imaging;
- Durable Medical Equipment (DME) - subsequent purchases of DME or DME identified on the Preauthorization list;
- Genetic Testing;
- Hospice Care;
- Inpatient Hospital admissions;
- Inpatient Physical Rehabilitation;
- Long Term Acute Care at an Inpatient Facility after receiving treatment in the Hospital;
- organ and tissue transplants;
- prescription drugs (certain drugs as defined by BCBSNE);
- Skilled Nursing Care in the home;
- Skilled nursing facility care;
- Services subject to surgical, laboratory, radiology or other Preauthorization programs, as defined by BCBSNE; and
- other Services as may be specifically stated elsewhere in this booklet.

A list of Services subject to Preauthorization may be obtained at NebraskaBlue.com/PreAuth. Preauthorization requirements are subject to change.

Preauthorization Exceptions

Maternity

Federal law provides for a length of stay of up to 48 hours following a normal vaginal delivery and 96 hours following a cesarean section unless otherwise agreed to by the Covered Person and her Physician. Preauthorization is not required for an initial maternity admission. However, Preauthorization is required if the hospitalization extends beyond these times.

Emergencies

BCBSNE must be notified of an admission for an Emergency Medical Condition within 24 hours of the admission or the next business day. If Preauthorization is not received, the 24-hour period prior to the time of admission and the 24-hour period after such admission will be reviewed to determine if the Covered Person's condition and treatment would have hindered his or her ability to provide notice.

NOTE: Admission through the emergency room does not necessarily constitute an emergency admission.

Effect On Benefits

Failure to comply with the Preauthorization requirements may result in a penalty or denial of benefits and unanticipated costs associated with the incurred expenses.

Certain surgical, radiology or other Preauthorization programs require that benefit approval be obtained prior to the Service being provided, with failure to do so resulting in a denial of benefits for the Service.

If Services are not properly Preauthorized and benefits are reduced or denied, you are responsible for paying any amount due. However if the Hospital, Inpatient facility or Physician is an In-network Provider with BCBSNE, they are liable for their Services which are determined by BCBSNE to be not Medically Necessary (or for denial due to failure to Preauthorize if required), unless you have agreed in writing to be responsible for such Services, or the provider has documented in the medical record that you were notified of the Preauthorization determination. Any reductions in benefits are not considered when computing your Deductible or your Out-of-pocket Limit.

Out-of-Network or Out-of-State Providers

Covered Persons are responsible to obtain Preauthorization for all Services requiring Preauthorization received for an Out-of-network Provider or provider located outside the State of Nebraska. The responsibility for charges denied for failure to obtain Preauthorization rests with the Covered Person, unless the provider if located in Nebraska and is a Contracting Provider with BCBSNE.

Benefits are not payable for Services determined to be not Medically Necessary.

BENEFIT DESCRIPTIONS

This section provides a general overview of Covered Services. Benefits are payable subject to cost-sharing and all terms, conditions, exclusions and limitations of the Plan.

What's Covered

The following list includes examples of the Services that are covered when Medically Necessary care is provided by an Approved Provider. Additional information on many of these Services is found on the pages following this list:

- *Advanced Diagnostic Imaging;*
- *allergy testing, serum and injections;*
- *ambulance Services* (see Additional Information in this section);
- *anesthesia* (see Additional Information in this section);
- *assistant surgeon* Services for surgical procedures specifically identified by BCBSNE;
- *biofeedback;*
- *blood, blood plasma, blood derivatives or blood fractionates, including administration and processing,* unless donated and for which there is not a charge;
- *breast prostheses,* custom prostheses are limited to one per side every two years, and fiber or foam-filled prostheses are limited to one per side every six months (two standard or prefabricated per year);
- *cardiac rehabilitation* when in an accredited program and approved by BCBSNE;
- *chemotherapy*;
- *chiropractic care* (subject to scope of practice regulations)*;*
- *circumcision;*
- *clinical trials,* for approved individuals, as described in the ACA, including routine patient costs in connection with the clinical trial, consistent with Plan benefits;
- *cochlear implants,* which includes the pre-implant evaluation, implant system, surgery and post-surgical fitting;
- *colorectal cancer screening and related Services;*
- *contraceptive supplies and Services* (unless otherwise covered under the Rx Nebraska Prescription Drug Program and/or not covered under the medical plan);
- *dialysis;*
- *diabetic education* when provided by a Certified Diabetes Educator or Licensed Medical Nutrition Therapist, including self-management training and patient management;
- *diabetic supplies* (which are Covered Services under the Plan, but are not covered under the Rx Nebraska Prescription Drug Program);
- *Durable Medical Equipment (DME) rental or initial purchase* (whichever costs less), when prescribed by a Physician and determined by BCBSNE to be Medically Necessary (see Additional Information in this section);
- *Emergency Services;*
- *eyeglasses or contact lenses* when ordered by a Physician because of a change in prescription as a direct result of a covered intraocular surgery or ocular injury (must be within 12 months of the surgery or injury);
- *home health aide Services* (see Additional Information in this section);
- *home infusion therapy;*
- *Hospice Services* when Preauthorized by BCBSNE (see Additional Information in this section);
- *Hospital Services* such as nursing care, drugs, medicines, therapies, x-rays (radiology) and laboratory (pathology) tests;
- *immunizations;*
- *Inpatient Physician care;*
- *Inpatient Physical Rehabilitation* (see Additional Information in this section);
- *insulin pumps and other equipment for treatment of diabetes* (unless otherwise covered under the Prescription Drug Program);
- *mammography;*
- *manipulative treatment or adjustments;*
- *mastectomy bras* (limited to four per year)*;*
- *maternity care* (see Additional Information in this section);

- *Mental Health care on an Inpatient, Outpatient and Emergency Service basis* (see Additional Information in this section);
- *newborn care* (see Additional Information in this section);
- *nursing Services* in the home which require the skill, proficiency and training of a registered nurse (RN) or a licensed practical nurse (LPN) (see Additional Information in this section);
- *occupational therapy;*
- *oral surgery, dental treatment and TMJ Services* (see Additional Information in this section);
- *orthotics* for preventing complications associated with diabetes;
- *osteopathic care;*
- *ostomy supplies;*
- *Outpatient (ambulatory) surgery;*
- *Outpatient x-ray, radiology, laboratory and pathology charges;*
- *oxygen;*
- *pacemakers;*
- *pap smears;*
- *physical therapy;*
- *Physician visits;*
- *podiatric appliances necessary for the prevention of complications associated with diabetes;*
- *Preventive care* (see Preventive Care included in this section for additional information);
- *prosthetic devices;*
- *pulmonary rehabilitation* when in an accredited program and approved by BCBSNE;
- *radiation therapy;*
- *renal dialysis,* including charges for covered home dialysis equipment and covered disposable supplies, and dialysis training or counseling;
- *respiratory care;*
- *room and board,* including cardiac care and intensive care room for an Inpatient stay;
- *short term storage and retrieval* of cord blood for transplants and maternity and delivery care;
- *skilled nursing facility care;*
- *sleep studies;*
- *speech therapy;*
- *Substance Use Disorder treatment;*
- *surgical care* (the Allowable Charge includes preoperative and postoperative care, and may include reductions for procedures involving multiple Physicians or multiple or bilateral surgical procedures);
- *surgical dressings;*
- *telehealth Services;*
- *transplants* (see Additional Information in this section); and
- *Urgent Care Facility Services*.

COVERED SERVICES - ADDITIONAL INFORMATION

Ambulance Services

Benefits are available for ambulance Services provided to a Covered Person for:

- transportation to the nearest facility for appropriate care for an Emergency Medical Condition;
- transportation from a facility where emergent care was obtained or from an Inpatient acute care facility to the nearest facility where appropriate care can be provided, whether it is a lesser or greater level of specific care. Benefits are also available for transporting the Covered Person who is bedridden, to a facility for treatment or to his or her place of residence subject to preauthorization and Medical Necessity;
- transporting a respirator-dependent person; and
- transportation to and from the nearest appropriate facility for testing and/or procedures that are not available at the present facility.

Benefits are not available if solely for the convenience of the patient, family or provider, or if a less intensive level of transportation is more appropriate.

Anesthesia Services

Benefits are payable for anesthesia Services by a Physician or Certified nurse anesthetist. The amount payable for the anesthesia will include the usual preoperative and postoperative visits and the necessary management of the patient, during and after the administration. Payment will not be made for supervision of the administration. Benefits are not available for local infiltration or the administration of anesthesia by the attending or assisting surgeon (except spinal, saddle or caudal blocks for Pregnancy, or general anesthesia for covered oral surgery and dental procedures).

Drugs Administered In An Outpatient Setting

Certain prescription drugs administered in an Outpatient setting (such as home, Physician office or other Outpatient setting, except a Hospital emergency room), are only payable under the Prescription Drug Program. A list of the Prescription Drugs is available on the BCBSNE website NebraskaBlue.com/Pharmacy (See Drugs Administered in an Outpatient Setting List) or by contacting the Member Services Department. This limitation does not apply to prescription medications administered for an Emergency Medical Condition.

Durable Medical Equipment (DME)

Benefits are available for rental or initial purchase (whichever costs less) for covered DME when prescribed by a Physician. Benefits for rental of DME shall not exceed the cost of purchase unless otherwise approved by BCBSNE.

Benefits will be available for subsequent purchases of covered DME when:

- there is a significant change in the Covered Person's condition;
- the Covered Person grows;
- the item cannot be repaired and/or the cost of repairs exceeds the expense of purchasing a second piece of equipment;
- the item is five or more years old (equipment may be replaced earlier if Preauthorized by BCBSNE);
- or as otherwise determined by BCBSNE to be reasonable and necessary.

In addition, reimbursement will only be made to a DME or medical supply company for Medically Necessary repair, adjustment and maintenance of purchased DME, as determined appropriate by BCBSNE. Benefits are not available for DME which is rented or purchased from, or used while confined to a Hospital, skilled nursing facility, intermediate care facility, a nursing home or other Licensed residential facility if such equipment is usually supplied by the facility.

NOTE: Oxygen and equipment for its administration, respiratory therapy, ventilation equipment, apnea monitors and continuous positive airway pressure devices (CPAP) may be subject to review of rental versus purchase by BCBSNE.

Home Health Care Services and Hospice Services

Benefits are available subject to the benefit limits outlined in the Benefit Summary for Medically Necessary home health aide, respiratory care, and Skilled Nursing Care provided in the home to a Covered Person.

Home Health Aide

Benefits are available for Physician ordered home health aide Services provided in the home by a licensed or Medicare-Certified home health agency. Covered Services include personal care Services such as:

- bathing;
- feeding; and
- household cleaning duties.

Benefits are only available for home health aide Services when they are related to active and specific medical, surgical or psychiatric treatment of the Covered Person which requires the skills of a registered nurse.

Respiratory Care
Respiratory care Services must be ordered by a Physician, be performed in the home, and must relate to active and specific medical or surgical treatment which requires the skill of a registered nurse or respiratory therapist. These Services include, but are not limited to: airway maintenance, chest physiotherapy, delivery of medications, oxygen therapy, obtaining laboratory samples and pulmonary function testing. Services must be provided by a Licensed or Medicare-Certified home health agency.

Skilled Nursing Care
Nursing care must be Physician ordered and the patient must need care which requires the skill, proficiency and training of a registered nurse (RN) or a Licensed practical nurse (LPN). **Skilled Nursing Care must be Preauthorized.**

Benefits will not be provided for:
- nursing care in excess of any benefit limit;
- nursing care which is primarily for the convenience of the patient or the patient's family;
- time spent bathing, feeding, transporting, exercising or moving the patient, giving oral medication or acting as a companion, sitter, or homemaker;
- care provided by a nurse who is an immediate relative by blood, marriage or adoption, or a member of the Covered Person's household; and
- care provided in a Hospital, a skilled nursing facility, intermediate care facility, or a sub-acute care or rehabilitation facility.

Hospice Services
Hospice is a program of care provided for a person diagnosed as terminally ill and his/her family. The Covered Person must have a life expectancy of six months or less and Services must be ordered by a Physician, and be appropriate for palliative support or management of a terminal illness. **Hospice Services must be Preauthorized.**

Benefits are available for the following Covered Services provided by a Medicare-certified Hospice:
- Hospice nursing Services provided in the home;
- Inpatient Hospice care;
- respite care, which is short-term Inpatient care necessary in order to give temporary relief to the person who regularly assists with the care at home. Respite care may be provided in the Hospice's designated Inpatient unit that is affiliated with the Hospice providing Services to the Covered Person, which may be a Skilled Nursing Facility or a Hospital;
- medical social Services, provided by a medical social worker employed by the Hospice, which are directly related to the Covered Person's medical condition;
- crisis care, which is extended Skilled Nursing Care for up to 24 hours per day in lieu of a Medically Necessary Inpatient hospitalization; and
- bereavement counseling for a covered family member of the deceased Covered Person who was the recipient of Hospice Services. The counseling Services must be provided within six months of the death.

Hospital And Facility Services
Inpatient and Long Term Acute Care
Benefits are available for Inpatient Covered Services such as room and board, treatment rooms, diagnostic Services, drugs, medicines and other ancillary Services provided by the Hospital.

If an intensive care, cardiac care or similar type room is used during a 24-hour period, only one room charge will be payable, and benefits will be based on the most intensive care provided during that period.

NOTE: If benefits are denied for Hospital room and board, all other Inpatient Services are denied.

Skilled Nursing Facility Care
Benefits are available subject to Medically Necessary criteria, and to any limit stated in the Benefit Summary. After the exhaustion of the stated limit, all Services provided in the skilled nursing facility will be denied. The care must be provided in a Licensed or Medicare-certified skilled nursing facility or in a part of Hospital with designated skilled nursing or swing beds, licensed to provide room, board, 24-hour-a-day Skilled Nursing Care and other related non-Custodial Services. The care must be ordered by a Physician and the patient must be receiving Skilled Nursing Care. **Skilled nursing facility care must be Preauthorized.**

Skilled nursing facility care does not include:
- supportive Services for a stabilized condition;
- care which can be learned and given by unlicensed or uncertified medical personnel;
- routine health care Services;
- general maintenance or supervision of routine daily activities; and
- routine administration of oral or prescription drugs.

Inpatient Physical Rehabilitation
Benefits are available for Covered Hospital and Physician Services for Inpatient care when provided as part of a Physical Rehabilitation admission. In addition, Covered Services will include the following when part of the rehabilitation admission:
- recreational therapy;
- social service counseling;
- prosthetic devices and fitting; and
- psychological testing.

The facility must be accredited for Comprehensive Inpatient Rehabilitation by the Commission on the Accreditation of Rehabilitation Facilities (CARF), or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or appropriately Preauthorized by BCBSNE.

Outpatient Hospital Or Facility Services
Benefits are available for Covered Outpatient Services provided by a Hospital, Ambulatory Surgical Facility, Urgent Care Facility or other Outpatient facility. An observation stay is considered an Outpatient Service.

Certain prescription drugs administered in an Outpatient setting, other than a Hospital emergency room, are payable only under the Prescription Drug Program, as determined by BCBSNE. A list of these drugs is available on the BCBSNE website NebraskaBlue.com/Pharmacy or by contacting the Member Services Department.

Emergency Rooms Are Expensive. Hospital emergency rooms are very expensive because they are specifically staffed and equipped to handle accidents, injuries and other emergencies. Using them for preventive care (or as a substitute for the family physician) can cost you time and money.

Emergency Room Service
When you receive care in the emergency room, benefits will be provided subject to the applicable Copay, Deductible and/or Coinsurance shown on the Benefit Summary. If you receive care at an Out-of-network Hospital emergency room or by an Out-of-network Provider, benefits for Covered Services may be provided at the In-network benefit level. You will still be responsible for amounts in excess of the Allowable Charge when you receive Services from an Out-of-network Provider.

If Emergency Service results in a Covered Person being admitted to the Hospital, BCBSNE must be notified of the admission in accordance with the Preauthorization requirements for emergencies. (Please refer to "Preauthorization Requirements.")

If a Copayment is applicable to the Emergency Room facility charge, it will be waived if the patient is admitted within 24 hours for the same diagnosis.

Cardiac and Pulmonary Rehabilitation Services — Outpatient
Cardiac or Pulmonary Rehabilitation is defined as the use of various modalities of treatment to improve cardiac or pulmonary function as well as tissue perfusion and oxygenation through which selected patients are restored to and maintained at either a pre-illness level of activity or a new and appropriate level of adjustment.

- **Covered Outpatient Cardiac or Pulmonary Rehabilitation.** The following Services are also covered when provided as part of an Outpatient rehabilitation program:
  - initial rehabilitation evaluation;
  - exercise sessions;
  - concurrent monitoring during the exercise session for high risk patients; and
  - Physician Services which are otherwise defined as Covered Services.
- **Cardiac Rehabilitation Criteria.** Benefits are available at any therapeutic level, up to 18 sessions per diagnosis or condition.
- **Pulmonary Rehabilitation Criteria.** Benefits are available for Services provided prior to and following a lung transplant, heart-lung transplant, lung volume reduction surgery and for severe chronic lung disease patients, as reviewed and determined by BCBSNE. Pulmonary rehabilitation Services must be under the continuing supervision of a Physician and in a Hospital environment.
- **Pulmonary Rehabilitation Limits.** Unless otherwise shown on the Benefit Summary, the following limits apply:
  - chronic lung disease patients are limited to 18 sessions (including follow-up home sessions) initially and after significant changes in clinical status. No more than 18 sessions will be covered in a calendar year;
  - lung transplant, heart-lung transplant and lung volume reduction surgery patients are limited to 18 sessions following referral and prior to surgery plus 18 sessions within six months of discharge from the hospital following surgery.

Maternity And Newborn Care

Maternity Care
Maternity benefits are available to you, a covered spouse, or an Eligible Dependent daughter unless otherwise indicated. You may contact the BCBSNE Member Services Department for verification of maternity benefits.

Benefits for covered Hospital, surgical and medical care related to Pregnancy includes all related Services for prenatal care, postnatal care, delivery, and complications of Pregnancy or interruptions of Pregnancy. Charges for pre-natal, post-natal and delivery Services are payable as a total (global) charge, per American Medical Association Current Procedural Terminology (CPT) terms, codes and related guidance. Charges for additional Services outside the total (global) maternity charge, such as radiology, pathology and other diagnostic Services are payable as for any other Service.

Benefits are also available for obstetrical care provided by and within the scope of practice of a certified nurse midwife.

Postpartum depression, psychosis or any other Mental Health diagnosis are not considered complications of Pregnancy. Benefits for these conditions are provided in the same manner as all other Mental Health Services.

Newborn Care
Benefits are available at birth for Covered Services for an eligible newborn infant. Covered Services include:

- room and board, including any ancillary Services;
- screening tests, including the initial newborn hearing exam;
- Physician Services for a newborn well infant while hospitalized, including circumcision;
- newborn screening Services for an infant born at home; and
- Medically Necessary definitive medical or surgical treatment, including the necessary care and treatment of medically diagnosed Congenital Abnormalities.

Benefits for Covered Services will be subject to the child's individual cost-sharing amounts, unless otherwise stated. For information on adding a newborn to your coverage, refer to the section titled "Eligibility and Enrollment."

Statement Of Rights Under The Newborns' And Mothers' Health Protection Act
Under federal law, benefits may not be restricted for any Hospital stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, benefits may be paid for a shorter stay if the mother's or newborn's attending provider, after consulting with the mother, discharges the mother or newborn earlier.

Also, under federal law, an insurer may not set the level of benefits or out-of-pocket costs so that any later portion of the 48 hour (or 96 hour) stay is treated in a manner less favorable than any earlier portion of the stay. In addition, an insurer may not require the provider to obtain authorization from the insurer for prescribing a length of stay of up to 48 hours (or 96 hours).

Mental Health, Substance Use Disorder Benefits

Benefits are payable for Covered Hospital and Physician Services, including mental health Services, psychological, or alcoholism and drug counseling Services by and within the scope of practice of:

- a qualified Physician, Licensed Psychiatrist or Licensed Psychologist;
- a Licensed Special Psychologist, Licensed mental health practitioner, Licensed clinical social worker, Licensed professional counselor, marriage and family therapist; or
- auxiliary providers who are supervised, and billed for, by a qualified Physician, Licensed Psychiatrist or Licensed Psychologist or as otherwise permitted by state law.

All licensing or certification shall be by the appropriate state authority. Appropriate supervision and consultation requirements also shall be provided by state law.

Benefits are subject to the applicable Deductible, Copay and/or Coinsurance amount indicated on the Benefit summary.

Inpatient Care
Benefits for Inpatient admissions must be Preauthorized by BCBSNE.

A person shall be considered to be receiving Inpatient treatment if he or she is confined to a Hospital or a Substance Use Disorder Treatment Center that provides medical management including 24-hour nursing care. Services provided by a facility that does not meet this criteria are considered part of a Residential Treatment Program.

Facilities must be Licensed by the Department of Health and Human Services, Regulation and Licensure (or equivalent state agency), or accredited by the Joint Commission on Accreditation of Rehabilitation Facilities (CARF) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Residential Treatment Services
Benefits are available for Covered Services and room and board provided as part of a Residential Treatment Program, for treatment of Mental Health and Substance Use Disorders.

The Residential Treatment Program and/or facility must be Licensed, accredited or Certified to provide such Services by the appropriate state agency, or accredited by CARF or JCAHO.

Benefits are available subject to Preauthorization and BCBSNE Medical Necessity criteria.

Outpatient Care
Benefits are available for Outpatient treatment of Mental Health and Substance Use Disorders.

A person who is not admitted for Inpatient care, but is receiving treatment in the Outpatient department of a Hospital, in an observation room, in an Ambulatory Surgical Facility, Urgent Care Facility, a Physician's office, or home shall be considered to be receiving Outpatient Care.

Outpatient Covered Services include:
- psychological therapy and/or substance use disorder counseling/rehabilitation provided by an Approved Provider;
- office visit or clinic visit, consultation, or emergency room visit;
- an evaluation and assessment;
- medication checks;
- an Outpatient day, or partial hospitalization program for Mental Health or a Substance Use Disorder treatment program, that offers all-inclusive Services for each Outpatient treatment day;
- ambulance Services provided for the treatment of Mental Health and Substance Use Disorder;
- laboratory and diagnostic Services;
- psychological and neuro-psychological testing;
- individual, family and group therapy; and
- methadone maintenance programs for the treatment of opioid use disorder.

Day treatment, partial care, and Outpatient programs must be provided in a Hospital or facility which is Licensed by the Department of Health and Human Services Regulation and Licensure or accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Emergency Service
Benefits are also available, subject to any applicable Emergency Service Copay, Deductible and/or Coinsurance indicated in the Benefit Summary, for any Covered Services provided in a Hospital emergency room setting for the treatment of Mental Health and Substance Use Disorders.

Oral Surgery And Dentistry
Limited benefits are available for oral surgery and dentistry.

Covered Oral Surgery And Dentistry Services
The Plan provides benefits for Medically Necessary Covered Services for the following:
- incision and drainage of abscesses, and other non- surgical treatment of infections (excluding periodontic or endodontic treatment of infections);
- excision of exostoses, tumors and cysts, whether or not related to the temporomandibular joint of the jaw (TMJ);
- diagnostic or surgical procedures involving a bone or joint of the face, neck or head, including osteotomies, for the treatment of TMJ or craniomandibular disorder;
- reduction of a complete dislocation or fracture of the TMJ required as a direct result of an accident.* Benefits are limited to treatment provided within 12 months of the injury;

- Services, supplies or appliances for dental treatment of natural healthy teeth required as the direct result of an accidental injury.* Benefits are limited to treatment provided within 12 months of the injury. Benefits are not available for orthodontics or dental implants;
- Medically Necessary hospitalization and general anesthesia, as required by law, in order for the Covered Person to safely receive dental care, including for Covered Persons who are under eight years of age or developmentally disabled.

**Please note, damage to teeth or an injury that occurs as a result of eating, chewing or biting is not considered an "accident." Benefits are not available for Services resulting from these types of injuries.*

Dental Related Facility Charges
Benefits may also be available for the following charges if determined by BCBSNE to be Medically Necessary when related to Covered Services for oral surgery and dentistry:

- Hospital Inpatient Services;
- Hospital Outpatient Services;
- Ambulatory facility Services.

Exclusions
Benefits are not available under this section or any other part of the Plan for the following:

- care in connection with the treatment, filling, removal, repositioning or replacement of teeth, including orthodontics or implants;
- root canal therapy or care;
- bone grafts to the jaw in relation to dental implants or preparation of the mouth for dentures;
- preparation of the mouth for dentures;
- treatment of the dental occlusion or temporomandibular joint of the jaw by any means or for any reason, except as specifically identified as a Covered Service;
- evaluation and treatment of impacted teeth;
- osteotomies of the face, neck or head, except as specifically identified as a Covered Service;
- all other procedures involving the teeth or structures directly related to or supporting the teeth, including the gums and the alveolar processes;
- evaluation and treatment of myofascial pain; and
- treatment of sleep disorders by a dentist, including sleep apnea, except for the fabrication of an orthotic for treatment of a sleep disorder.

Organ And Tissue Transplants

Benefits are available to a Covered Person who is a transplant recipient for Medically Necessary Covered Services relating to or resulting from a transplant of these body organs or tissues:

- liver;
- heart;
- single and double lung;
- lobar lung;
- heart-lung,
- heart valve (heterograft);
- kidney;
- kidney-pancreas;
- pancreas;
- cornea;
- parathyroid;
- small intestine;
- small intestine and liver;
- small intestine and multiple viscera; or
- bone marrow transplants, including autologous and allogeneic stem cell transplants.

All transplant Services must be Preauthorized by BCBSNE, and meet BCBSNE established criteria and medical policies.

Donation of Organs and Tissue
Benefits are available for Services arising from an organ donation from either a live or non-living donor, including acquisition costs, when the recipient is a Covered Person. Benefits are included as part of the recipient's coverage, and are covered for the duration of the Covered Person's coverage under the Plan. Benefits for donation include Covered Services for treatment of complications resulting from the organ/tissue donation. Covered Services include:

- Hospital, medical, surgical or other Covered Services;
- Services provided for the evaluation of organs or tissue;
- Services provided for the removal of organs or tissue from nonliving donors; and
- Services provided for the transportation and storage of donated human organs or tissues.

Exclusions and Limitations
Benefits will not be provided for:

- donor charges other than those identified as covered under "Donations of Organ and Tissue;"
- purchase of organs or tissue, that are sold rather than donated to the recipient; or
- transplantation of any nonhuman organ or tissue, or the implantation of an artificial/mechanical organ into a human recipient. This does not apply to pacemakers, LVADs, or other devices specifically approved by BCBSNE.

Physician Services

Benefits are payable for Covered Services provided by a Physician, including an oral surgeon, Certified nurse midwife, Certified nurse practitioner, or a Certified Physician assistant, within the Provider's scope of practice. Covered Services include:

- Inpatient, Outpatient, office and home visits;
- surgical and assistant surgical Services;
- anesthesia;
- radiology, laboratory, pathology, and other diagnostic Services;
- radiation therapy and chemotherapy;
- FDA-approved drugs listed under the Drugs Administered in an Outpatient Setting List, IV solutions, vaccines, biologicals and medicines administered in the office;* and
- allergy serums and injections, except as specifically excluded.

Services performed in a Convenient Care/Retail Clinic or performed by a Physician assistant are covered in the same manner as a Primary Care Physician.

Physician Office Services
Benefits for the following Services provided in a Primary Care or Specialist Physician's office shall be paid subject to the cost-sharing amounts indicated in the Benefit Summary.

If a Copayment applies, and Services are received from more than one Physician on the same day, a separate Copayment will be assessed for each Physician. However, only one Physician office Copayment will be applied per Physician per day regardless of the diagnosis. If additional Services billed by the Physician on the same day are subject to a separate Copayment, more than one Copayment could be applied per day.

- **Physician Office Visit.** The Office Visit benefit includes the following Services performed in the Physician office:
  - office visit, including the initial visit to diagnose Pregnancy;
  - consultation;
  - psychological therapy and/or Substance Use Disorder counseling/rehabilitation for the treatment of Mental Health and Substance Use Disorders; and
  - medication checks.

- **Physician Office Services.** The Office Services benefit includes the following Services when performed in a Physician office:
  - diagnostic x-ray, laboratory and pathology Services performed in the Physician's office, including diagnostic pap smears and mammograms;
  - supplies used to treat the patient during the office visit;
  - covered drugs administered to the patient during the office visit, except drugs that are only payable under the Prescription Drug Program;*
  - hearing examination due to Illness or Injury;
  - vision examinations, excluding eye refraction, unless related to ocular injury or intraocular surgery when provided within 12 months of the date of surgery or injury; and
  - allergy testing.
- **Non-Covered Under an Office Copayment Benefit.** Although these Services may be covered under other provisions of this Plan, a Copayment benefit for "Physician Office Visit" or "Physician Office Services" referred to above, does not apply to:
  - Preventive Services, as required by State or Federal Law;
  - Services for Pregnancy, except the initial visit to diagnose Pregnancy;
  - surgical procedures and anesthesia;
  - injections;
  - sublingual allergy therapy;
  - immunizations;
  - sleep studies;
  - chemotherapy infusion and chemotherapy drugs;
  - radiation therapy;
  - Advanced Diagnostic Imaging (MRI, MRA, CT and PET scan);
  - infusion therapy;
  - Durable Medical Equipment;
  - manipulations and adjustments (chiropractic and osteopathic);
  - physical, occupational or speech therapy, chiropractic or osteopathic physiotherapy;
  - biofeedback;
  - psychological evaluations, assessments and testing, or other Outpatient Covered Services for the treatment of Mental Health and Substance Use Disorders; and
  - Outpatient Services received at a place of service other than a Physician's office.

NOTE: If a Copayment is applicable to "Office Services" the Physician Office Visit as described above is included in the Copayment.

**NOTE: Certain prescription drugs administered in an Outpatient setting are payable only under the Prescription Drug Program.*

Telehealth Services
Physician's Services include Telehealth Services as a delivery of care method, for the diagnosis and treatment of a Covered Person's medical condition. Telehealth Services means web-based, video or telephonic visits, calls or consultations between a Covered Person and a Licensed Physician or other professional provider qualified to provide such Services.

The delivery and scope of telehealth Services are subject to applicable state and federal laws and regulations.

Telehealth Services are not applicable to or available for:
- reporting lab or other test results;
- office appointment requests;
- communication primarily educational in nature;
- billing, insurance or payment questions;
- Preauthorization procedures;
- Physician to Physician consultations;
- calls or consults by Telemedicine to another health care provider during a Covered Person's visit in a provider's office, unless otherwise covered by this Plan;
- Services, treatment or conditions outside the scope of the vendor Covered Services payable via a telehealth delivery of care method.

Telemedicine is web-based, video or telephonic visits, calls or consultations between or related to a Covered Person (with or without the Covered Person present) and a Licensed Physician and another professional provider qualified to provide such services.

Telehealth Services are subject to the cost-sharing amounts shown on the Benefit Summary. Benefits may be limited to In-network Providers only.

NOTE: If a Covered Person receives telehealth or telemedicine Services which may be covered under more than one health plan or contract, and identifies to the telehealth Services provider at the time of service that this Plan is to be used for coverage, this Plan will provide benefits as the primary coverage. When another health plan or contract is used or identified at the time of service, this Plan will become the secondary coverage pursuant to Coordination of Benefits. The Covered Person must submit a claim form and itemized statement and the other plan's Explanation of Benefits to BCBSNE reflecting the charges and cost-sharing amount paid pursuant to the other plan for benefit consideration under this Plan as the secondary coverage.

Preventive Services
Benefits are payable for Preventive Services required by the ACA, which are defined as:
- evidence-based items or Services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task force;
- with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration;
- with respect to women, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and
- immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

The ACA-required Preventive Services may include age, gender and frequency limits. A list of these Preventive Services is available at NebraskaBlue.com/PreventiveCare, or you may contact the BCBSNE Member Services Department.

Benefits are available as shown on the Benefit Summary, for Covered Preventive Services.

Preventive Services may include state mandated Services, but does not generally include Services intended to treat an existing Illness or condition.

Therapy and Manipulations

The following Outpatient and/or home therapies and manipulative treatments or adjustments are covered subject to the applicable Deductible, Copay and/or Coinsurance amounts and benefit maximums shown on the Benefit Summary (Services must be ordered by a Physician):

- physical therapy by a Licensed physical therapist or Licensed physical therapist assistant who is an Approved Provider;
- occupational therapy by a Licensed occupational therapist or Licensed occupational therapist assistant under the supervision and billing of a Licensed occupational therapist;
- speech therapy provided by a Licensed speech-language pathologist or registered speech-language pathology assistant practicing under the supervision of a Licensed speech-language pathologist;
- chiropractic or osteopathic physiotherapy; and
- chiropractic or osteopathic manipulative treatments or adjustments by an Approved Provider.

Therapy Services described above include habilitative Services, which are Services designed to help a person keep, learn or improve skills and functions of daily living.

NOTE: A benefit maximum may apply to all of the above therapy and manipulation Services, or any combination of these services. Refer to the Benefit Summary for any applicable benefit maximums. Treatment limits stated for physical therapy, occupational therapy, and speech therapy are not applicable to treatment for Mental Health or Substance Use Disorders.

A session is defined as one visit. Ongoing preventive/maintenance therapy sessions (excluding habilitative Services) are not covered once the maximum therapeutic benefit has been achieved for a given condition and continued therapy no longer results in some functional or restorative improvement.

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 (Women's Health Act) includes protections for patients who elect to have breast reconstruction in connection with a mastectomy.

The law requires that certain coverage be provided, and that notice be given to Covered Persons regarding coverage for this care under the Group health Plan. The Women's Health Act requires that:

A Group health Plan which provides medical and surgical benefits for mastectomies shall also provide, in the case of a Covered Person who is receiving benefits in connection with a mastectomy and elects breast reconstruction in connection with such mastectomy, coverage in a manner determined in consultation with the attending Physician and patient for:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- physical complications resulting from all stages of the mastectomy (including lymphedema).

This Group health Plan is in compliance with the Women's Health Act, and provides benefits as required by the Act, subject to the Deductible, Copay and Coinsurance amounts applicable to other benefits under the Plan.

EXCLUSIONS — WHAT'S NOT COVERED

The Services, treatments and supplies listed in this section are not covered, except where specifically provided for under another section of this SPD, by an Amendment to this SPD, or as required by law.

Using Headings In This Section

To help you find specific exclusions more easily, headings are shown for types of Services, treatments or supplies that fall into a similar category. The actual exclusion appears under the heading.

Plan Exclusions

Benefits are not available for Services not covered by the Plan, nor for Services determined by BCBSNE to be not Medically Necessary.

Benefits are not available for the Services, treatments or supplies described in this section, even if:

- recommended or prescribed by a Physician; and/or
- it is the only treatment available for the Covered Person's condition.

Noncovered Services include, but are not limited to any Service for, or related to the following:

- **Alternative Treatments**
  - alternative therapies and programs including but not limited to;
    - massage therapy, including rolfing;
    - acupuncture;
    - dry needling;
    - aromatherapy;
    - light therapy, infrared or ultraviolet therapy;
    - naturopathy;
    - VAX-D therapy (vertebral axial decompression);
    - support therapies, including personal counseling and assertiveness training;
    - dream therapy;
    - activity therapy, including but not limited to music, dance, art and play;
    - recreational therapy or care, unless otherwise identified as covered;
    - cruises;
    - wilderness programs;
    - adventure therapy;
    - camps, including all activities and therapies;
    - animal-based therapy programs; and
    - vitamin therapy and herbal remedies.
  - Services provided by a massage therapist; and
  - Services, drugs, medical supplies, devices or equipment which are not cost effective compared to established alternatives or which are provided for the convenience or personal use of the Covered Person;
  - whirlpools, contrast baths, paraffin baths and iontophoresis.

- **Comfort Or Convenience**
  - personal expenses such as guest meals, television or beauty/barber services;
  - supplies, equipment or similar incidental charges for personal comfort or convenience, including:
    - batteries and battery chargers unless the device is covered by the Plan;
    - equipment primarily for education or a person's safety;
    - hot tubs, saunas, jacuzzis or whirlpools;
    - humidifiers;
    - medical alert systems;
    - music devices, radios or video players;
    - personal computers;
    - pillows; and
    - strollers;

- equipment for purifying, heating, cooling or otherwise treating air or water;
- exercise equipment;
- building, remodeling or alteration of a residence, investigation and remediation of harmful contaminants such as lead and mold; and
- purchasing or customizing of vans or other vehicles.

- **Durable Medical Equipment (DME) And Supplies**
  - enuresis alarms and incontinence devices and supplies, even if prescribed by a Physician;
  - external defibrillators;
  - items purchased for the convenience of the Covered Person;
  - mouth guard, even if prescribed by a Physician;
  - power seat elevating systems and chairs;
  - rental or purchase from or use of DME while the patient is confined to a Hospital, skilled nursing facility, an intermediate care facility, a nursing home or any other licensed residential facility if such equipment is usually supplied by the facility;
  - repair, maintenance or adjustment of DME, except as specifically identified as covered, or provided by other than a DME or medical supply company; and
  - repair or replacement of an item of DME due to misuse, malicious damage, gross neglect or to replace lost or stolen items.

- **Experimental Or Investigative**
  - Services considered by BCBSNE to be Investigative, or for any directly related Services; or
  - Services for medical treatment and/or drugs, whether compensated or not, that are directly related to, or resulting from the Covered Person's participation in a voluntary, Investigative test or research program or study, unless authorized by BCBSNE.

- **Foot Care**
  - orthopedic shoes, except for initial purchase when permanently attached to a brace;
  - orthotics for the foot, except when such podiatric appliances are necessary for the prevention of complications associated with diabetes; or when necessary to treat a congenital anomaly, as determined by BCBSNE; or
  - treatment or removal of corns, callosities, or the cutting or trimming of nails, except as Medically Necessary.

- **Mental Health and Substance Use Disorder**
  - education, socialization, delinquency or custodial care Services for Mental Health and Substance Use Disorders;
  - halfway houses, foster homes or group homes and treatment groups for Substance Use Disorder maintenance programs, unless otherwise identified as covered;
  - programs for co-dependency, employee assistance, probation, prevention, educational or self-help;
  - Inpatient confinement for environmental change or similar treatment;
  - Inpatient or Outpatient programs ordered by the Court that are determined by BCBSNE to be not Medically Necessary;
  - self-help programs that treat obesity, gambling or nicotine addiction, except when specifically identified elsewhere as a Covered Service;
  - half-way house or Substance Use Disorder maintenance programs;
  - Services by a non-Approved Mental Health Services Provider;
  - Services not within the scope of practice of the provider. (Licensing or certification is by the appropriate state authority. Supervision and consultation requirements are governed by the state law);
  - Services, supplies, equipment, procedures, drugs or programs for treatment of nicotine addiction, except as identified as a Covered Service; and
  - stress reduction classes and pastoral counseling.

- **Nutrition**
  - dietary counseling, except as part of nutritional management for diabetes when part of diabetes education and certain conditions covered under the ACA Preventive Services and eating disorders;
  - enteral feedings, even if the sole source of nutrition; or
  - nutrition care, nutritional supplements, FDA-exempt infant formulas, supplies, electrolytes or other nutritional substances, including but not limited to Neocate, Vivonex, Elecare, Cyclinex-1, ProPhree, vitamins, minerals, elements, foods of any kind (including high protein and low carbohydrate foods) and other over-the-counter nutritional substances.

- **Physical Appearance**
  - Cosmetic Services, except for Covered Services:
    - required as a result of a traumatic injury;
    - to correct a Congenital Abnormality when the defect severely impairs or impedes normal essential functions; or
    - to correct a scar or deformity resulting from cancer or from non-Cosmetic surgery.

      Reconstructive surgery is available only when required to restore, reconstruct or correct any bodily function that was lost, impaired or damaged as a result of Injury or Illness.

      Benefits are not payable for treatment of complications, unless the treatment is normally covered under the Plan.

      The Cosmetic exclusion applies regardless of the underlying cause of the condition or any expectation that the Cosmetic procedure may be psychologically or developmentally beneficial to the Covered Person. Examples include but are not limited to:
      - dermabrasion;
      - liposuction;
      - breast augmentation;
      - breast reduction (unless Medically Necessary)
      - breast replacement;
      - protruding ears;
      - spider veins;
      - tattoo removal or revision; and
      - telangiectasias;
  - treatment and monitoring for obesity or weight reduction, regardless of diagnosis. Examples include:
    - health and athletic club memberships;
    - physical conditioning programs such as athletic training, body-building exercise, fitness, flexibility and diversion or general motivation; and
    - weight loss programs;
  - weight reduction or obesity surgery.

- **Providers**
  - Canceled appointment: charges for failure to cancel a scheduled appointment;
  - Claim forms/records/administrative fees or charges. This includes: charges made for filling out claim forms or furnishing any records or information; special charges such as dispensing fees; admission charges; Physician's charges for Hospital discharge Services; after-hour charges over and above the routine charge; administrative fees; technical support or utilization review charges which are normally considered to be within the charge for a Service;
  - Custodial Care, domiciliary care, rest cures, or Services provided by personal care attendants;
  - immediate family: charges for Services provided by a relative or person who is a member of the Covered Person's immediate family by blood, marriage or adoption;
  - inadequate documentation: charges received when there is inadequate documentation that a Service was provided;

- non-approved facility: a health care facility that does not meet the licensing or Accreditation Standards required by BCBSNE;
- non-approved Provider: charges for Services by a non-Approved provider, or provided by or under the supervision of a health care provider determined to be non-payable by BCBSNE;
- out-of-hospital: charges made while the patient is temporarily out of the Hospital;
- overhead expenses: charges for any office or facility overhead expenses including, but not limited to, staff charges, copying fees, facsimile fees and office supplies;
- scope of practice: charges for Services by a health care provider which are not within the scope of practice of such provider;
- Services provided in or by:
  - a Veterans Administration Hospital where the care is for a condition related to military service; or
  - any non-Participating Hospital or other institution which is owned, operated or controlled by any federal government agency, except where care is provided to nonactive duty Covered Persons in medical facilities;
- standby: Hospital or Physician charges for standby availability.

- **Reproductive Services**
  - Pregnancy assistance treatments, which include but are not limited to, infertility treatment and related Services, in addition to:
    - Assisted Reproductive Technology (ART), such as artificial insemination, sperm washing, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), in vitro fertilization, and embryo transfer procedures;
    - drug and/or hormonal therapy for fertility enhancement;
    - reversal of voluntary sterilization;
    - storage and retrieval of all reproductive materials;
    - surrogate parenting, donor eggs, donor sperm and host uterus; and
    - ultrasounds, lab work and other testing in conjunction with infertility treatment (diagnostic testing done to determine the diagnosis of infertility, treatment of polycystic ovary disease, and treatment of endometriosis are not considered to be infertility treatments);
  - surrogate mother Services, including all services and supplies related to the conception of pregnancy for a Covered Person or non-covered person acting as a surrogate mother; and
  - voluntary abortions, unless the attending Physician certifies that the abortion was necessary to safeguard the life of the woman or due to sexual assault (rape) or incest. Services for any medical complications arising from a voluntary abortion are not excluded from coverage.

- **Services Payable Under Another Plan**
  - Services available at government expense, except as follows:
    - if payment is required by state or federal law, the obligation to provide benefits will be reduced by the amount of payments the patient is eligible for under such program (except Medicaid);
    - with respect to persons entitled to Medicare Part A and eligible for Part B benefits, the obligation to provide benefits will be reduced by the amount of payment or benefits such person receives from Medicare. This provision will not apply if the patient is still actively at work or is an Eligible Dependent of a Subscriber who is actively at work and has elected this Plan as primary. Services provided for renal dialysis and kidney transplant Services will be provided pursuant to federal law; or
    - Services arising out of the course of employment, whether or not the patient fails to assert or waives his or her right to Workers' Compensation or Employers' Liability Law. This includes Services determined to be work-related under a Workers' Compensation law, or under a Workers' Compensation Managed Care Plan, but which are not payable because of noncompliance with such law or plan. Any charges incurred as a result of or in the course of employment for an employer that is not legally required to carry Workers' Compensation coverage and that does not provide Workers' Compensation coverage will be covered.

- **Travel**
  - lodging, meals and/or travel expenses incurred by the patient or the provider, even though directed by a Physician for the purpose of obtaining medical treatment, except covered ambulance Services or other expenses specifically identified as covered by the Plan.

- **Vision And Hearing**
  - eyeglasses or contact lenses, eye exercises or visual therapy or visual training (orthoptics), except when specifically identified elsewhere as a Covered Service;
  - preventive vision examinations or care, extended vision care or exam packages and screening eye examinations, including eye refractions, except when specifically identified elsewhere as a Covered Service;
  - screening audiological tests (except as may be covered under Preventive Services); external and surgically implantable devices (except cochlear implants as otherwise covered under this Plan) and combination external/implantable devices to improve hearing, including audiant bone conductors;
  - hearing aids and their fitting, unless otherwise required by law or as specifically covered under the Plan;
  - surgical, laser or nonsurgical procedures or alterations of the refractive character of the eye including but not limited to correction of myopia, hyperopia or astigmatism. In addition, benefits are not available for:
    - charges for related Services; and
    - eyeglasses or contact lenses following the surgery.

Other Exclusions And Limitations

- Services, including related diagnostic testing, which are primarily:
  - recreational, such as music or art therapy;
  - educational, including school-based individualized education programs;
  - work-hardening therapy; vocational rehabilitation and training;
  - medical/non-medical self-care; or
  - self-help training;
- interest, sales or other taxes or surcharges on Covered Services, drugs, supplies or DME, other than those surcharges or assessments made directly upon employers or third party payers;
- any amount paid for eligible Claims expenses which arise out of or as caused or contributed to by war or an act of war. "War" means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
- genetic testing, unless scientifically validated by BCBSNE medical policy, or as required by law. Coverage for genetic counseling is limited to one visit prior to genetic testing and one visit following a covered genetic test;
- food antigens, skin titration, cytotoxicity testing, treatment of non-specific candida sensitivity and auto-urine injections;
- snoring, the reduction or elimination of, when that is the primary purpose of treatment;
- calls or consults by telephone or other electronic means, including e-mail and video or internet transmissions, and telemedicine, except in conformance with BCBSNE policies and procedures;
- blood, blood plasma or blood derivatives or fractionates, or Services by or for blood donors, except administrative and processing charges for blood used for a Covered Person furnished to a Hospital by the American Red Cross, county blood bank, or other organization that does not charge for blood;
- Services provided to or for:
  - any dependent when coverage is provided by a Single Membership, except when benefits are specifically provided by the Plan for a newborn or adopted child;
  - any person who does not qualify as an Eligible Dependent; or
  - any Covered Person before his or her effective date of coverage, or after the effective date of cancellation or termination of coverage;
- military service related illness or injury;

- Services for which there is no legal obligation to pay, including:
  - Services for which no charge would be made if coverage did not exist;
  - any charge above the charge that would have been made if no coverage existed; or
  - any service which is normally furnished without charge;
- charges in excess of the Contracted Amount; or
- charges made separately for Services and/or procedures, supplies and materials when they are considered to be included within the charge for a total Service payable, or if the charge is payable to another provider.

  EXCEPTION: If such charges are made separately when they are considered to be included within the charge for a total Service performed by a BCBSNE In-network Provider, then this amount is not the patient's liability.
- employer-required Services and supplies as a condition of employment including, but not limited to immunizations, blood testing, work physicals and drug tests;
- charges made pursuant to a Covered Person's engagement in an illegal occupation or commission of or attempt to commit a felony;
- computed tomography (CT) of the heart with quantitative evaluation of coronary calcium, or electron beam computed tomography, for screening of cardiovascular, cerebrovascular and peripheral vascular disease;
- Outpatient charges for prescription drugs and Covered Services which are only covered when the prescription is filled at a pharmacy and a Claim is submitted under the Rx Nebraska Prescription Drug program, as determined by BCBSNE;
- take-home supplies from an Inpatient facility;
- private Duty Nursing;
- long-term rehabilitation programs, including residential Cognitive Training programs;
- respite care when not provided as part of a covered Hospice benefit;
- Home health aide, Skilled Nursing Care or Hospice related Services as follows:
  - Services performed by volunteers;
  - pastoral Services, or legal or financial counseling Services;
  - Services primarily for the convenience of the patient, or a person other than the patient; or
  - home delivered meals;
- shipping and handling charges;
- Services provided at the following places of service, unless otherwise approved by BCBSNE:
  - day care;
  - school (except covered Mental Health Services by an Approved Provider);
  - library;
  - church; or
  - employee worksite (except immunizations);
- Services provided by a doula;
- Services provided in association with a health fair or other employer sponsored wellness event, unless otherwise approved by BCBSNE;
- Services otherwise covered under the Plan, when:
  - required solely for purposes of camp, travel, career, employment, insurance, marriage, adoption or other administrative reason;
  - related to judicial or administrative proceedings or orders;
  - conducted for the purpose of medical research; or
  - required to obtain or maintain a license of any type;
- foreign language and sign language Services;
- driving tests or exams;
- autopsies;
- hair analysis, including evaluation of alopecia or age-related hair loss;

- wigs, hair prostheses and hair transplants, regardless of the reason for the hair loss;
- Services by a Provider which were pre-paid by the Covered Person by virtue of a discount program, coupon, retail or online offer;
- short term storage and retrieval for cord blood, breast milk, and other materials, except as specifically identified as covered;
- social Services,
- transportation, except as otherwise covered under the Plan;
- removal of skin tags;
- Services provided under a direct primary care agreement;
- replacement of lost, broken, destroyed or stolen Covered Prescription Drug Products within the Covered Person's control. BCBSNE may allow a one month supply fill per year, per medication;
- over-the-counter supplies, devices, tests, medications and non-prescription medications (unless otherwise required by law or specifically designated for coverage by BCBSNE).
- Services, procedures, supplies or drugs provided for treatment of sexual arousal disorders or erectile dysfunction, regardless of cause; or
- Services for autism spectrum disorders or pervasive developmental conditions, developmental delays or sensory integration disorders (i.e., the brain's ability to integrate, process, and respond to certain information received from the body's sensory systems with respect to detecting sights, sounds, smell taste, temperature, pain and the position and movement of the body), unless otherwise required by law or as specifically covered under the Plan.

PRESCRIPTION DRUG BENEFITS

Prescription Drug Benefits are subject to the applicable Copay, Deductible and/or Coinsurance amounts shown in the Benefit Summary. All covered prescription drug products must be Medically Necessary, and:

- be FDA-approved,*
- be evaluated for coverage by the Pharmacy and Therapeutics Committee of BCBSNE or the Pharmacy Benefit Manager,
- be dispensed by a registered pharmacist, and
- require a Physician's or Dentist's prescription.

**Specific non FDA-approved drugs may be covered, based on clinical guidelines or evidence as determined by the Pharmacy and Therapeutics Committee, or as required by law.*

A Copay, Deductible and/or Coinsurance will be assessed for each prescribed drug, supply and/or unit.

Covered prescription drug products also include insulin and diabetic supplies, including: needles, syringes, test strips, lancet/lancet devices, alcohol wipes/swabs, glucose/sugar test tablets, insulin pump supplies and continuous glucose monitoring devices and supplies.

Your prescription drug benefit is based on a tiered benefit design that features multiple levels of cost-sharing for different prescription classifications. The tiers may include classifications such as Generic and Brand-name Drugs, Specialty Drugs, and preferred and non-preferred drugs. Sub-classifications may be based on cost or other factors. For example, a Prescription Drug List (PDL) which is a list of covered drugs, classifies drugs as Generic and Brand Name -- that classification may include sub-categories of preferred and non-preferred drugs. The PDL, including a list of designated Specialty Drugs, is available at NebraskaBlue.com/Pharmacy, or you may contact the BCBSNE Member Services Department.

Whenever appropriate, Generic Drugs will be used to fill prescriptions. If a bioequivalent Generic Drug is available and has multiple manufacturers, or meets other criteria as determined by the PBM or Us, reimbursement for the drug dispensed will be based on the price of the Generic Drug, unless prohibited by law. If the Covered Person or the ordering provider requests a Brand Name Drug when a Generic Drug equivalent is available, the Covered Person may be required to pay a penalty equal to the difference in cost between the Brand Name Drug and the Generic Drug. This penalty will be in addition to the applicable Copay, Deductible and Coinsurance.

NOTE: Prepackaging by the manufacturer may limit the quantity dispensed to an amount which is less than the maximum dispensing amount available under your coverage. If that happens, benefits will be provided in compliance with the manufacturer's packaging guidelines.

Additional terms specifically used in conjunction with your Prescription Drug Benefits are defined at the end of this section.

Generic Drugs Can Save You Money. Generic drugs are drugs that are labeled by their chemical name rather than by a brand name. However, all drugs, whether generic or brand, must meet the same government standards for safety and effectiveness. Why pay more for a brand name drug if its generic twin is available at a lower cost? Ask your physician to prescribe generic drugs whenever possible.

Accessing Benefits

If the prescription or supply is purchased at an In-network Pharmacy, and you present your BCBSNE identification card to the pharmacist at the time of purchase, you will only be required to pay your financial liability at the time the prescription is filled. In-network Pharmacies will file claims to BCBSNE or to the Pharmacy Benefit Manager (PBM). The Benefit Summary shows your financial liability and the dispensing amount for each benefit tier.

If the covered prescription is filled at an Out-of-network Pharmacy, or if you do not present your I.D. card at the time of purchase at an In-network Pharmacy, you will be required to pay the pharmacy's usual retail price. You must file a Claim with BCBSNE. Eligible Claims will be reimbursed based on the Allowance for the drug less the applicable Copay, Deductible and/or Coinsurance.

To locate contracting In-network pharmacies nationwide, call toll-free: 1-877-800-0746.

Other Coverage: If a Covered Person has prescription drug coverage under more than one health plan, Coordination of Benefits provisions will apply when the Services are covered under both the primary and secondary plan's pharmacy benefits. No penalty will be imposed for submission of a paper claim when BCBSNE is paying as the secondary payer.

Services Not Covered Under The Prescription Drug Program

In addition to the Services and supplies listed in the section titled "Exclusions — What's Not Covered," the following are not covered:

- abortifacients, including but not limited to Mifeprex (Mifepristone);
- cosmetic alteration drugs, and health and beauty aids for such things as the promotion of hair growth/restoration, to control perspiration, to enhance athletic performance or improve natural appearance;
- diagnostic agents (except diabetic test strips) and bulk powders/chemicals;
- diet, weight loss or appetite suppressant drugs (Anorexics), dietary and herbal or nutritional supplements;
- drugs or medicinals for treatment of fertility/infertility;
- DME or devices of any type including, but not limited to contraceptive devices, therapeutic devices or artificial appliances;
- general anesthetic;
- home infusion therapy;
- insulin pumps;
- Investigative drugs or drugs classified by the FDA as experimental;
- nutrition care, nutritional supplements and substances;
- oral non-sedating antihistamine or antihistamine decongestant combination;
- ostomy supplies;
- over-the-counter supplies, devices, tests, medications and non-prescription medications, unless specifically covered under the Plan or required by law;
- prescription medications administered or intended for use in an Inpatient setting;
- prescription medications determined by the FDA as having no clinical value (ex: DESI indicator class 06), or determined by the Pharmacy and Therapeutics Committee to have insufficient or unfavorable safety and/or efficacy;
- prescription medications purchased in a foreign country, unless the covered person is living in another country or needs prescription medications to treat an emergency medical condition arising while he or she is traveling in a foreign country or otherwise mandated by federal legislation. Evidence of residency or emergency medical condition must be provided with the Claim;
- prescription medications that have (or are comprised of) therapeutically equivalent over-the-counter/non-prescription products, except as specifically covered under this Plan, or otherwise required by law. This limitation may apply to specific drugs or categories of prescription drugs;

- prescription medications obtained or purchased from a facility owned, operated or controlled by any federal government agency when the care is related to military service;
- repackaged medications;
- replacement of lost, broken, destroyed or stolen Covered Prescription Drug Products, within the Covered Person's control. BCBSNE may allow a one month fill per year, per medication.
- Services, drugs and medical supplies which are not cost effective compared to established alternatives or which are provided for convenience or personal use;
- sexual or erectile dysfunction drugs, aids or treatment;
- unit dose packaging, or sample, clinic or institutional packs not intended for retail, of covered prescription drug products; and
- other drugs, injectables and supplies that are not covered, as determined by BCBSNE, as permitted by law.

Limitations

- Benefits are not available for covered prescription amounts in excess of the supply limit (day or quantity).
- Lost, destroyed or stolen medications are limited to one replacement per prescription per calendar year.
- Compounded medications must contain at least one FDA approved drug, and compound ingredients must require a prescription and be FDA-approved. Compounded medications that include non-FDA approved ingredients or ingredients that do not require a prescription are not covered.
- Injectables are limited to Claims from providers who are contracting with Prime Therapeutics, and filed as a pharmacy Claim.
- Certain prescription drugs products administered in an Outpatient setting are only payable under the Prescription Drug Program unless otherwise covered under the Drugs Administered in an Outpatient setting List or as determined by BCBSNE. A list of these drugs is available on the BCBSNE website, NebraskaBlue.com/Pharmacy, or by contacting the Member Services number on the back of your I.D. card. Such drug products may be subject to Specialty Pharmacy requirements.
- Certain prescription drugs, based on the route or method of administration, may be payable only under the medical provision of the Plan, and not under the prescription drug coverage. This includes, but is not limited to, intravenous, intrathecal, intravesical and epidural routes of administration.
- Excessive pattern of drug usage:
  - If a Covered Person's usage of prescription drugs indicates an excessive pattern of usage that is not Medically Necessary (as determined by BCBSNE), the Covered Person will be limited to one In-network Pharmacy and/or prescribing provider of his/her choice, and approved by BCBSNE, for obtaining covered prescription drugs. If such a limitation applies, benefits will not be available for prescription drugs obtained from any other pharmacy. A Covered Person may also be limited from receiving Prescription Drug products prescribed by a certain prescriber and/or pharmacy and deny prescription claims. If We determine that utilization exceeds certain threshold amounts.
- Any cost-sharing for prescription drugs paid with a pharmaceutical discount or Copay and will not apply to the Out-of-pocket Limit.
- Any FDA approved medication is not excluded from coverage if used for appropriate off-label cancer or HIV/AIDS diagnosis treatment. BCBSNE will determine whether the off-label use is appropriate based on recognition in United States Pharmacopeia Drug information or recognized in multiple major peer-reviewed medical literature that are not sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier. All other exclusions listed herein will apply to situations of experimental or investigational medications not approved by the FDA.

Preauthorization

Under the Rx Nebraska Drug Coverage Program preauthorization is required for prescriptions as determined by BCBSNE. We reserve the right to change drugs requiring preauthorization at any time without prior notice. The PDL for this plan and the pharmacy network are shown on the Schedule of Benefits Summary. For more information on prescription medications requiring preauthorization, visit the BCBSNE website, NebraskaBlue.com/PreAuth, or call the Member Services Department at the phone number shown on the back of your I.D. card.

Requesting Preauthorization
A written request to BCBSNE must be made prior to the initial purchase of the prescription. This request must be accompanied by appropriate documentation from the Covered Person's Physician, Dentist or other medical provider demonstrating the Medical Necessity of the drug. This written request should be directed to:

Blue Cross and Blue Shield of Nebraska
Attention: Pharmacy
P.O. Box 3248
Omaha, Nebraska 68180-0001

Preauthorization forms can be found on the BCBSNE website: NebraskaBlue.com/PreAuth.

Upon receipt of the necessary information, BCBSNE will respond in writing advising the provider and the Covered Person whether or not benefits are available.

Note: The limitation, preauthorization and Prescription Drug List may be updated at any time without notice. Additional information about your pharmacy benefits can be found on the BCBSNE website at NebraskaBlue.com/PreAuth.

PDL Exception Process

You or your Physician may request a formulary exception for a prescription drug not otherwise excluded under the plan. A formulary exception form is available on our website for providers to use to request a formulary exception. If not using the form, the request must be in writing, identified as a formulary exception, and include the name of the Covered Person and any additional information to be considered for review. Submit the request to the address/fax number on the formulary exception form or to the address on the back of your I.D. card. If approved, the formulary exception drug will be covered at the applicable tier payment level for the excepted drug. An appeal of a denial of a formulary exception may be made subject to the appeal procedures stated in this Summary Plan Description.

Additional Provisions

- The Covered Person by accepting benefits under the Plan, authorizes and directs In-network Pharmacies and the PBM to furnish copies of all information and records concerning the person to BCBSNE.
- BCBSNE and the PBM will not be liable for any claim, injury, demand or judgment based on tort or other grounds arising out of or in connection with the sale, compounding, dispensing, manufacturing, or use of any prescription or supply.
- Services that are determined not Medically Necessary are the Covered Person's liability, as the agreement the In-network Pharmacy has with the PBM does not contain a hold harmless provision for these services.
- Many drugs are subject to rebate arrangements between the manufacturer of the drug and the PBM. Rebates are not reflected in the cost paid by the Covered Person for the drug. All or part of the rebates may be passed through to BCBSNE.
- When identical chemical entities including over-the-counter drugs and a similar prescription alternative are available, BCBSNE may determine that only one of those drug products is covered and those equivalent products are not covered.
- Emergency contraceptives are covered when based on product labeling and/or FDA documentation, a prescription is required to purchase emergency contraceptives. Benefits are limited to one regimen per prescription.

Definitions

The following terms are specifically used in conjunction with your Prescription Drug Benefits.

Allowance: The amount determined by BCBSNE to be payable to the Covered Person who has used an Out-of-network Pharmacy for a Covered Service. The Allowance may be one of the following:

- the lesser of the usual retail price or the applicable Contracted Amount payable for similar Services by similar In-network Pharmacies; and
- as otherwise determined by BCBSNE or our PBM to be appropriate based on industry standards for similar Covered Services.

Brand Name Drug: Single source and multisource brand drugs as set forth in the Medi-Span Master Drug Database File or such other recognized source relied upon by the PBM or BCBSNE. All products identified as "brand-name" by a manufacturer, pharmacy, or a provider may not be classified as Brand Name Drugs by the PBM or BCBSNE.

Compound Medication: A prescribed medication in which the ingredients are combined, mixed or altered specifically to meet the needs of a patient. A covered Compound Medication must contain at least one FDA-approved prescription ingredient.

Contracted Amount: The amount the In-network Pharmacy has agreed to accept as payment in full for a covered prescription drug product pursuant to an agreement with the PBM.

Extended Supply Network: A limited network of retail In-network Pharmacies, for which a retail purchase of a Covered prescription product in excess of 30 days may be purchased.

Generic Drug: A Generic Drug as set forth in the Medi-Span Master Drug Database File or such other recognized source relied upon by the PBM or BCBSNE. All products identified as "generic" by a manufacturer, pharmacy, or provider may not be classified as Generic Drugs by the PBM or BCBSNE.

In-network Pharmacies: Licensed pharmacies that have entered into written agreements with the PBM as designated by BCBSNE. The prescription drug coverage for your Plan may include more than one level of In-network (Preferred) pharmacies.

Narrow Therapeutic Index: Medications that generally require careful dosage adjustment and patient monitoring due to small variances in a patient's blood levels which can change the effectiveness and toxicity of the drug.

Out-of-network Pharmacies: Licensed pharmacies that have not entered into written agreements with the PBM as designated by BCBSNE.

Pharmacy and Therapeutics Committee: The PBM/BCBSNE panel of physicians, pharmacists and other health care professionals who are responsible for pharmacy management activities such as managing and updating the Prescription Drug List.

Pharmacy Benefit Manager (PBM): Prime Therapeutics, LLC, (Prime) has been retained by BCBSNE to administer the Rx Nebraska Prescription Drug Program.

Preauthorization: The process of obtaining authorization from BCBSNE or the PBM for specified medications or specified quantities of medications.

Prescription Drug List: A continually updated list of covered pharmaceutical products, which represents the current clinical judgment of Physicians and other experts in the diagnosis and treatment of disease and preservation of health. This list is provided to In-network Pharmacies, Covered Persons, Physicians and other health care providers, and is also available on-line at NebraskaBlue.com/Pharmacy, or by contacting BCBSNE Member Services. Drugs listed on the Prescription Drug List (PDL) may be referred to a "Preferred," while drugs not listed on the PDL may be referred to as "Non-Preferred." BCBSNE reserves the right to change the PDL at any time without prior notice in compliance with federal law.

Specialty Drugs: Designated complex self-administered injectable and oral drugs that have very specific manufacturing, storage, and dilution requirements, used to treat serious or chronic medical conditions such as multiple sclerosis, rheumatoid arthritis, hemophilia, hepatitis C, Crohn's disease, and anemia. These drugs are generally covered up to a 30-day supply. Specialty Drugs may only be available through a designated Specialty Pharmacy.

Specialty Pharmacy: A licensed pharmacy designated by BCBSNE or the PBM to provide Specialty Drugs.

ELIGIBILITY AND ENROLLMENT

Your employer determines eligibility requirements and validates eligibility for enrollment and coverage under the health Plan. For additional information not found in this Summary Plan Description, please contact your employer.

Who's Eligible

To be eligible for coverage, you will be subject your group's requirements with regard to any applicable minimum number of hours that you must work and any applicable eligibility waiting period. For detailed information regarding eligibility requirement, please contact your Human Resource Department.

The individual who enrolls for coverage or the "employee" is referred to as a Subscriber. Dependents are generally your spouse and children; in order to be an Eligible Dependent, they must meet the definition of an Eligible Dependent. For the complete definition of an Eligible Dependent, please refer to the section of this book titled "Definitions."

Initial Enrollment

Subscribers and dependents must enroll within 31 days of their initial eligibility or during a special enrollment period, or late enrollment provisions may apply.

Types of Membership

You may enroll in one of the following membership types under your Plan:

- **Single Membership:** This option provides coverage to you only.
- **Subscriber-Spouse Membership:** This option provides coverage to you and your spouse.
- **Single Parent Membership:** This option provides coverage to you and your Eligible Dependent children, but not to a spouse.
- **Family Membership:** This option provides coverage to you, your spouse and Eligible Dependent children.

NOTE: If two eligible persons in the same employer Group are married to each other, each person and/or their Eligible Dependents may not enroll under more than one membership unit. Also, if two eligible persons have a parent/child relationship and both are employed by the same employer Group, the parent and child may elect to enroll either as two employees, or the parent may enroll as an employee with dependent coverage.

Special Enrollment

A special enrollment period of 31 days is allowed for:

- enrollment of eligible persons due to marriage, birth, adoption or placement for adoption;
- enrollment of eligible persons who declined coverage under this plan due to having had other group health plan or health insurance coverage at the time it was previously offered, and who have lost that other coverage due to:
  - exhaustion of COBRA continuation coverage;
  - a loss of eligibility, including loss due to death, divorce, legal separation, termination of employment or reduction in hours, or due to the plan no longer offering benefits to the class of individuals that includes the person (when the other coverage was not COBRA);
  - moving out of the service area of an HMO or other arrangement that only provides benefits to individuals who reside, live or work in the service area; or
  - the employer ceasing to make contribution for the other coverage (when the other coverage was not COBRA).

A special enrollment period of 60 days is allowed for:

- enrollment of eligible persons who were covered under Medicaid or State Child Health Insurance Program (SCHIP), which has been terminated due to loss of eligibility; or
- enrollment of eligible persons who have become eligible for premium assistance for this Group health Plan coverage under Medicaid or SCHIP.

The Subscriber must enroll (or already be enrolled) in order to enroll his or her dependents in this Plan. In the case of a marriage, birth or adoption, a Subscriber who is eligible, but who has not previously enrolled, may enroll at this time with or without the newly Eligible Dependent. Likewise an eligible spouse who has not previously enrolled, may enroll as a special enrollee with or without the new dependent child. Please contact your Human Resource Department for additional information.

Late Enrollment/Open Enrollment

A "late enrollee" is defined as a Subscriber or dependent who does not timely enroll, or does not enroll for coverage within the first period in which he or she is eligible to enroll. A person who enrolls for coverage during a "special enrollment period" is not considered a late enrollee. Late enrollment is only allowed during the Group's open enrollment period.

For additional information on the open enrollment period, please contact your Human Resource Department.

Adding A Dependent

Dependents may enroll if you, the eligible employee, are covered under the Plan. In order to add a dependent, he or she must meet the definition of an Eligible Dependent and you must be enrolled under a membership option that provides coverage for dependents. Please contact your Human Resource Department for enrollment information and instructions.

Effective Date Of Coverage

Provided that an appropriate membership option is in place and, if applicable, any additional premium is paid, the effective date of coverage will be as follows:

- **Marriage:** The effective date of coverage will be the first of the month following the marriage, provided the request for enrollment is made within 31 days of the marriage.
- **Newborn Children:** Coverage will begin at birth for your newborn child for a period of 31 days. To continue coverage, you must enroll the child within that 31-day period. If your spouse was not enrolled at the time of the child's birth, he or she may also enroll within this 31-day period, and the effective date will be the date of the child's birth.
- **Adopted Children:** Coverage for an adopted child will be effective on the earlier of the date the child is placed with you for adoption, or the date a court order grants custody to you. You must enroll the child within 31 days of the placement/custody order. If your spouse was not enrolled at the time of the adoption, he or she may also enroll within this 31-day period, and the effective date will be the date of the placement/adoption.
- **Loss of Other Coverage:** The effective date of coverage for persons enrolling as a special enrollee following a loss of other coverage will be no later than the first day of month following the loss of other coverage.

Qualified Medical Child Support Orders (QMCSO)

A QMCSO is a court order that requires an employee to provide medical coverage for his or her children (called alternate recipients) in situations involving divorce, legal separation, or paternity disputes. The order may direct the Group health Plan to enroll the child(ren), and also creates a right for the alternate recipient to receive plan information, submit claims, and receive benefits for Services.

QMCSOs are specifically defined under the law, and are required to include certain information in order to be considered "qualified." A National Medical Support Notice received by the employer or plan from a state agency, regarding coverage for a child, will also be treated as a QMCSO. The Plan Administrator or its designee, will review the Order or Notice to determine whether it is qualified, and make a coverage determination. The Plan Administrator or its designee will notify affected employees and the alternate recipient(s) if a QMCSO is received.

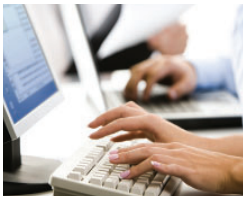
You have the right to request a copy of the Plan's procedures governing QMCSO determinations from the Plan Administrator, at no charge.

Active Employees Age 65 And Over

Federal law affects the way employers provide coverage to eligible active employees and their spouses who are 65 and over. These active employees and their spouses ages 65 and over generally continue full coverage under the employer Group plan as their primary coverage, and Medicare (if elected) as secondary coverage. Under this law, if the employee elects Medicare as their primary carrier, the group plan may not pay as secondary coverage and will be terminated.

Family Medical Leave Act (FMLA)

The Family Medical Leave Act of 1993, as amended, requires that subject to certain limitations, most employers of 50 or more persons must offer continued coverage to eligible employees and their covered dependents, while the employee is on an approved FMLA leave of absence. In addition, an employee who has terminated his/her Group health coverage while on an approved FMLA leave is entitled to reenroll for Group health coverage upon return to work. Please check with your employer for details regarding your eligibility under FMLA.



If You Receive Covered Services From An In-network Provider

Contracting Providers and many other Hospitals and Physicians will file the Claim to BCBSNE on your behalf. Out-of-state Contracting Providers will file a Claim with their local Blue Cross and Blue Shield plan for processing through the BlueCard Program. When BCBSNE receives a Claim from a Contracting Provider, payment will be made directly to the provider, unless otherwise provided by state or federal law. You are responsible for meeting any applicable Deductible and paying any applicable Copay and/or Coinsurance amounts. You may be asked to pay amounts that are your liability at the time of service, or the provider may bill you for those amounts.

Filing A Claim

You must file your own Claim if your health care provider is not a Contracting Provider and does not file for you. You may obtain a Claim form by contacting BCBSNE's Member Services Department, or you can find a form on the website at NebraskaBlue.com/Forms.

All submitted Claims must include:

- correct BCBSNE ID number, including the alpha prefix;
- name of patient;
- the date and time of an accident or onset of an illness, and whether or not it occurred at work;
- diagnosis;
- an itemized statement of services, including the date of service, description and charge for the service;
- complete name, address and professional status (MD, RN, etc.) of the health care provider;
- prescription number, if applicable;
- the name and identification number of other insurance, including Medicare; and
- the primary plan's explanation of benefits (EOB), if applicable.

Claims cannot be processed if they are incomplete, and may be denied for "lack of information" if required information is not received.

Claims should be filed by a Provider or Covered Person as soon as possible after the date of Service. Contracting Providers will file claims on the Covered Person's behalf; the Covered Person is responsible to provide their identification number in order for the claim to be filed. Claims that are not filed by a BCBSNE Contracting Provider in accordance with BCBSNE's timely filing requirement will become the Contracting Provider's liability.

A Covered Person is responsible to file a claim for Services provided by a non-contracting Provider if the provider does not submit on his or her behalf.

If a claim is not filed within 15 months of the date of service (except in the absence of legal capacity). benefits will not be allowed.

In Nebraska, Claim forms should be sent to:

Blue Cross and Blue Shield of Nebraska
P.O. Box 3248
Omaha, Nebraska 68180-0001

If health care Services are provided in a state other than Nebraska, Claims should be filed to the Blue Cross and Blue Shield plan servicing the area where the Services were received. If you need assistance in locating the plan, please contact BCBSNE's Member Services Department.

Payment Of Benefits For Non-Contracting Provider Claims

Payment will be made, at BCBSNE's option, to the Covered Person, to his or her estate, to the provider or as required by state or federal law. Benefits may also be paid to an alternate recipient or custodial parent, if pursuant to a QMCSO.

No assignment, whether made before or after Services are provided, of any amount payable according to this Group health Plan shall be recognized or accepted as binding upon BCBSNE, unless otherwise provided by state or federal law.

Payment For Services That Are The Covered Person's Responsibility

Under certain circumstances, if BCBSNE pays the provider amounts that are your responsibility, such as Copays, Deductibles, or Coinsurance, we may collect such amounts from you. You agree that BCBSNE has the right to collect such amounts from you.

Right To Amend Provider Agreements Or Benefit Payment Procedures

Agreements with health care providers may be changed or terminated, and benefit payments to In-network Providers may be altered. Benefit payments may be calculated on a charge basis, a Contracted Amount or similar charge, global fee basis, through a Preferred Provider Organization, or in any other manner agreed upon by BCBSNE or the On-site Plan and the provider. However, any payment method agreed upon will not affect the method of calculating the Deductible and Coinsurance.

Claim Determinations

A "Claim" may be classified as a "Preservice" or "Postservice."

Preservice Claims — In some cases, under the terms of the health Plan, the Covered Person is required to Preauthorize benefits in advance of a Service being provided, or benefits for the Service may be reduced or denied. This required request for a benefit is a "Preservice" Claim." Preservice Claim determinations that are not Urgent Care Claims will be made with 15 calendar days of receipt, unless an extension is needed to obtain necessary information. If an extension is needed, BCBSNE will provide notice to the Covered Person and/or his or her provider prior to the expiration of the initial 15-day period. If additional information is requested, the Covered Person or his or her provider may be given up to 45 calendar days from receipt of notice to submit the specified information. A Claim determination will be made within 15 days of receipt of the information, or the end of the extension period.

(See the section of this book titled "Preauthorization Requirements" for more information on Preauthorizing benefits.)

Urgent Care — If your Preservice Claim is one for Urgent Care, the determination will be made within 72 hours of receipt of the Claim, unless further information is needed. If additional information is necessary, the Covered Person or his or her provider will be given no less than 48 hours to provide the specified information. Notification of the decision will be provided not later than 48 hours after the earlier of: our receipt of the information, or the end of the period allowed to submit the information.

Concurrent Care — If you request to extend a course of treatment beyond the care previously approved and it involves urgent care, a decision will be made within 24 hours of the request, if you submitted the request at least 24 hours before the course of treatment expires. In all other cases, the request for an extension will be decided as appropriate for a Preservice and Postservice Claims.

Postservice Claims — A Postservice Claim is any Claim that is not a Preservice Claim. In most cases, a Postservice Claim is a request for benefits or reimbursement of expenses for medical care that has been provided to a Covered Person. The instructions for filing a Postservice Claim are outlined earlier in this section. Upon receipt of a completed Claim form, a Postservice Claim will be processed within 30 days, unless additional information is needed. If additional information is requested, the Covered Person may be given not less than 45 days to submit the necessary information. A Claim determination will be made within 15 days of receipt of the information, or the expiration of the 45-day extension period. You will receive an EOB when a Claim is processed which explains the manner in which your Claim was handled.

Explanation Of Benefits

Every time a Claim is processed for you, an EOB form will be sent. The front page of the EOB provides you with a summary of the payment including:

- the patient's name and the Claim number;
- the name of the individual or institution that was paid for the Service;
- the total charge associated with the Claim;
- the covered amount;
- any amount previously processed by this Plan, Medicare or another insurance company;
- the amount(s) that you are responsible to pay the provider;
- the total Deductible and/or Coinsurance that you have accumulated to date; and
- other general messages.

A more detailed breakdown of the charges including provider discounts, amount paid and cost sharing amounts (e.g. noncovered charges, Deductible and Copays) are shown on the back of your EOB.

Also included on your EOB is information regarding your right to appeal a benefit determination, or request additional information.

Save your EOBs in the event that you need them for other insurance or for tax purposes.

APPEAL PROCEDURES

BCBSNE has the discretionary authority to determine eligibility for benefits under the health Plan, and to construe and interpret the terms of the Plan, consistent with the terms of the Administrative Services Agreement.

You have the right to seek and obtain a review of "adverse benefit determinations" arising under this health Plan.

Appeal Procedure Definitions

Adverse Benefit Determination: A determination by BCBSNE or its Utilization Review designee, of the denial, reduction, or termination of a benefit, or a failure to provide or make payment (in whole or in part) of a benefit. This includes any such determination that is based on:

- the application of Utilization Review;
- a determination that the Service is Investigative;
- a determination that the Service is not Medically Necessary or appropriate;
- an individual's eligibility for coverage or to participate in a plan;
- an unexpected ("surprise") balance bill from an Out-of-network Provider for emergency and certain non-emergency Services.

An Adverse Benefit Determination also includes any rescission of coverage, which is defined as a cancellation or discontinuance of coverage that has a retroactive effect, except if for failure to timely pay required premiums or contribution for coverage.

Final Internal Adverse Benefit Determination: An Adverse Benefit Determination that has been upheld by BCBSNE, or its Utilization Review designee, at the completion of the internal appeal process as described in this document.

Preservice Claim(s): Any Claim for a benefit under the Plan with respect to which the terms of the Contract require approval of the benefit in advance of obtaining medical care, and failure to do so will cause benefits to be denied or reduced.

Postservice Claim(s): Any Claim that is not a Preservice Claim or Urgent Care Claim.

Urgent Care Claim: A Claim for medical care or treatment for which the application of the time periods for making non-urgent care determinations:

- could seriously jeopardize the life or health of the Covered Person or the ability of the Covered Person to regain maximum function; or
- in the opinion of a physician with knowledge of the claimant's medical condition, would subject the Covered Person to severe pain that cannot be adequately managed without the care or treatment that is the subject of the Claim.

How To Appeal An Adverse Benefit Determination

A Covered Person or a person acting on his/her behalf (the "claimant") is entitled to an opportunity to appeal initial or final Adverse Benefit Determinations.

Internal Appeal

A request for an internal appeal must be submitted within six (6) months of the date the Claim was processed, or Adverse Benefit Determination was made. The written request for an appeal should be submitted on the designated appeal request form included in adverse benefit determinations letters. The form can also be found a NebraskaBlue.com/Forms or contact the Member Services Department at the number found on the back of you I.D. card. The appeal should also include:

- the name of the person submitting the appeal and his/her relationship to the patient;
- the reason for the appeal;
- any information that might help resolve the issue; and
- the date of service/Claim.

BCBSNE will provide the claimant a notice of receipt of the request within 3 days. The notice will include the name, address and telephone number of a person to contact regarding coordination of the review. The claimant does not have the right to be in attendance at the appeal review nor to have a representative in attendance but may submit additional information for consideration.

If the Adverse Benefit Determination was based on a medical judgment, including a Medical Necessity or Investigative determination, BCBSNE will consult with health care professionals with appropriate training and experience in the field of medicine involved in the medical judgment, to make the appeal determination. The appeal determination will be made by individuals who were not involved in the original determination.

Timing of Appeals Determinations

The table below describes the timing for appeals:

APPEAL	ERISA TIMING
PRE-SERVICE (NON-URGENT)	
• Written notice of the appeal determination within	30 calendar days
• You must appeal the internal appeal (1st level appeal) and file an external appeal (2nd level appeal) within	4 months after receiving the 1st level appeal decision
• Written notice of the external (2nd level) appeal decision will be provided within	45 calendar days from the date the IRO receives the appeal
POST-SERVICE	
• Written notice of the appeal determination will be provided to the claimant within	60 calendar days
• If additional time is needed and written notice is provided on or before the 15th day, the appeal determination will be provided to the claimant within	NA
• You must appeal the internal appeal (1st level appeal) and file an external appeal (2nd level appeal) within	4 months after receiving the internal (1st level) appeal decision
• Written notice of the external (2nd level) review decision will be provided within	45 calendar days from the date the IRO receives the appeal
EXPEDITED APPEAL (Urgent Care)	
• An expedited appeal will be reviewed, determined and notice provided to the claimant within	72 hours after receipt

Concurrent Care: A request for an expedited appeal of a concurrent care denial must be made within 24 hours of the denial. If the appeal is requested within the 24-hour time period, coverage will continue for health care Services pending notification of the review decision, as may be required by law. The decision time frame will be the same as for other expedited appeals.

The decision made pursuant to this appeal will be considered a Final Adverse Benefit Determination.

NOTE: When an adverse appeal determination involves medical judgment, upon receipt of a written request, the identity of the health care professionals who reviewed the appeal will be provided to the claimant.

Rights To Documentation

A claimant has the right to have access to, and request copies of, the documentation relevant to the Claim and Adverse Benefit Determination(s), including any new evidence or rationale considered or relied upon in connection with the Claim on review.

The claimant may submit additional comments, documents or records relating to the Claim for consideration during the appeal process.

External Review

Standard External Review: If the claimant has exhausted internal appeal reviews, an external review by an Independent Review Organization (IRO) may be requested for review of an Adverse Benefit Determination or Final Internal Adverse Benefits Determination for:

- Those involving medical judgment (excluding those that involve only contractual or legal interpretation without any use of medical judgement); or
- Rescission of coverage (whether or not the rescission has any effect on any particular benefit at the time) (ERISA self-funded only).

Medical judgment includes, but is not limited to

- Determinations based on the plan's or insurer's requirements for medical necessity;
- Appropriateness;
- Health care setting;
- Level of care, or effectiveness of a covered benefit, or its determination that a treatment is experimental or investigational.

The request must be submitted in writing within four months after the date of receipt of the Final Internal Adverse Benefit Determination. (An Adverse Benefit Determination based on an individual's eligibility for coverage or to participate in a plan is not eligible for External Review.)

The Covered Person will be required to authorize the release of any of his or her medical records which may be needed for the purpose of the external review.

Upon receipt of a request for an External Review, BCBSNE shall review the request to determine if it is complete and whether the request is eligible for External Review. BCBSNE will conduct the preliminary review within five (5) business days of receipt, and notify the claimant of the outcome within one business day. If it is determined that the request is not complete, or it is not eligible for External Review, the claimant will be notified of the reason for ineligibility, or advised of the information needed to make the request complete.

If the request is eligible for External Review, it will be forwarded to the IRO, including the documentation and information considered in making the initial Adverse or Final Adverse Benefit Determination. The claimant will be allowed an opportunity to submit additional information for consideration by the IRO. The IRO shall provide BCBSNE with any information submitted by the claimant, to allow BCBSNE an opportunity to reconsider its original determination.

The IRO shall complete its review and provide the claimant written notification and rationale for its decision within 45 calendar days of receipt of the request for review. No deference shall be given to the prior determinations made by BCBSNE pursuant to the internal appeal process.

Expedited External Review: An expedited External Review may be requested at the same time a claimant requests an expedited internal appeal of an Adverse Benefit Determination of an Urgent Care Claim if:

- the denial involves an Urgent Care Claim where the timeframe for completing an expedited internal appeal could seriously jeopardize the life or health of the Covered Person or the ability of the Covered Person to regain maximum function; or
- for non-ERISA Plans, the denial was based on a determination that the requested service or treatment is Investigative, if the Covered Person's treating physician certifies in writing that the service or treatment would be significantly less effective if not promptly initiated.

However, the claimant must first exhaust the internal appeal process unless otherwise waived by BCBSNE or as directed by the IRO, consistent with applicable law.

An expedited External Review may also be requested following a Final Internal Adverse Benefit Determination if:

- the Covered Person has a medical condition where the time frame for completion of a standard External Review would seriously jeopardize the life or health of the Covered Person, or would jeopardize his or her ability to regain maximum function; or
- the Final Internal Adverse Benefit Determination concerns an admission, availability of care, continued stay or health care Service for which the Covered Person has received emergency Services, but has not been discharged from the facility.

The decision of the IRO is the final review decision and is binding on BCBSNE and the claimant, except to the extent that the claimant may have other remedies available under applicable federal or state law. Once an external review decision has been made, the Covered Person or his/her representative may not file a subsequent request for an external review involving the same initial or final Adverse Benefit Determination.

When You Have Coverage Under More Than One Plan

This Plan includes a Coordination of Benefits (COB) provision. COB provisions apply when a Covered Person has coverage under more than one health Plan. This provision establishes a uniform order in which the Plans pay their Claims, limits the duplication of benefits, and provides for transfer of information between the Plans.

The order of benefit determination rules described in this section determine which Plan will pay as the primary Plan without regard to any benefits that might be payable by another Plan.

Definitions

For the purpose of this section, the terms are defined as:

Allowable Expense: A health care expense, including Deductibles, Coinsurance and Copayments, that is covered at least in part by any Plan covering the person. When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered an Allowable Expense and a benefit paid. An expense that is not covered by any Plan covering the person is not an Allowable Expense. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a Covered Person is not an Allowable Expense.

The amount of any benefit reduction by the Primary Plan because a Covered Person has failed to comply with the Plan provisions is not an Allowable Expense. Examples of these types of Plan provisions include second surgical options, preauthorization of admissions, and preferred provider arrangements.

Closed Panel Plan: A Plan that provides health care benefits to covered persons primarily in the form of services through a panel of providers that have contracted with or are employed by the Plan, and that excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

Custodial Parent: The parent awarded custody by a court decree or, in the absence of a court decree, the parent with whom the child resides more than one half of the calendar year excluding temporary visitation.

Plan: As used in this section, any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts:

a. Plan includes: group and nongroup insurance contracts and subscriber contracts, health maintenance organization (HMO) contracts, Closed Panel Plans; other forms of group or group-type coverage (whether insured or uninsured); medical care components of long-term care contracts, such as skilled nursing care; medical benefits coverage in motor vehicle "no-fault" and traditional "fault" type contracts; group and nongroup insurance contracts and subscriber contracts that pay or reimburse for the cost of dental care; and Medicare or any other federal governmental Plan, as permitted by law.
b. Plan does not include: hospital indemnity coverage or other fixed indemnity coverage; accident only coverage other than the medical benefits coverage in motor vehicle "no fault" and traditional "fault" contracts; uninsured or underinsured coverage under a motor vehicle policy; specified disease or specified accident coverage; limited benefit health coverage, as defined in state law; school accident coverage; disability income insurance; benefits for non-medical components of long-term care policies; Medicare supplement policies; Medicaid policies; and coverage under other federal governmental Plans, unless permitted by law.

Each contract for coverage under a. or b. is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

Primary Plan: The Plan that will determine payment for its benefits first before those of any other Plan without considering any other Plan's benefits.

Secondary Plan: The Plan that will determine its benefits after those of another Plan and may reduce the benefits so that all Plan benefits do not exceed 100% of the total Allowable Expense. The Secondary Plan will not pay more than the Primary Plan's contracted reimbursement rate.

This Plan: The part of the contract providing health care benefits to which the COB provision applies and which may be reduced because of the benefits of other Plans. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

Order Of Benefit Determination Rules

1. The Primary Plan pays or provides its benefits according to its terms or coverage and without regard to the benefits under any other Plan.
2. A Plan that does not contain a coordination of benefits provision that is consistent with this Part is always primary unless the provisions of both Plans stated that the complying Plan is primary.
3. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.
4. Each Plan determines its order of benefits using the first of the following rules that apply:

    - **Subscriber And Dependent —** The Plan that covers the person as other than a dependent, such as a subscriber/policyholder/employee is the Primary Plan and the Plan that covers the person as a dependent is the Secondary Plan. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent and primary to the Plan covering the person as a subscriber, then the order of benefits between the two Plans is reversed so that the Plan covering the person as a subscriber is the Secondary Plan and the other Plan is the Primary Plan.

    - **Dependent Child Covered Under More Than One Plan —** Unless there is a court decree stating otherwise, when a dependent child is covered by more than one Plan the order of benefits is determined as follows:
        - For a dependent child whose parents are married or are living together, whether or not they have ever been married, the Plan of the parent whose birthday falls earlier in the calendar year is the Primary Plan. If both parents have the same birthday, the Plan that has covered the parents the longest is the Primary Plan (birthday rule).
        - For a dependent child whose parents are divorced, separated or not living together, whether or not they have ever been married, if a court decree states that one of the parents is responsible for the child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. If the parent with responsibility has no health care coverage for the dependent child's health care expenses, but that parent's spouse does, the Plan of that parent's spouse is primary. This rule applies to Plan years beginning after the Plan is given notice of the court decree.
        - If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the order of benefits shall be determined by the "birthday rule" stated above.
        - If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the order of benefits shall be determined by the "birthday rule" stated above.
        - If there is no court decree allocating responsibility for the dependent child's health care expenses or health care coverage, the order of benefits for the child are as follows:
            - the Plan covering the custodial parent;
            - the Plan covering the spouse of the custodial parent;
            - the Plan covering the non-custodial parent; and then
            - the Plan covering the spouse of the non-custodial parent.
        - For a dependent child covered under more than one Plan of individuals who are not parents of the child, the above provisions shall apply as if those individuals were the parents.

- For an Eligible Dependent child covered under either or both parents' plans and also has his or her own coverage as a dependent under a spouse's plan, the rule below for "Longer or Shorter Length of Coverage" applies. In the event the Eligible Dependent child's coverage under the spouse's plan began on the same date as his or her coverage under the parents' plan(s), the order of benefits shall be determined by applying the "birthday rule" above, to the child's parent(s) and to his or her spouse.

- **Active Employee, Retired or Laid-Off Employee —** The Plan that covers a person as an active employee, that is, an employee who is neither retired nor laid off, is the Primary Plan. The Plan covering that same person as a retired or laid-off employee is the Secondary Plan. The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the first rule (Subscriber and Dependent) can determine the order of benefits.

- **COBRA or State Continuation Coverage —** If a person whose coverage is provided pursuant to COBRA or under a right of continuation provided by state or other federal law is covered under another Plan, the Plan covering the person as a subscriber/member/employee/retiree or covering the person as a dependent of a subscriber/member/employee/retiree is the Primary Plan and the COBRA or state or other federal continuation coverage is the Secondary Plan. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored. This rule does not apply if the first rule (Subscriber and Dependent) can determine the order of benefits.

- **Longer or Shorter Length Of Coverage —** The Plan that has covered the person longer is the Primary Plan and the Plan that has covered the person the shorter period of time is the Secondary Plan. The start of a new Plan does not include a change in the amount or scope of a Plan's benefits; a change in the entity that pays, provides or administers the Plan's benefits; or a change from one type of Plan to another, such as from a single employer Plan to a multiple employer Plan.

If the above rules do not determine the order of benefits, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan. In addition, This Plan will not pay more than it would have paid had it been the Primary Plan.

Administration Of Coordination Of Benefits

The order of benefit determination rules govern the order in which each Plan will pay a Claim for benefits. The Plan that pays first is called the Primary Plan. The Plan that pays after the Primary Plan is called the Secondary Plan.

If This Plan is the Primary Plan, there shall be no reduction of benefits. Benefits will be paid without regard to the benefits of any other Plan.

If This Plan is the Secondary Plan, it may reduce its benefits so that the total benefits paid or provided by all Plans for any Claim are not more than the total Allowable Expenses. In determining the amount to be paid for any Claim, the Secondary Plan will calculate the benefits it would have paid in the absence of other health care coverage and apply that calculated amount to any Allowable Expense under its Plan that is unpaid by the Primary Plan. The Secondary Plan may then reduce its payment by the amount so that, when combined with the amount paid by the Primary Plan, the total benefits paid or provided by all Plans for the Claim do not exceed the total Allowable Expense for that Claim. In addition, the Secondary Plan shall credit to its Plan Deductible any amounts it would have credited to its Deductible in the absence of other health coverage. Also, if the Primary Plan is medical payments coverage under a motor vehicle policy, the Secondary Plan shall credit payments from the motor vehicle insurance policy to Deductibles, Copayments and Coinsurance after discounts under the health plan.

Miscellaneous Provisions

If these COB rules do not specifically address a particular situation, BCBSNE may, at its discretion, rely on the National Association of Insurance Commissioners Coordination of Benefits Model Regulation as an interpretive guide.

To properly administer these COB rules, certain facts are needed. This Plan may obtain or release information to any insurance company, organization or person. BCBSNE need not notify, or obtain the consent of any person to do so. Any person who claims benefits under This Plan agrees to furnish the information that may be necessary to apply COB rules and determine benefits.

If another Plan pays benefits that should have been paid under This Plan, this Plan may reimburse the other Plan amounts determined to be necessary. Amounts paid to other Plans in this manner will be considered benefits paid under This Plan and This Plan is released from liability for any such amounts.

If the amount of the benefits paid by This Plan exceeds the amount it should have paid, This Plan has the right to recover any excess from any other insurer, any other organization, or any person to or for whom such amounts were paid, including Covered Persons under This Plan.

Termination Of Coverage

Coverage under your Group health Plan will terminate for you and/or your dependents on the earliest of the following dates:

- the date the entire Contract is terminated;
- the last day of the month in which your employment terminates;
- the last day of the month in which you cease to be eligible under the health plan; or a dependent ceases to be an Eligible Dependent;
- the last day of the month in which BCBSNE receives a request from you or the employer to terminate coverage for you or a dependent, or the date requested in the notice, if later;
- the last date for which premium is paid; or
- another date as specified by your employer.

You and/or your Eligible Dependents may be eligible to continue coverage under the Group health plan as detailed in this section.

Continuation Of Coverage Under The Federal Continuation Law (COBRA)

If you terminate your employment, or if a dependent loses coverage due to certain "Qualifying Events," continued coverage under the Group health Plan may be available. Payment for continued coverage under the federal continuation law is at the employee's or dependent's own expense. Please contact your employer for details regarding eligibility.

What Is The Federal Continuation Law?

The Consolidated Omnibus Budget Reconciliation Act (COBRA), is a federal law which provides that a Covered Person who would lose coverage due to the occurrence of a "Qualifying Event," may elect to continue coverage under the Group health Plan. A person who is eligible to continue coverage is called a "Qualified Beneficiary." A Qualified Beneficiary also includes a child born to, or placed for adoption with the Covered Person during the period of COBRA coverage. Please share the information found in this section with your Eligible Dependents.

Termination Of Employment Or Reduction In Hours — COBRA provides that if you should lose eligibility for coverage due to:

- voluntary or involuntary termination of employment (other than for gross misconduct);
- a lay-off for economic reasons; or
- a reduction in work hours,

you and your covered dependents may be able to continue the Group coverage at your own expense for up to 18 months. Your employer is required to notify the Plan Administrator within 30 days of the loss of coverage. The Plan Administrator will send the Qualified Beneficiaries a COBRA notification within 14 days after receiving notice from the employer. If the employer and Plan Administrator are the same entity, the COBRA notification will be sent within 44 days of the date of the loss of coverage.

Disability — If a Qualified Beneficiary is determined by the Social Security Administration to have been disabled any time during the first 60 days of COBRA continuation coverage, the COBRA coverage period for the disabled individual and his or her related beneficiaries may be extended to 29 months instead of 18 months when loss of coverage is due to termination or reduction in hours of employment. You must provide written notice of the disability determination to the plan within 18 months of becoming eligible for COBRA and no later than 60 days after the date of the Social Security Administration's determination.

If the Social Security Administration determines that you or the dependent are no longer disabled, the extended continuation of coverage period (19th through 29th month) will be terminated the month that begins more than 30 days after the determination. You must notify the plan within 30 days of a determination that an individual is no longer disabled.

Change In Dependent Status, Divorce/Separation Or Medicare Entitlement — COBRA requires that continued coverage under the Group health Plan be offered to your covered spouse and eligible children if they would otherwise lose coverage as a result of:

- divorce or legal separation;
- a child losing dependent status; or
- the employee becoming entitled to Medicare.

When one of these circumstances occur, you or the dependent are obligated to notify the employer or Plan Administrator within 60 days. Failure to provide timely and proper notice may result in the loss of the right to COBRA.

After receiving a timely notice of such an event, your employer or the Plan Administrator will send the Qualified Beneficiaries an election form and the information needed to apply for coverage, if eligible, within 14 days of the date the notice is received. Coverage may be continued at the individual's expense for up to 36 months.

Your Death — If you should die while you are covered under this Group health Plan, continued coverage is available to your spouse and Eligible Dependents.

COBRA provides that subject to certain limitations, your surviving spouse and children may continue the Group health coverage at their own expense for up to 36 months. Federal law requires your employer to send the surviving family members instructions as to how to apply for continued coverage if they are eligible.

Special Provisions — If an employer files Chapter 11 bankruptcy, special provisions regarding COBRA continuation coverage may apply for a retiree or deceased retiree's surviving spouse and dependent children. Please check with your employer for details.

Electing COBRA Coverage

Qualified beneficiaries will be sent a written notice of the right to continue health coverage and an election form(s).

REMINDER: In the case of a divorce or legal separation, or if a child loses dependent status, you must notify your employer or Plan Administrator of this Qualifying Event within 60 days. Failure to provide timely and proper notice may result in the loss of the right to COBRA coverage.

Qualified Beneficiaries must complete and return the COBRA election form in order to continue coverage. The notice will include instructions for completing and returning the form. The election form must be received by the later of:

- 60 days after the day health coverage would otherwise end; or
- 60 days after the notice is sent to you by the employer or Plan Administrator.

COBRA continuation coverage may only begin on the day after coverage under the Group health Plan would otherwise end. The required premium, including any retroactive premium, must be paid from the day coverage would have otherwise ended. The premium must be paid within 45 days after the day continued coverage is elected. Succeeding premiums must be paid monthly within 30 days of the premium due date. The COBRA notice and election form will inform you or your dependents of the monthly premium amount, and to whom such premium should be paid.

Second Qualifying Event — In the event your family experiences another Qualifying Event while receiving an 18-month period of COBRA coverage (or the extended 29-month period), your covered spouse and dependents are eligible to extend the original COBRA coverage period to a maximum of 36 months if notice of the second event is properly given to the employer or Plan Administrator. This extension may be available to the spouse and children receiving continuation coverage if: a) you die; b) you become entitled to Medicare; c) you get divorced or legally separated; or d) the dependent child is no longer eligible as a dependent, but only if the second event would have caused the spouse or child to lose coverage under the plan had the first Qualifying Event not occurred. In all of these cases, you or the dependent must notify the employer or Plan Administrator within 60 days of the second Qualifying Event.

Termination Of COBRA Coverage — A Qualified Beneficiary's COBRA continuation coverage will end at midnight on the earliest of:

- the day your employer ceases to provide any Group health Plan to any employee;
- the day the premium is due and unpaid;
- the day the individual first becomes covered under any other group health plan (after the COBRA election);
- the day the individual again becomes covered as an employee or dependent under this Plan;
- the day an insured person becomes entitled to benefits under Medicare (after COBRA election); or
- the day health insurance has been continued for the maximum period of time allowed (18, 29 or 36 months).

NOTE: In the event more than one continuous provision applies, the periods of continued coverage may run concurrently, but never for more than 36 months.

Uniformed Services Employment And Reemployment Rights (Military Leave)

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) requires that continued coverage under an employer Group health Plan be offered to an employee and covered dependents if coverage would otherwise be lost due to a military leave.

Continuation Of Group Health Coverage

If coverage under your employee Group health Plan ends because of service in the uniformed services, you may elect to continue health coverage for yourself and your covered dependents, until the earlier of:

- 24 consecutive months from the date active duty began; or
- the day after the date on which You fail to apply for, or return to employment, in accordance with USERRA.

You are responsible for payment of the required premium to continue coverage. If the leave for military service is less than 31 days, your required premium is the standard employee share of the applicable premium; for a leave in excess of 30 days, the required premium shall be no more than 102% of the total premium applicable for your membership option. Your employer will inform you of the amount and procedure for payment of premiums.

A Covered Person's continued coverage under these USERRA provisions will end at midnight on the earliest of:

- the day the employer ceases to provide any Group health Plan for its employees;
- the day premium is due and unpaid;
- the day a Covered Person again becomes covered under this Plan;
- the day coverage has been continued for the period of time stated above.

Reemployment

Following service in the uniformed services, an employee may be eligible to apply for reemployment with the employer in accordance with USERRA. Such reemployment includes the right to reenroll for Group health coverage provided by the employer, with no new waiting periods imposed.

Please contact your employer for further information regarding your rights under USERRA.

Benefit Plan Document

This SPD provides an overview of your benefits. It is not intended to be a complete description of every detail of the Group health Plan. All coverage and benefit determinations are governed by the Benefit Plan Document, which consists of the Administrative Services Agreement, this SPD, and other documents entered into between the Group and BCBSNE.

Fraud Or Misrepresentation

A Covered Person's coverage may be canceled or rescinded for fraud or intentional misrepresentation of material fact about a claim or eligibility for this coverage.

If coverage is rescinded, the amount of premium paid will be reduced by any benefits that were paid, and will be refunded. If benefits paid exceed the premium received, BCBSNE may recover the difference.

Contracting Providers

BCBSNE does not engage in the practice of medicine and all Contracting Providers provide Services under the terms of the Plan as independent practitioners of the healing arts. Such providers are not employees or agents of BCBSNE or the On-site Plan, and BCBSNE will not be liable for any act, error, or neglect of any Hospital, Physician or other provider or their agent, employee, successor or assignee.

Subrogation

Subrogation is the right to recover benefits paid for Covered Services provided as the result of Injury or Illness which was caused by another person or organization. When benefits are paid under the Group health Plan, the Plan shall be subrogated to all of the Covered Person's right of recovery against any person or organization to the extent of the benefits paid. The Subscriber, the Covered Person or the person who has the right to recover for a Covered Person (usually a parent or spouse), agrees to make reimbursement to the Plan if payment is received from any source.

This subrogation shall be a first priority lien on the full or partial proceeds of any settlement, judgment, or other payment recovered by or on behalf of the Covered Person, whether or not there has been full compensation for all his or her losses, or as provided by applicable law. The Plan's rights shall not be defeated by allocating the proceeds in whole or in part to nonmedical damages.

Contractual Right To Reimbursement

If a Covered Person receives full or partial proceeds from any other source for Covered Services for an Illness or Injury, the Group health Plan has a contractual right of reimbursement to the extent benefits were paid under the Plan for the same Illness or Injury. This contractual right to reimbursement shall be a first priority lien against any proceeds recovered by the Covered Person, whether or not the Covered Person has been fully compensated for all his or her losses, or as provided by applicable law.

Such proceeds may include, but are not limited to, any settlement; judgment; payments made under insurance; individual or group no fault auto insurance; individual or group medical payment coverage; bodily injury overage; uninsured or underinsured motorist protection; or proceeds otherwise paid by any source. This contractual right to reimbursement is in addition to and separate from the subrogation right. The Group health Plan's rights shall not be defeated by allocating the proceeds in whole or in part to nonmedical damages. For Covered Persons residing in Michigan, this Plan is always secondary to automobile no-fault coverage, personal injury protection coverage, or medical payments coverage.

When BCBSNE recovers proceeds under this contractual right to reimbursement for all or a part of the Claim, amounts previously credited to a Covered Person's Deductible or Coinsurance liability may be removed. Future Claims will be subject to the reinstated Deductible or Coinsurance.

No adult Subscriber may assign any rights to recover medical expenses from any third party to any minor or other dependent of the adult Subscriber or to any other person, without the express written consent of Group health Plan. The right to recover, whether by subrogation or reimbursement, shall apply to settlements or recoveries of deceased persons, minor dependents of a Subscriber, incompetent or disabled Subscribers, or their incompetent or disabled Eligible Dependents.

The Subscriber agrees to fully cooperate and assist in any way necessary to recover such payments, including but not limited to notifying BCBSNE of a claim or lawsuit filed on his or her behalf, or on behalf of any Eligible Dependent for an Injury or Illness. The Subscriber, Eligible Dependent or an authorized representative shall contact BCBSNE prior to settling any claim or lawsuit to obtain an updated itemization of its subrogation Claim or reimbursement amount due. Upon receiving any proceeds, the Subscriber, Eligible Dependent or an authorized representative must hold such proceeds in trust until such time as the proceeds can be transferred to the Group health Plan. The party holding the funds that rightfully belong to the Group health Plan shall not interrupt or prejudice the Plan's recovery of such payments.

Costs incurred in enforcing these provisions shall also be recovered, including, but not limited to, attorneys' fees, litigation and court costs, and other expenses.

Workers' Compensation

Benefits are not available for Services provided for Injuries or Illnesses arising out of and in the course of employment, whether or not the Covered Person fails to assert or waives his or her right to Workers' Compensation or Employer Liability Law. The employer is required to furnish or pay for such Services or a settlement can be made, pursuant to Workers' Compensation laws. (See also the section of this book titled "Exclusions — What's Not Covered.")

If a Covered Person enters into a lump-sum settlement which include compensation for past or future medical expenses for an Injury or Illness, payment will not be made under the Group health plan for Services related to that Injury or Illness.

Benefits are not payable for services determined to be not compensable due to noncompliance with terms, rules and conditions under Workers' Compensation laws, or a Certified or otherwise Licensed Workers' Compensation Managed Care Plan. In addition, benefits are not payable for Services that are related to the work Injury or Illness, but are determined to be not necessary or reasonable by the employer or Workers' Compensation carrier.

In certain instances, benefits for such Services are paid in error under the Group health Plan. If payment is received by the Covered Person for such Services, reimbursement must be made. This reimbursement may be refunded from any recovery made from the employer, or the employer's Workers' Compensation carrier, as permitted by law. Reimbursement must be made directly by the Subscriber when benefits are paid in error due to his or her failure to comply with the terms, rules and conditions of Workers' compensation laws, or a Certified or Licensed Workers' Compensation Managed Care Plan.

Legal Actions

The Subscriber cannot bring a legal action to recover under the Contract for at least 60 days after written proof of loss is given to BCBSNE. The Subscriber cannot start a legal action after three years from the date written proof of loss is required.

Your ERISA Rights

As a participant in this Group health Plan, you are entitled to certain rights and protections under ERISA (Employee Retirement Income Security Act of 1974).

ERISA provides that all plan participants shall be entitled to:

- Receive Information About Your Plan and Benefits
  - Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the plan, including insurance contracts, and collective bargaining agreements, and a copy of the latest annual report filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
  - Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts, collective bargaining agreements, copies of the latest annual report and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
  - Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.
- Continue Group Health Plan Coverage
  - Continue health coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a Qualifying Event (COBRA). You or your dependents may have to pay for such coverage. Review your Summary Plan Description and the documents governing the Plan for the rules regarding Your COBRA continuation rights.

Prudent Actions By Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your Claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of the plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a Claim or benefit which is denied or ignored in whole or in part, you may file suit in a state or federal court. If you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in a federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay these costs and fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs or fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about your plan, you should contact the Plan Administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest area office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

DEFINITIONS

ACA: The Patient Protection and Affordable Care Act and implementing regulations and sub-regulatory guidance.

Advanced Diagnostic Imaging: Highly developed technologies that use computerized imaging or radio isotropic enhancements to play a decisive role in diagnostics, such as computerized tomography (CT) scans, magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), MRI of the breast, magnetic resonance spectroscopy (MRS), functional brain MRI (fMRI), positron emission tomography (PET) scans, single photon emission computed tomography (SPECT) scans and other nuclear medicines.

Administrative Services Agreement (ASA): The agreement entered into between the Group and BCBSNE for administration of the Group's self-insured, or partially self-insured, health care programs for eligible employees.

Aggregate Deductible and/or Out-of-pocket Limit: The term Aggregate is used to describe a manner in which the Deductible and Out-of-pocket Limit are accumulated under a multi-person Membership Unit. Aggregate Deductible means the entire family amount must be met before benefits are available to any family member (for Services subject to the Deductible). Aggregate Out-of-pocket Limit means the entire family amount must be met before cost-sharing is no longer applicable. Family members may combine their Covered Expenses to satisfy the family amounts.

Ambulance Services: Any privately or publicly owned motor vehicle or aircraft that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland or air transportation of patients upon the streets, roads, highways, airspace or public ways or any other motor vehicles or aircraft used for such purposes.

Allowable Charge: An amount used by BCBSNE to calculate payment for Covered Services. This amount will be based on either the Contracted Amount for In-network Providers or the Out-of-network Allowance for Out-of-network Providers.

Ambulatory Surgical Facility: A Certified facility that provides surgical treatment to patients not requiring inpatient hospitalization. Such facility must be Licensed as a health clinic as defined by state statutes, but shall not include the offices of private Physicians or dentists whether for individual or group practice.

Approved Clinical Trial: A phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is one of the following:

- A federally funded or approved trial.
- A clinical trial conducted under an FDA investigational new drug application.
- A drug trial that is exempt from the requirement of an FDA investigational new drug application.

Routine patient costs for purposes of an Approved Clinical Trial shall mean Covered Services:

- for which benefits are payable absent a clinical trial;
- required solely for providing the experimental or investigative Services or monitoring its effect, or preventing complications; and
- needed for reasonable and necessary care arising from the provision of an experimental or Investigative Services.

Approved Provider: A Licensed practitioner of the healing arts who provides Covered Services within the scope of his or her License or a Licensed or Certified facility or other health care provider, payable according to the terms of the Plan, Nebraska law or pursuant to the direction of BCBSNE.

Auxiliary Provider: A Certified social worker, psychiatric registered nurse, Certified alcohol and drug abuse counselor or other Approved Provider who is performing Services within his or her scope of practice and who is supervised, and billed for, by a qualified Physician, Licensed Psychiatrist or Licensed Psychologist, or as otherwise permitted by state law. Certified master social workers or Certified professional counselors performing mental health Services who are not Licensed Mental Health Practitioners are included in this definition.

DEFINITIONS

Benefit Plan Document: The agreement between BCBSNE and the Group which includes the Administrative Services Agreement and any attachments or addenda, this Summary Plan Description, and the individual enrollment information of Subscribers and their Eligible Dependents.

Benefit Summary: A summary of the cost-sharing amounts, benefit maximums or limits, and other specific information regarding coverage under the Plan. The Summary may be provided as a separate document, and/or included within this Summary Plan Description.

Benefit Year: A consecutive period of time, specified by your employer/plan sponsor, in which benefits are accumulated toward the Deductible, Out-of-pocket Limit and any applicable benefit maximums or limits. Your Benefit Year may be a calendar year or other 12-month period, as shown on your Benefit Summary.

BlueCard® Program: This Blue Cross and Blue Shield Association (BCBSA) program is a collection of policies, provisions and guidelines that enables BCBSNE to process Claims incurred by Covered Persons residing or traveling outside its Service Area by utilizing the discounts negotiated by the On-site plan and its Contracting Providers.

Certification: Successful voluntary compliance with certain prerequisite qualifications specified by regulatory entities. Agencies and programs may be deemed to be in compliance when they are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on the Accreditation of Rehabilitation Facilities (CARF), American Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Plastic Surgery Facilities (AAAAPSF), Medicare or as otherwise provided in the Plan provisions or state law.

Claim: A request for benefits under this Plan.

Cognitive Training: A rehabilitative intervention aimed at retraining or facilitating the recovery of mental and information processing skills including perception, problem-solving, memory storage and retrieval, language organization and expression.

Coinsurance: The percentage amount the Covered Person must pay for Covered Services.

Congenital Abnormality: A condition existing at birth which is outside the broad range of normal, such as cleft palate, birthmarks, webbed fingers or toes. Normal variations in size and shape of the organ such as protruding ears are not considered a Congenital Abnormality.

Contracted Amount: The Allowable Charge agreed to by BCBSNE or a Host Blue plan and Contracting Providers, for Covered Services received by a Covered Person.

Contracting Provider: An In-network Provider or a BlueCard Program Preferred or Participating Provider.

Convenient Care/Retail Clinic: A medical clinic located in a retail location such as a grocery or drug store, where a provider offers treatment of minor medical conditions, immunizations and physicals without an appointment.

Copayment (Copay): A fixed dollar amount of the Allowable Charge, payable by the Covered Person for a Covered Service, as indicated in the Benefit Summary. Copayments are separate from and do not accumulate to the Deductible.

Cosmetic: Any Services provided to improve or change the patient's physical appearance or characteristics, from which no significant improvement in physiologic function can be expected, regardless of emotional or psychological factors.

Covered Person: Any person entitled to benefits for Covered Services pursuant to the Benefit Plan Document administered by BCBSNE.

Covered Services: Hospital, medical or surgical procedures, treatments, drugs, supplies, Durable Medical Equipment, or other health, mental health or dental care, including any single Service or combination of Services, for which benefits are payable under the Benefit Plan Document, while the ASA is in effect.

Creditable Coverage: Coverage of the individual under any of the following: (a) a group health plan, as defined by HIPAA; (b) health insurance coverage consisting of medical care offered by a health insurance issuer in the group or individual market; (c) Part A or Part B of Medicare; (d) Medicaid, other than coverage consisting solely of benefits under section 1928 (for pediatric immunizations); (e) Title 10 U.S.C. Chapter 55 (medical and dental care of the uniformed services); (f) a medical care program of the Indian Health Service or a tribal organization; (g) a State health benefits risk pool; (h) the Federal Employees Health Benefits Program; (i) a public health plan, which means a plan providing health coverage that is established by a State, the U.S. government, or a foreign country, or a political subdivision thereof; (j) a health plan of the Peace Corps, or (k) a State Children's Health Insurance Program (SCHIP).

Creditable Coverage does not include coverage described in HIPAA as "excepted benefits," including: coverage only for accidents; disability income coverage; liability insurance, including general liability and automobile liability and any supplement thereto; credit only insurance; or coverage for on-site medical clinics.

Other excepted benefits include: limited scope dental or vision coverage or long term care coverage; non coordinated coverages offered separately, such as specified disease or illness policies, hospital or other fixed indemnity insurance; and supplemental benefits such as Medicare Supplemental health insurance, TRICARE supplemental programs or other similar supplemental coverage.

Custodial Care: The level of care that consists primarily of assisting with the activities of daily living such as bathing, continence, dressing, transferring and eating. The purpose of such care is to maintain and support the existing level of care and preserve health from further decline.

Custodial Care includes:

- care given to a Covered Person who:
  - is intellectually or physically disabled; and
  - needs a protected, monitored or controlled environment or assistance to support the basics of daily living, in an institution or at home; and
  - may be ventilator dependent or require routine catheter maintenance;
- health-related Services that are provided for the primary purpose of meeting the personal needs of the Covered Person or maintaining a level of function (even if the specific Services are considered to be skilled Services), as opposed to improving that function to an extent that might allow for a more independent existence; and
- Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively, such as recording pulse, temperature, and respiration; supervising medications that can usually be self-administered; or administration and monitoring of feeding systems.

Deductible: An amount of Allowable Charges that must be paid by the Covered Person each Benefit Year before benefits are payable by the Plan.

Durable Medical Equipment: Equipment and supplies which treat an Illness or Injury, to improve the functioning of a particular body part, or to prevent further deterioration of the patient's medical condition. Such equipment and supplies must be designed and used primarily to treat conditions that are medical in nature, and be able to withstand repeated use. Durable Medical Equipment includes such items as prosthetic devices, orthopedic braces, crutches and wheelchairs. It does not include sporting or athletic equipment or items purchased for the convenience of the family. This term also includes items commonly referred to as home medical equipment.

Eligibility Waiting Period: Applicable to new Subscribers only, the period between the first day of employment and the first date of coverage under the Plan. This period may include the probationary period required by the Plan. This period will not exceed 90 days.

Eligible Dependent:

- The spouse of the Subscriber unless the marriage has been ended by a legal, effective decree of dissolution, divorce or separation;
- Children to age 26. "Children" means:
  - the Subscriber's biological and adopted sons and daughters;
  - a grandchild who lives with the Subscriber in a regular child-parent relationship where the grandchild receives no support or maintenance from the parent and where the Subscriber is a court-appointed guardian of the grandchild;
  - a stepchild (the son or daughter of the Subscriber's current spouse); or
  - a child, other than a grandchild or stepchild, for whom the Subscriber is a court-appointed guardian, but does not include a foster child.
- Reaching age 26 will not end the covered child's coverage under the plan as long as the child is, and remains both incapable of self-sustaining employment, or of returning to school as a full-time student, by reason of intellectual or physical disability; and dependent upon the Subscriber for support and maintenance.

"Physical or intellectual disability" means a severe disability of a person which: a) is attributed to a physical or mental impairment or combination of physical or mental impairments; b) is manifested before the person attains age 26; c) is likely to continue indefinitely; and d) results in incapability of performing self-sustaining employment.

"Severe disability" means substantial functional limitations in three (3) or more of the following areas of major life activities:

- self-care;
- receptive and expressive language;
- learning;
- mobility;
- self-direction; or
- capacity for independent living; and reflects the person's need for treatment or other services which are of an indefinite duration and are individually planned and coordinated.

A physician's statement may be required.

Proof of the requirements stated above must be received by the group health plan or BCBSNE from the Subscriber within 31 days of the child's reaching age 26 and after that, as required (but not more often than yearly after two years of such handicap). Determination of eligibility under this provision will be made by BCBSNE or the Group. Any extended coverage under this paragraph will be subject to all other provisions of the Plan.

Embedded Deductible and/or Out-of-pocket Limit: The term Embedded is used to describe a manner in which the Deductible and Out-of-pocket Limit are accumulated under a multi-person Membership Unit. An Embedded accumulation means that family members' amounts are combined to satisfy the family amount, however no one family member must contribute more than the individual amount (Embedded amount) to satisfy the family amount.

Emergency Services: Health care Services Medically Necessary to screen and stabilize a Covered Person in connection with an Emergency Medical Condition and the provider or facility determines such individual is able to travel using nonmedical transportation.

Emergency Medical Condition: A medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including, but not limited to, severe pain that a prudent lay person, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

- placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such persons or others in serious jeopardy;
- serious impairment to such person's bodily functions;
- serious impairment of any bodily organ or part of such person; or
- serious disfigurement of such person.

Essential Health Benefits: The ACA identifies ten categories of Covered Services as Essential Health Benefits: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

Group: The employer/entity providing health coverage for its employees/participants pursuant to the agreement with BCBSNE.

Habilitative Services: Health care Services that help a person keep, learn, or improve skills and functioning for daily living. These Services may include physical and occupational therapy, speech-language pathology and other Services for people with disabilities in a variety of Inpatient and/or Outpatient settings.

Hospice: A program of care provided for persons diagnosed as terminally ill and their families.

Hospital: An institution or facility duly Licensed by the State of Nebraska or the state in which it is located, which provides medical, surgical, diagnostic and treatment Services with 24 hour per day nursing Services, to two or more nonrelated persons with an Illness, Injury or Pregnancy, under the supervision of a staff of Physicians Licensed to practice medicine and surgery.

Host Blue: A Blue Cross and/or a Blue Shield plan in another Blue Cross and Blue Shield Association Service Area, which administers Claims through the BlueCard Program for Nebraska Covered Persons residing or traveling in that Service Area.

Implant: An artificial material grafted or implanted into or onto bone.

Illness: A condition which deviates from or disrupts normal bodily functions or body tissues in an abnormal way, and is manifested by a characteristic set of signs or symptoms.

Independent Laboratory: A freestanding facility offering radiology and pathology Services which is not part of a Hospital and is Licensed by the proper authority in the state in which it is located.

Injury: Physical harm or damage inflicted to the body from an external force.

In-network Hospital, Physician Or Other Provider: A Licensed practitioner of the healing arts, a Licensed facility or other qualified provider of health care Services who has contracted with BCBSNE to provide Services as a part of a Preferred Provider network in Nebraska.

Inpatient: A patient admitted to a Hospital or other institutional facility for bed occupancy to receive Services consisting of active medical and nursing care to treat conditions requiring continuous nursing intervention of such an intensity that it cannot be safely or effectively provided in any other setting.

Investigative: A technology, a drug, biological product, device, diagnostic, treatment or procedure that has not been Scientifically Validated. BCBSNE will determine whether a technology is Investigative.

Late Enrollee: An individual who does not enroll for coverage during the first period in which he or she is eligible, or when eligible, during a Special Enrollment Period.

Licensure (Licensed): Permission to engage in a health profession that would otherwise be unlawful in the state where Services are performed, and which is granted to individuals who meet prerequisite qualifications. Licensure protects a given scope of practice and the title.

Long Term Acute Care (LTAC): Specialized acute Hospital care for medically complex patients who are critically ill, have multi-system complications and/or failures, and require hospitalization in a facility offering specialized treatment programs and aggressive clinical and therapeutic intervention on a 24-hour/seven-day-a-week basis.

Medicaid: Grants to states for Medical Assistance Programs, Title XIX of the Social Security Act, as amended.

Medically Necessary or Medical Necessity: Health care Services ordered by a Treating Physician exercising prudent clinical judgment, provided to a Covered Person for the purposes of prevention, evaluation, diagnosis or treatment of that Covered Person's Illness, Injury or Pregnancy, that are:

- consistent with the prevailing professionally recognized standards of medical practice; and, known to be effective in improving health care outcomes for the condition for which it is recommended or prescribed. Effectiveness will be determined by validation based upon scientific evidence, professional standards and consideration of expert opinion;
- clinically appropriate in terms of type, frequency, extent, site and duration for the prevention, diagnosis or treatment of the Covered Person's Illness, Injury or Pregnancy. The most appropriate setting and the most appropriate level of Service is that setting and that level of Service, considering the potential benefits and harms to the patient. When this test is applied to the care of an Inpatient, the Covered Person's medical symptoms and conditions must require that treatment cannot be safely provided in a less intensive medical setting;
- not more costly than alternative interventions, including no intervention, and are at least as likely to produce equivalent therapeutic or diagnostic results as to the prevention, diagnosis or treatment of the patient's Illness, Injury or Pregnancy, without adversely affecting the Covered Person's medical condition; and
- not provided primarily for the convenience of the following:
  - the Covered Person;
  - the Physician;
  - the Covered Person's family;
  - any other person or health care provider; and
- not considered unnecessarily repetitive when performed in combination with other prevention, evaluation, diagnoses or treatment procedures.

BCBSNE will determine whether Services are Medically Necessary. Services will not automatically be considered Medically Necessary because they have been ordered or provided by a Treating Physician.

Medicare: Health Insurance for the Aged and Disabled, Title XVIII of the Social Security Act, as amended.

Membership Unit: The category of persons to be provided benefits, pursuant to the Subscriber's enrollment.

- **Single Membership:** This option provides benefits for Covered Services provided to the Subscriber only.
- **Subscriber-Spouse Membership:** This option provides benefits for Covered Services provided to the Subscriber and his or her spouse.
- **Single Parent Membership:** This option provides benefits for Covered Services provided to the Subscriber and his or her Eligible Dependent children, but not to a spouse.
- **Family Membership:** This option provides benefits for Covered Services provided to the Subscriber and his or her Eligible Dependents.

Other Membership Units may be available as determined by BCBSNE and the Group.

Mental Health Services Provider: A qualified Physician, Licensed Psychologist, Licensed Special Psychologist, Licensed Psychiatrist and Licensed Mental Health Practitioners are payable providers under the Plan. A Mental Health Practitioner may also be a Licensed Professional Counselor, Licensed Marriage and Family Therapist, or a Licensed Clinical Social Worker who is duly Certified/Licensed for such practice by state law. It also includes, for purposes of the Plan, Auxiliary Providers supervised, and billed for, by a professional as permitted by state law. All mental health Services must be provided under appropriate supervision and consultation requirements as set forth by state law.

- **Licensed Psychologist:** A person Licensed to engage in the practice of psychology in this or another jurisdiction. The terms Certified, registered, chartered, or any other term chosen by a jurisdiction to authorize the autonomous practice of psychology shall be considered equivalent terms.
- **Licensed Psychiatrist** : A person Licensed to engage in the practice of psychiatry to diagnose and treat complex and serious Mental Health conditions. In addition to psychotherapy, treatment provided by a Licensed Psychiatrist may involve prescribing medications.
- **Licensed Special Psychologist:** A person who has a doctoral degree in psychology from an institution of higher education accredited by the American Psychological Association but who is not Certified in clinical psychology. Such person shall be issued a special License to practice psychology that continues to require supervision by a Licensed Psychologist or qualified Physician for any practice that involves major mental and emotional disorders. This psychologist may provide mental health Services without supervision.
- **Licensed Mental Health Practitioner:** A person Licensed to provide treatment, assessment, psychotherapy, counseling, or equivalent activities to individuals, families or groups for behavioral, cognitive, social, mental, or emotional disorders, including interpersonal or personal situations. Mental health practice shall include the initial assessment of organic mental or emotional disorders (as defined by state law), for the purpose of referral to, or consultation with a qualified Physician or a Licensed Psychologist.

  Mental health practice shall not include the practice of psychology or medicine, prescribing drugs or electroconvulsive therapy, treating physical disease, Injury, or deformity, diagnosing major Mental Illness or disorder except in consultation with a qualified Physician or a Licensed Psychologist, measuring personality or intelligence for the purpose of diagnosis or treatment planning, using psychotherapy with individuals suspected of having major mental or emotional disorders except in consultation with a qualified Physician or Licensed Psychologist, or using psychotherapy to treat the concomitants of organic Illness except in consultation with a qualified Physician or Licensed Psychologist.

Mental Health: A pathological state of mind producing clinically significant psychological or physiological symptoms (distress) together with impairment in one or more major areas of functioning (disability) wherein improvement can reasonably be anticipated with therapy, and which is a condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV or any subsequent version).

Noncovered Services: Services that are not payable under the Benefit Plan Document.

Out-of-network Allowance: An amount BCBSNE uses to calculated payment for Covered Services to an Out-of-network Provider. This amount will be determined by BCBSNE or by the Host Blue plan, as applicable.

- If determined by BCBSNE: the Out-of-network Allowance is calculated as the lesser of the billed charge or an allowance established using a pre-determined method based on the type of service. Such methods include, but are not limited to :
  - a fee schedule based on a percentage of the Medicare allowance for the service;
  - a per diem or daily rate allowance;
  - a percentage of billed charges;
  - an APR-DRG grouping methodology.

- If determined by a Host Blue Plan: the out-of-network Allowance will be the amount that the Host Blue Plan passes to BCBSNE. The Host Blue Plan's allowance may be based on:
  - a negotiated price for their participating providers;
  - the billed charge;
  - their local payment for nonparticipating providers;
  - price arrangement required by any applicable state law.

Out-of-network Provider: A provider of health care Services who has not contracted with BCBSNE to provide Services as a part of a Preferred Provider network in Nebraska.

Out-of-pocket Limit: The maximum amount of cost-share each Covered Person or Membership Unit must pay in a Benefit Year before benefits are payable without application of a cost-share amount. The Out-of-pocket Limit includes Deductible, Coinsurance and Copayment amounts for medical and pharmacy Services, unless otherwise stated. The Out-of-pocket Limit does not include premium amounts, amounts over the Allowable Charge, or penalties for failure to comply with Preauthorization requirements or as may be imposed under the Prescription Drug Program.

Outpatient: A person who is not admitted for Inpatient care, but is treated in the Outpatient department of a Hospital, in an observation room, in an Ambulatory Surgical Facility, Urgent Care Facility, a Physician's office, or at home. Ambulance Services are also considered Outpatient.

Outpatient Program: An organized set of resources and Services administered by a Certified provider, which is directed toward the accomplishment of a designed set of objectives. Day treatment, partial care and Outpatient Programs which provide primary treatment for Mental Health and Substance Use Disorders must be provided in a facility which is Licensed by the Department of Health and Human Services Regulation and Licensure, (or equivalent state agency) or accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Participating Provider: A Licensed practitioner of the healing arts, or qualified provider of health care Services, who is a Participating Provider in the BlueCard Program Participating network.

Physical Rehabilitation: The restoration of a person who was disabled as the result of an Injury or an acute physical impairment to a level of function which allows that person to live as independently as possible. A person is disabled when such person has physical disabilities and needs active assistance to perform the normal activities of daily living, such as eating, dressing, personal hygiene, ambulation and changing body position.

Physician: Any person holding a License and duly authorized to practice medicine and surgery and prescribe drugs.

Plan: The group health plan of benefits established by the Plan Administrator/Sponsor.

Plan Administrator: The administrator of the Group Health Plan as defined by ERISA.

Preauthorization/Preauthorized: A determination by Us or Our designee, that an admission, extension of stay or other health or dental care service has been reviewed and based of the information provided, meets the clinical requirements for Medical Necessity, appropriateness, level of care, or effectiveness under the auspices of the applicable health benefit plan.

Preferred Provider Organization: A panel of Hospitals, Physicians and other health care providers who belong to a network of Preferred Providers, which agrees to more effectively manage health care costs.

Preferred Provider: A health care provider (Hospital, Physician or other health care provider) who has contracted to provide Services as a part of the network in Nebraska, or if in another state, who is a Preferred Provider with the BlueCard Program PPO network.

Pregnancy: Includes obstetrics, abortions, threatened abortions, miscarriages, premature deliveries, ectopic pregnancies, cesarean sections or other conditions or complications caused by Pregnancy. For purposes of this Plan, Pregnancy also includes a condition or complication caused by Pregnancy, but separate from, and not part of the Pregnancy. It occurs prior to the end of the Pregnancy, and is adversely affected by it. Postpartum depression and similar diagnoses are not considered complications of Pregnancy.

Preventive: Services which focus on the prevention of disease and health maintenance, including the early diagnosis of disease, discovery and identification of high risk for a specific problem, and interventions to avert a health problem in nonsymptomatic individuals.

Primary Care Physician: A Physician who has a majority of his or her practice in the fields of internal or general medicine, obstetrics/gynecology, general pediatrics or family practice.

Private Duty Nursing: Continuous nursing care (beyond the accepted BCBSNE definition of a skilled nursing visit) in homes or facilities. Private Duty Nursing is primarily non-skilled in nature but may include skilled Services and is generally provided to chronically ill patients over the long term.

Qualified Beneficiary: Under COBRA, an individual who must in certain circumstances, be offered the opportunity to elect COBRA coverage under a group health plan. The term generally includes a covered employee's spouse or dependent children who were covered under the group health plan on the day before a Qualifying Event, as well as a covered employee who was covered under the group health plan on the day before a Qualifying Event that is a termination of employment or a reduction in hours. The term also includes a child born to or adopted by a covered employee during a period of COBRA coverage.

Qualifying Event: The circumstances that entitle persons to elect COBRA coverage.

Residential Treatment Program: Services or a program organized and staffed to provide both general and specialized non-hospital based interdisciplinary Services 24 hours a day; seven days a week for persons with behavioral health disorders. Residential treatment may be provided in freestanding, nonhospital-based facilities or in units of larger entities, such as a wing of a hospital. Residential Treatment Programs may include nonhospital addiction treatment centers; intermediate care facilities; psychiatric treatment centers or other nonmedical settings.

Schedule of Benefits: A summarized personal document issued by BCBSNE which provides information such as Subscriber, Group and Plan identification information, Deductible and Coinsurance amounts, and the type of Membership Unit selected.

Scientifically Validated: A technology, a drug, biological product, device, diagnostic, treatment or procedure is Scientifically Validated if it meets all of the factors set forth below:

1. Technologies, drugs, biological products, devices and diagnostics must have final approval from the appropriate government regulatory bodies. A drug or biological product must have final approval from the Food and Drug Administration (FDA). A device must have final approval from the FDA for those specific indications and methods of use that is being evaluated. FDA or other governmental approval is only one of the factors necessary to determine Scientific Validity.
2. The Scientific Evidence must permit conclusions concerning the effect of the technology on health outcomes. The evidence should consist of well-designed and well-conducted investigations published in peer-reviewed journals. The quality of the body of studies and the consistency of the results are considered in evaluating the evidence.

   The evidence should demonstrate that the technology can measure or alter the physiological changes related to a disease, injury, Illness or condition. In addition there should be evidence based on established medical facts that such measurement or alteration affects the health outcomes.

Opinions and evaluations by national medical associations, consensus panels or other technology evaluation bodies are evaluated according to the scientific quality of the supporting evidence and rationale. Our evidence includes, but is not limited to: Blue Cross and Blue Shield Association Technology Evaluation Center technology evaluations; Hayes Directory of New Medical Technologies' Status; Centers for Medicare and Medicaid Services (CMS) Technology Assessments, and United States Food and Drug Administration (FDA) approvals.

3. The technology must improve the health outcome.
4. The technology must improve the health outcome as much as or more than established alternatives.
5. The improvement must be attainable outside the investigational settings.

BCBSNE will determine whether a technology is Scientifically Validated.

Services: Hospital, medical or surgical procedures, treatments, drugs, supplies, Home (Durable) Medical Equipment, or other health, mental health or dental care, including any single service or combination of such Services.

Service Area: The geographic area in which a Blue Cross and Blue Shield plan is authorized to use the Blue Cross and Blue Shield brands pursuant to its license agreement with Blue Cross and Blue Shield Association.

Skilled Nursing Care: A level of care that includes Services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse).

Special Enrollee: An eligible person who enrolls for coverage during a Special Enrollment Period.

Special Enrollment Period: A period of time during which a Special Enrollee is allowed to enroll because of a loss of coverage, marriage, birth, adoption or placement for adoption, without being considered a Late Enrollee, subject to certain criteria as further described in this SPD.

Specialist: A Physician who has a majority of his or her practice in fields other than internal or general medicine, obstetrics/gynecology, general pediatrics or family practice.

Subscriber: An individual who enrolls for health coverage and is named on an identification card issued pursuant to the Benefit Plan Document, and who is:

- an employee hired by an employer who makes application for health coverage for its employees;
- a retiree qualified to receive benefits as defined by the Plan; or
- a COBRA Qualified Beneficiary.

Substance Use Disorder: Alcoholism, drug abuse and nicotine dependence or addiction.

Substance Use Disorder Treatment Center: A facility Licensed by the Department of Health and Human Services Regulation and Licensure, (or equivalent state agency), accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on the Accreditation of Rehabilitation Facilities (CARF). Such facilities are not Licensed as a Hospital, but provides Inpatient or Outpatient care, treatment, Services, maintenance, accommodation or board in a group setting primarily and exclusively for individuals having any type of Substance Use Disorder.

Total Care: Also known as value-based programs. Total Care is an outcomes-based payment arrangement and/or a coordinated care model facilitated with one or more local providers that is evaluated against cost and quality metrics/factors and is reflected in provider payment. Total Care (value-based programs) may include, but are not limited to, Accountable Care Organizations, Global Payment Costs of Care arrangements, Patient Centered Medical Homes and Shared Savings arrangements.

Treating Physician: A Physician who has personally evaluated the patient. This may include a Physician or oral surgeon, a Certified nurse midwife, a Certified nurse practitioner or Certified Physician's assistant, within the practitioner's scope of practice.

Urgent Care Facility: A facility, other than a Hospital, that provides covered health Services that are required to prevent serious deterioration of one's health, and that are required as a result of an unforeseen sickness, Injury or the onset of acute or severe symptoms.

We, Our or Us: Blue Cross and Blue Shield of Nebraska (BCBSNE).

Work-hardening: Physical therapy or similar Services provided primarily for strengthening an individual for purposes of his or her employment.

Claims administration by

NebraskaBlue.com

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association. 89-064-1 (03-15-21)

Find a pharmacy

Print

Search pharmacies in your network and compare medicine costs. How are medicines priced at my pharmacy?

Search criteria

Your network: Broad Network

In-network pharmacy search results

for Retail pharmacies | View or change search criteria

Filters | Sort by price

20 pharmacies in your network

Price my medicines here

Walgreens #10408
4811 O St
Lincoln, NE 68510
0.5 miles | 402.489.2232
- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Super Saver Pharmacy #4
233 N 48th St
Lincoln, NE 68504
0.6 miles | 402.464.8822
- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Hy-Vee Pharmacy #1 (1385)
5010 O Street
Lincoln, NE 68510
0.6 miles | 402.465.0413
- 90-day supply available
- Vaccine pharmacy
- eRx available

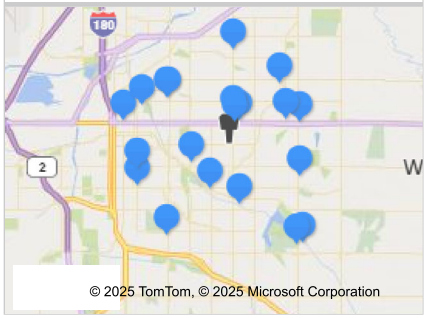
Price my medicines here

Lincoln Pharmacy
3300 a St Ste 100
Lincoln, NE 68510
1 miles | 402.817.7978
- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Nebraska Ltc Pharmacy
- 90-day supply

Redo search in map



Helpful documents

- In-Network Specialty Pharmacies- Specialized Pharmacy Network
- Pharmacy Match Pharmacy Network

Home delivery

Home delivery brings a 90-day supply of your medicines straight to your door.

Learn more

Specialty medicines

Get personalized support for complex, chronic conditions and medicines that treat them.

Learn more

	3901 Normal Blvd Ste 203 Lincoln, NE 68506 1.2 miles | 402.328.0231	available Vaccine pharmacy eRx available
Price my medicines here	Walgreens #00515 2600 South 48th Street, Ste 7 Lincoln, NE 68506 1.4 miles | 402.483.2834	90-day supply available Vaccine pharmacy eRx available
Price my medicines here	Russ's Pharmacy #2 130 N 66th St Lincoln, NE 68505 1.4 miles | 402.325.0254	90-day supply available Vaccine pharmacy eRx available
Price my medicines here	Walgreens #03182 7045 O Street Lincoln, NE 68510 1.7 miles | 402.484.8222	90-day supply available Vaccine pharmacy eRx available
Price my medicines here	Kohll's Rx 808 N. 27th Street Lincoln, NE 68503 1.7 miles | 402.476.3342	Vaccine pharmacy eRx available
Price my medicines here	Relycare Pharmacy 1221 N Cotner Blvd, Ste 1 Lincoln, NE 68505 1.8 miles | 402.466.7283	90-day supply available Vaccine pharmacy eRx available
Price my medicines here	Walgreens #05736 815 N 27th St Lincoln, NE 68503 1.8 miles | 402.435.5151	90-day supply available Vaccine pharmacy eRx available
Price my medicines here	Lincoln Pharmacy 1710 South 70th Street Lincoln, NE 68506 1.8 miles | 402.484.0994	90-day supply available Vaccine pharmacy eRx available

Retail costs reflect the estimated amount you'll pay after your health plan's cost share - such as copay, coinsurance, deductible or premium - have been met. **Actual cost will be determined at the time of purchase.**

Price my medicines here

University Health Center Pharmacy
550 N 19th St
Lincoln, NE 68588
2.2 miles | 402.472.7457

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Walgreens #04088
2502 N 48th St
Lincoln, NE 68504
2.2 miles | 402.466.1424

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Russ Pharmacy #1
1709 Washington St
Lincoln, NE 68502
2.2 miles | 402.474.2102

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Walgreens #01430
1701 South St
Lincoln, NE 68502
2.4 miles | 402.435.3271

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Walgreens #00541
1301 O Street
Lincoln, NE 68508
2.5 miles | 402.476.6898

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Stockwell Pharmacy
3811 S 27th St
Lincoln, NE 68502
2.6 miles | 402.423.8588

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Walgreens #06884
4000 S 70th St
Lincoln, NE 68506
2.9 miles | 402.489.0338

- 90-day supply available
- Vaccine pharmacy
- eRx available

Price my medicines here

Nebraska Hematology-Oncology Pc Pha
4004 Pioneer Woods Dr
Lincoln, NE 68506

- Vaccine pharmacy
- eRx available

2.9 miles | 402.484.4919

1-20 of 20 View less

Last updated July 6, 2025.

Hide disclaimer

If applicable, out-of-network providers may bill participants or beneficiaries for the difference between a provider's billed charges and the sum of the amount collected from the group health plan and from the participant or beneficiary in the form of a copayment or coinsurance amount and the provided cost-sharing estimate does not account for these potential additional amounts.

Prices are estimates only and are based on typical contracted prices paid to pharmacies. Prices do not include federal, state, or local taxes or additional fees. The actual price you pay is determined by your benefit plan, and will be calculated at your pharmacy at the time of purchase.

The estimate of cost-sharing liability for a covered item or service is not a guarantee that benefits will be provided for that item or service.

Third Party payments will be applied to your deductible and out-of-pocket maximum accumulators as required by law.

Items and services that are considered preventative services under the Affordable Care Act will not be subject to cost share if received in-network.

Provider directory information is updated weekly on Tuesdays.

Show Documents

Search pharmacies in your network and compare medicine costs. How are medicines priced at my pharmacy?

Member summary

Health plan: BCBS Nebraska

Member ID: 10000060400

Drug list: NetResults Performance

Pharmacy network: Broad Network

Member links

Message center

Prescription history

Manage my account

About Prime Therapeutics

Our purpose is to help people get the medicine they need to feel better and live well. Learn more at PrimeTherapeutics.com

Contact us

Prime on Facebook

Prime on X

Prime on YouTube

Hide disclaimer

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Non-Discrimination Notice and Translations | BCBSNE (nebraskablue.com)

urac
ACCREDITED
Pharmacy Benefit Management
01/01/2028

CERTIFIED NCQA HEALTH INFORMATION PRODUCT
PHARMACY BENEFIT INFORMATION

ACCREDITED NCQA UTILIZATION MANAGEMENT

Last updated: 6/30/2025

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BlueCross BlueShield Nebraska

P.O. Box 3248
1919 Aksarben Drive
Omaha, NE 68180-0001
nebraskablue.com

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Important information about your prescription drug benefits

<Date>

Dear <First Name>,

Welcome to Blue Cross and Blue Shield of Nebraska (BCBSNE). Beginning <Date>, we will be providing your prescription drug coverage. Your prescription drug benefits will be based on a list of covered brand-name and generic drugs, called a prescription drug list (PDL). Your drug list is <PDL name>.

Our records show that you or one of your dependents may be taking a drug that will require preauthorization by your doctor:

<preauth drug name 1>
<preauth drug name 2>

If you have an existing preauthorization for the above medication, it will be transferred to BCBSNE. Once BCBSNE receives the preauthorization information, a communication will be sent to you including the medication name and the approval through date.

If you do not have an existing preauthorization for the above medication, please speak with your physician about this requirement. If they recommend continuing the medication(s) listed above, ask them to submit a preauthorization request on your behalf **no later than <15 days prior to the effective date>.**

What this means for you
If the preauthorization is approved, benefits will be available for this medication after <Date 2>.

If the preauthorization is not approved, benefits for the medication listed above will no longer be available to you after <Date 2>. You may still obtain this drug; however, you will be responsible for 100% of the cost.

In either case, you and your physician will be notified about the preauthorization decision.

Your PDL is available by visiting **NebraskaBlue.com/DrugList** and downloading <PDL name>.

If you have questions or would like more information, please contact Member Services at the number on the back of your member ID card.

Sincerely,

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association

P.O. Box 3248
1919 Aksarben Drive
Omaha, NE 68180-0001
nebraskablue.com

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Important information about your prescription drug benefits

<Date>

Dear <First Name>,

Welcome to Blue Cross and Blue Shield of Nebraska (BCBSNE). Beginning <Date>, we will be providing your prescription drug coverage. Your prescription drug benefits will be based on a list of covered brand-name and generic drugs, called a prescription drug list (PDL). Your drug list is <PDL name>.

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<preauth drug name 1>
<preauth drug name 2>

Please speak with your physician about this requirement. If they recommend continuing the medication(s) listed above, ask them to submit a preauthorization request on your behalf.

What this means for you
If the preauthorization is approved, benefits will be available for this medication <Date>.

If the preauthorization is not approved, benefits for the medication listed above will no longer be available to you after <Date>. You may still obtain this drug; however, you will be responsible for 100% of the cost.

In either case, you and your physician will be notified about the preauthorization decision.

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Sincerely,

Blue Cross and Blue Shield of Nebraska

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association

EXPLANATION OF DRUG BENEFITS Sequence Nbr. 2068

Reporting Period
From 6/13/20 Thru 6/19/20

MEMBER: First Last
ID: 12345678911
CARRIER: ABC12
CHECK: 12345

First Last
Address 1
Address 2
City, ST Zip

This area is reserved for a custom message related to any Commercial or Med D paper claims. XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

EXPLANATION OF DRUG BENEFITS

Reporting Period
From 6/13/20 Thru 6/19/20

MEMBER: First Last
ID: 12345678911
CARRIER: ABC12
CHECK: 12345

First Last
Address 1
Address 2
City, ST Zip

Claim Number/ Drug Name	Date of Service	Rx Number	Amount Submitted	Amount Approved	Deductible/ Copay/ Disallowed	Your Responsibility	Plan Paid/ Reimbursement	Denial Code(s)
01234567891911 [Drug Name]	12/31/20	0576414	$69.59	$61.48	$0.00 $16.30 $8.11	$24.41	$45.18	
03456899330023 [Drug Name]	12/19/20	1234567	$64.09	$53.04	$0.00 $14.61 $11.05	$25.66	$38.43	
	12/19/20	0570708	$15.69	$14.50	$0.00 $2.90 $1.19	$4.09	$11.60	
	12/13/20	0574785	$7.29	$3.83	$0.00 $0.77 $3.46	$4.23	$3.06	
Totals			$156.66	$132.85	$58.39	$58.39	$98.27	
						Previous Balance		
						Amount Paid	$98.27	

Here are some general requirements for EOB backer information: (taken from PPACA- Health Care reform)

1) **Information Sufficient to Identify Claim:** Adverse benefit determination must include date of service, health care provider and claim amount (if applicable). (This does not apply to EOBs)

2) **Reasons for Adverse Benefit Determination:** Plan or issuer must ensure that the reason(s) for an adverse benefit determination include the denial code and its corresponding meaning, as well as a description of the plans or issuer's standard, if any, that was used in denying the claim. In the case of a final internal adverse benefit determination, this description must also include a discussion of the decision. (In the case of EOBs a denial reason listed is sufficient).

3) **Description of Internal Appeals and External Review Process:** The plan or issuer must provide a description of available internal appeals and external review processes, including information about how to initiate an appeal.

4) **Contact Information:** The plan or issuer must disclose the availability of, and contact information for, an applicable office of health insurance consumer assistance or ombudsman established under PHS Act section 2793. Is there an applicable office of health insurance or an ombudsman for your state?

5) **Culturally and Linguistically Appropriate Notices:** Notices must be provided in a culturally and linguistically appropriate manner (written translation) to those qualified members who request it. Are there languages the client has chosen to support or is required to support?

6) **Diagnosis and Treatment Codes:** Adverse benefit determinations must include diagnosis codes and treatment codes and corresponding meanings). This information comes from the Client, but CR gets diagnosis codes for the denial notice. **Not applicable to EOBs** but must be offered to supply upon request if known or directed back to the Client for help obtaining the diagnosis code on the Medical side.

7) **Substantial Compliance:** If a plan or issuer fails to strictly adhere to all of the requirements of the 2010 interim final regulations, the claimant is deemed to have exhausted the plan's or issuer's internal claims and appeals process, regardless of whether the plan or issuer asserts that it has substantially complied, and the claimant may initiate any available external review process or remedies available under ERISA or under State law.

Generally an ERISA statement is something like the following:

Upon exhaustion of the compliant/appeal process, members of group plans subject to the Employee Retirement Income Security Act (ERISA) have the right to file suit under section 502(a) of ERISA.

See next page for an example of a competed backer

QUESTIONS? Do you have questions or concerns about how this claim processed? If so, please contact customer service at the number listed on the reverse side of your identification card.

IMPORTANT INFORMATION: For hearing and speech impaired telephone access for benefits and claims information, please call 711 TTY/TDD.

A hotline is available to report any instances of suspected fraud, misuse, abuse or waste of health care benefits. Please call toll-free at 1.xxx-xxx-xxx. All information received is confidential.

We use internal and external rules and guidelines to make an adverse benefit determination. You have the right to ask for any relevant documents, records or other information used to process your claim. You can name a representative to ask for this information. Please note - by law we cannot send copies of your Protected Health Information to your representative without your signed approval. To get a form to request relevant documents, please contact customer service.

The dollar amount listed in the “Your Responsibility” box on the reverse side of this form is the amount you are responsible for according to your Plan provisions (i.e. deductible, copayment, coinsurance, other deductions, non-covered services). If you disagree with this amount, please refer to the Complaint/Appeals section below.

COMPLAINT/APPEAL INFORMATION: This Explanation of Benefits (EOB) form explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our complaint procedures. First, contact customer service for an explanation. If you are not satisfied with the explanation given, we will send you a form to file your complaint. You may also submit any documents, records, or other information that relates to your claim for benefits.

Upon receipt of your request, we will provide a full and fair review of your complaint and a written notice of our decision according to the timeframe found in your Plan documentation.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our complaint/appeals process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.

If you need help in a language other than English, please call 1-xxx-xxx-xxxx.

Si necesita ayuda en español, llame al número de teléfono del servicio de atención al cliente que figura en la primera página de este documento.
Để được giúp đỡ bằng Tiếng Việt, xin gọi số điện thoại của phòng dịch vụ khách hàng ở trang đầu của tài liệu này.
Xav tau kev pab rau Lus Hmoob, thov hu rau chaw pab txais tos qhua tus xov tooj ntawm thawj nplooj hauv tsab ntawv no.
如欲以 中文求助,
请致电给本文件第一页上的客服电话号码g

BlueCross BlueShield Nebraska

Account Cost and Utilization Package

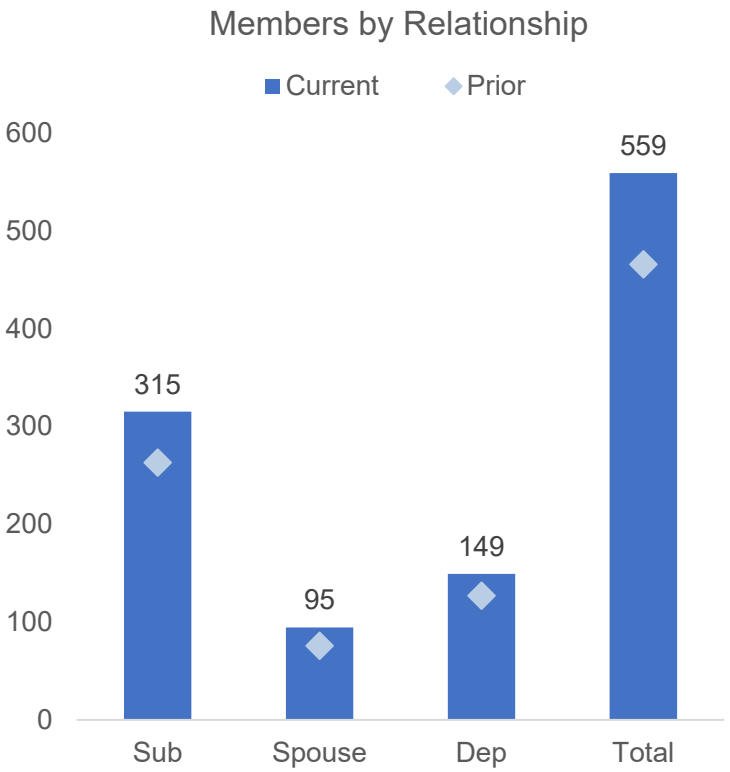
(0000) ABC COMPANY

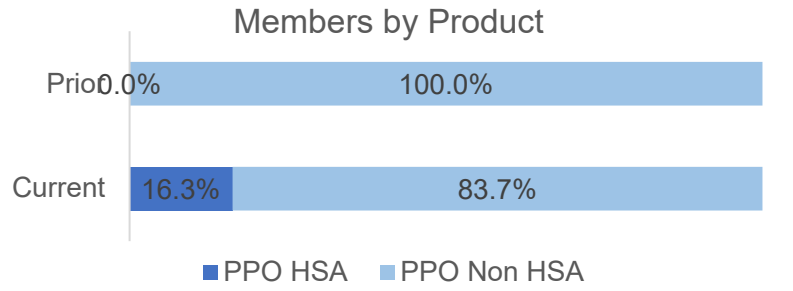
Policy YTD Paid, Policy Current YTD, Runout: No Runout Applied
Account Renewal Month: Jan

Blue Health Intelligence® (BHI®) is the trade name of the Health Intelligence Company, LLC, an independent licensee of the Blue Cross Blue Shield Association. Whyzen™ Analytics from BHI provides data insight and analytic services on behalf of Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association.

Membership

Avg Members	Avg Contract Size	Gender - % Female	Age Gender Index
559	**1.8**	**43.3%**	**0.90**
466 Prior ▲ 20.0%	1.8 Prior ▲ .2%	41.6% Prior ▲ 4.0%	0.89 Prior ▲ 1.3%
	2.1 Book ▲ -14.2%	50.0% Book ▼ -13.5%	0.99 Book ▼ -9.4%





Members by State	Prior	Current	% Change
NE	409	459	12.2%
AZ	34	53	58.7%
WV	4	21	396.6%
FL	6	8	33.3%
VA	2	7	257.1%
Top 5 States	455	548	20.5%
All Other States	12	11	-6.0%
Overall Summary	466	559	20.0%

- Average members increased 20.0% between reporting periods.
- Members in NE represented the largest portion of the population by state.
- The Age Gender Index increased 1.3% between reporting periods.

Confidential and proprietary for group use only. Report prepared for (0000) ABC COMPANY. Policy YTD Paid, Policy Current YTD, Runout: No Runout Applied.

Population Risk

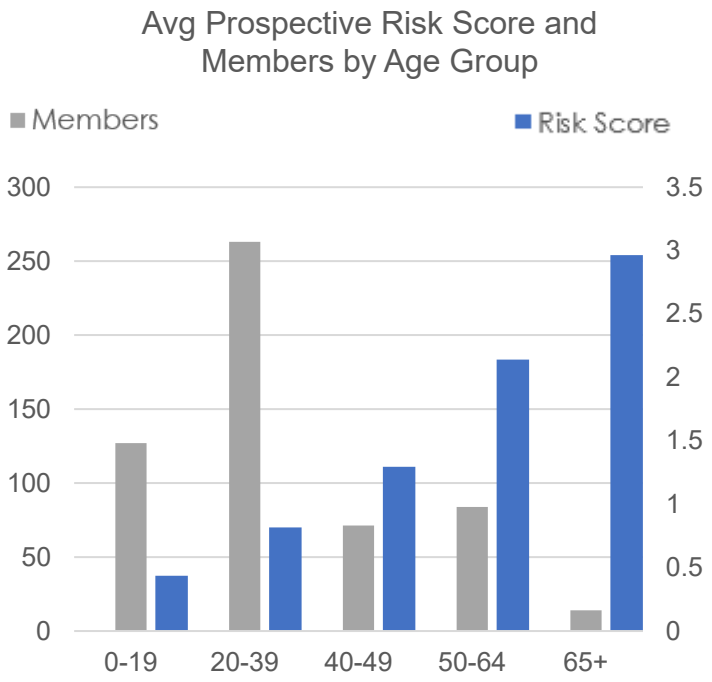
Risk score is an indicator of how costly a population is expected to be compared to an average of 1.0 and is estimated based on demographics and diagnoses. ***Concurrent risk*** *evaluates the previous 12 months of claims experience.* ***Prospective Risk*** *estimates the population's risk for the upcoming months based on demographics and claims experience.*

Concurrent Risk Score
1.18
1.27 Prior ▼ -7.2%
1.33 Book ▼ -11.6%

Prospective Risk Score
1.04
1.10 Prior ▼ -5.1%
1.15 Book ▼ -8.9%

Current Status	Avg Members	Concurrent Risk Score Prior	Concurrent Risk Score Current
Leaver		3.30	
Stayer	387	1.20	1.33
Joiner	161	1.41	0.89

Risk Band	Avg Members	Concurrent Risk Score Prior	Concurrent Risk Score Current	Paid PMPM Current
Low Risk	511	0.75	0.41	$119.24
Moderate Risk	85	2.29	2.76	$589.81
High Risk	30	8.69	11.13	$2,634.76



- The concurrent risk score for Stayers increased 11.0% from the prior year.
- High risk members had an average PMPM cost of 2109.6% higher than low risk members.

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Financial Overview

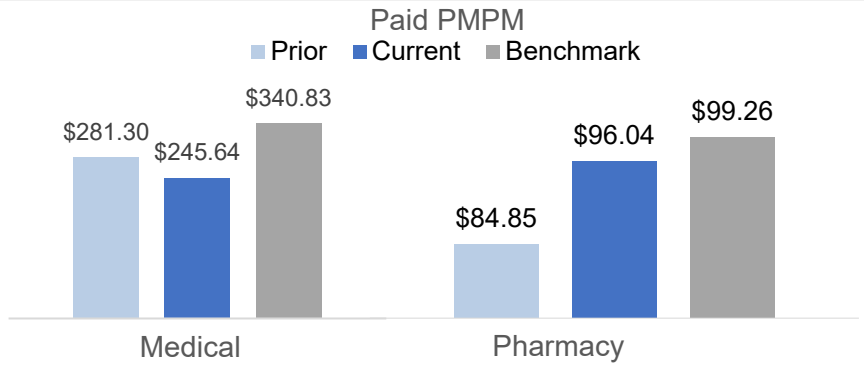
Claimants/1000
1,634.1
1,718.5 Prior ▲ -4.9%
1,895.4 Book ▼ -13.8%

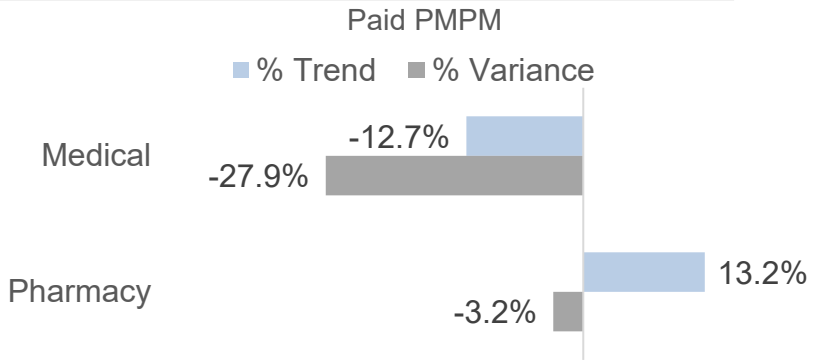
Total Paid PMPM
$341.68
$366.15 Prior ▼ -6.7%
$415.03 Book ▼ -17.7%

High Cost Claimants
0.0% of Members
0.4% Prior ▼ -100.0%
0.3% Book ▼ -100.0%

.0% of Paid
24.1% Prior ▼ -100.0%
21.5% Book ▼ -100.0%

Service Category	Billed	Allowed	Discount %*	Paid Current	Paid Prior
- Inpatient	$378,669	$220,198	44%	$159,443	$148,564
- Outpatient	$871,848	$464,713	47%	$353,094	$229,080
- Professional	$1,107,399	$637,529	42%	$448,895	$539,677
Medical	$2,357,915	$1,322,440	44%	$961,431	$917,321
Pharmacy	$984,889	$448,779	125%	$375,903	$276,682
Total	**$3,342,804**	**$1,771,219**	**57%**	**$1,337,334**	**$1,194,003**





- Average claimants/1000 decreased 4.9% between reporting periods.
- Medical PMPM decrease -12.7% between reporting periods. Medical PMPM was -27.9% below the benchmark.
- High cost claimants represented 0.0% of the total paid expense during the current reporting period.

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*Discount % = Discount Amount / Covered Amount
†Variance is to Book of Business.

Drivers of Trend by Service Category

Medical Paid PMPM	Pharmacy Paid PMPM	Total Paid PMPM
$245.64	**$96.04**	**$341.68**
$281.30 Prior ▼ -12.7%	$84.85 Prior ▲ 13.2%	$366.15 Prior ▼ -6.7%
$340.83 Book ▲ -27.9%	$99.26 Book ▼ -3.2%	$415.03 Book ▼ -17.7%

Service Category		Prior	Current	% Trend	Benchmark	% Variance
Inpatient	Paid PMPM	$45.56	$40.74	-10.6%	$76.32	-46.6%
	Admits/1000	55.2	46.0	-16.7%	50.5	-8.9%
	Paid/Admit	$9,904	$10,630	7.3%	$18,138	-41.4%
Outpatient	Paid PMPM	$70.25	$90.21	28.4%	$117.24	-23.1%
	Visits/1000	813.2	837.0	2.9%	1,327.1	-36.9%
	Paid/Visit	$1,037	$1,293	24.8%	$1,060	22.0%
Professional	Paid PMPM	$165.49	$114.69	-30.7%	$127.75	-10.2%
	Visits/1000	9,420.4	9,495.1	0.8%	9,782.1	-2.9%
	Paid/Visit	$211	$145	-31.2%	$157	-7.5%
Pharmacy	Paid PMPM	$84.85	$96.04	13.2%	$99.26	-3.2%
	Script PKMPM	674.9	640.8	-5.1%	810.7	-21.0%
	Paid/Script	$126	$150	19.4%	$122	22.6%

- Per member expense in the Inpatient Category decreased -10.6% which was -46.6% below the benchmark.
- Pharmacy spend increased 13.2% on a PMPM basis and was -3.2% below the benchmark.
- 136 members, representing 20.5% of the population, did not utilize any services in the current period.

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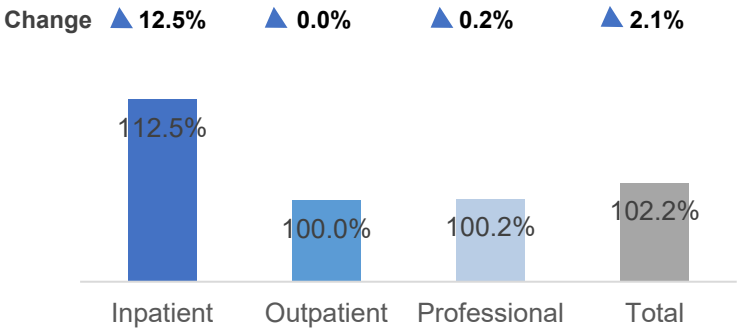
Benefit Profile

	Prior	Current	% Trend	Benchmark
Total Allowed	$1,179,321	$1,322,440	12.1%	N/A
Total Allowed PMPM	$337.87	$361.64	-6.6%	$435.10
COB Savings	$1,820	$864	-52.5%	N/A
Total Paid	$917,321	$961,431	4.8%	N/A
Paid % of Allowed	77.8%	72.7%	-6.5%	78.3%
Deductible % of Allowed	12.6%	14.8%	17.8%	11.3%
Copay % of Allowed	2.9%	3.2%	10.5%	1.1%
Coinsurance % of Allowed	5.9%	6.5%	9.6%	4.6%
COB % of Allowed	0.2%	0.1%	-57.7%	0.6%
Member Liability % of Allowed	21.4%	24.5%	14.5%	17.0%

In-Network Payment by Service Category



Medical Plan Design by Top 3 Paid

Medical Plan Design	Paid
PPO HSA - $4000.00	$36,212
PPO NON-HSA - $1000.00	$110,666
PPO NON-HSA - $2500.00	$661,900
PPO NON-HSA - $4000.00	$152,652
Total	$961,431

- Total paid increased 4.8% from prior period, while member liability increased 14.5%.
- 102.2% of paid services took place in-network during the current reporting period.

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Condition Profile

Top Episodes by Current Paid PMPM	Total Paid PMPM	Medical Paid PMPM	Pharmacy Paid PMPM	% Trend Total Paid PMPM	Claimants
Endo - DM - Type II	$21.74	$2.97	$18.78	50.6%	35
Prvn - Preventative Health	$21.06	$20.43	$0.64	1.7%	225
Neoplasm - malignant neoplasm - GI	$19.89	$19.89	$0.00	-49.4%	2
NS - polyneuropathy	$14.40	$14.40	$0.00	-71.6%	2
Immune sys - rheumatoid arthr/related	$11.91	$0.10	$11.81	5213.8%	25
CV - coronary artery disease - AMI	$11.84	$11.84	$0.00	6775881.7 %	2
MS - shoulder - fx	$11.36	$11.36	$0.00	56.9%	3
NS - multiple sclerosis & related conditions	$11.10	$1.14	$9.96	-1.3%	3
NS - hydrocephalus	$10.16	$10.16	$0.00	80409.5%	1
Othr - Ungroupable	$9.67	$3.97	$5.70	45.6%	171

- Encounters for “Prvn - Preventative Health” had the highest medical paid PMPM of $20.43 during the current reporting period.
- Encounters for “Endo - DM - Type II” had the highest pharmacy paid PMPM of $18.78 during the current reporting period.

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Chronic Condition Profile

Chronic Condition	Total Paid PMPM	Medical Paid PMPM	Pharmacy Paid PMPM	% Trend Total Paid PMPM	% Variance Total Paid PMPM	Claimants	Prevalence
Coronary Artery Disease	$12.40	$12.26	$0.14	116.7%	102.5%	6	1.1%
Heart Failure	$0.67	$0.16	$0.52	1523.3%	-89.1%	2	0.4%
Hypertension	$2.36	$0.95	$1.42	-57.5%	-32.9%	78	13.9%
Diabetes	$28.91	$3.36	$25.55	32.6%	6.3%	40	7.2%
Asthma	$2.70	$0.20	$2.50	-12.6%	-15.6%	38	6.8%
Chronic Obstructive Pulmonary Disease	$1.59	$0.94	$0.65	402.9%	-52.3%	5	0.9%

- Among the chronic conditions, Diabetes had the highest PMPM during the current reporting period.
- Hypertension had the highest prevalence among the chronic conditions.

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Drivers of Change by Episode Summary Group

Medical Paid PMPM	Pharmacy Paid PMPM	Total Paid PMPM
$245.64	**$96.04**	**$341.68**
$281.30 Prior ▲ -12.7%	$84.85 Prior ▲ 13.2%	$366.15 Prior ▲ -6.7%
$340.83 Book ▲ -27.9%	$99.26 Book ▲ -3.2%	$415.03 Book ▲ -17.7%

Top 10 Episode Summary Groups by PMPM Change	Prior PMPM	Current PMPM	PMPM Change ↓	Benchmark PMPM	% Variance	Prior # Claimants	Current # Claimants
NS - PNS	$51.09	$14.66	-$36.43	$1.84	697.1%	4	5
Neoplasm - GI	$40.90	$20.80	-$20.10	$6.48	221.0%	5	4
Neoplasm - skin	$15.87	$0.69	-$15.18	$2.55	-73.0%	13	20
NS - CNS	$14.18	$26.67	$12.49	$12.69	110.2%	30	30
Immune sys - autoimmune ds	$0.44	$12.00	$11.56	$9.19	30.7%	14	26
MS - upper extrmty	$9.61	$19.61	$10.00	$8.51	130.5%	24	27
MS - spine	$2.31	$10.60	$8.28	$13.02	-18.6%	38	42
Neoplasm - MS	$8.19	$0.00	-$8.19	$1.27	-100.0%	2	1
CV - cardiac ds	$7.26	$15.24	$7.99	$21.29	-28.4%	16	18
OB - labor and delivery	$13.98	$6.18	-$7.81	$13.22	-53.3%	7	3
All Other	$202.31	$215.22	$12.91	$324.99	-33.8%	463	526
Total	$366.15	$341.68	-$24.47	$415.03	-17.7%	467	533

- Episode Summary Group “NS - PNS” realized a -$36.43 PMPM increase between reporting periods.
- Episode Summary Group “Endo - DM” had the highest PMPM of $28.91 during the current reporting period and was 57.1% below the benchmark.

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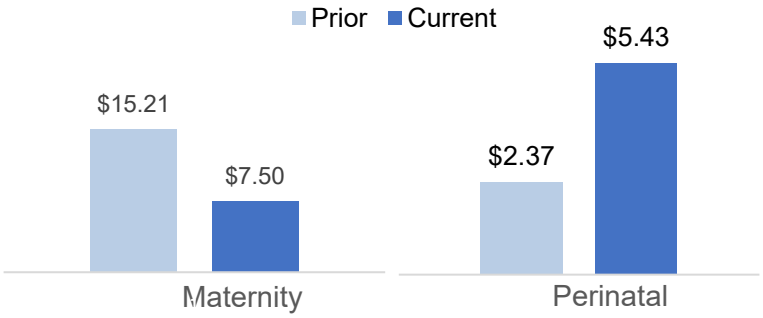
Maternity and Perinatal Analysis

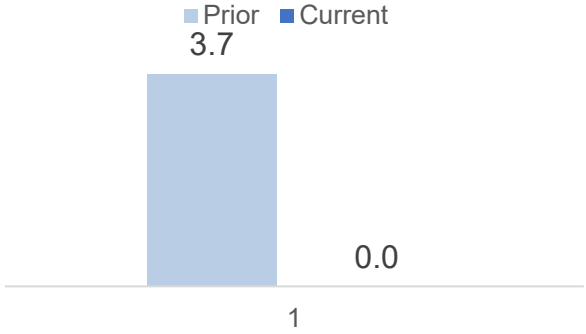
Paid PMPM	Admits/1000	Paid/Admit	C-Section Rate
$12.93	**21.5**	**$5,135**	**33.3%**
$17.58 Prior ▼ -26.4%	25.8 Prior ▼ -16.7%	4,281 Prior ▲ 19.9%	0.0% Prior ▲
$23.15 Book ▼ -44.1%	25.1 Book ▼ -14.5%	$7,202 Book ▼ -28.7%	29.9% Book ▲ 11.4%

Admission Type	Prior			Current			Benchmark		
	Paid PMPM	Admits/ 1,000	Paid/ Admit	Paid PMPM	Admits/ 1,000	Paid/ Admit	Paid PMPM	Admits/ 1,000	Paid/ Admit
Normal Delivery	$6.02	11.0	$6,547	$4.49	6.1	$8,784	$4.64	8.9	$6,284
C-Section Delivery	$0.00	0.0		$0.15	3.1	$593	$3.85	3.8	$12,223
Complex Newborns	$1.95	11.0	$2,120	$4.54	12.3	$4,446	$5.25	4.9	$12,830
Total	$7.97	22.1	$4,334	$9.18	21.5	$5,135	$13.74	17.6	$9,395

Maternity & Perinatal Paid PMPM



High Risk Pregnancies



Newborns over $100k

0

- Maternity Paid PMPM decreased -50.7% and was -52.8% below the benchmark.
- Perinatal Paid PMPM increased -25.3% and was 129.1% below the benchmark.
- Admits for normal deliveries decreased -33.3% from prior year (3 prior admits and 2 current admits.)

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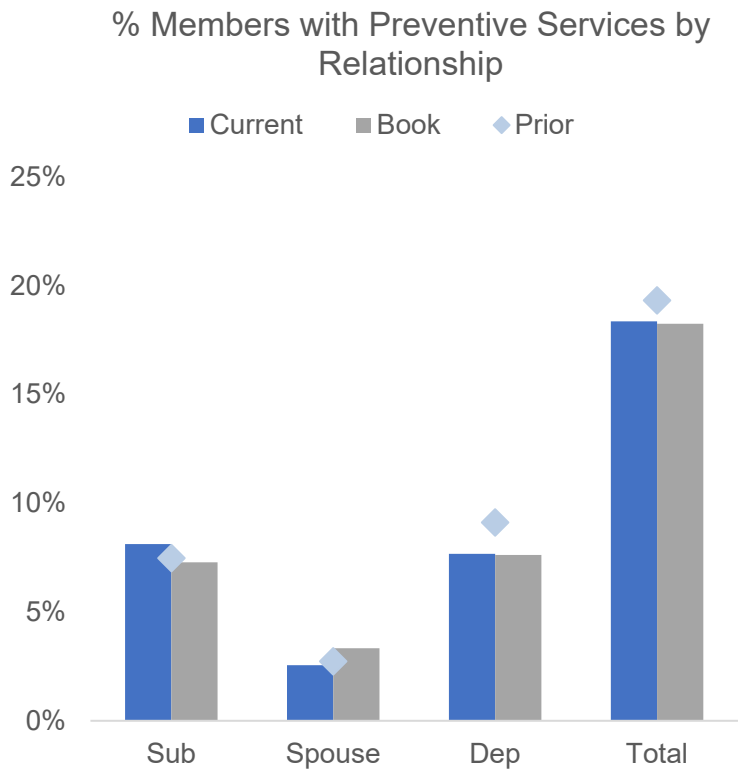
Preventive Services

Claimants	Paid	Paid PMPM	% Total Paid
122	**$45,675**	**$11.67**	**4.8%**
106 Prior ▲ 15.1%	$33,539 Prior ▲ 36.2%	$10.29 Prior ▲ 13.5% $10.59 Book ▲ 10.2%	3.7% Prior ▲ 29.9% 2.8% Book ▲ 32.0%



Preventive Service	Prior	Current	% Trend
Preventive E&M			
Claimants	105	122	16.2%
Claimants/1000	386.4	374.0	-3.2%
Services/1000	496.8	484.4	-2.5%
Paid	$24,012	$28,009	16.6%
Paid/Service	$178	$177	-0.3%
Childhood & Adolescent Immunizations			
Claimants	21	30	42.9%
Claimants/1000	77.3	92.0	19.0%
Services/1000	375.3	499.7	33.1%
Paid	$8,943	$15,638	74.9%
Paid/Service	$88	$96	9.4%
Adult Immunizations			
Claimants	4	14	250.0%
Claimants/1000	14.7	42.9	191.6%
Services/1000	29.4	110.4	274.9%
Paid	$584	$2,027	247.1%
Paid/Service	$73	$56	-22.9%
Total Claimants	106	122	15.1%

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Preventive Cancer Screenings

Claimants	Paid	Paid PMPM	% Total Paid
43	**$13,161**	**$3.36**	**1.4%**
45 Prior ▼ -4.4%	$14,032 Prior ▼ -6.2%	$4.30 Prior ▲ -21.9% $8.23 Book ▼ -59.2%	1.5% Prior ▲ -10.5% 2.2% Book ▼ -36.4%

Cancer Screening	Total	Outpatient	Professional
Breast Cancer Screening			
Claimants	15	5	14
Claimants/1000	46.0	15.3	42.9
Services/1000	128.8	30.7	98.1
Paid	$4,999	$1,767	$3,232
Paid/Service	$119	$177	$101
Cervical Cancer Screening			
Claimants	18	1	17
Claimants/1000	55.2	3.1	52.1
Services/1000	67.5	3.1	64.4
Paid	$577	$77	$500
Paid/Service	$26	$77	$24

Cancer Screening	Total	Outpatient	Professional
Colorectal Cancer Screening			
Claimants	7	3	6
Claimants/1000	21.5	9.2	18.4
Services/1000	58.3	12.3	46.0
Paid	$7,386	$1,747	$5,639
Paid/Service	$389	$437	$376
Prostate Cancer Screening			
Claimants	6	2	4
Claimants/1000	18.4	6.1	12.3
Services/1000	18.4	6.1	12.3
Paid	$199	$92	$107
Paid/Service	$33	$46	$27

- The number of claimants receiving a preventive cancer screening decreased -4.4% from prior to current year.
- Paid amount PMPM decreased -21.9% year over year for preventive cancer screenings.
- In the current year, 0 claimants utilized Cologuard for colorectal cancer screening with a paid cost per claimant of .

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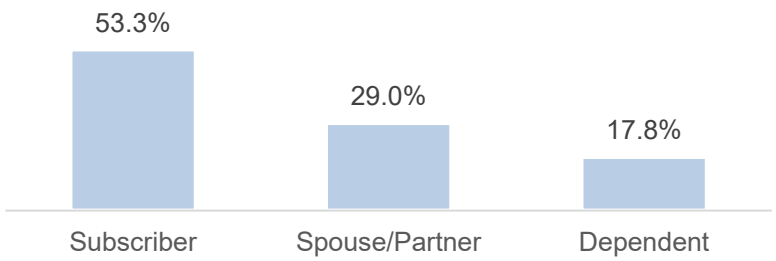
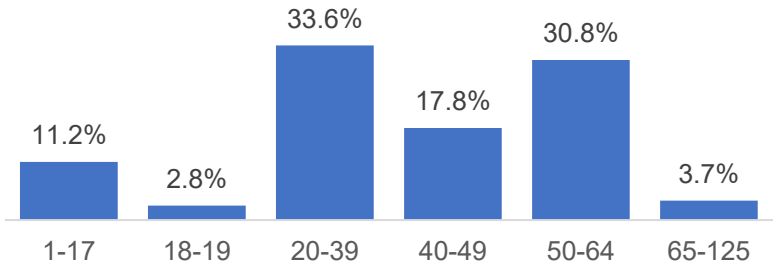
Musculoskeletal Summary

Claimants	Paid	Paid PMPM	% Total Paid
107	**$202,509**	**$51.74**	**15.1%**
94 Prior ▲ 13.8%	$97,539 Prior ▲ 107.6%	$29.91 Prior ▲ 73.0%	8.2% Prior ▲ 85.4%
		$65.41 Book ▼ -20.9%	13.3% Book ▲ 13.7%

Claimants by Relationship



Claimants by Age Group



Service Category	Visits/1000 Prior	Visits/1000	Visits/1000 % Trend	Paid PMPM Prior	Paid PMPM	Paid PMPM % Trend
Inpatient	0.0	3.1		$0.00	$6.72	
Outpatient	158.2	138.0	-12.8%	$16.35	$31.44	92.3%
Professional	1,471.9	1,336.7	-9.2%	$12.06	$13.52	12.2%
Pharmacy	187.7	141.0	-24.9%	$1.50	$0.05	-96.9%
Total	1,817.8	1,618.8	-10.9%	$29.91	$51.74	73.0%

- 0.0% of total pharmacy paid was for treatment of musculoskeletal conditions.
- 'Ambulatory Surgery' services accounted for 40.0% of musculoskeletal paid dollars.
- 'Ambulatory Surgery' had the highest paid/service of $4,769.

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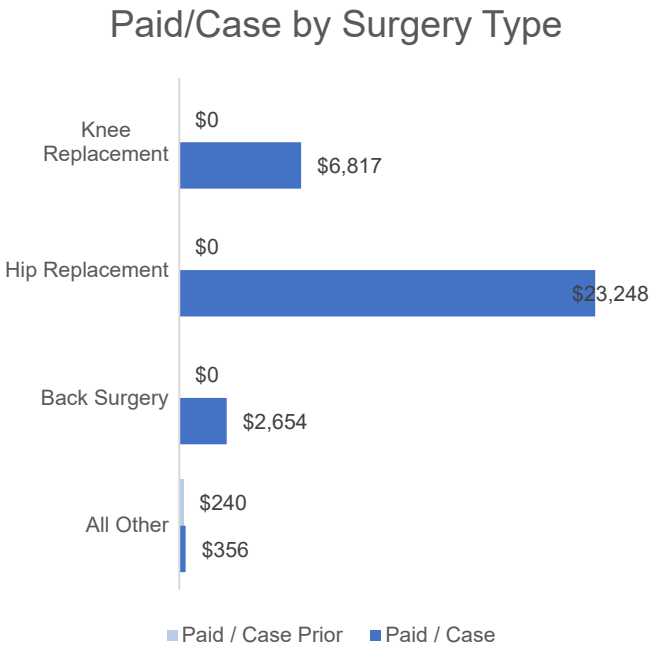
Musculoskeletal Details

Claimants	Paid	Paid PMPM	% Total Paid
107	**$202,509**	**$51.74**	**15.1%**
94 Prior ▲ 13.8%	$97,539 Prior ▲ 107.6%	$29.91 Prior ▲ 73.0% $65.41 Book ▼ -20.9%	8.2% Prior ▲ 85.4% 13.3% Book ▲ 13.7%

Top 10 Episode Groups by Paid	Claimants Prior	Claimants Current	% Trend	Paid PMPM Prior	Paid PMPM Current ↓	% Trend
MS - shoulder - fx	3	3	0.0%	$7.24	$11.36	56.9%
MS - knee	9	12	33.3%	$2.66	$9.17	245.1%
MS - hip	0	4		$0.00	$7.79	
MS - upper arm	1	2	100.0%	$0.30	$6.54	2097.9%
MS - spine - cervical	7	13	85.7%	$0.11	$6.45	6020.2%
MS - spine - lumbosacral	20	20	0.0%	$1.72	$3.69	114.3%
MS - lower leg - fx	0	2		$0.00	$1.10	
MS - ankle / foot / toes	17	14	-17.6%	$6.28	$0.99	-84.2%
MS - muscle	17	16	-5.9%	$1.02	$0.83	-17.8%
MS - shoulder	3	5	66.7%	$0.26	$0.79	206.3%
All Others	59	65	10.2%	$10.33	$3.03	-70.6%
Total	94	107	13.8%	$29.91	$51.74	73.0%



- MS - spine - lumbosacral had the highest prevalence of 3.0%.
- MS - shoulder - fx had the most inpatient admits of 1 in the current year.
- Top pharmacy spend is at $ PMPM

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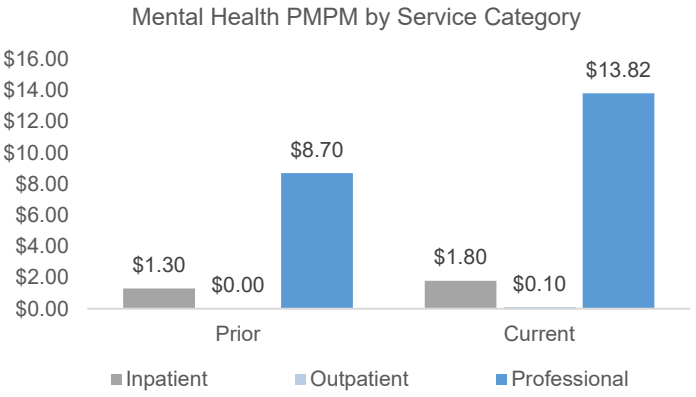
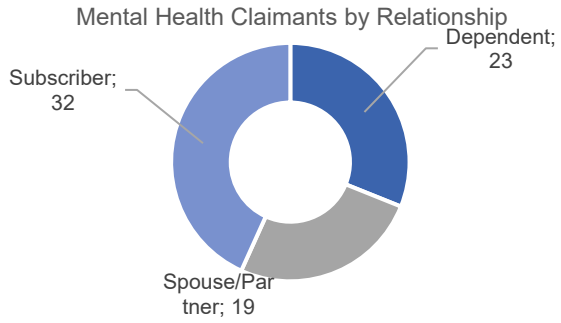
Mental Health

Claimants	Paid	Paid PMPM	% Total Paid
74	**$61,513**	**$15.72**	**4.6%**
60 Prior ▲ 23.3%	$32,621 Prior ▲ 88.6%	$10.00 Prior ▲ 57.1% $15.15 Book ▲ 3.7%	2.7% Prior ▲ 68.4% 3.1% Book ▲ 49.1%

MHSA Conditions	Prior			Current		
	Paid PMPM	Visits/ 1,000	Paid/ Visit	Paid PMPM	Visits/ 1,000	Paid/ Visit
Adjustment/Anxiety/Stress	$5.83	585.1	$120	$9.68	892.2	$130
Bipolar Disorder	$1.58	44.2	$430	$2.21	67.5	$394
Depression	$2.23	165.6	$161	$1.90	199.3	$115
ADHD	$0.31	40.5	$93	$1.33	107.3	$148
Eating Disorders	$0.00	0.0		$0.55	46.0	$144
All Other	$0.05	7.4	$86	$0.04	9.2	$58
Total	$10.00	842.7	$142	$15.72	1,321.4	$143





- Telehealth mental health visits/1000 increased 78.9% from prior year.
- Adjustment/Anxiety/Stress represented the highest number of total visits/1000 and increased 52.5% from prior year.

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Site of Service Comparison

Office Visits/1000	Telehealth Visits/1000	Urgent Care Visits/1000	Emergency Room Visits/1000
6,692.9	**643.8**	**233.0**	**168.6**
7,054.3 Prior ▼ -5.1%	456.3 Prior ▲ 41.1%	198.7 Prior ▲ 17.3%	128.8 Prior ▲ 30.9%
9,040.4 Book ▼ -26.0%	1,396.1 Book ▼ -53.9%	111.8 Book ▲ 108.5%	143.8 Book ▲ 17.2%

Site of Service Category	Prior			Current			Benchmark		
	Paid PMPM	Visits/ 1,000	Paid/ Visit	Paid PMPM	Visits/ 1,000	Paid/ Visit	Paid PMPM	Visits/ 1,000	Paid/ Visit
11 Office	$74.42	7,054.3	$127	$60.90	6,692.9	$109	$77.69	9,040.4	$103
02 Telehealth	$5.19	456.3	$136	$6.87	643.8	$128	$3.32	1,396.1	$29
10 Telehealth	$0.00	0.0		$1.85	165.6	$134	$0.19	542.8	$4
20 Urgent Care Facility	$1.91	198.7	$115	$2.43	233.0	$125	$1.13	111.8	$121
Emergency Room	$15.00	128.8	$1,397	$18.05	168.6	$1,285	$18.65	143.8	$1,555

- 72.4% of telehealth visits were due to mental health.
- Paid PMPM for office visits decreased -18.2% from prior year and increased 68.2% for telehealth.

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Emergency Room

ER Paid PMPM	ER Visits/1000	ER Paid/Visit	Recurrent Utilizers (3+ ER Visits)
$18.05	**168.6**	**$1,285**	**0.0%**
$15.00 Prior ▲ 20.4%	128.8 Prior ▲ 30.9%	$1,397 Prior ▼ -8.0%	0.0% Prior ▲ 0.0%
$18.65 Book ▼ -3.2%	143.8 Book ▲ 17.2%	$1,555 Book ▼ -17.4%	5.5% Book ▼ -100.0%

Visit Frequency	Claimants	Claimants % Total	ER Visits	% Visits	Paid/ER Visit
ER Visits <= 2	46	100.0%	55	100.0%	$1,285

ER Visits by Severity	# Visits	Visits/1000	Book Visits/1000	% Variance
ER Visit Limited/Minor Problem			1.3	-100.0%
ER Visit Low/Moderate Severity	4	12.3	15.1	-18.8%
ER Visit Moderate Severity	15	46.0	55.9	-17.7%
ER Visit High/Urgent Severity	25	76.6	64.7	18.5%
ER Visit High Severity & Threat FuncJ	10	30.7	29.9	2.4%
Total	54.0	165.6	166.9	-0.8%

- PMPM in this setting accounted for 20.0% of Outpatient expense.

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Avoidable Emergency Room Visits

Opportunity
30.9%
of Visits
could have been redirected to
non-ER settings

Top diagnoses for each non-appropriate emergency status	Paid ↓	Paid % of Category	Claimants	Outpatient ER Visits	Paid % of Total ER	Paid/Visit
Non-Emergent						
R11 Nausea and vomiting	$3,127	56.5%	2	3	4.4%	$1,042
M79 Oth and unsp soft tissue disorders, not elsewhere classified	$1,155	20.9%	1	1	1.6%	$1,155
L50 Urticaria	$657	11.9%	1	1	0.9%	$657
All Other	$592	10.7%	3	3	0.8%	$197
Potentially Avoidable						
J18 Pneumonia, unspecified organism	$2,705	100.0%	1	1	3.8%	$2,705
Primary Care						
R07 Pain in throat and chest	$11,587	79.9%	1	1	16.4%	$11,587
R10 Abdominal and pelvic pain	$1,798	12.4%	4	5	2.5%	$360
L08 Other local infections of skin and subcutaneous tissue	$926	6.4%	1	1	1.3%	$926
K29 Gastritis and duodenitis	$199	1.4%	1	1	0.3%	$199

- ‘R07 Pain in throat and chest’ accounted for the highest percentage of ER avoidable paid dollars.
- ‘R07 Pain in throat and chest’ had the highest paid per visit cost among all avoidable ER visits.

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Medical Providers

Top 5 Inpatient Providers by Paid

Provider Name	Claimants	Admits	Paid	Admits/1000	Paid/Admit	Paid PMPM
BRYANLGH MEDICAL CENTER	5	5	$72,998	15.3	$14,600	$18.65
BANNER DESERT MEDICAL CENTER	1	1	$36,854	3.1	$36,854	$9.42
BANNER THUNDERBIRD MEDICAL CENT	2	2	$30,319	6.1	$15,160	$7.75
JASON L BESPALEC MD	1	1	$13,645	3.1	$13,645	$3.49
CHI HEALTH ST ELIZABETH HOME MEDICAL EQUIPMENT	2	2	$5,034	6.1	$2,517	$1.29
All Other	4	4	$593	12.3	$148	$0.15
Total	14	15	$159,443	46.0	$10,630	$40.74

Top 5 Outpatient Providers by Paid

Provider Name	Claimants	Visits	Paid	Visits/1000	Paid/Visit	Paid PMPM
BRYAN MEDICAL CENTER	25	29	$71,274	88.9	$2,458	$18.21
LINCOLN SURGICAL HOSPITAL CRNA	4	4	$70,426	12.3	$17,606	$17.99
BRYANLGH MEDICAL CENTER	39	55	$37,710	168.6	$686	$9.63
CRETE AREA MEDICAL CENTER	5	14	$31,760	42.9	$2,269	$8.11
CHI HEALTH ST ELIZABETH HOME MEDICAL EQUIPMENT	14	23	$22,104	70.5	$961	$5.65
All Other	80	148	$119,822	453.8	$810	$30.61
Total	136	273	$353,094	837.0	$1,293	$90.21

- BRYANLGH MEDICAL CENTER had the highest inpatient paid amount of $72,998 with 5 claimants.
- BRYAN MEDICAL CENTER had the highest outpatient paid amount of $71,274 with 25 claimants.

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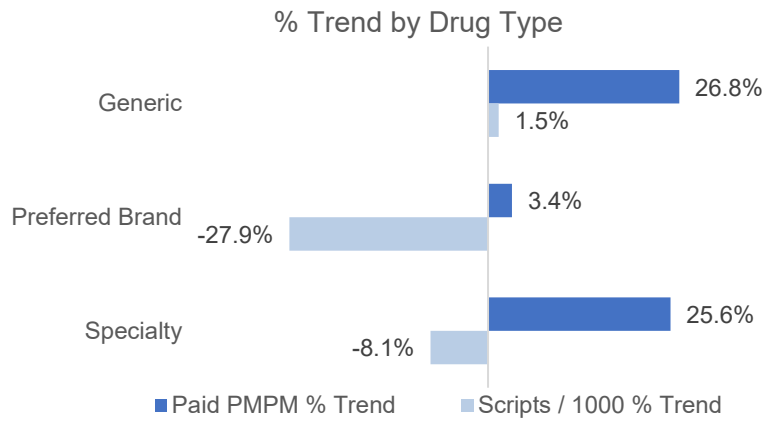
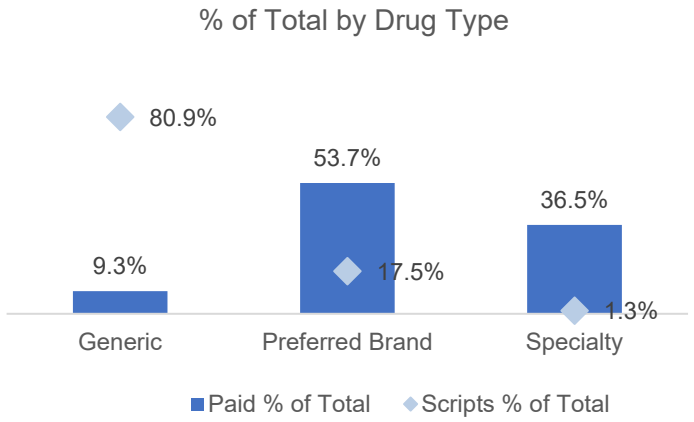
Pharmacy Summary

Paid PMPM	Scripts/1000	Paid/Script	% Specialty Drug Paid
$96.04	**7,689.3**	**$150**	**36.5%**
$84.85 Prior ▲ 13.2%	8,099.4 Prior ▼ -5.1%	$126 Prior ▲ 19.4%	32.9% Prior ▲ 11.0%
$99.26 Book ▼ -3.2%	9,728.8 Book ▼ -21.0%	$122 Book ▲ 22.6%	48.6% Book ▼ -24.9%

Drug Type	Paid PMPM Prior	Paid PMPM	Paid/Script Prior	Paid/ Script	Scripts/1000 Prior	Scripts/1000	Scripts/ Claimant Prior	Scripts/ Claimant
Generic	$7.04	$8.93	$14	$17	6,127.0	6,217.7	6.2	6.0
Preferred Brand	$49.91	$51.58	$321	$461	1,865.7	1,345.9	2.8	2.8
Specialty	$27.90	$35.05	$3,138	$4,286	106.7	98.1	4.1	4.6
Total	$84.85	$96.04	$126	$150	8,099.4	7,689.3	6.7	6.7





- Pharmacy PMPM increased 13.2% between reporting periods. This was -3.2% below the benchmark.
- Specialty drugs accounted for 1.3% of total scripts and 36.5% of paid dollars.
- Generic drug scripts/1000 increased 1.5% and paid PMPM dollars increased 26.8%.

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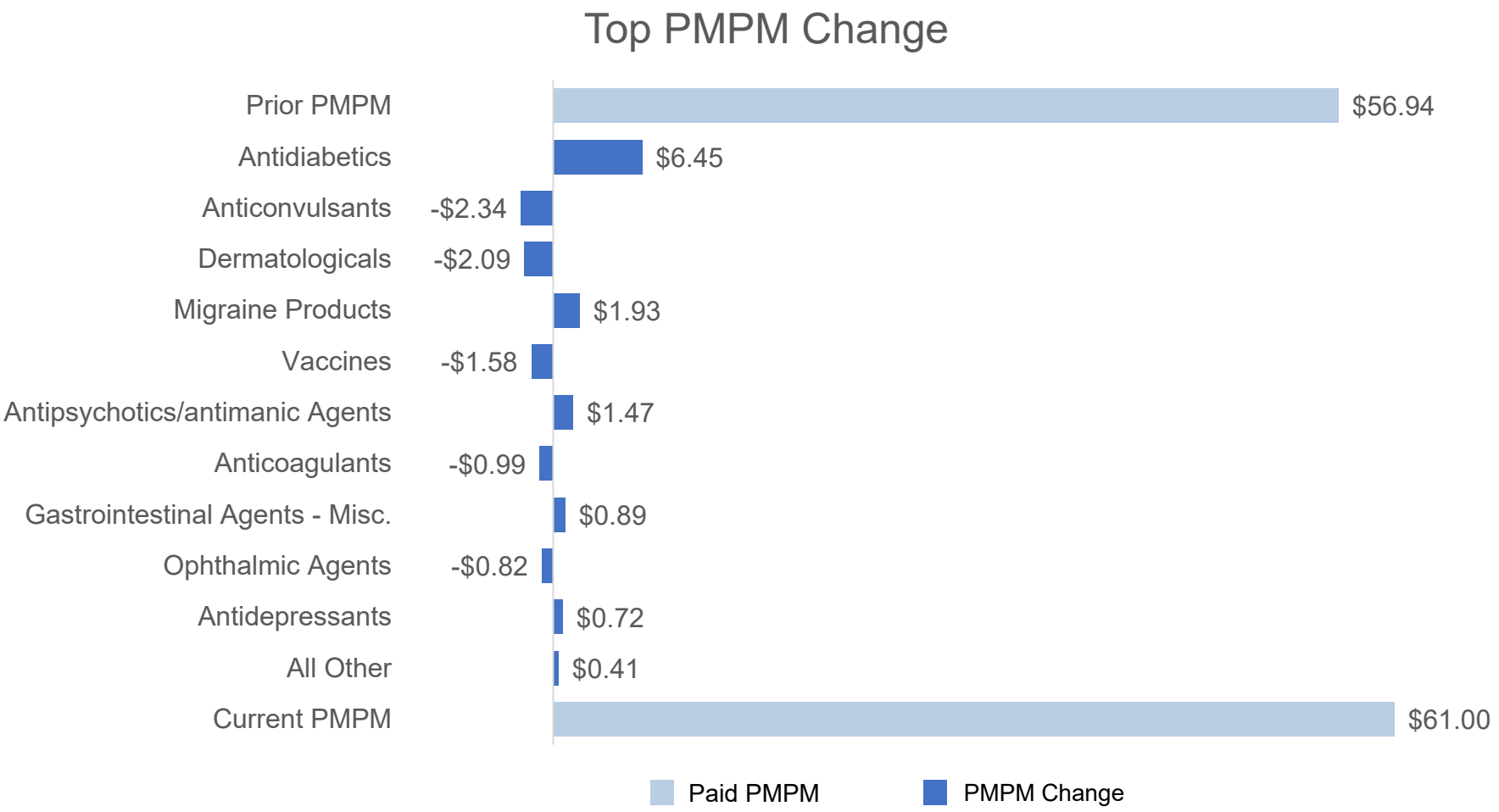
Non-Specialty Drug Groups



- Antidiabetics had the largest PMPM increase between reporting periods by drug group.
- Current paid PMPM was $61.00 and increased 7.1% from prior period.

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Top Non-Specialty Drug Groups by Paid

Drug Group	Claimants	Total Scripts Current	Total Paid Current ↓	Paid PMPM Current	Paid PMPM Prior	Paid/ Script Current
Antidiabetics	36	164	$102,730	$26.25	$19.79	$626
Antipsychotics/antimanic Agents	5	27	$14,051	$3.59	$2.12	$520
Adhd/anti-narcolepsy/anti-obesity/anorexiants	20	75	$13,499	$3.45	$2.88	$180
Antiasthmatic And Bronchodilator Agents	36	107	$12,870	$3.29	$3.40	$120
Medical Devices	12	38	$11,879	$3.04	$3.00	$326
Anticonvulsants	37	132	$9,956	$2.54	$4.88	$75
Gastrointestinal Agents - Misc.	2	6	$8,115	$2.07	$1.18	$1,352
Migraine Products	9	19	$7,600	$1.94	$0.01	$400
Antivirals	23	33	$6,725	$1.72	$1.82	$204
Ophthalmic Agents	18	28	$5,756	$1.47	$2.30	$206
All Other	341	1,847	$45,554	$11.64	$15.56	$25
Total	373	2,476	$238,735	$61.00	$56.94	$97

- Antidiabetics had the highest paid PMPM of $26.25.
- Gastrointestinal Agents - Misc. had the highest per-script cost with Paid/Script Current of $1,352.

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Top Non-Specialty Drug Groups by Utilization

Drug Group	Claimants	Total Scripts Current ↓	Total Paid Current	Paid PMPM Current	Paid PMPM Prior	Paid/ Script Current
Antidepressants	70	244	$3,361	$0.86	0.14	$14
Antihypertensives	66	173	$5,304	$1.36	0.88	$31
Antidiabetics	36	164	$102,730	$26.25	19.79	$626
Antihyperlipidemics	54	140	$1,792	$0.46	0.78	$13
Anticonvulsants	37	132	$9,956	$2.54	4.88	$75
Antiasthmatic And Bronchodilator Agents	36	107	$12,870	$3.29	3.40	$120
Ulcer Drugs/antispasmodics/anticholinergics	46	99	$294	$0.08	0.06	$3
Thyroid Agents	31	99	$339	$0.09	0.07	$3
Vaccines	81	92	$4,047	$1.03	2.61	$44
Beta Blockers	26	78	$3,841	$0.98	1.10	$49
All Other	296	1,148	$94,201	$24.07	23.22	$82
Total	373	2,476	$238,735	$61.00	$56.94	$97

- Antidepressants had the highest number of scripts. Its Total Paid Current was $3,361.
- Antihypertensives had the second highest number of scripts. Its Paid Current was $5,304.

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Top Non-Specialty Drugs by Paid

Drug Name	Drug Group	Claimants	Total Scripts Current	Total Paid Current ↓	Paid PMPM Current	Paid PMPM Prior	Paid/ Script Current
NOVOLOG	Antidiabetics	4	17	$19,515	$4.99	$5.07	$1,148
OZEMPIC (1 MG/DOSE)	Antidiabetics	4	22	$18,281	$4.67	$0.25	$831
TRULICITY	Antidiabetics	3	11	$16,627	$4.25	$2.13	$1,512
REXULTI	Antipsychotics/antimanic Agents	1	4	$13,953	$3.56	$2.11	$3,488
VYVANSE	Adhd/anti-narcolepsy/anti-obesity/anorexiants	7	26	$9,146	$2.34	$1.54	$352
TROKENDI XR	Anticonvulsants	1	10	$8,188	$2.09	$4.28	$819
TRULANCE	Gastrointestinal Agents - Misc.	2	6	$8,115	$2.07	$1.18	$1,352
FARXIGA	Antidiabetics	3	5	$7,088	$1.81	$0.44	$1,418
OZEMPIC	Antidiabetics	2	8	$6,668	$1.70	$0.00	$833
VICTOZA	Antidiabetics	1	6	$6,097	$1.56	$2.60	$1,016
All Other		372	2,361	$125,056	$31.95	$37.33	$53
Total		373	2,476	$238,735	$61.00	$56.94	$97

- NovoLOGhad the highest paid PMPM of $4.99.
- OmniPod 5 Pack had the highest per-script cost with Paid/Script Current of $4,343.

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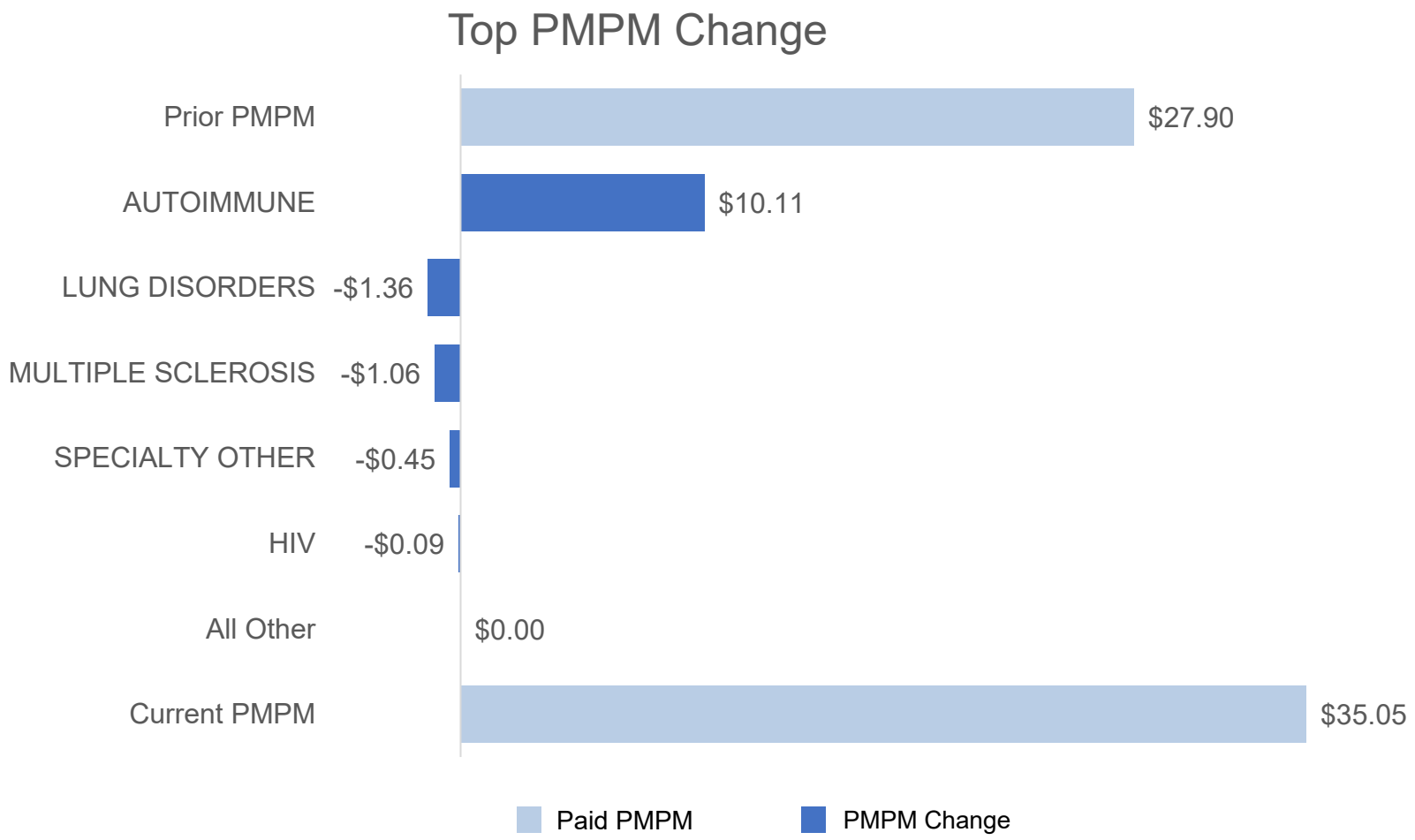
Specialty Drug Class



- AUTOIMMUNE had the largest PMPM increase between reporting periods by specialty drug class.
- Current paid PMPM was $35.05 and increased 25.6% from prior period.

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Top Specialty Drugs by Paid

Drug Name	Specialty Drug Class	Claimants	Total Scripts Current	Total Paid Current ↓	Paid PMPM Current	Paid PMPM Prior	Paid/ Script Current
HUMIRA PEN	AUTOIMMUNE	2	10	$57,336	$14.65	$3.33	$5,734
AVONEX PEN	MULTIPLE SCLEROSIS	1	7	$38,964	$9.96	$0.00	$5,566
DUPIXENT	AUTOIMMUNE	2	8	$24,388	$6.23	$4.01	$3,048
CIMZIA PREFILLED	AUTOIMMUNE	1	6	$16,048	$4.10	$7.54	$2,675
REPATHA	SPECIALTY OTHER	1	1	$432	$0.11	$0.00	$432
AUBAGIO	MULTIPLE SCLEROSIS	0	0	$	$0.00	$9.33	
AVONEX PREFILLED	MULTIPLE SCLEROSIS	0	0	$	$0.00	$1.69	
XOLAIR	LUNG DISORDERS	0	0	$	$0.00	$1.36	
REPATHA SURECLICK	SPECIALTY OTHER	0	0	$	$0.00	$0.56	
EMTRICITABINE-TENOFOVIR DF	HIV	0	0	$	$0.00	$0.09	
All Other							
Total		7	32	$137,168	$35.05	$27.90	$4,286

- Humira Pen had the highest PMPM of $14.65.
- Humira Pen had the highest per-script cost with Paid/Script Current of $5,734.

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Top Drugs by PMPM Change

Drug Name	Specialty Drug (Y/N)	Drug Group	Claimants	Scripts	Paid PMPM Current	Paid PMPM Prior	Paid PMPM Change ↓
HUMIRA PEN	Y	Analgesics - Anti-inflammatory	2	10	$14.65	$3.33	$11.32
AVONEX PEN	Y	Psychotherapeutic And Neurological Agents - Misc.	1	7	$9.96	$0.00	$9.96
AUBAGIO	Y	Psychotherapeutic And Neurological Agents - Misc.	0	0	$0.00	$9.33	-$9.33
OZEMPIC (1 MG/DOSE)	N	Antidiabetics	4	22	$4.67	$0.25	$4.42
CIMZIA PREFILLED	Y	Gastrointestinal Agents - Misc.	1	6	$4.10	$7.54	-$3.44
DUPIXENT	Y	Dermatologicals	2	8	$6.23	$4.01	$2.22
TROKENDI XR	N	Anticonvulsants	1	10	$2.09	$4.28	-$2.19
TRULICITY	N	Antidiabetics	3	11	$4.25	$2.13	$2.12
OZEMPIC	N	Antidiabetics	2	8	$1.70	$0.00	$1.70
AVONEX PREFILLED	Y	Psychotherapeutic And Neurological Agents - Misc.	0	0	$0.00	$1.69	-$1.69
ALL OTHER			373	2,426	$48.39	$52.29	-$3.90
Total			375	2,508	$96.04	$84.85	

- Humira Pen had the highest paid PMPM change of $11.32.
- Humira Pen had the highest Paid PMPM Current of $14.65.

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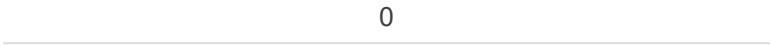
High-Cost Claimants

% Members	% Paid	Currently Enrolled	Repeat HCCs
0.0%	**0.0%**	**0.0%**	**0.0%**
0.4% Prior ▼ -100.0%	24.1% Prior ▼ -100.0%	0.2% Prior ▼ -100.0%	0.4% Prior ▼ -100.0%
0.3% Book ▼ -100.0%	21.5% Book ▼ -100.0%	0.2% Book ▼ -100.0%	0.1% Book ▼ -100.0%

HCCs by Relationship



HCCs by Age Group

	Paid PMPM Prior	Paid PMPM Current	% Trend	Paid PMPM Book	% Variance
HCC	$88.09	$0.00	-100.0%	$105.56	-100.0%
Non-HCC	$278.05	$341.68	22.9%	$385.43	-11.3%
Total	$366.15	$341.68	-6.7%	$490.98	-30.4%

HCC Top Leading Clinical Categories	Total Paid ↓	Claimants
	$0	0

High cost claimants are members whose Paid amount is >= $100,000 in the Current Period.

- 0.0% of high cost claimants were under care management.
- Of the HCC paid dollars, were inpatient, outpatient, professional, and pharmacy.

Top High-Cost Claimants

	Encrypted Member ID	Age Band	Rel	Cur Elig	Leading Primary Diagnosis (3 Digits)	Paid					
						IP	OP	Prof	Rx	Paid Current	Paid Prior
1			UNK			$0	$0	$0	$0	$0	$0
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

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Glossary

Admits: Admits represent an overnight stay in a facility to address a health issue. Admits are derived based on sum of unique Visit Number for inpatient facility claims. See Methodologies > Levels of Analysis under Documentation.

Age Gender Index (AGI): AGI assigns a demographic risk score based on the age band and gender of the member. The AGI weights are derived from the national BHI database and are used to calculate the AGI using the following formula for each Age Gender Band weight: Allowed PMPM for a specific age gender band divided by the Allowed PMPM across all age gender bands.

Average Age: The average age of the population over the analysis period. The average age is derived based on the age of each member each month and dividing by the number of months. Members with “created eligibility,” that is, members with associated claim or other data for a month during which they are not enrolled, are included in this calculation.

Average Contract Size: The average contract size of the population over the analysis period and represents the average number of members per contract. The average contract size is derived based on the number of Member Months divided by the number of Subscriber Months or, equivalently, Average Members divided by Average Subscribers.

Average Members: The average members is a sum of Member Months divided by the number of months. For example, for a period of 12 months and a population of 2 members, one of whom is eligible for the whole period and the second for 6 of these months, Average Members is 1.5.

Benchmark: An average value to which the value for the current population can be compared. Except where noted, benchmarks are calculated for the Commercial book of business for the same Account Product Code (HMO, PPO or POS).

Change: The amount by which a value increased or decreased from the Prior Period to the Current Period.

Chronic Episode Group: Episode Group for which the Episode Type is chronic, which includes Chronic, Acute Flare-ups; Chronic, Maintenance and Chronic, Non-Stratified.

COB: Coordination of Benefits. The COB amount is the amount paid by the primary payer ahead of the plan where the plan is the secondary payer on the claim.

COB Savings: The amount by which the plan reduced the Paid amount for a COB claim from what it would have paid if the plan were primary.

Concurrent Risk: The BHI Concurrent Risk Score provides a severity risk weight for a member considering the mix of health conditions, age and gender of the member. This severity risk score was derived from relative weights using the HHS HCC (Health & Human Services Hierarchical Condition Category) model. The HCC weights were built using a linear regression model with the national BHI benchmark database.

Current Period: The most recent 12-month period with 2 months runout, by default. For example, if data for claims paid through June 2021 has been loaded, the Current Period includes claims incurred May'2020–Apr'2021 and paid May'2020–Jun'2021.

Discount: Discount = (Covered Amount − Allowed Amount) / Covered Amount. The discount reflects network savings. Disallowed amounts are not included in the discount.

Drug Group: Assigned by Medi-Span/FDB, this field defines the Therapeutic Group of the prescription. The Therapeutic Group is the most detailed classification of a drug and often identifies and groups drugs together that are typically options for treating similar conditions.

The Generic Product Identifier (GPI) is a 14-character hierarchical therapeutic classification system developed by Medi-Span for drug products. For example, the GPI for Lipitor Oral Tablet 10MG is 39-40-00-10-10-03-10, from which the Drug Group is 39 (Antihyperlipidemics) and the Drug Name is 39-40-00-10-10 (ATORVASTATIN CALCIUM). For additional components of the GPI, including Drug Class and Drug Sub Class, see https://www.wolterskluwer.com/en/solutions/medi- span/about/gpi and General > Glossary under Documentation.

Drug Name: Assigned by Medi-Span/FDB, the brand name of the drug. Branded drugs have a trade name and are protected by a patent.

Encrypted Member ID: Member IDs are processed through a de-identification process to produce the encrypted member ID and to prevent the direct identification of members through their ID. The encryption method is robust and the resulting encrypted member ID is consistent across all data sources allowing for accurate claimant analysis. The Encrypted Member ID identifies a unique person and is suitable for longitudinal analyses; it remains the same when new data is loaded each month and even if the member’s Member ID is changed.

Episode Group: Assigned by the MEG Grouper, this field is the condition that the episode represents.

Episode Summary Group: Assigned by the MEG Grouper, this field is a high-level categorization of the Episode Group.

Generic Dispensing Rate: The generic dispensing rate represents the proportion of all prescriptions that are a generic form of the drug.

Generic Substitution Rate: The generic substitution rate represents the proportion of all generic and multi-source brand prescriptions that are generic. The rate represents the proportion based on just the drugs where there is a generic option.

High-Cost Claimants: High-cost claimants are members whose Paid amount is >= $100,000 in the Current Period.

Leading: The leading dimension value, such as Leading Clinical Category or Leading Primary Diagnosis 3 Digits, is the value for which the sum of Paid is the greatest during the period.

Medical Premium: The Total Premium paid for the Incurred Month for Benefit Type Medical.

Member Continuity Status: Members are classified as Stayer - Enrolled in both Prior and Current Periods, Joiner - Enrolled in Current but not Prior Period and Leaver - Enrolled in Prior but not Current Period.

Member Months: The sum of months that each member is covered by the health plan. A member is counted as 1 month if the member is eligible as of the last day of that month, otherwise 0.

MHSA: The Management Paid amount paid for the Incurred Month for services related to behavioral health.

Other % of Allowed: The additional amount, expressed as a percentage of Allowed, so that the sum of Paid, COB and Member Cost Shares (Copay, Coinsurance and Deductible) equals Allowed. This amount is typically a small negative percentage because the Paid amount plus Member Cost Shares may be greater than the Allowed amount minus the COB amount.

Paid Loss Ratio: This ratio, which is expressed as a percentage, is derived based on the Total Paid and dividing by the Total Premium. If there is no premium, this measure is not calculated.

Pharmacy Premium: The Total Premium paid for the Incurred Month for Benefit Type Pharmacy.

PKMPM: Per thousand members per month. This type of measure is typically used for Pharmacy.

PMPM: An amount per member per month, which is derived based on that amount and dividing by the number of Member Months.

Prior Period: The period prior to the Current Period. For example, if data for claims paid through June 2021 has been loaded, the Prior Period includes claims incurred May'2019–Apr'2020 and paid May'2019–Jun'2020.

Tier: Drugs are classified into tiers according to a formulary, such as the following typical categorization: Tier 1 - Most generic drugs or low-cost, preferred brand drugs; Tier 2 - Non-preferred generic drugs, preferred brand drugs or drugs recommended by the Pharmacy and Therapeutics (P&T) Committee based on drug safety, efficacy and cost; Tier 3 - Non-preferred brand drugs, drugs recommended by the P&T Committee based on safety, efficacy and cost or drugs that generically have a preferred and often less costly therapeutic alternative at a lower tier and Tier 4 - Drugs that are biological drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies and drugs that require training or clinical monitoring for self-administration

Trend: The percent by which a value increased or decreased from the Prior Period to the Current Period.

Variance: The amount or percent by which a value is above (positive) or below (negative) its benchmark.

Visits: A unique visit number is assigned to allow the user to analyze visits by Service Category (i.e., inpatient facility visits, outpatient facility visits and professional visits). See Methodologies > Levels of Analysis under Documentation.

Annual Review | 2023

Insights to Optimize Your Health Plan

ABC Company

Paid Claims January - December 2023

BlueCross BlueShield Nebraska

An independent licensee of the Blue Cross and Blue Shield Association

MEET THE TEAM

Monica McDonald
Strategic Account Executive

Kristena Bruno
Account Specialist

Alyssa Perrigo
Client Consultant

Dr. Cynthia Gubbels
Medical Director

Julie Klein
Account Executive Leader

We are a champion for the health and well-being of our members and the communities we serve.

One Team

Championing the health and well-being of your employees by:

Reviewing Your Plan and Trends

Aligning your employee benefits with your needs and budget.

Collaborating on Care

Promoting your employees' health and well-being while optimizing healthcare costs.

Providing Support and Engagement

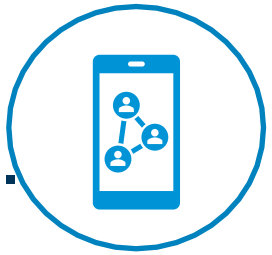
Streamlining your benefits administration and ensuring high-quality, cost-effective care for your employees.

Top Highlights of 2023

01 IP/OP/PR down by $114.42

02 Empyrean!

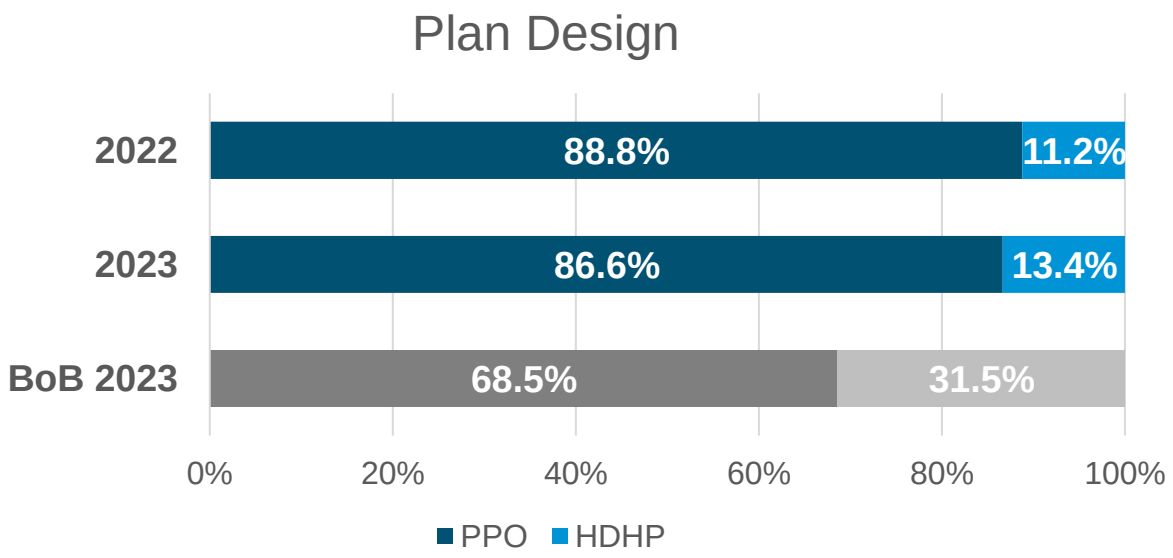
03 Annual cancer screening education.



04 ER visits are up- focus on member education.

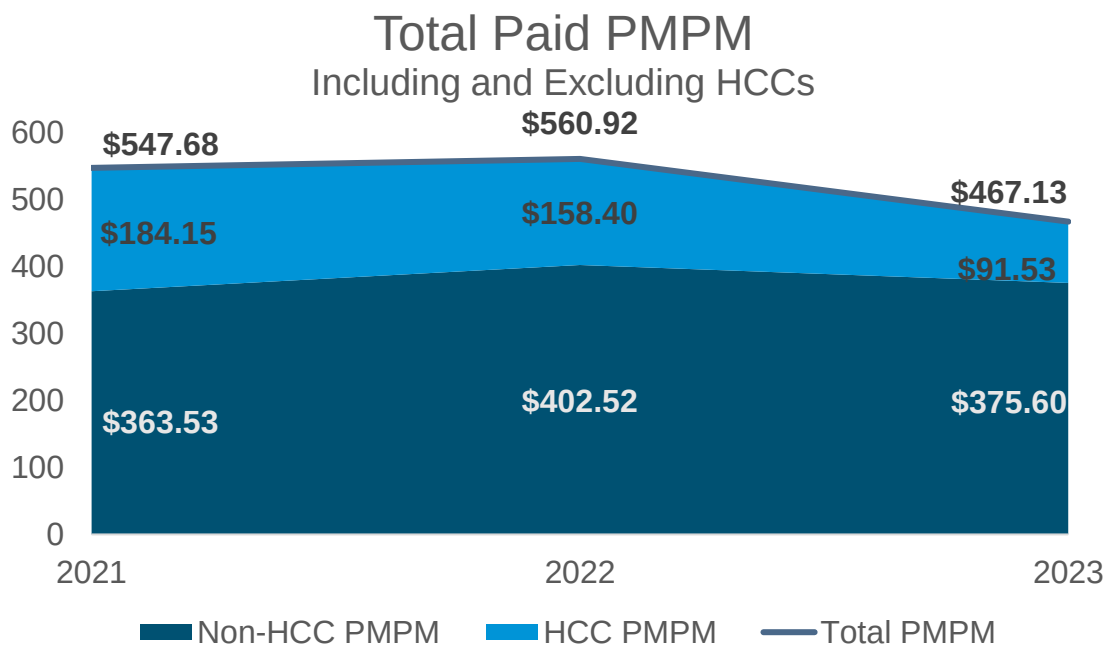
Demographics
2023

Demographic	2022	2023	Book of Business
Average Age	39.2	**38.6**	33.8
Average Age – Subscriber	47.1	46.6	44.2
Average Age – Spouse	49.5	48.9	46.4
Subscribers over age 60	226	**214**	
% Female	33.1%	**33.7%**	50.2%
Contract Size	1.7	**1.7**	2.0
% Membership in Nebraska	9.5%	**8.1%**	



Enrollment and Claims Trends 2021-2023

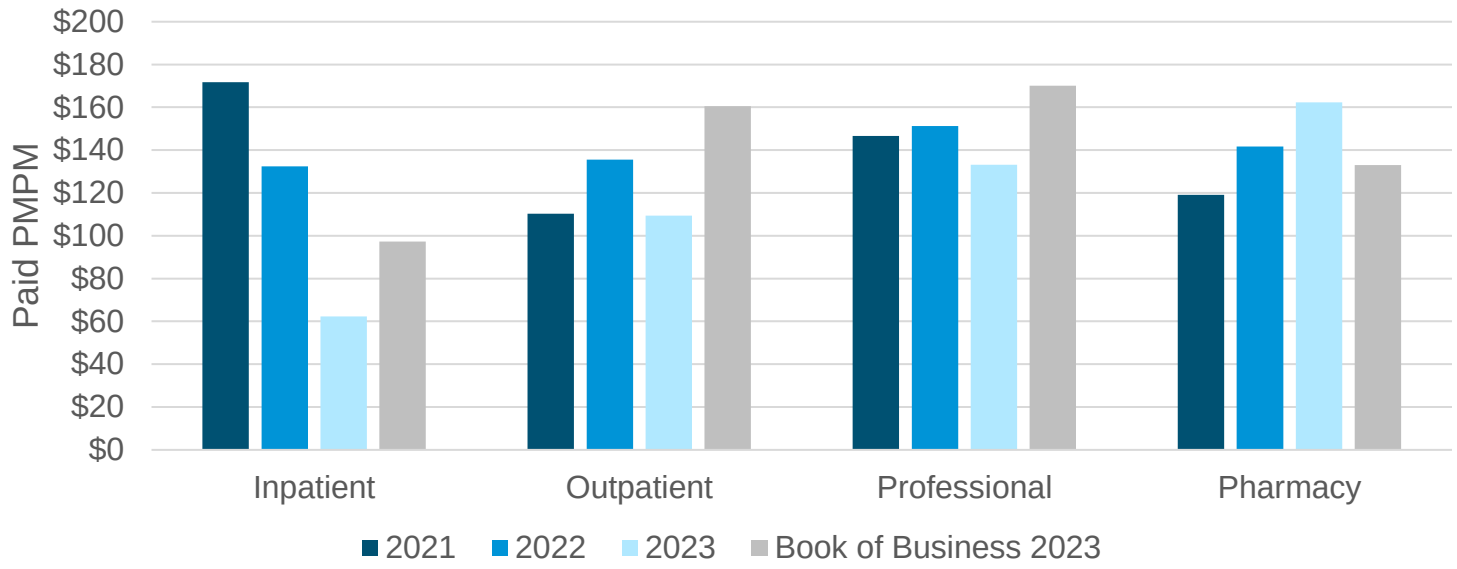
Year	Employee	Member	Employer Paid	Paid PMPM	Paid PMPM % Diff	Employee OOP PMPM	Employee OOP PMPM % Diff
2021	761	1,226	$8,062,987	$547.68		$88.76	
2022	804	1,337	$9,001,625	$560.92	2.4%	$91.42	3.0%
2023	**926**	**1,550**	**$8,691,448**	**$467.13**	**-16.7%**	**$102.41**	**12.0%**
		Book of Business 2023		$523.67	-10.8%	$94.95	7.9%



Financial Trends 2021-2023

Per Member Per Month by Service Category

Year	Inpatient Paid PMPM	Outpatient Paid PMPM	Professional Paid PMPM	Pharmacy Paid PMPM	Total Paid PMPM
2021	$171.65	$110.31	$146.59	$119.12	$547.68
2022	$132.35	$135.61	$151.29	$141.67	$560.92
2023	**$62.28**	**$109.34**	**$133.21**	**$162.30**	**$467.13**
Book of Business 2023	$97.25	$160.55	$170.07	$132.99	$523.67



Used for one-year groups; replaces slides 6-8

Enrollment and Claims 2023

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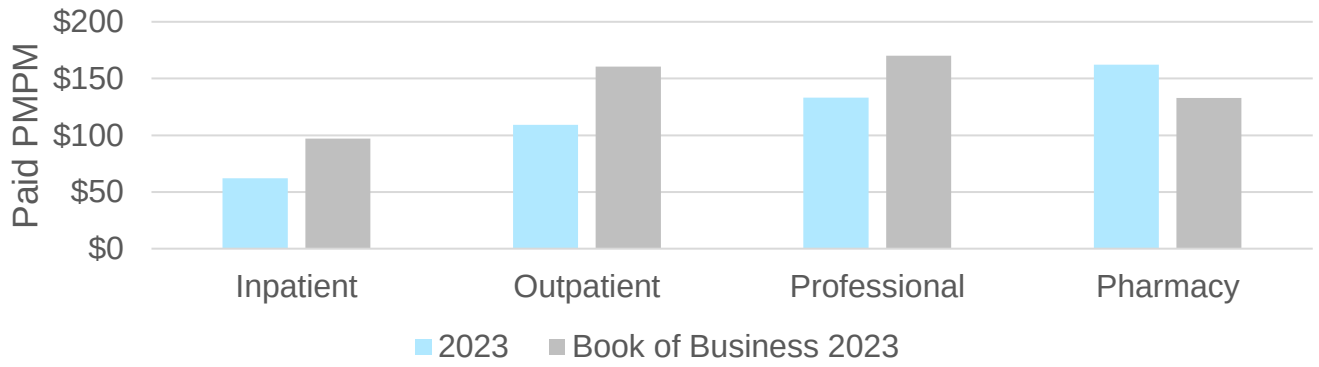
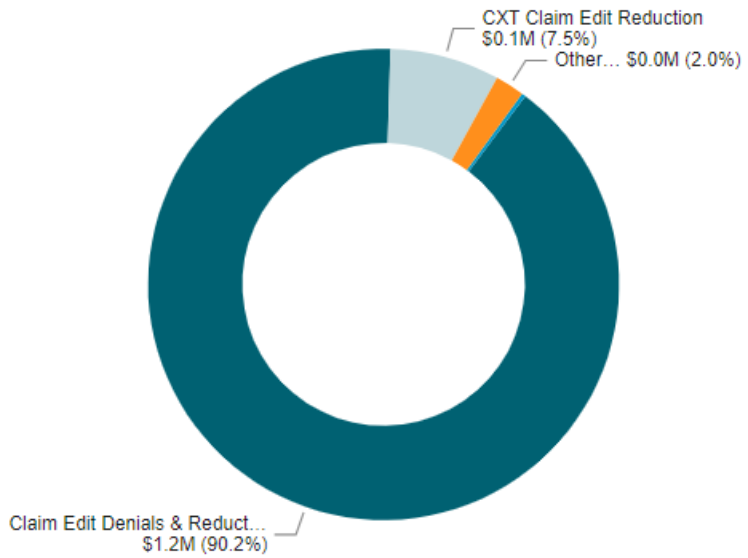


Protecting Your Bottom Line

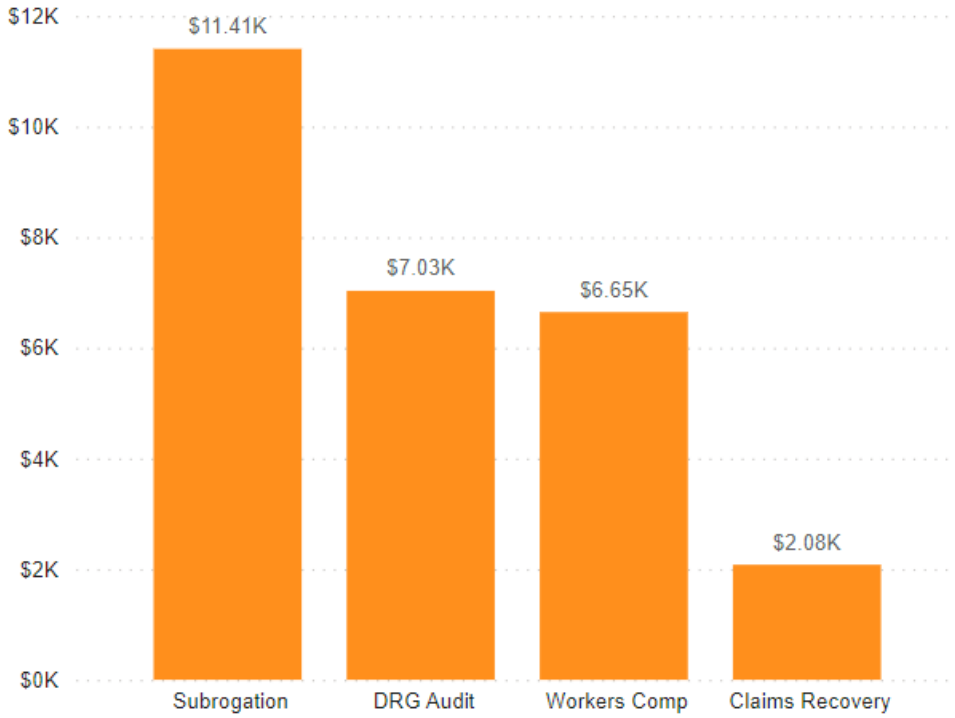
$1.4M
Total Savings

$63.48
PMPM Savings

Total Savings by Category



Other Savings Breakdown

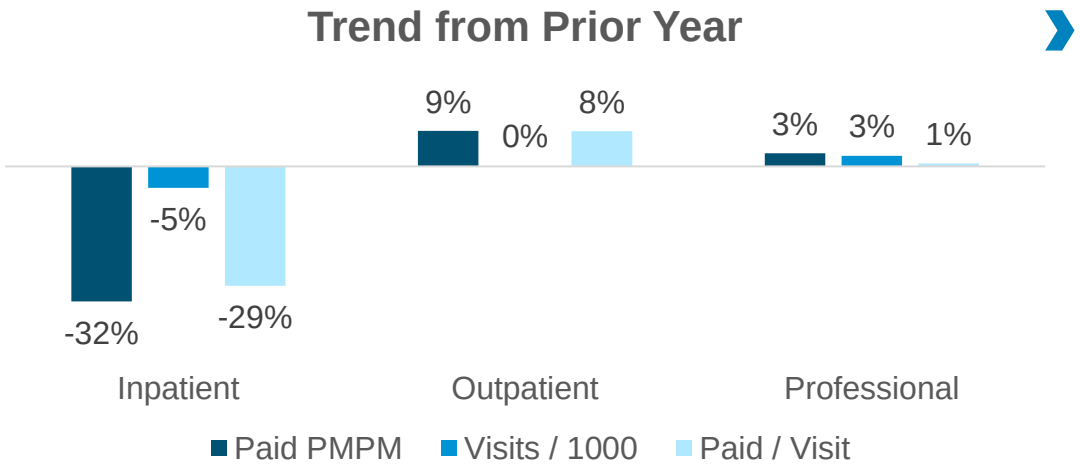


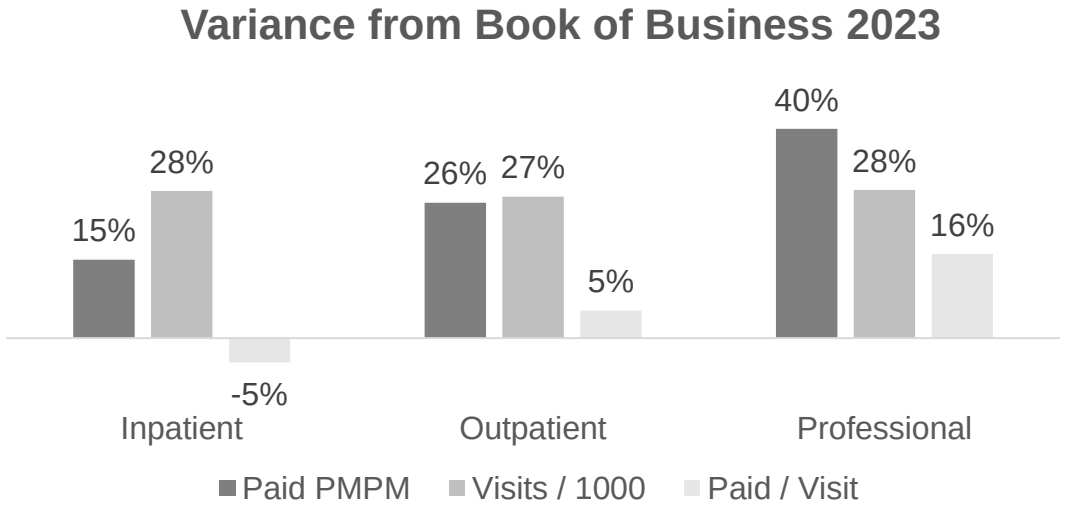
Network Performance

99.1%
of your medical services have been in network

52.6%
Average medical network discount

Medical Trends



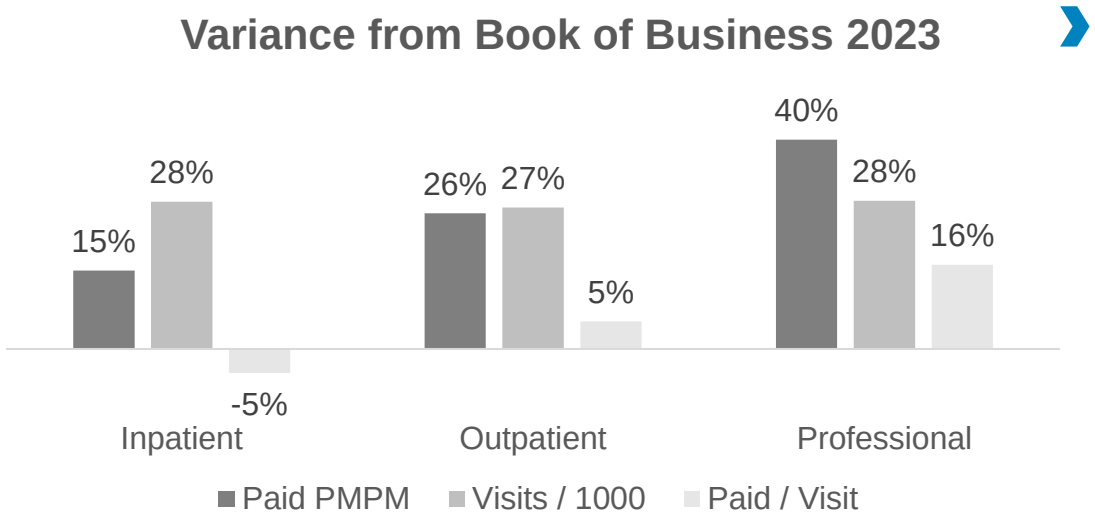


Highlights

- Decrease in IP paid PMPM driven by a decrease in paid/hospitalization
- OP is the most significant service category for HCCs at 31%
  - Increase in OP paid PMPM driven by an increase in paid/visit
- Professional shows the largest variance from the BOB average
- Maternity & Perinatal
  - 1 complex newborn over $100K
  - Paid PMPM $43.98, 24% higher than in 2022; (63% higher than BoB $26.91)
  - C-section rate is 32%, 26% in 2022 (BoB is 30%)
- 12% of members have no claims, up 25% from prior year (BoB is 22%)

Medical Trends

Used for one-year groups; replaces slide 11



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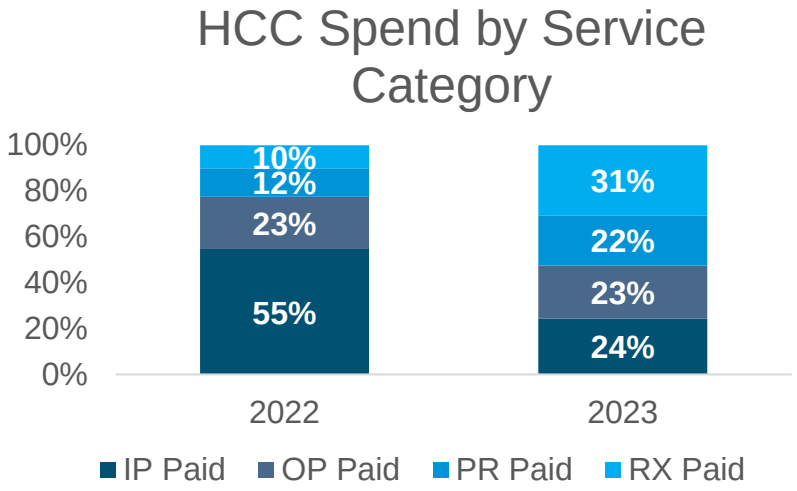
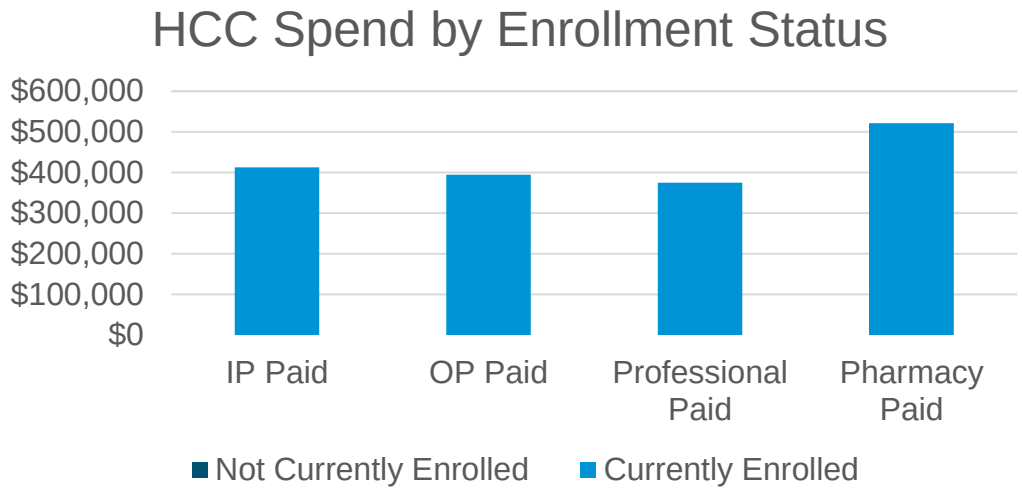
High-Cost Claimants

(HCC = $100K+)

Strategies

- High claim review process
- Medical director involvement
- High dollar drug preauthorization process





Highlights

- $1.7M claims paid for HCCs compared to $2.5M in prior year
- 11 HCCs compared to 12 in prior year
- All HCC's currently enrolled.
- 6 claimants costs expected to continue and 3 might continue
  - 2 claimants costs expected to decrease
- 4 Subscriber, 7 Spouse/Dependents
- Top cost driver is Endocrine, Nutritional and Metabolic Diseases

High-Cost Claimants

High-cost claimants at higher risk for future cost

- Compounding comorbidities
- Expensive diagnostics and treatments
- Complications and relapses are the rule rather than the exception

Patient 1: $142K

- Polycythemia Vera and Multiple Sclerosis
- Jakafi approved until 8/2023
- Inrebic approved 8/2023 – long term treatment

Patient 2: $134K

- Ulcerative colitis
- Entyvio in 2023
- Stelara in 2024

Patient 3: $131K

- Congenital heart disease
  - Pacemaker placed
- Shoulder surgery joint replacement
- Spravato approved 1/2024

High-Cost Claimants

High-cost claimants at lower risk for future cost

- Diagnoses with definitive treatment
- Patients experience mostly satisfactory recovery

Patient 4: $272K

- Metastatic breast cancer
- Multiple hospitalizations

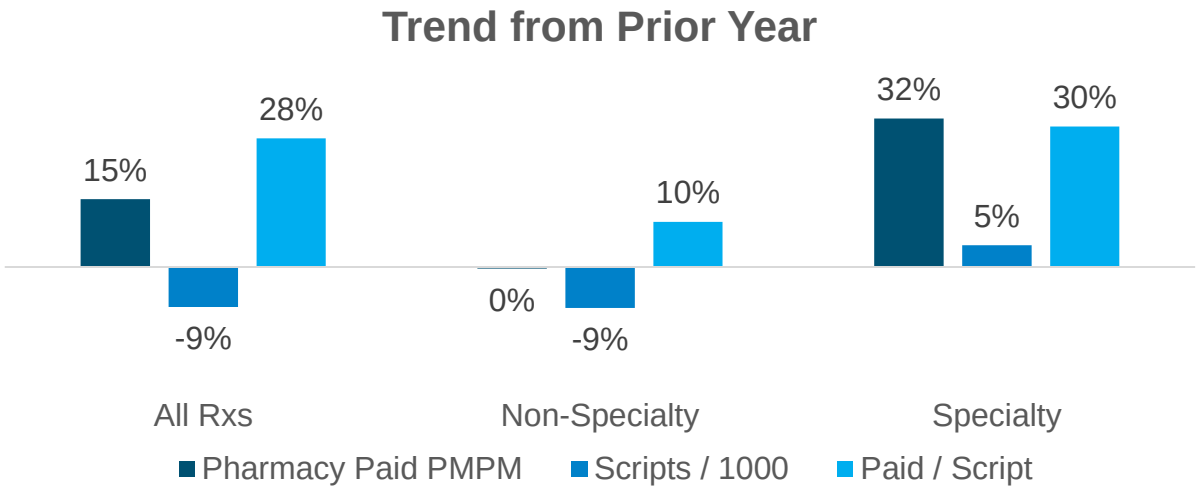
Patient 5: $120K

- Multiple myeloma
- Morbid obesity
- Pulmonary embolism with inpatient rehab then home with home health. Home bound requiring oxygen.

Members with possible continued future cost:

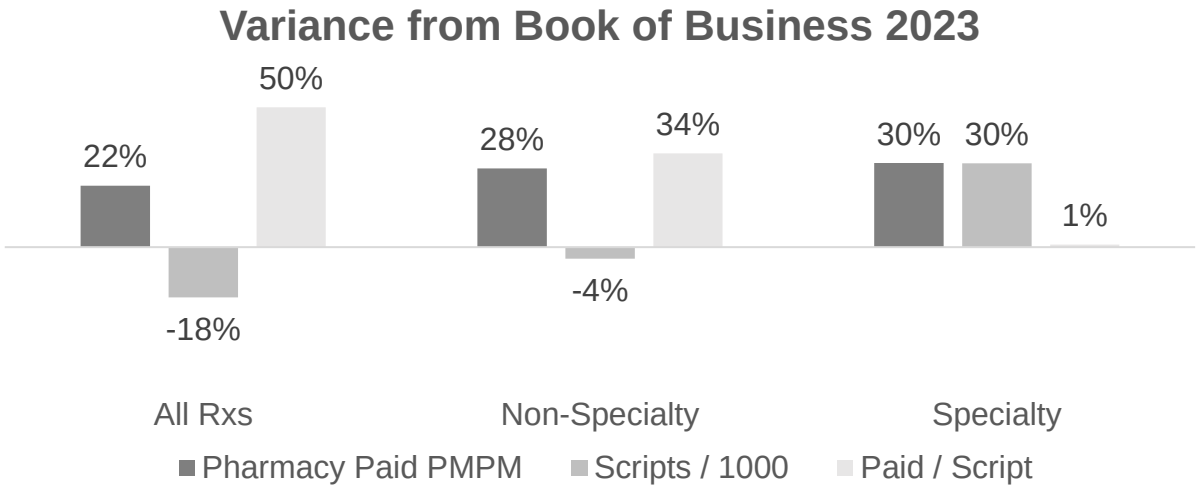
- Trisomy 21 (Down's syndrome), refractory seizures.
- Diabetes and peripheral vascular disease/osteomyelitis with partial foot amputation and poor wound healing.
- Genetic abnormality causing mental and developmental delay with liver/spleen/blood abnormalities. 3 hospitalizations for abdominal pain and hepatic encephalopathy.

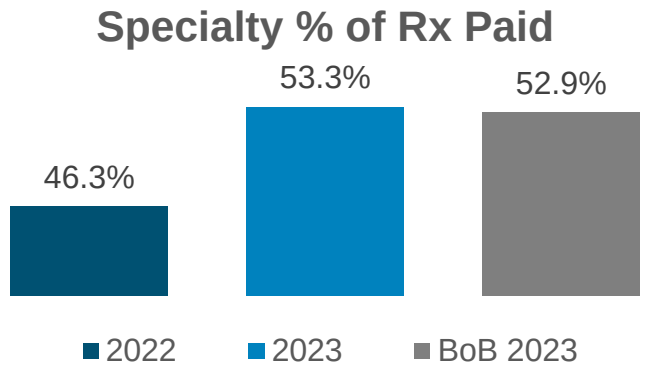
Pharmacy Trends



Highlights

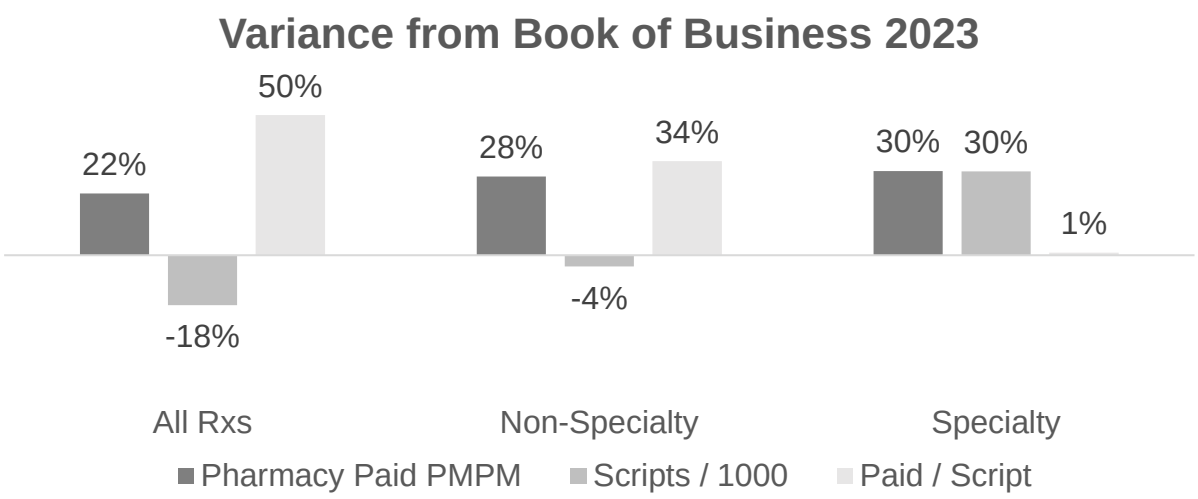
- Antidiabetics medications had the highest non-specialty drug paid PMPM
- Specialty medications accounted for 1.56% of total scripts





Pharmacy Trends

Used for one-year groups; replaces slide 16



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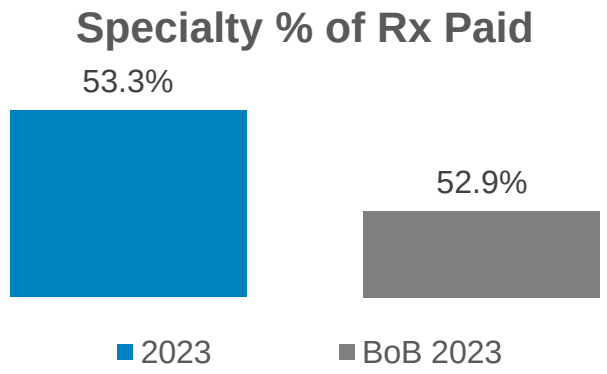


GLP-1 Impact

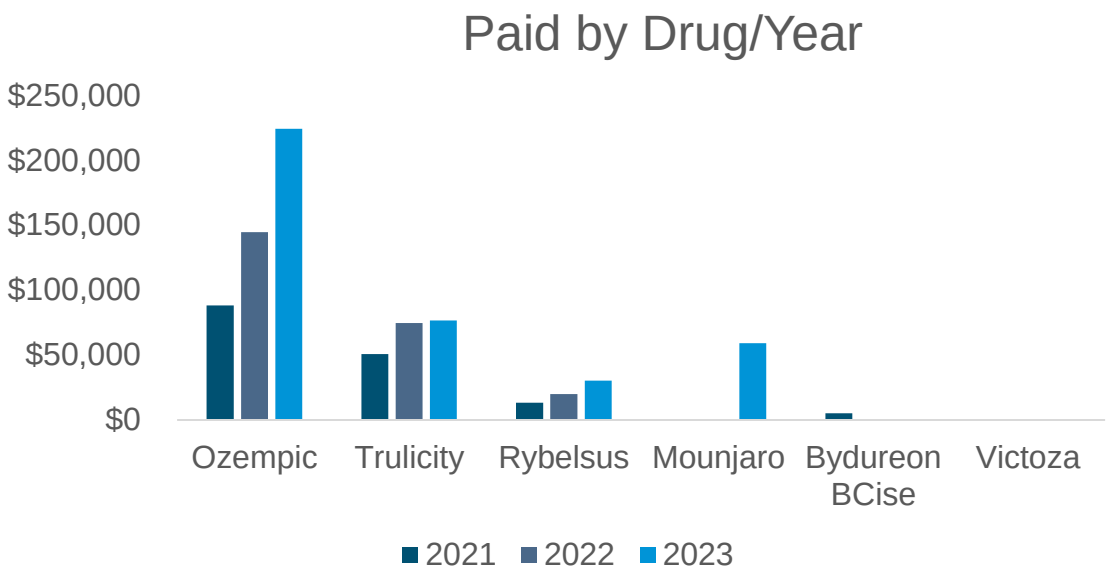
$20.98
Pharmacy Paid PMPM

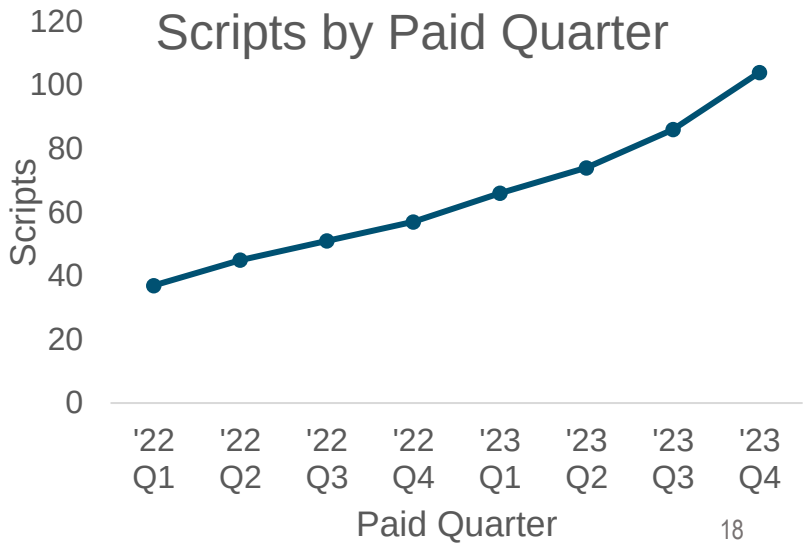
40.7%
Total Paid PMPM Trend

59
Claimants

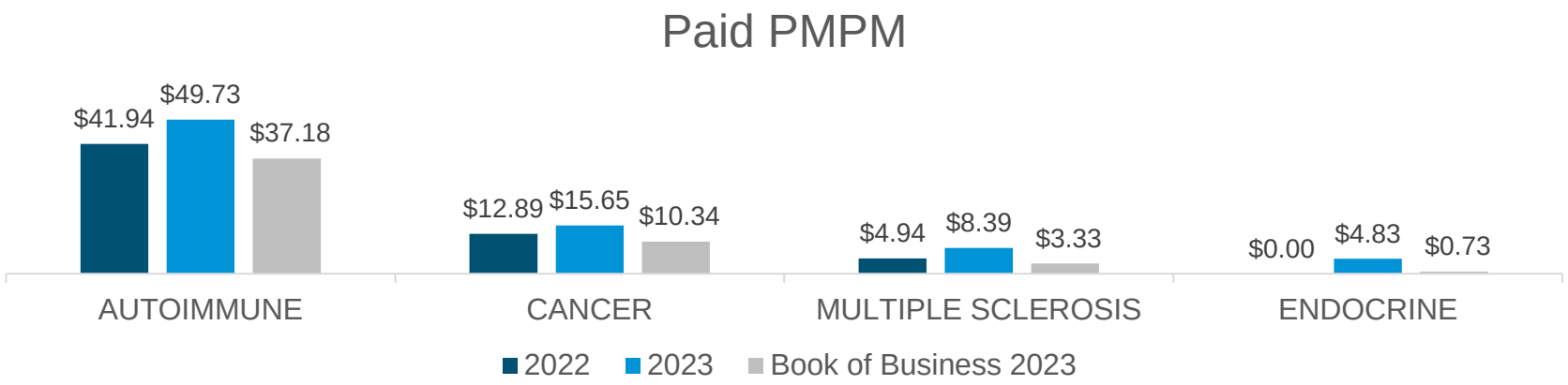
Highlights

- GLP-1 drugs are a class of medications used to treat diabetes (drugs for weight loss only not included.
- Recent data showed BCBSNE had a 37% lower spend than the national average for GLP-1 drugs.
- 25 pre-authorization denials for GLP-1 antidiabetic drugs ($132K in savings from pre-authorization reviews).





Specialty Trends



Highlights

- Top specialty medication is Humira Pen, 5 claimant(s) totaling $287K
  - AUTOIMMUNE 19% Trend, 57% of Specialty
    - Increase from 13 to 19 claimants ($48K/claimant)
  - CANCER 21% Trend, 18% of Specialty
  - MULTIPLE SCLEROSIS 70% Trend, 10% of Specialty
  - ENDOCRINE 0% Trend, 6% of Specialty

Pharmacy Book of Business Variance:

30%

Specialty Paid PMPM Variance from BoB

1%

Specialty Paid / Script Variance from BoB

30%

Specialty Scripts / 1000 Variance from BoB

Better Together

With pharmacy benefits through BCBSNE and Prime, you get:

Improved Health Outcomes

Greater Savings

Optimized Access

Enhanced Customer Experience

Your Savings

$428K

Total Savings
(96 medication pre-authorization denials)

$22.99

PMPM Savings

Elected Pharmacy Programs	Savings
NetResults (PDL20)	$168K
Network C	$46K
Specialty Accumulator Adjustments	$7.6K
FlexAccess	$154K

Strategic Solutions

MedsYourWay®
discount card savings

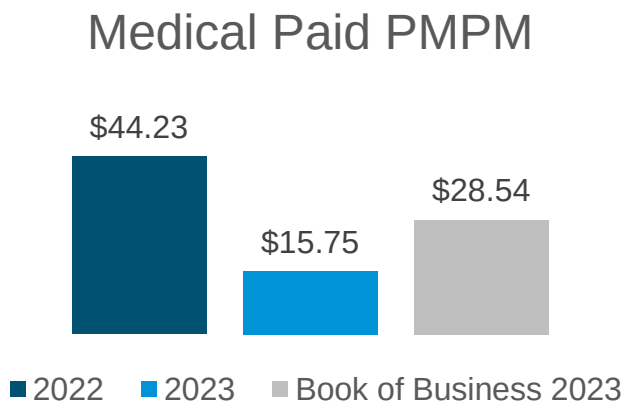
Amazon Pharmacy
home delivery

Integrated Rx
delivering oncology meds at local cancer centers

Biosimilars

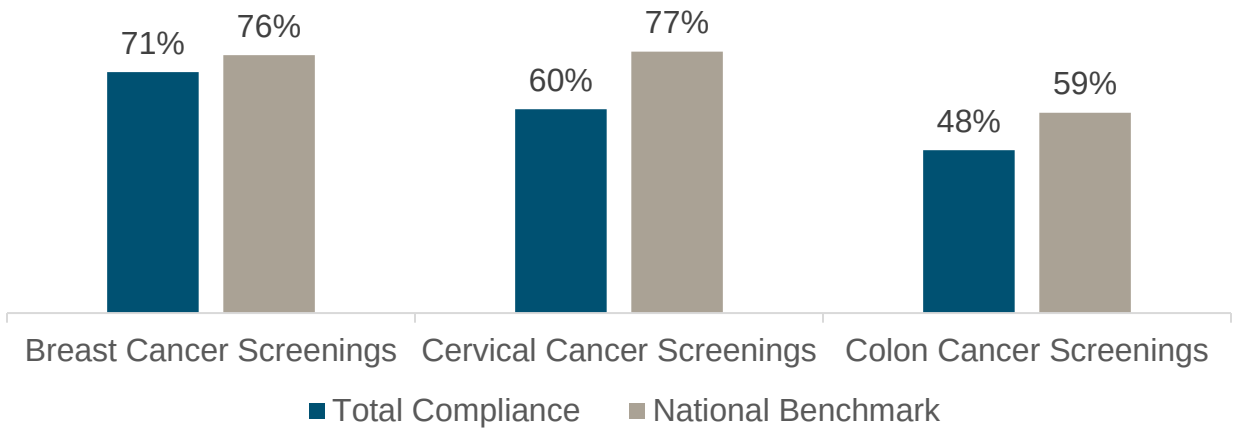
FlexAccess

Cancer



Highlights

- 64% decrease in total paid PMPM (45% lower than BoB)
- 62 claimants (51 in prior year)
  - 5 HCCs have cancer diagnosis
- Top diagnosis Breast Cancer
- Skin Cancer most common (17 claimants, 14 in prior year)

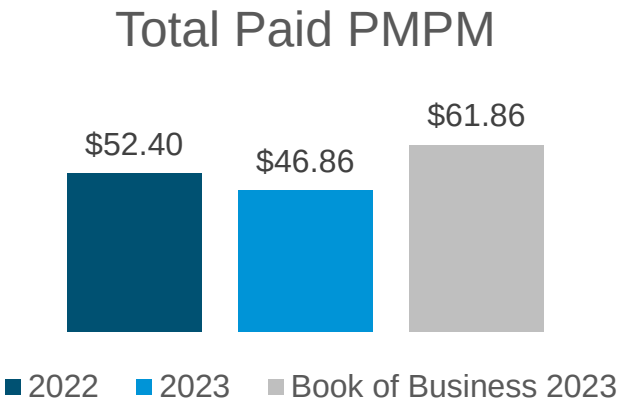


Musculoskeletal

507
Claimants

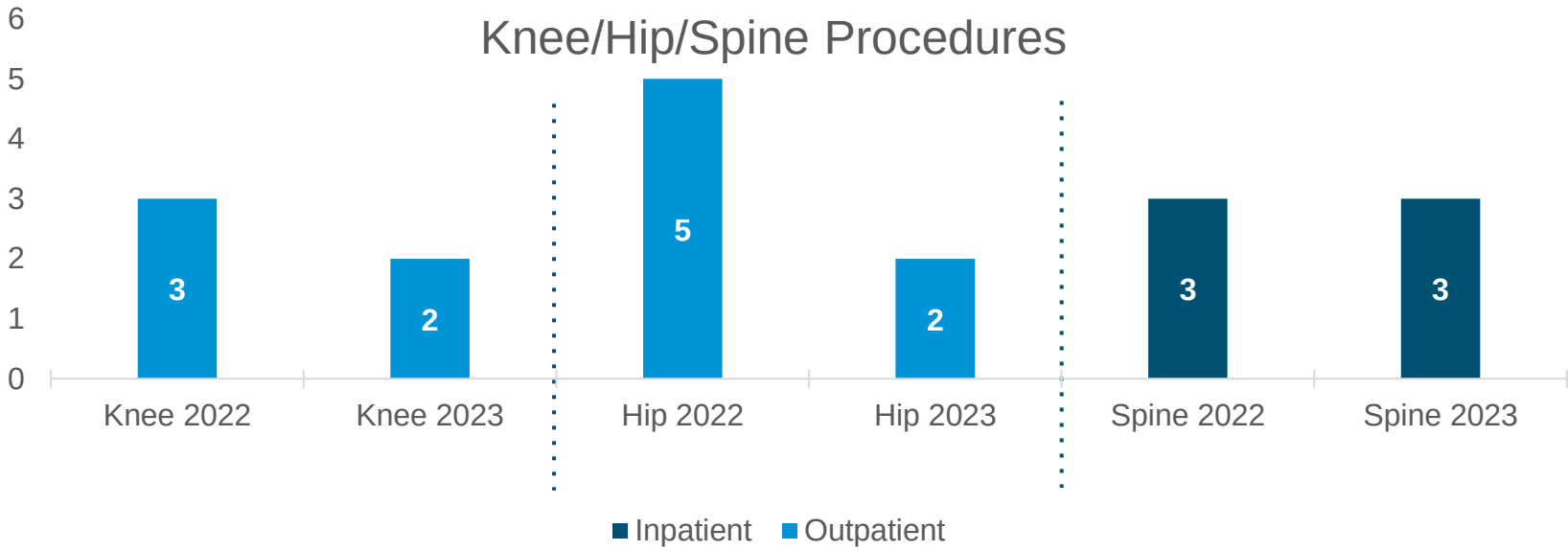
Dislocation and sprain of joints and ligaments of knee
Top Diagnosis by Medical Cost

$7-8K
Average savings per surgery at Preferred Centers



Highlights

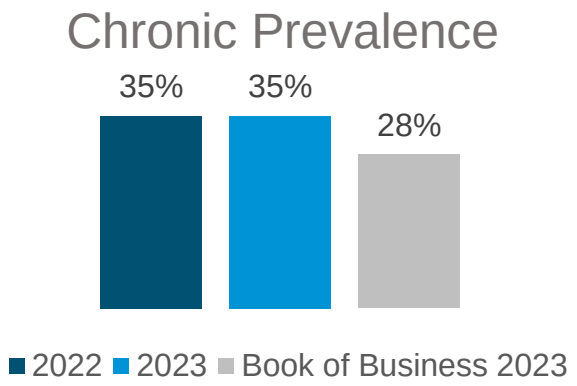
- 11% decrease in total paid PMPM (24% lower than BoB)
- 60-64 is most prevalent age band representing 13.6% of total claimants.



Chronic Conditions

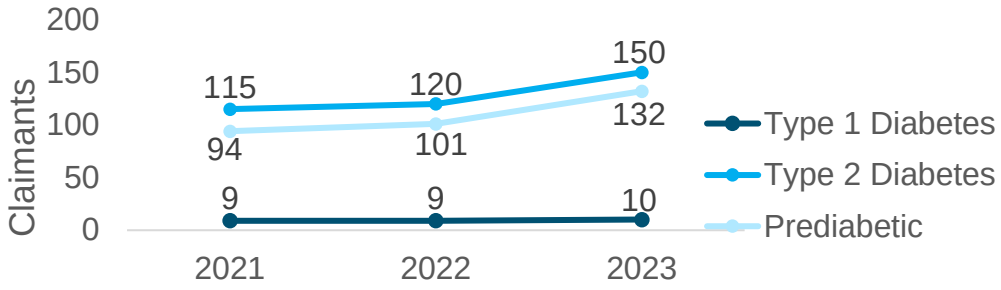
Chronic Conditions Prevalence

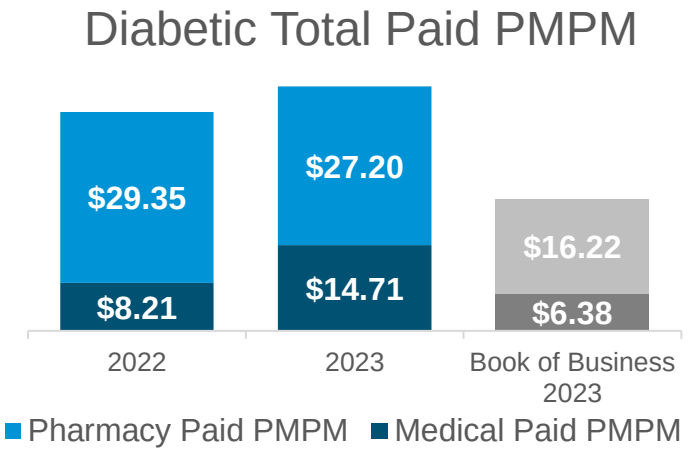
- Most Prevalent:
  - Hypertension (375), Hyperlipidemia (352), Obesity (193)
- Chronic members account for 77% of total paid (BoB is 72%)
- 16% of members have 3+ chronic conditions (10% BoB)



Diabetes

- 25% are high-risk diabetics (BoB is 25%)
- 24% of diabetics with A1C below 10 (National Benchmark is 63%)
- 60-64 is most prevalent age band representing 20% of total claimants





665

Claimants with Chronic Conditions

$3-4K

Average added annual cost per claimant – pre-diabetics compared to type II diabetics

Strategies

TYPE 2 REVERSAL
Provider-led nutrition program powered by Virta

$0 INSULIN
No member cost share for preferred insulin

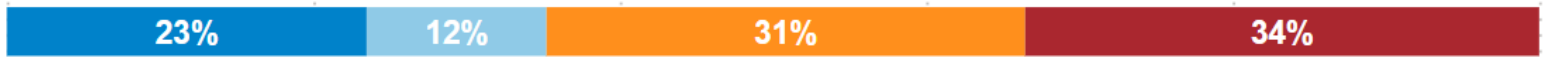
CARE MANAGEMENT
RN support and engagement for prediabetes, type 1 and type 2 management

Diabetes Strategies

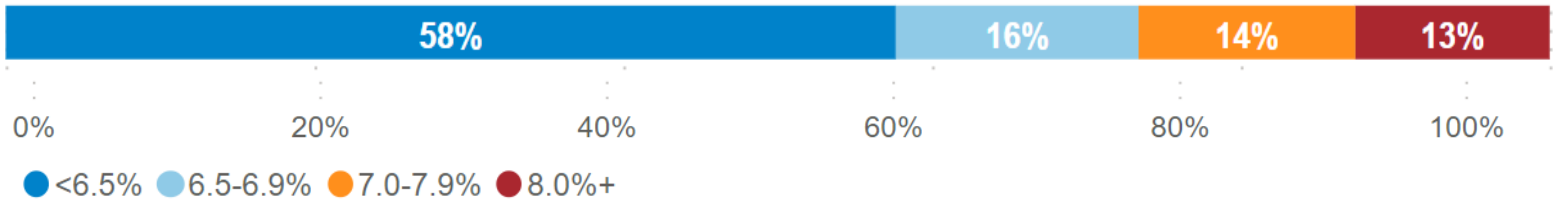
Book of Business Virta Results*

- **479** Members Enrolled
- **-1.12** A1C Reduction
- **-20** Weight Loss (lbs)
- **-52%** Rx Elimination

Baseline A1C at Enrollment

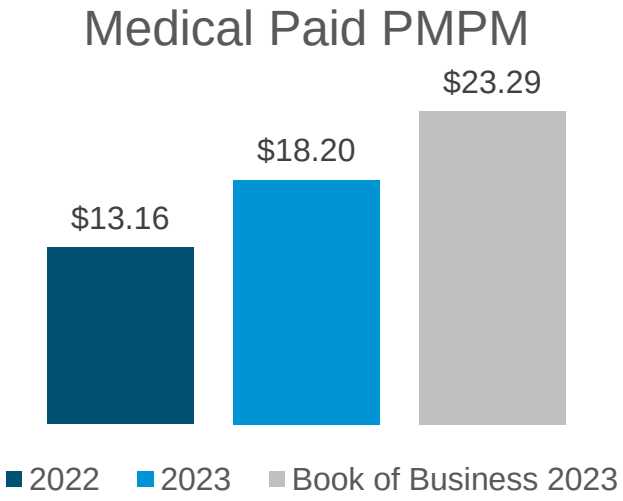


Latest A1C



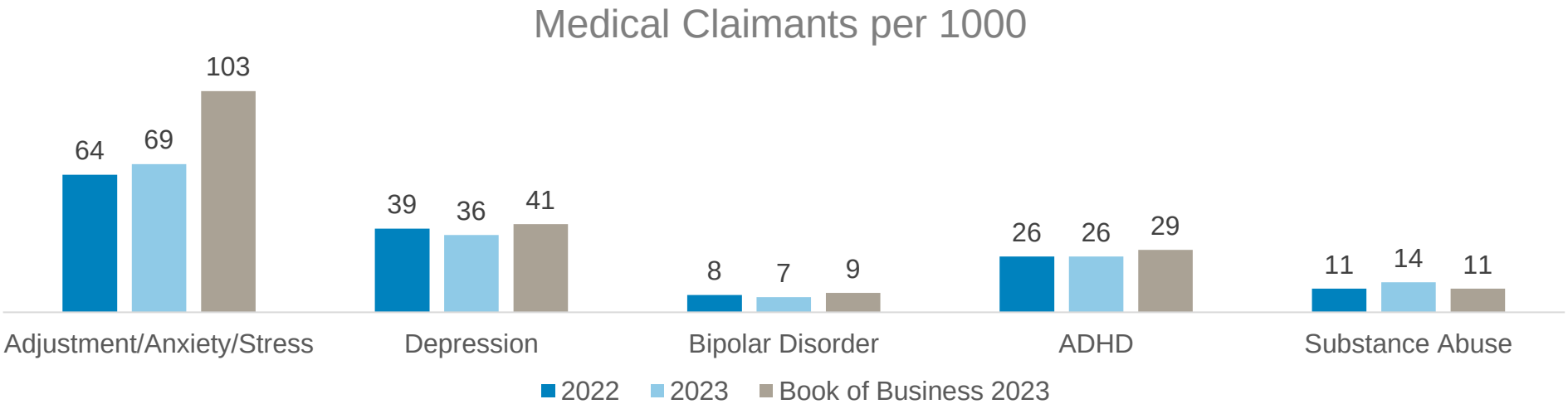
*Data includes members enrolled in Virta for at least 90 days, as of March 2024

Mental Health



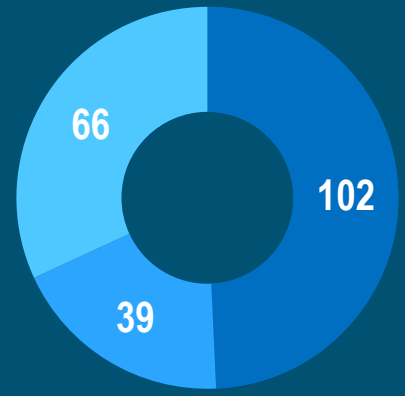
Highlights

- 38% increase in total paid PMPM (22% lower than BoB)
- Adjustment/Anxiety/Stress is the most prevalent.
- Developmental Disorders is the top paid condition.
- 17% of mental health visits that are telehealth (BoB 2023 is 24%)

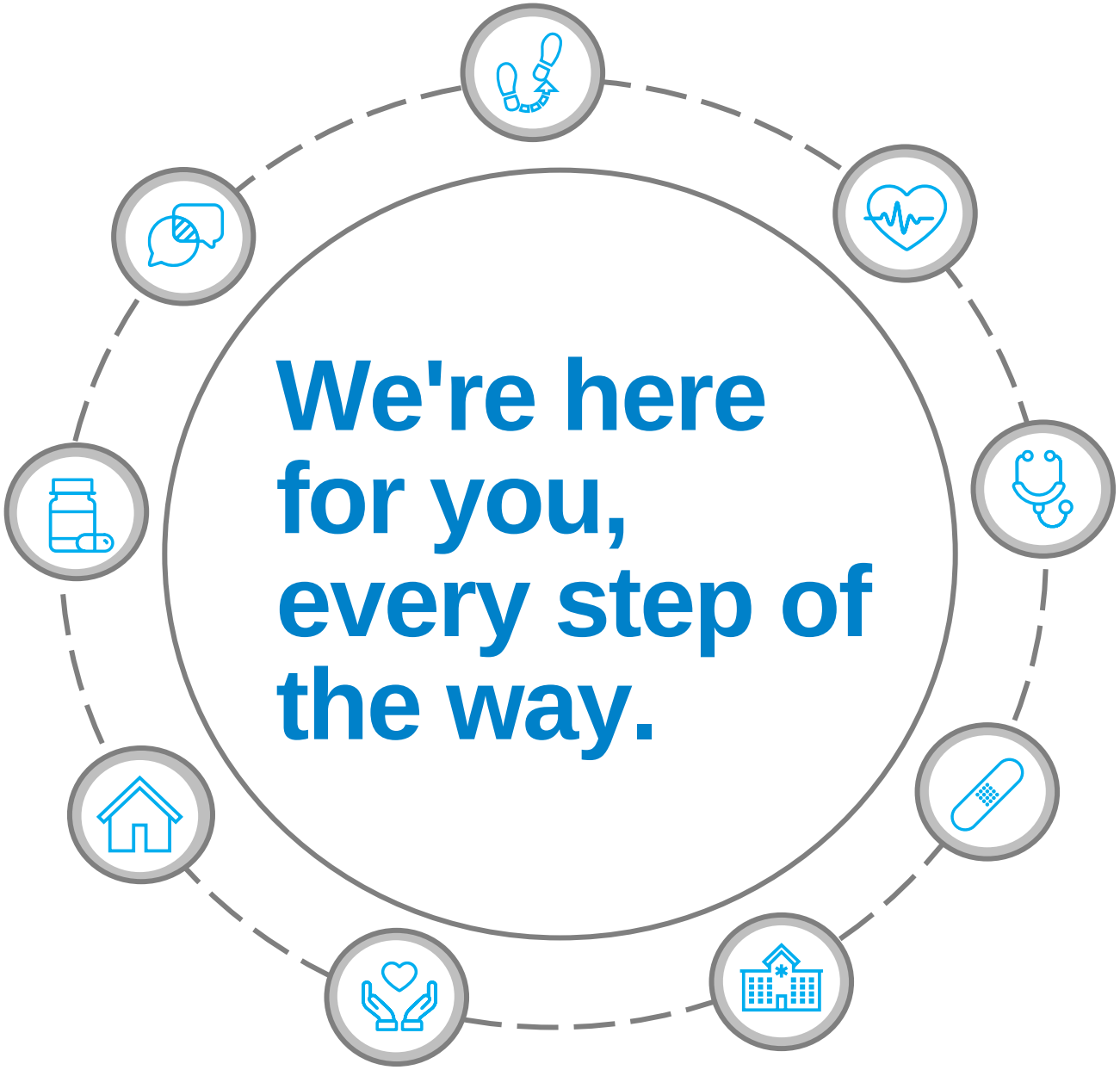


207

Medical Claimants



- WELLNESS PROGRAMS
- PREVENTIVE SCREENINGS
- ROUTINE CARE
- PROCEDURE
- HOSPITAL ADMISSION
- CARE TRANSITION
- HOME HEALTH CARE
- RX AND TREATMENT PLAN ADHERENCE
- HEALTH COACHING



Care Management Data

01.01.23 - 12.31.23

Members Program Status	Outreach Program Care Transitions	Case Management	Health Coaching	Pregnancy Care	Grand Total
Attempted Outreach	17	2	1	0	**19**
Enrolled in Program	11	6	6	0	**23**
Declined	5	8	0	1	**14**

CM Type	Program Category	Members	Member Connections
Outreach	Care Transitions	33	134
	Case Management	16	49
	Health Coaching	7	181
	Pregnancy Care	1	3
Utilization	Admission Review	44	80
	Pharmacy Review	157	275
	Post Service Review	125	280
	PreAuth Review	239	745
	Grand Total	**407**	**1747**

$1.1M

Care Management Savings

Program Category	Savings
Benefits Not Covered	$12,752.75
Drug Utilization Review	$418,494.22
Medical Necessity Review	
Admission	$15,600.00
Admit Moved to Observation	$14,000.00
Claim	$334,782.18
PreAuth	$82,044.43
No PreAuth Submitted	
Inpatient	$0
Other	$164,031.18
Outreach	
Care Transitions	$19,000.00
Health Coaching	$5,550.00
Grand Total	**$1,066,254.76**

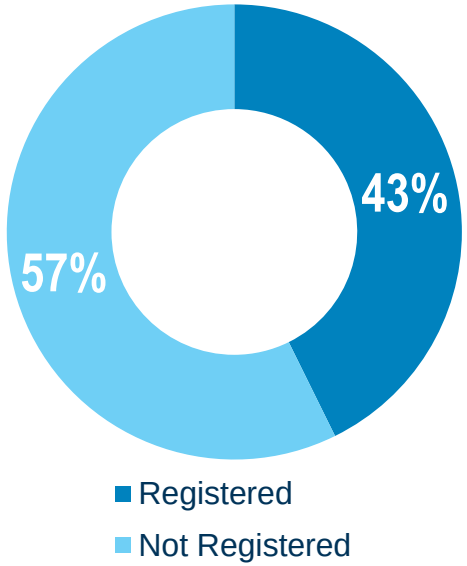
World-Class Customer Service from **Right Here in Nebraska**

76%
first-contact resolution
vs. 71% industry standard*

78%
world-class calls
vs. 74% industry standard*

83%
customer satisfaction
vs. 79% industry standard*

Your myNebraskaBlue Stats



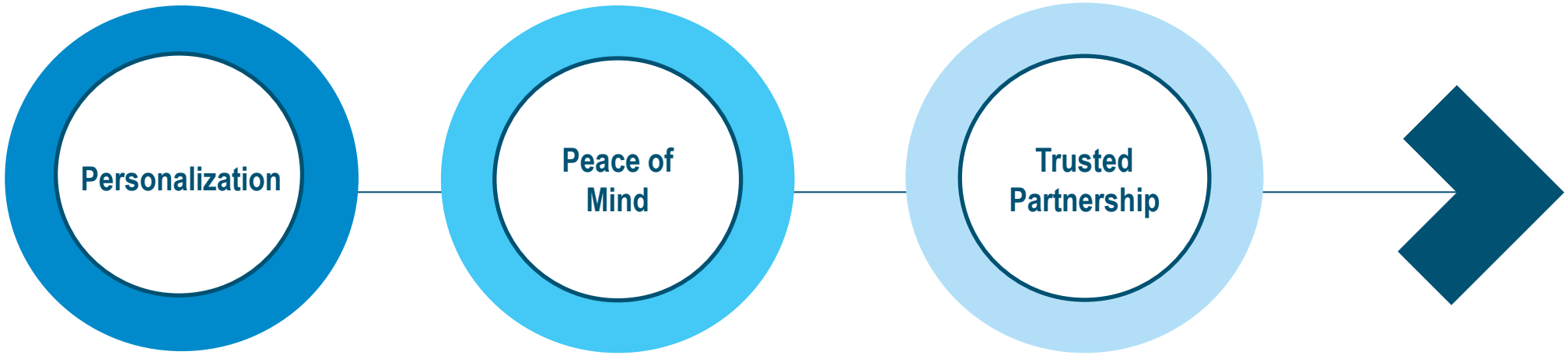
100+
representatives across Nebraska

Advocacy and **education.**
Responsiveness and **resolution.**
Partnership and **peace of mind.**

* Source: BCBSNE statistics, Feb. 2023

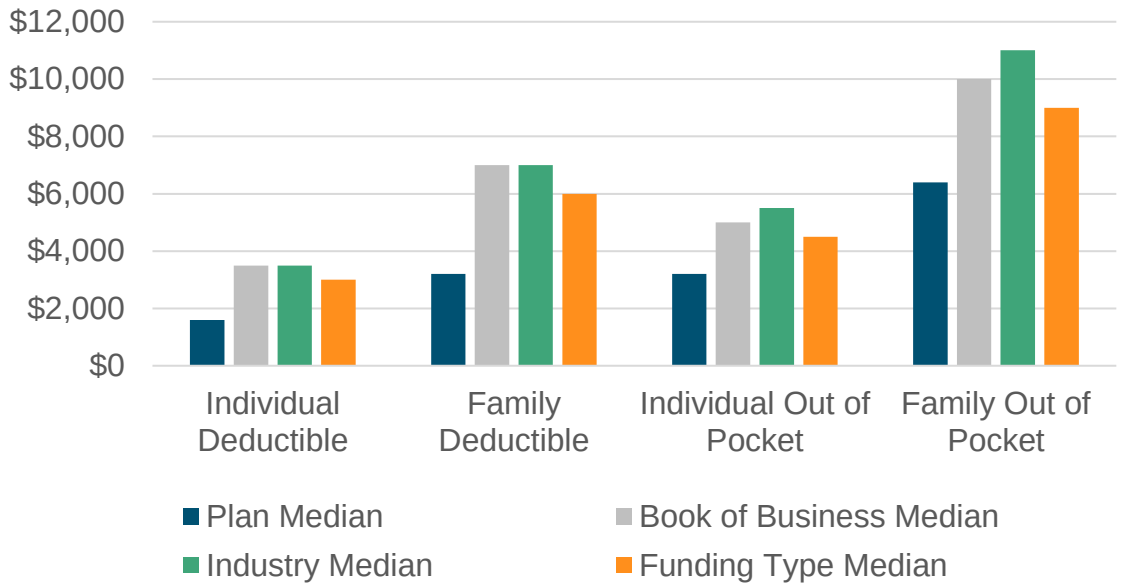
“No Homework” Customer Service

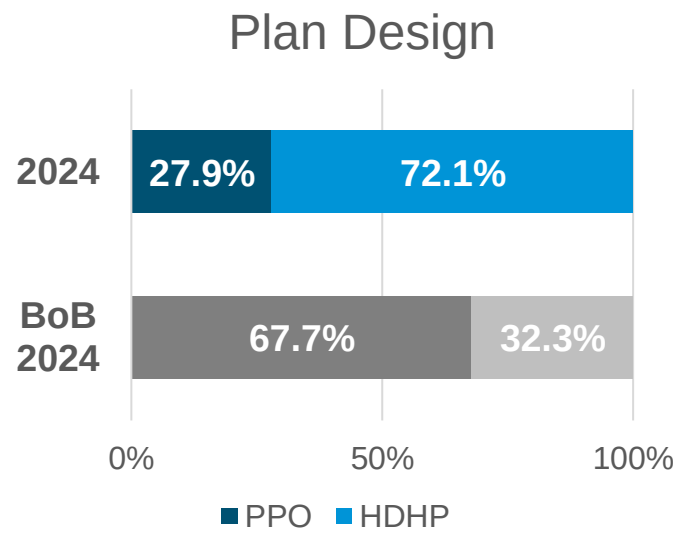
Our team ensures members get the care they need quickly and efficiently. After a member calls in, we handle all the follow-ups with providers so they can focus on getting and staying well.



HDHP Product Comparison
2024

	Plan Median	Book of Business Median	Industry Median	Funding Type Median	Group Size Median (1,001-10,000)
Individual Deductible	**$1600**	$3500	$3500	$3000	$3000
Family Deductible	**$3200**	$7000	$7000	$6000	$6000
Individual Out of Pocket	**$3200**	$5000	$5500	$4500	$4000
Family Out of Pocket	**$6400**	$10000	$11000	$9000	$8000
Coinsurance	**15%**	10%	0%	20%	20%

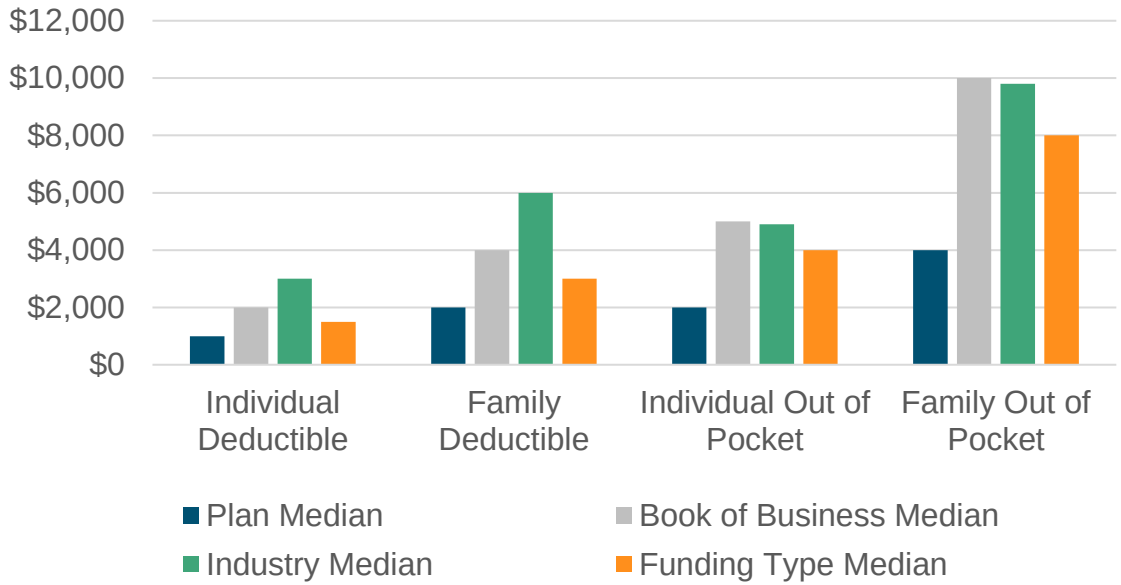


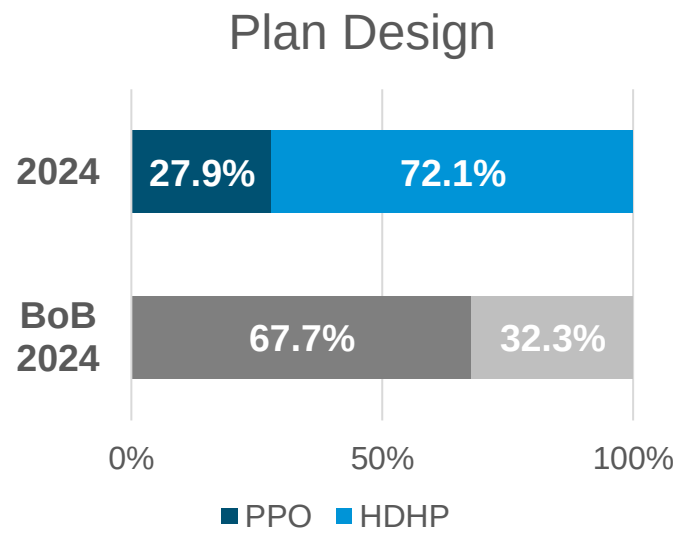


Traditional PPO Product Comparison

2024

	Plan Median	Book of Business Median	Industry Median	Funding Type Median	Group Size Median (1,001-10,000)
Individual Deductible	**$1000**	$2000	$3000	$1500	$1050
Family Deductible	**$2000**	$4000	$6000	$3000	$2100
Individual Out of Pocket	**$2000**	$5000	$4900	$4000	$4900
Family Out of Pocket	**$4000**	$10000	$9800	$8000	$9800
Coinsurance	**15%**	20%	30%	20%	20%





What's Next

Reviewing Your Plan and Trends

- Pharmacy Network J

Collaborating on Care

- Virta diabetes program – adding pre-diabetes
- HighTouchRx

Providing Support and Engagement

- How can BCBSNE help support you with engagement?

*Estimated savings based on a period of historical claims. Realized savings can fluctuate depending on actual experience after the effective date of implementation.

Discussion

Disclaimers

Amazon Pharmacy does not dispense controlled substances. Amazon Pharmacy is an independent company that provides pharmacy home delivery services for Blue Cross and Blue Shield of Nebraska.

Amwell is an independent company that provides telehealth services for Blue Cross and Blue Shield of Nebraska.

Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross Blue Shield Association.

MedsYourWay drug discount card administered by Inside Rx. MedsYourWay drug discount card and Inside Rx are not insurance. Limitations apply. Members are responsible for the cost of prescription(s) when using the card. MedsYourWay is a trademark of Prime Therapeutics. Prime Therapeutics is contracted to provide pharmacy benefits to Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross Blue Shield Association. HighTouchRx™, IntegratedRx, FlexAccess® and MedsYourWay® are trademarks of Prime Therapeutics. Savings may differ depending on current benefit design.

Virta is an independent company that provides diabetes management services to Blue Cross and Blue Shield of Nebraska.

Appendix

Acronym Reference

- **BoB** – Book of Business
- **DAW** – Dispensed As Written
- **DRG** – Diagnosis Related Grouping
- **ER** – Emergency Room
- **HCC** – High-Cost Claimant ($100K+)
- **EMR** – Electronic Medical Record
- **HSA –** Health Savings Account
- **QHDHP** – Qualified High-Deductible Health Plan (HSA-eligible)
- **IP** - Inpatient
- **OOP** – Out-Of-Pocket
- **OP** - Outpatient
- **PMPM** – Per Member Per Month

Blue Cross Blue Shield Nebraska

Medical Claim Lag Report

Custom selections: Report Period: Rolling Paid, Aug2019 - Jul2020, No Runout Applied, Rolling Paid, Aug2021 - Jul2022, No Runout Applied, Rolling Paid, Aug2020 - Jul2021, No Runout Applied Service Category: Inpatient, Outpatient, Professional Plan Medicare Supplement Indicator: N Account Name: (0000) ABC COMPANY

Incurred Month = Column
Paid Month = Row

| Totals | 201701 | 201702 | 201703 | 201704 | 201705 | 201706 | 201707 | 201708 | 201709 | 201710 | 201711 | 201712 | 201801 | 201802 | 201803 | 201804 | 201805 | 201806 | 201807 | 201808 | 201809 | 201810 | 201811 | 201812 | 201901 | 201902 | 201903 | 201904 | 201905 | 201906 | 201907 | 201908 | 201909 | 201910 | 201911 | 201912 | 202001 | 202002 | 202003 | 202004 | 202005 | 202006 | 202007 | 202008 | 202009 | 202010 | 202011 | 202012 | 202101 | 202102 | 202103 | 202104 | 202105 | 202106 | 202107 | 202108 | 202109 | 202110 | 202111 | 202112 | 202201 | 202202 | 202203 | 202204 | 202205 | 202206 | 202207 |
|---|---|---

BlueCross BlueShield Nebraska

RX, Medical Claim Lag

Custom selections: Report Period: Rolling Paid, Aug2019 - Jul2020, No Runout Applied, Rolling Paid, Aug2021 - Jul2022, No Runout Applied, Rolling Paid, Aug2020 - Jul2021, No Runout Applied Service Category: Inpatient, Outpatient, Pharmacy, Professional Plan Medicare Supplement Indicator: N Account Name: **(0000) ABC COMPANY**

Incurred Month = Column
Paid Month = Row

	Totals	201701	201804	201805	201806	201807	201808	201809	201810	201811	201812	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	202101	202102	202103	202104	202105	202106	202107	202108	202109	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207
Totals	$7,094,718.85	$9,035.21	($5,243.07)	($650.88)	$21.20	($571.58)	($914.83)	($24,226.02)	$37.09	$26.21	$3,860.34	$158.37	$361.82	$15.81	$9,831.06	$1,942.10	$44,582.78	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########	#########	$215,432.90	#########	#########	#########	#########	#########	#########	$96,867.60	#########	#########	#########	#########	#########	#########	#########	#########	#########	$294,459.87	#########	#########	#########	#########	#########	#########	$47,646.79
201908	$183,782.14	-	-	-	-	-	-	($169.83)	-	-	-	$20.57	$361.82	$25.00	$6,877.30	$357.95	$14,102.80	$41,016.71	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201909	$217,103.04	-	-	$77.13	-	-	-	-	-	-	-	-	-	-	$728.58	$446.80	$755.62	$30,246.82	#########	$34,721.37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201910	$215,632.84	$9,035.21	-	-	-	-	-	-	-	-	$3,506.54	-	-	-	$2,061.00	-	$4,095.39	$5,372.42	$22,494.84	#########	$53,355.77	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201911	$238,529.13	-	-	-	-	-	-	-	-	-	$74.77	-	-	($28.93)	-	$44.67	-	$30,154.04	$15,422.66	$21,556.43	$94,276.80	$77,028.69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201912	$168,482.84	-	($5,243.07)	($154.83)	-	-	-	($24,083.15)	-	-	-	-	-	-	$164.18	$1,092.68	$25,757.16	$1,116.90	$2,605.17	$7,395.66	$7,926.29	$84,106.06	$67,799.79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202001	$139,461.61	-	-	$154.83	-	-	-	-	-	-	-	-	-	$19.74	-	-	-	$89.05	$38.00	$7,664.00	$955.97	$7,488.12	$55,183.65	$67,868.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202002	$96,554.25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$106.88	$569.53	$3,530.92	$22,621.48	$34,904.04	$44,821.40	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202003	$157,459.95	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($128.19)	-	-	-	($250.91)	-	$1,418.33	$32,768.76	$57,408.72	$66,243.24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202004	$221,620.80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($887.20)	-	($53.02)	$1,715.22	$69,436.78	$62,629.67	$88,779.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202005	$140,823.55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$106.50	#########	$7,306.70	$759.00	$2,166.46	$13,345.95	$84,480.98	$77,964.99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202006	$108,048.75	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$31.00	($923.28)	($116.91)	$9,607.81	$4,982.12	$24,739.35	$69,728.66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202007	$311,797.07	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$14,550.36	$14,549.58	$33,147.50	$20,559.45	$38,113.32	#########	$16,401.93	$53,541.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202008	$166,020.74	-	-	-	$10.60	$16.69	$141.69	$26.96	$37.09	$26.21	-	$24.80	$137.80	-	-	-	-	-	-	-	-	-	$1,114.64	$2,052.76	$480.84	$579.20	$252.01	$72,252.94	$19,180.41	$69,666.10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202009	$269,620.49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$65.80	-	-	$204.06	$535.62	$196.67	$717.50	$7,649.56	#########	$61,529.36	$60,797.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202010	$125,764.74	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$95.30	$291.01	($143.38)	$198.09	$151.54	$1,853.01	$197.48	$40,331.69	$18,707.94	$64,082.06	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202011	$206,758.65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($1,006.10)	$300.62	$168.82	$150.00	$403.79	$719.41	$23,237.97	$61,933.30	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202012	$173,730.05	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$9,402.86	$68.43	-	$58,440.32	$328.89	$6,302.51	$538.86	$13,733.71	$34,513.33	$51,401.14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202101	$109,626.91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$4.01	$113.99	$412.15	$2,445.62	$22,750.10	$41,381.86	$42,519.18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202102	$135,688.11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$2,186.70	$515.11	-	-	($11,436.77)	$45.48	$438.15	-	$3,966.28	$1,083.17	$27,232.24	$51,004.94	$60,642.81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202103	$202,382.54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$233.83	$917.21	-	-	$125.78	$111.43	$1,536.62	-	$502.12	$6,860.33	$1,008.53	$2,552.37	#########	$77,198.53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202104	$132,832.01	-	-	-	-	-	-	-	-	-	$254.23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$56.11	-	$280.54	$90.68	($1,047.22)	$2,939.18	$42,724.99	$87,533.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202105	$237,503.26	-	-	($728.01)	$10.60	($588.27)	($1,056.52)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$1,588.71	$186.80	$63,852.48	#########	$72,214.37	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202106	$186,775.83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$73.80	-	($297.00)	-	-	$169.83	-	$268.91	$9,763.17	#########	$73,348.59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202107	$189,194.39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$30.00	-	$1,900.23	$153.01	$846.55	$21,049.95	$85,524.48	$79,690.17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202108	$164,016.10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$844.98	-	-	-	-	$1,188.37	$448.42	$15,989.17	$45,555.11	$99,990.05	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202109	$325,958.50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$212.52	-	-	-	$687.65	-	-	$40.00	-	-	$236.62	$441.87	$287.24	$5,087.44	#########	$97,379.43	$91,557.69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202110	$234,276.93	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$257.47	$137.95	-	-	-	$100.00	$100.00	-	-	$13.62	-	$67.65	-	$1,630.21	$26,102.00	$69,158.13	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202111	$201,684.88	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($80.87)	$28.70	-	-	($42.58)	$287.40	$9,263.37	$7,433.39	$72,215.15	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202112	$296,274.68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($423.81)	($56.65)	-	-	$76.48	$77.70	$263.40	$38.40	$167.37	$396.24	$104.79	$359.28	$538.92	$290.60	$344.31	$3,658.58	($87.64)	$36,546.18	$1,036.99	$22,955.34	$80,958.99	$119,029.21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202201	$309,093.55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$4,067.32	$1,266.53	$18,474.19	($469.91)	$544.07	$35,913.32	$168,936.69	$80,361.34	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202202	$163,223.51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($98.47)	-	$116.34	($1.05)	-	$946.13	$4,862.08	$35,698.73	$71,067.77	$50,631.98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202203	$229,103.58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$18,991.03	$291.03	$271.08	($19,812.20)	$24,143.44	$92,878.82	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202204	$171,621.69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($131.70)	($10,272.56)	$1,293.78	$16,109.26	$42,869.63	#########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202205	$152,481.66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202206	$213,290.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202207	$98,519.23	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

BlueCross BlueShield Nebraska

RX Claim Lag

Custom selections: Report Period: Rolling Paid, Aug2019 - Jul2020, No Runout Applied, Rolling Paid, Aug2021 - Jul2022, No Runout Applied, Rolling Paid, Aug2020 - Jul2021, No Runout Applied Service Category: Pharmacy Plan Medicare Supplement Indicator: N Account Name: **(0000) ABC COMPANY**

Incurred Month = Column
Paid Month = Row

	Totals	201901	201906	201907	201908	201909	201910	201911	201912	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	202101	202102	202103	202104	202105	202106	202107	202108	202109	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207
Totals	##########	$12.83	($275.76)	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	$31,584.34	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########	########
201901	$42,256.01	$12.83	($275.76)	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201906	$20,483.96	-	-	-	$4,788.40	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201907	$39,511.52	-	-	-	-	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201908	$30,203.48	-	-	-	-	$38.24	$9,350.43	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201909	$41,837.15	-	-	-	-	-	-	$6,060.62	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201910	$35,803.18	-	-	-	-	-	-	-	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201911	$26,277.22	-	-	-	-	-	-	-	-	$3,632.18	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201912	$37,815.06	-	-	-	-	-	-	-	-	-	$7,160.46	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202001	$31,254.79	-	-	-	-	-	-	-	-	-	-	$1,442.40	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202002	$25,898.97	-	-	-	-	-	-	-	-	-	-	-	$5,335.45	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202003	$38,246.53	-	-	-	-	-	-	-	-	-	-	-	$2,994.49	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202004	$31,873.13	-	-	-	-	-	-	-	-	-	-	-	-	$922.52	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202005	$33,549.70	-	-	-	-	-	-	-	-	-	-	-	-	-	$3,554.47	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202006	$34,995.84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$6,988.51	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202007	$38,392.96	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$6,419.59	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202008	$42,625.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202009	$32,685.81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202010	$37,550.78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$8,632.93	$28,917.85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202011	$38,693.24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$3,927.86	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202012	$52,425.46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$5,326.95	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202101	$45,874.33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($1,261.37)	-	$2,079.40	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202102	$35,858.93	$9.23	$10.60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$73.88	$7,857.41	########	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202103	$37,267.42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$60.00	########	########	-	-	-	-	-	-	-	-	-	-	-	-	-
202104	$29,011.86	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$8,382.22	########	-	-	-	-	-	-	-	-	-	-	-	-
202105	$55,660.91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$40.00	-	########	########	-	-	-	-	-	-	-	-	-	-	-
202106	$45,601.06	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$40.00	$4,896.12	########	-	-	-	-	-	-	-	-	-	-
202107	$42,056.47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	########	########	-	-	-	-	-	-	-	-	-
202108	$57,968.65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($531.44)	$7,989.50	########	-	-	-	-	-	-	-	-
202109	$55,753.82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$3,368.52	########	-	-	-	-	-	-	-
202110	$47,090.54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	($494.64)	-	$7,496.70	########	-	-	-	-	-	-	-
202111	$36,018.21	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$55.73	-	########	########	-	-	-	-	-	-
202112	$75,624.27	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	########	########	-	-	-	-	-
202201	$54,438.71	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$29.97	$9,082.57	########	-	-	-	-
202202	$62,590.39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$930.00	-	########	########	-	-	-
202203	$62,164.94	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$53.94	-	-	-	-	-	-	-	-	-	$4,363.19	########	-	-
202204	$37,975.87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	$1.00	$9,806.40	########

BlueCross BlueShield Nebraska

Monthly Membership by Coverage Tier and Plan Design

Custom selections: Cost Measure: Paid Period Type: Policy YTD Paid Service Category: Inpatient, Outpatient, Pharmacy, Professional Period: Policy Current YTD Account Name: (000) ABC COMPANY

		Totals		1 Subscriber		2 Subscriber + Spouse		3 Subscriber + Dependents		4 Family	
		Average Subscribers	Average Members	Average Subscribers	Average Members	Average Subscribers	Average Members	Average Subscribers	Average Members	Average Subscribers	Average Members
Totals		315	559	187	188	49	99	34	93	45	180
PPO NON-HSA - $4000.00	**Totals**	86	159	47	47	13	25	13	35	13	52
	202201	84	151	48	48	11	22	12	30	13	51
	202202	85	153	49	50	12	24	11	28	13	51
	202203	86	156	48	48	12	24	13	33	13	51
	202204	89	164	48	48	14	28	14	37	13	51
	202205	87	161	47	47	13	26	14	37	13	51
	202206	87	169	44	44	13	26	16	44	14	55
	202207	84	162	43	43	13	26	14	38	14	55
PPO NON-HSA - $1000.00	**Totals**	13	20	8	8	4	8	-	-	1	4
	202201	13	20	8	8	4	8	-	-	1	4
	202202	13	20	8	8	4	8	-	-	1	4
	202203	13	20	8	8	4	8	-	-	1	4
	202204	13	20	8	8	4	8	-	-	1	4
	202205	13	20	8	8	4	8	-	-	1	4
	202206	13	20	8	8	4	8	-	-	1	4
	202207	13	20	8	8	4	8	-	-	1	4
PPO NON-HSA - $2500.00	**Totals**	161	289	97	98	24	48	16	44	24	99
	202201	160	281	100	100	23	46	14	40	23	95
	202202	159	281	99	100	23	46	14	40	23	95
	202203	162	289	100	100	24	48	14	40	24	101
	202204	165	293	101	101	24	48	16	44	24	100
	202205	161	289	96	96	24	48	17	46	24	99
	202206	162	296	94	94	25	50	18	48	25	104
	202207	160	292	92	92	26	52	18	48	24	100
PPO HSA - $4000.00	**Totals**	55	91	35	35	9	17	4	14	7	25
	202201	51	82	33	33	9	18	4	13	5	18
	202202	54	88	34	34	10	20	4	13	6	21
	202203	55	89	35	35	10	20	4	13	6	21
	202204	54	90	33	33	10	20	4	13	7	24
	202205	52	86	33	33	8	16	4	13	7	24
	202206	60	101	39	39	7	15	5	15	9	32
	202207	59	101	38	39	6	12	5	15	10	35

BlueCross BlueShield Nebraska

Monthly Claims and Enrollment by Plan Design

Custom selections: Benefit Type: Medical, Pharmacy Report Period: Policy YTD Paid, Policy Current YTD, No Runout Applied Plan Medicare Supplement Indicator: N Account Name: (000) ABC COMPANY

		Medical Subscriber Months	Medical Member Months	Medical Paid	Pharmacy Paid	Paid	Paid PMPM	Paid PEPM	Access Fee
Totals		2,207	3,914	$961,431.14	$375,902.93	$1,337,334.07	$341.68	$605.95	$9,543.02
-	**Totals**	0	0	$0.00	$0.00	$0.00	-	-	$0.00
	202207	0	0	$0.00	$0.00	$0.00	-	-	$0.00
PPO HSA - $4000.00	**Totals**	385	637	$36,212.01	$17,168.62	$53,380.63	$83.80	$138.65	$81.41
	202201	51	82	$1,427.13	$116.13	$1,543.26	$18.82	$30.26	$0.00
	202202	54	88	$2,121.94	$2,472.39	$4,594.33	$52.21	$85.08	$0.00
	202203	55	89	$1,470.13	$4,567.43	$6,037.56	$67.84	$109.77	$11.89
	202204	54	90	$2,600.99	$4,607.50	$7,208.49	$80.09	$133.49	$37.31
	202205	52	86	$9,013.93	$939.93	$9,953.86	$115.74	$191.42	$4.15
	202206	60	101	$17,081.70	$4,405.32	$21,487.02	$212.74	$358.12	$28.06
	202207	59	101	$2,496.19	$59.92	$2,556.11	$25.31	$43.32	$0.00
PPO NON-HSA - $1000.00	**Totals**	91	140	$110,666.44	$55,677.31	$166,343.75	$1,188.17	$1,827.95	$0.31
	202201	13	20	$77,890.86	$7,628.53	$85,519.39	$4,275.97	$6,578.41	$0.00
	202202	13	20	$6,940.42	$1,882.40	$8,822.82	$441.14	$678.68	$0.31
	202203	13	20	$20,500.78	$13,983.18	$34,483.96	$1,724.20	$2,652.61	$0.00
	202204	13	20	$486.55	$7,574.08	$8,060.63	$403.03	$620.05	$0.00
	202205	13	20	$1,557.60	$9,468.65	$11,026.25	$551.31	$848.17	$0.00
	202206	13	20	$1,504.58	$8,755.98	$10,260.56	$513.03	$789.27	$0.00
	202207	13	20	$1,785.65	$6,384.49	$8,170.14	$408.51	$628.47	$0.00
PPO NON-HSA - $2500.00	**Totals**	1,129	2,021	$661,900.24	$261,122.57	$923,022.81	$456.72	$817.56	$7,852.52
	202201	160	281	$135,202.16	$31,707.83	$166,909.99	$593.99	$1,043.19	$2,663.39
	202202	159	281	$108,881.44	$27,066.01	$135,947.45	$483.80	$855.02	$932.17
	202203	162	289	$121,095.99	$50,216.50	$171,312.49	$592.78	$1,057.48	$464.10
	202204	165	293	$87,486.42	$41,192.29	$128,678.71	$439.18	$779.87	$595.08
	202205	161	289	$61,634.17	$43,802.15	$105,436.32	$364.83	$654.88	$1,629.15
	202206	162	296	$102,423.59	$40,334.73	$142,758.32	$482.29	$881.22	$1,212.94
	202207	160	292	$45,176.47	$26,803.06	$71,979.53	$246.51	$449.87	$355.69
PPO NON-HSA - $4000.00	**Totals**	602	1,116	$152,652.45	$41,934.43	$194,586.88	$174.36	$323.23	$1,608.78
	202201	84	151	$47,482.86	$7,638.05	$55,120.91	$365.04	$656.20	$125.97
	202202	85	153	$9,261.50	$4,597.41	$13,858.91	$90.58	$163.05	$57.86
	202203	86	156	$10,412.41	$6,857.16	$17,269.57	$110.70	$200.81	$631.79
	202204	89	164	$26,609.02	$1,064.84	$27,673.86	$168.74	$310.94	$293.96
	202205	87	161	$17,685.57	$8,379.66	$26,065.23	$161.90	$299.60	$82.09
	202206	87	169	$30,116.04	$8,668.91	$38,784.95	$229.50	$445.80	$284.78
	202207	84	162	$11,085.05	$4,728.40	$15,813.45	$97.61	$188.26	$132.33

COMPANY NAME: ABC COMPANY
GROUP # 123456
CONTRACT TERM: JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

THIS REPORT IS USED FOR BCBSNE PURPOSES ONLY AND IS SUBJECT TO A YEAR END AUDIT FOR ACCURACY OF CALCULATIONS.

ADMIN CHG : $35.00 OF HEALTH CLAIMS PAID [SJE 149]
$0.25 Tele Health

STOP LOSS CHARGE: INDIVIDUAL: $0.00 PER EMPLOYEE PER MO.
AGGREGATE: $0.00 PER EMPLOYEE PER MO.

STOP LOSS AMOUNT: INDIVIDUAL: N/A
$0.00 /PCPM
$0 AGG FACTOR/PCPM

COMMISSION: $1,234.00 /PM

ADVANCE DEPOSIT: N/A

WEEKLY WIRES: WITHIN 24HRS EACH NOTIFICATION, AND AFTER 15 DAYS OF MAILING MO. INVOICE.

File Name:

MONTH PAID	HEALTH CONTRACT COUNTS	DENTAL CONTRACT COUNTS	CUM CLAIMS ONLY CAP	NET CLAIMS HEALTH & DENTAL	INDIV STOP LOSS N/A	CUM STOP LOSS	CLAIMS BILLED HEALTH & DENTAL	ADMIN HEALTH AND DENTAL	ɜME FEE/ IDAHO ASSESSMENT	BLUE CARD FEE $10.00	·lex Access Fe	Subrogation Recovery Fee	COMMISSION $1,234.00	SPECIALTY COPAY PROGR	TOTAL BILLED
JAN	1000	0	$0.00	$750,000.00	$0.00	$0.00	$750,000.00	$35,250.00	$0.00	$10,000.00	$0.00	$0.00	$1,234.00	$0.00	$796,484.00
FEB	1050	0	$0.00	$787,500.00	$0.00	$0.00	$787,500.00	$37,012.50	$6.60	$10,500.00	$3,002.53	$0.00	$1,234.00	$1,320.00	$840,575.63
MAR	1075	0	$0.00	$806,250.00	$0.00	$0.00	$806,250.00	$37,893.75	$3.30	$10,750.00	$3,531.41	$0.00	$1,234.00	$0.00	$859,662.46
APR	1100	0	$0.00	$825,000.00	$0.00	$0.00	$825,000.00	$38,775.00	$3.30	$11,000.00	$1,056.00	$0.00	$1,234.00	$0.00	$877,068.30
MAY	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
JUN	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
JUL	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
AUG	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
SEP	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
OCT	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
NOV	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
DEC	0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,234.00	$0.00	$1,234.00
TOTALS	4225	0	$0.00	$3,168,750.00	$0.00		$3,168,750.00	$148,931.25	$13.20	$42,250.00	$7,589.94		$14,808.00	$1,320.00	$3,383,662.39

MONTH PAID	NET HEALTH CLAIMS	CUMM HEALTH CLAIMS	HEALTH ADMIN $35.00	TELEHEALTH $0.25	HEALTH CUM CLAIMS +/- CAP
JAN	$750,000.00	$750,000.00	$35,000.00	$250.00	
FEB	$787,500.00	$1,537,500.00	$36,750.00	$262.50	
MAR	$806,250.00	$2,343,750.00	$37,625.00	$268.75	
APR	$825,000.00	$3,168,750.00	$38,500.00	$275.00	
MAY	$0.00	$0.00	$0.00	$0.00	
JUN	$0.00	$0.00	$0.00	$0.00	
JUL	$0.00	$0.00	$0.00	$0.00	
AUG	$0.00	$0.00	$0.00	$0.00	
SEP	$0.00	$0.00	$0.00	$0.00	
OCT	$0.00	$0.00	$0.00	$0.00	
NOV	$0.00	$0.00	$0.00	$0.00	
DEC	$0.00	$0.00	$0.00	$0.00	
TOTALS	$3,168,750.00		$147,875.00	$1,056.25	

ADJUSTMENTS DATE	GENERIC COPAY CREDIT	DRUG REBATE	MED REBATE	OTHER
JAN	$0.00	$0.00	$0.00	($268.34)
FEB	$0.00	($80,825.97)	($703.37)	$0.00
MAR	$0.00	$0.00	$0.00	$0.00
APR	$0.00	$0.00	($535.92)	$0.00
MAY	$0.00	$0.00	$0.00	$0.00
JUN	$0.00	$0.00	$0.00	$0.00
JUL	$0.00	$0.00	$0.00	$0.00
AUG	$0.00	$0.00	$0.00	$0.00
SEP	$0.00	$0.00	$0.00	$0.00
OCT	$0.00	$0.00	$0.00	$0.00
NOV	$0.00	$0.00	$0.00	$0.00
DEC	$0.00	$0.00	$0.00	$0.00
	$0.00	($80,825.97)	($1,239.29)	($268.34)

SIU

PREVIOUS MONTH BAL $60,596.00
PMTS RECD DURING MONTH ($307,101.36)
G/L BAL-181400 $98,983.04

NOTE: CLAIM AMOUNTS ARE NET OF ADJUSMENTS

BlueCross BlueShield Nebraska

SRP10 Enrollment Overview

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: -
Column Dimensions: Period
Metrics: Average Subscribers, Average Members, Proportion of Males, Average Contract Size, Average Age

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Benefit Type: Medical
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Period	Policy Prior YTD 1	Policy Current YTD	Trend %
Average Subscribers	263	315	19.8%
Average Members	466	559	20.0%
Proportion of Males	58.0%	56.6%	-2.4%
Average Contract Size	1.8	1.8	0.2%
Average Age	32.0	32.0	0.1%

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SRP11 Enrollment by Relationship

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Relationship
Column Dimensions: Period
Metrics: Average Age, Average Members

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Benefit Type: Medical
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Relationship	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
Totals	Average Age	32.0	32.0	0.1%
	Average Members	466	559	20.0%
Subscriber	Average Age	39.0	38.9	-0.4%
	Average Members	263	315	19.8%
Spouse/Partner	Average Age	42.9	42.6	-0.9%
	Average Members	76	95	24.9%
Dependent	Average Age	11.1	11.0	-0.9%
	Average Members	127	149	17.5%

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SRP12 Enrollment by Gender

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Gender
Column Dimensions: Period
Metrics: Average Age, Average Members

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Benefit Type: Medical
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Gender	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
	Average Age	32.0	32.0	0.1%
Totals	Average Members	466	559	20.0%
	Average Age	31.5	32.0	1.7%
Female	Average Members	194	242	24.8%
	Average Age	32.3	32.0	-1.0%
Male	Average Members	272	317	16.6%

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SRP80 Monthly Membership by Coverage Tier

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Paid Month
Column Dimensions: Coverage Tier
Metrics: Medical Subscriber Months, Medical Member Months

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Coverage Tier	Totals		1 Subscriber		2 Subscriber + Spouse		3 Subscriber + Dependents		4 Family	
Paid Month	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months
202201	308	534	189	189	47	94	30	83	42	168
202202	311	542	190	192	49	98	29	81	43	171
202203	316	554	191	191	50	100	31	86	44	177
202204	321	567	190	190	52	104	34	94	45	179
202205	313	556	184	184	49	98	35	96	45	178
202206	322	586	185	185	49	99	39	107	49	195
202207	316	575	181	182	49	98	37	101	49	194

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SRP85 Monthly Membership by Coverage Tier by Plan Design

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Medical Plan Design, Paid Month
Column Dimensions: Coverage Tier
Metrics: Medical Subscriber Months, Medical Member Months

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

	Coverage Tier	Totals		1 Subscriber		2 Subscriber + Spouse		3 Subscriber + Dependents		4 Family	
Medical Plan Design	Paid Month	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months	Medical Subscriber Months	Medical Member Months
	Totals	385	637	245	246	60	121	30	95	50	175
	202201	51	82	33	33	9	18	4	13	5	18
	202202	54	88	34	34	10	20	4	13	6	21
	202203	55	89	35	35	10	20	4	13	6	21
	202204	54	90	33	33	10	20	4	13	7	24
	202205	52	86	33	33	8	16	4	13	7	24
	202206	60	101	39	39	7	15	5	15	9	32
PPO HSA - $4000.00	202207	59	101	38	39	6	12	5	15	10	35
	Totals	91	140	56	56	28	56			7	28
	202201	13	20	8	8	4	8			1	4
	202202	13	20	8	8	4	8			1	4
	202203	13	20	8	8	4	8			1	4
	202204	13	20	8	8	4	8			1	4
	202205	13	20	8	8	4	8			1	4
	202206	13	20	8	8	4	8			1	4
PPO NON-HSA - $1000.00	202207	13	20	8	8	4	8			1	4
	Totals	1,129	2,021	682	683	169	338	111	306	167	694
	202201	160	281	100	100	23	46	14	40	23	95
	202202	159	281	99	100	23	46	14	40	23	95
	202203	162	289	100	100	24	48	14	40	24	101
	202204	165	293	101	101	24	48	16	44	24	100
	202205	161	289	96	96	24	48	17	46	24	99
	202206	162	296	94	94	25	50	18	48	25	104
PPO NON-HSA - $2500.00	202207	160	292	92	92	26	52	18	48	24	100
	Totals	602	1,116	327	328	88	176	94	247	93	365
	202201	84	151	48	48	11	22	12	30	13	51
	202202	85	153	49	50	12	24	11	28	13	51
	202203	86	156	48	48	12	24	13	33	13	51
	202204	89	164	48	48	14	28	14	37	13	51
	202205	87	161	47	47	13	26	14	37	13	51
	202206	87	169	44	44	13	26	16	44	14	55
PPO NON-HSA - $4000.00	202207	84	162	43	43	13	26	14	38	14	55

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SRP15 Claims by ICD9 Diagnosis Group

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Primary Diagnostic Catgory L1
Column Dimensions: Period
Metrics: Claimants, Claims, Paid, Paid PMPM, Paid PEPM

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Professional
Primary Diagnostic Category L1: Excludes '0 No dx'
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Primary Diagnostic Category L1	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
Totals	Claimants	427	494	15.7%
	Claims	3,043	3,730	22.6%
	Paid	$917,321.03	$961,431.14	4.8%
	Paid PMPM	$281.30	$245.64	-12.7%
	Paid PEPM	$498.00	$435.63	-12.5%
-	Claimants	0	0	
	Claims	0	0	
	Paid	$0.00	$0.00	
	Paid PMPM	$0.00	$0.00	
	Paid PEPM	$0.00	$0.00	
MUS Musculoskeletal System and Connective Tissue	Claimants	78	99	26.9%
	Claims	374	447	19.5%
	Paid	$25,772.56	$174,584.51	577.4%
	Paid PMPM	$7.90	$44.61	464.4%
	Paid PEPM	$13.99	$79.10	465.4%
FAC Factors Influencing Health Status	Claimants	328	382	16.5%
	Claims	971	1,184	21.9%
	Paid	$108,721.37	$118,831.05	9.3%
	Paid PMPM	$33.34	$30.36	-8.9%
	Paid PEPM	$59.02	$53.84	-8.8%
NVS Nervous System	Claimants	25	31	24.0%
	Claims	97	94	-3.1%
	Paid	$172,922.83	$103,844.34	-39.9%
	Paid PMPM	$53.03	$26.53	-50.0%
	Paid PEPM	$93.88	$47.05	-49.9%
NEO Neoplasms	Claimants	22	23	4.5%
	Claims	129	114	-11.6%
	Paid	$211,554.59	$99,311.59	-53.1%
	Paid PMPM	$64.87	$25.37	-60.9%
	Paid PEPM	$114.85	$45.00	-60.8%
SYM Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	Claimants	86	106	23.3%
	Claims	224	289	29.0%
	Paid	$49,801.42	$73,156.30	46.9%
	Paid PMPM	$15.27	$18.69	22.4%
	Paid PEPM	$27.04	$33.15	22.6%
MBD Mental, Behavioral and Neurodevelopmental Disorders	Claimants	61	76	24.6%
	Claims	245	503	105.3%
	Paid	$33,606.50	$63,607.09	89.3%
	Paid PMPM	$10.31	$16.25	57.7%
	Paid PEPM	$18.24	$28.82	58.0%
INJ Injury, Poisoning and Consequences of External Causes	Claimants	40	37	-7.5%
	Claims	114	125	9.6%
	Paid	$52,559.91	$60,299.88	14.7%
	Paid PMPM	$16.12	$15.41	-4.4%
	Paid PEPM	$28.53	$27.32	-4.2%
CIR Circulatory System	Claimants	39	43	10.3%
	Claims	121	126	4.1%
	Paid	$42,679.57	$58,093.88	36.1%
	Paid PMPM	$13.09	$14.84	13.4%
	Paid PEPM	$23.17	$26.32	13.6%
GEN Genitourinary System	Claimants	28	42	50.0%
	Claims	66	110	66.7%
	Paid	$16,581.15	$31,666.82	91.0%
	Paid PMPM	$5.08	$8.09	59.1%
	Paid PEPM	$9.00	$14.35	59.4%
PRG Pregnancy, Childbirth and the Puerperium	Claimants	12	12	0.0%
	Claims	110	89	-19.1%
	Paid	$49,589.19	$29,368.12	-40.8%
	Paid PMPM	$15.21	$7.50	-50.7%
	Paid PEPM	$26.92	$13.31	-50.6%
RSP Respiratory System	Claimants	58	92	58.6%
	Claims	139	182	30.9%
	Paid	$14,964.24	$24,490.04	63.7%
	Paid PMPM	$4.59	$6.26	36.4%
	Paid PEPM	$8.12	$11.10	36.6%

	Claimants	36	27	-25.0%
	Claims	84	58	-31.0%
	Paid	$31,941.27	$23,304.51	-27.0%
	Paid PMPM	$9.79	$5.95	-39.2%
DIG Digestive System	Paid PEPM	$17.34	$10.56	-39.1%
	Claimants	10	19	90.0%
	Claims	12	39	225.0%
	Paid	$938.46	$21,789.25	2221.8%
	Paid PMPM	$0.29	$5.57	1834.4%
EAR Ear and Mastoid Process	Paid PEPM	$0.51	$9.87	1837.8%
	Claimants	3	9	200.0%
	Claims	21	43	104.8%
	Paid	$7,730.02	$21,259.03	175.0%
	Paid PMPM	$2.37	$5.43	129.1%
PNL Conditions in Perinatal Period	Paid PEPM	$4.20	$9.63	129.5%
	Claimants	50	48	-4.0%
	Claims	95	74	-22.1%
	Paid	$4,031.03	$19,174.75	375.7%
	Paid PMPM	$1.24	$4.90	296.3%
SKN Skin and Subcutaneous Tissue	Paid PEPM	$2.19	$8.69	297.0%
	Claimants	17	36	111.8%
	Claims	27	77	185.2%
	Paid	$40,956.82	$14,216.72	-65.3%
	Paid PMPM	$12.56	$3.63	-71.1%
INF Infectious and Parasitic Diseases	Paid PEPM	$22.23	$6.44	-71.0%
	Claimants	52	52	0.0%
	Claims	127	111	-12.6%
	Paid	$9,832.48	$11,108.00	13.0%
	Paid PMPM	$3.02	$2.84	-5.9%
END Endocrine, Nutritional and Metabolic Diseases	Paid PEPM	$5.34	$5.03	-5.7%
	Claimants	5	5	0.0%
	Claims	22	19	-13.6%
	Paid	$32,076.10	$8,396.23	-73.8%
	Paid PMPM	$9.84	$2.15	-78.2%
MAL Congenital Malformations, Deformations and Chromosomal Abnormalities	Paid PEPM	$17.41	$3.80	-78.2%
	Claimants	20	20	0.0%
	Claims	36	31	-13.9%
	Paid	$9,149.03	$3,287.48	-64.1%
	Paid PMPM	$2.81	$0.84	-70.1%
EYE Eye and Adnexa	Paid PEPM	$4.97	$1.49	-70.0%
	Claimants	7	11	57.1%
	Claims	29	15	-48.3%
	Paid	$1,912.49	$1,641.55	-14.2%
	Paid PMPM	$0.59	$0.42	-28.5%
BLD Blood, Blood Forming Organs, Immunologic Disorders	Paid PEPM	$1.04	$0.74	-28.4%

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SRP20 Expenses Based on Paid Claims

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Service Category
Column Dimensions: Period
Metrics: Claimants, Claims, Paid, Paid PMPM, Paid PEPM, Allowed, Allowed PMPM

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Pharmacy, Professional
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Service Category	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
	Claimants	462	533	15.4%
	Claims	5,399	6,451	19.5%
	Paid	$1,194,003.05	$1,337,334.07	12.0%
	Paid PMPM	$366.15	$341.68	-6.7%
	Paid PEPM	$648.21	$605.95	-6.5%
	Allowed	$1,514,903.42	$1,771,219.43	16.9%
Totals	Allowed PMPM	$464.55	$452.53	-2.6%
	Claimants	0	0	
	Claims	0	0	
	Paid	$0.00	$0.00	
	Paid PMPM	$0.00	$0.00	
	Paid PEPM	$0.00	$0.00	
	Allowed	$0.00	$0.00	
-	Allowed PMPM	$0.00	$0.00	
	Claimants	12	14	16.7%
	Claims	15	16	6.7%
	Paid	$148,564.19	$159,442.78	7.3%
	Paid PMPM	$45.56	$40.74	-10.6%
	Paid PEPM	$80.65	$72.24	-10.4%
	Allowed	$168,610.87	$220,197.87	30.6%
Inpatient	Allowed PMPM	$51.71	$56.26	8.8%
	Claimants	101	136	34.7%
	Claims	226	288	27.4%
	Paid	$229,080.01	$353,093.81	54.1%
	Paid PMPM	$70.25	$90.21	28.4%
	Paid PEPM	$124.36	$159.99	28.6%
	Allowed	$326,568.94	$464,713.36	42.3%
Outpatient	Allowed PMPM	$100.14	$118.73	18.6%
	Claimants	426	489	14.8%
	Claims	2,802	3,426	22.3%
	Paid	$539,676.83	$448,894.55	-16.8%
	Paid PMPM	$165.49	$114.69	-30.7%
	Paid PEPM	$292.98	$203.40	-30.6%
	Allowed	$684,140.71	$637,529.25	-6.8%
Professional	Allowed PMPM	$209.79	$162.88	-22.4%
	Claimants	329	375	14.0%
	Claims	2,356	2,721	15.5%
	Paid	$276,682.02	$375,902.93	35.9%
	Paid PMPM	$84.85	$96.04	13.2%
	Paid PEPM	$150.21	$170.32	13.4%
	Allowed	$335,582.90	$448,778.95	33.7%
Pharmacy	Allowed PMPM	$102.91	$114.66	11.4%

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SRP30 Monthly Claims and Enrollment

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Paid Month
Column Dimensions: -
Metrics: Medical Subscriber Months, Medical Member Months, Medical Paid, Pharmacy Paid, Paid, Access Fee, Paid PMPM, Paid PEPM, Group Liability

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Pharmacy, Professional
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Period	Paid Month	Medical Subscriber Months	Medical Member Months	Medical Paid	Pharmacy Paid	Paid	Access Fee	Paid PMPM	Paid PEPM	Group Liability
	Totals	2,207	3,914	$961,431.14	$375,902.93	###########	$9,543.02	$341.68	$605.95	$1,346,877.09
	202201	308	534	$262,003.01	$47,090.54	$309,093.55	$2,789.36	$578.83	$1,003.55	$311,882.91
	202202	311	542	$127,205.30	$36,018.21	$163,223.51	$990.34	$301.15	$524.83	$164,213.85
	202203	316	554	$153,479.31	$75,624.27	$229,103.58	$1,107.78	$413.54	$725.01	$230,211.36
	202204	321	567	$117,182.98	$54,438.71	$171,621.69	$926.35	$302.68	$534.65	$172,548.04
	202205	313	556	$89,891.27	$62,590.39	$152,481.66	$1,715.39	$274.25	$487.16	$154,197.05
	202206	322	586	$151,125.91	$62,164.94	$213,290.85	$1,525.78	$363.98	$662.39	$214,816.63
Policy Current YTD	202207	316	575	$60,543.36	$37,975.87	$98,519.23	$488.02	$171.34	$311.77	$99,007.25

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SRP40 Medical Cost & Utilization

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: -
Column Dimensions: Period
Metrics: List of 15 metrics in table below

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Professional
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Period	Policy Prior YTD 1	Policy Current YTD	Trend %
IP Paid PMPM	$45.56	$40.74	-10.6%
Admits / 1000	55.2	46.0	-16.7%
Paid / Admit	$9,904.28	$10,629.52	7.3%
Average Length of Stay	4.5	3.0	-32.8%
OP Paid PMPM	$70.25	$90.21	28.4%
OP Visits per 1,000	813.2	837.0	2.9%
Paid per OP Visit	$1,036.56	$1,293.38	24.8%
ER Paid PMPM	$15.00	$18.05	20.4%
ER Visits per 1,000	128.8	168.6	30.9%
Paid per ER Visit	$1,397.29	$1,284.83	-8.0%
Professional Paid PMPM	$165.49	$114.69	-30.7%
Professional Visits per Member	9,420.4	9,495.1	0.8%
Paid per Professional Visit	$210.81	$144.94	-31.2%
Medical Paid PMPM	$281.30	$245.64	-12.7%
Medical Allowed PMPM	$361.64	$337.87	-6.6%

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SRP41 Telehealth Office and Urgent Care

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Place of Service
Column Dimensions: Period
Metrics: Claimants, Professional Visits, Professional Paid, Professional Paid PMPM, Paid per Professional Visits

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Professional
Place of Service: 02 Telehealth, 10 Telehealth, 11 Office, 20 Urgent Care Facility
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Place of Service	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
02 Telehealth	Claimants	47	52	10.6%
	Professional Visits	124	210	69.4%
	Professional Paid	$16,923.04	$26,896.01	58.9%
	Professional Paid PMPM	$25.64	$33.62	31.1%
	Paid per Professional Visits	$218.09	$174.21	-20.1%
10 Telehealth	Claimants		15	
	Professional Visits		54	
	Professional Paid		$7,260.42	
	Professional Paid PMPM		$9.08	
	Paid per Professional Visits		$165.60	
11 Office	Claimants	393	453	15.3%
	Professional Visits	1,917	2,183	13.9%
	Professional Paid	$242,682.66	$238,358.83	-1.8%
	Professional Paid PMPM	$367.70	$297.95	-19.0%
	Paid per Professional Visits	$229.91	$133.39	-42.0%
20 Urgent Care Facility	Claimants	48	61	27.1%
	Professional Visits	54	76	40.7%
	Professional Paid	$6,235.78	$9,500.04	52.3%
	Professional Paid PMPM	$9.45	$11.88	25.7%
	Paid per Professional Visits	$214.03	$162.77	-23.9%

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SRP42 Telehealth Top 15 Diagnosis by Visits

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Diagnosis 3 Digits
Column Dimensions: -
Metrics: Claimants, Visits, Out of Pocket, Paid, Paid per Professional Visit

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Professional
Place of Service: 02 Telehealth, 10 Telehealth
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Diagnosis 3 Digits	Claimants	Visits	Out of Pocket	Paid	Paid / Visit
Totals	60	664	$9,380.83	$86,955.56	$130.96
F41 Other anxiety disorders	18	104	$1,148.17	$16,653.93	$160.13
F43 Reaction to severe stress, and adjustment disorders	8	87	$840.00	$12,646.17	$145.36
Z63 Oth prob rel to prim support group, inc family circumstances	2	50	$490.00	$7,164.83	$143.30
F90 Attention-deficit hyperactivity disorders	10	48	$470.00	$6,182.33	$128.80
F44 Dissociative and conversion disorders	1	45	$440.00	$6,679.48	$148.43
Z56 Problems related to employment and unemployment	1	45	$440.00	$6,679.48	$148.43
F33 Major depressive disorder, recurrent	7	39	$330.00	$4,943.01	$126.74
F42 Obsessive-compulsive disorder	2	35	$1,961.96	$3,158.27	$90.24
F50 Eating disorders	2	26	$415.00	$3,538.27	$136.09
F51 Sleep disorders not due to a substance or known physiol cond	4	12	$60.00	$587.45	$48.95
F34 Persistent mood [affective] disorders	2	12	$130.00	$1,780.50	$148.38
F32 Depressive episode	5	11	$100.00	$1,442.42	$131.13
F17 Nicotine dependence	4	11	$90.00	$1,378.91	$125.36
G47 Sleep disorders	3	9	$60.00	$1,133.37	$125.93
F12 Cannabis related disorders	1	7	$70.00	$1,061.90	$151.70

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SRP45 Medical Network Savings Summary

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Service Category
Column Dimensions: -
Metrics: Claimants, Claims, Paid, Discount, Discount % of Covered

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Plan TCC Flag: N
Service Category: Inpatient, Outpatient, Professional
Network Indicator: In Network, Out of Network
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Service Category	Claimants	Claims	Paid	Discount	Discount % of Covered
Totals	441	3,063	#########	###########	44.3%
Inpatient	14	15	#########	$158,605.42	41.9%
Outpatient	135	286	#########	$411,297.34	47.3%
Professional	434	2,762	#########	$463,656.29	42.8%

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SRP50 Medical Network Performance Summary

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Network Indicator
Column Dimensions: -
Metrics: Claimants, Claims, % of Total Claims, Paid, Paid % of Total

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Plan TCC Flag: N
Service Category: Inpatient, Outpatient, Professional
Network Indicator: In Network, Out of Network
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Network Indicator	Claimants	Claims	% of Total Claims	Paid	Paid % of Total
Totals	441	3,063	100.0%	#########	100.0%
In Network	441	3,048	99.5%	#########	100.0%
Out of Network	6	15	0.5%	$73.68	0.0%

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SRP90 Claims by Paid Band

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Detailed Paid Band
Column Dimensions: -
Metrics: Claimants, % of Total Claimants, Paid, Paid % of Total, Paid / Claimant

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Pharmacy, Professional
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Detailed Paid Band	Claimants	% of Total Claimants	Paid	Paid % of Total	Paid / Claimant
Totals	533	100.0%	$1,337,334.07	100.0%	$2,509.07
<= $0	31	5.8%	-$1,071.68	-0.1%	-$34.57
$0-4,999	452	84.8%	$326,161.43	24.4%	$721.60
$5,000-9,999	19	3.6%	$132,749.11	9.9%	$6,986.80
$10,000-14,999	8	1.5%	$106,036.41	7.9%	$13,254.55
$15,000-19,999	9	1.7%	$147,780.16	11.1%	$16,420.02
$20,000-24,999	1	0.2%	$23,537.44	1.8%	$23,537.44
$25,000-29,999	2	0.4%	$59,147.55	4.4%	$29,573.78
$30,000-34,999	2	0.4%	$62,192.95	4.7%	$31,096.48
$40,000-44,999	4	0.8%	$167,130.05	12.5%	$41,782.51
$45,000-49,999	1	0.2%	$46,144.94	3.5%	$46,144.94
$55,000-59,999	1	0.2%	$56,301.53	4.2%	$56,301.53
$60,000-64,999	1	0.2%	$61,627.44	4.6%	$61,627.44
$70,000-74,999	1	0.2%	$74,245.90	5.6%	$74,245.90
$75,000-79,999	1	0.2%	$75,350.84	5.6%	$75,350.84

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SRP95 High Cost Claimants Summary

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Service Category
Column Dimensions: Allowed HCC/LCC Band Fixed RI
Metrics: Claimants, Claims, Paid, Paid / Claimant, Paid PMPM, Paid PEPM

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Pharmacy, Professional
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Service Category	Paid HCC/LCC Band	Totals	HCC	LCC
Totals	Claimants	533	4	529
	Claims	6,451	216	6,235
	Paid	###########	#########	###########
	Paid / Claimant	$2,509.07	$66,881.43	$2,022.32
	Paid PMPM	$341.68	$68.35	$273.33
	Paid PEPM	$605.95	$121.22	$484.73
Inpatient	Claimants	14	2	12
	Claims	16	3	13
	Paid	$159,442.78	$81,921.93	$77,520.85
	Paid / Claimant	$11,388.77	$40,960.97	$6,460.07
	Paid PMPM	$40.74	$20.93	$19.81
	Paid PEPM	$72.24	$37.12	$35.12
Outpatient	Claimants	136	4	132
	Claims	288	19	269
	Paid	$353,093.81	$60,688.99	$292,404.82
	Paid / Claimant	$2,596.28	$15,172.25	$2,215.19
	Paid PMPM	$90.21	$15.51	$74.71
	Paid PEPM	$159.99	$27.50	$132.49
Professional	Claimants	489	4	485
	Claims	3,426	133	3,293
	Paid	$448,894.55	#########	$333,892.68
	Paid / Claimant	$917.98	$28,750.47	$688.44
	Paid PMPM	$114.69	$29.38	$85.31
	Paid PEPM	$203.40	$52.11	$151.29
Pharmacy	Claimants	375	4	371
	Claims	2,721	61	2,660
	Paid	$375,902.93	$9,912.92	$365,990.01
	Paid / Claimant	$1,002.41	$2,478.23	$986.50
	Paid PMPM	$96.04	$2.53	$93.51
	Paid PEPM	$170.32	$4.49	$165.83

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SRP135 Covid Claims

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Plan COVID Claim Indicator
Column Dimensions: -
Metrics: Claimants, Allowed, Allowed / Claimant

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Inpatient, Outpatient, Professional
Plan COVID Claim Indicator: Y
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Plan COVID Claim Indicator	Claimants	Allowed	Allowed / Claimant
Y	29	$45,770.45	$1,578.29

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SRP55 Pharmacy Cost and Utilization

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: -
Column Dimensions: Period
Metrics: List of 13 metrics in table below

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Period	Policy Prior YTD 1	Policy Current YTD	Trend Net	Trend %
Scripts	2,201	2,508	307	13.9%
Generic Dispensing Rate	82.5%	83.0%	0.5%	0.6%
Formulary Compliance Rate	99.9%	99.6%	-0.2%	-0.2%
% of Specialty Prescriptions	1.3%	1.3%	0.0%	-3.2%
% of Specialty Prescriptions Paid	32.9%	36.5%	3.6%	11.0%
Pharmacy Allowed	$335,582.90	$448,778.95	$113,196.05	33.7%
Pharmacy Allowed PMPM	$102.91	$114.66	$11.75	11.4%
Paid PMPM	$84.85	$96.04	$11.19	13.2%
Paid PEPM	$150.21	$170.32	$20.12	13.4%
Paid / Script	$125.71	$150.09	$24.38	19.4%
Scripts / Claimant	6.7	6.7	0.0	0.0%
OOP per script	$12.17	$19.98	$7.81	64.2%
Average Paid/30 Day Supply	$84.20	$94.13	$9.93	11.8%

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SRP57 Pharmacy Cost and Utilization by Drug Type

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Plan Drug Type
Column Dimensions: Period
Metrics: Scripts, Pharmacy Allowed, Pharmacy Paid, Paid/Script, Pharmacy Paid PMPM, Paid PEPM, Average Paid/ 30 Day Supply

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD, Policy Prior YTD 1

Plan Drug Type	Period	Policy Prior YTD 1	Policy Current YTD	Trend %
	Scripts	2,201	2,508	13.9%
	Pharmacy Allowed	$335,582.90	$448,778.95	33.7%
	Pharmacy Paid	$276,682.02	$375,902.93	35.9%
	Paid / Script	$125.71	$150.09	19.4%
	Pharmacy Paid PMPM	$84.85	$96.04	13.2%
	Paid PEPM	$150.21	$170.32	13.4%
Totals	Average Paid/ 30 Day Supply	$84.20	$94.13	11.8%
	Scripts	0	0	
	Pharmacy Allowed	$0.00	$0.00	
	Pharmacy Paid	$0.00	$0.00	
	Paid / Script			
	Pharmacy Paid PMPM	$0.00	$0.00	
	Paid PEPM	$0.00	$0.00	
-	Average Paid/ 30 Day Supply			
	Scripts	1,665	2,028	21.8%
	Pharmacy Allowed	$39,764.17	$58,932.35	48.2%
	Pharmacy Paid	$22,951.62	$34,935.57	52.2%
	Paid / Script	$13.79	$17.24	25.0%
	Pharmacy Paid PMPM	$7.04	$8.93	26.8%
	Paid PEPM	$12.46	$15.83	27.0%
Generic	Average Paid/ 30 Day Supply	$8.81	$10.50	19.2%
	Scripts		9	
	Pharmacy Allowed		$2,514.33	
	Pharmacy Paid		$1,921.96	
	Paid / Script		$213.55	
	Pharmacy Paid PMPM		$0.49	
	Paid PEPM		$0.87	
Non Preferred Brand	Average Paid/ 30 Day Supply		$174.72	
	Scripts	507	439	-13.4%
	Pharmacy Allowed	$174,340.72	$217,853.58	25.0%
	Pharmacy Paid	$162,742.39	$201,877.85	24.0%
	Paid / Script	$320.99	$460.99	43.6%
	Pharmacy Paid PMPM	$49.91	$51.58	3.4%
	Paid PEPM	$88.35	$91.47	3.5%
Preferred Brand	Average Paid/ 30 Day Supply	$250.76	$331.22	32.1%
	Scripts	29	32	10.3%
	Pharmacy Allowed	$121,478.01	$169,478.69	39.5%
	Pharmacy Paid	$90,988.01	$137,167.55	50.8%
	Paid / Script	$3,137.52	$4,286.49	36.6%
	Pharmacy Paid PMPM	$27.90	$35.05	25.6%
	Paid PEPM	$49.40	$62.15	25.8%
Specialty	Average Paid/ 30 Day Supply	$3,137.52	$2,981.90	-5.0%

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BlueCross BlueShield Nebraska

SRP60 Top 25 Drugs by Total Paid

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Drug Name, Drug Group
Column Dimensions: -
Metrics: Pharmacy Paid, Scripts, Generic Dispensing Rate, Pharmacy Allowed, Paid / Script

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Drug Name	Drug Group	Pharmacy Paid	Scripts	Generic Dispensing Rate	Pharmacy Allowed	Paid / Script
Totals		$375,902.93	2,508	83.0%	#########	$150.09
Humira Pen	Analgesics - Anti-inflammatory	$57,335.82	10	0.0%	$62,335.82	$5,733.58
Avonex Pen	Psychotherapeutic And Neurological Agents - Misc.	$38,964.06	7	0.0%	$50,514.06	$5,566.29
Dupixent	Dermatologicals	$24,387.51	8	0.0%	$26,517.51	$3,048.44
NovoLOG	Antidiabetics	$19,515.08	17	0.0%	$19,545.08	$1,147.95
Ozempic (1 MG/DOSE)	Antidiabetics	$18,281.46	22	0.0%	$18,971.46	$830.98
Trulicity	Antidiabetics	$16,626.94	11	0.0%	$17,256.94	$1,511.54
Cimzia Prefilled	Gastrointestinal Agents - Misc.	$16,048.40	6	0.0%	$29,649.54	$2,674.73
Rexulti	Antipsychotics/antimanic Agents	$13,953.36	4	0.0%	$14,553.36	$3,488.34
Vyvanse	Adhd/anti-narcolepsy/anti-obesity/anorexiants	$9,146.39	26	0.0%	$10,151.39	$351.78
Trokendi XR	Anticonvulsants	$8,188.06	10	0.0%	$8,688.06	$818.81
Trulance	Gastrointestinal Agents - Misc.	$8,114.87	6	0.0%	$8,414.87	$1,352.48
Farxiga	Antidiabetics	$7,088.20	5	0.0%	$7,493.20	$1,417.64
Ozempic	Antidiabetics	$6,667.96	8	0.0%	$6,912.96	$833.50
Victoza	Antidiabetics	$6,097.32	6	0.0%	$6,187.32	$1,016.22
Dexcom G6 Sensor	Medical Devices	$5,641.54	12		$6,091.54	$470.13
Restasis	Ophthalmic Agents	$5,198.82	3	0.0%	$5,288.82	$1,732.94
Jardiance	Antidiabetics	$5,052.10	4	0.0%	$5,262.10	$1,263.03
Nurtec	Migraine Products	$5,042.88	6	0.0%	$5,342.88	$840.48
Symbicort	Antiasthmatic And Bronchodilator Agents	$4,621.30	14	0.0%	$5,051.30	$330.09
OmniPod 5 Pack	Medical Devices	$4,343.13	1		$4,433.13	$4,343.13
NovoLOG FlexPen	Antidiabetics	$4,275.99	5	0.0%	$4,275.99	$855.20
Toujeo Max SoloStar	Antidiabetics	$3,956.53	7	0.0%	$3,956.53	$565.22
Descovy	Antivirals	$3,889.32	2	0.0%	$3,949.32	$1,944.66
Xarelto	Anticoagulants	$3,179.58	6	0.0%	$4,776.85	$529.93
Nebivolol HCl	Beta Blockers	$3,159.43	7	100.0%	$3,329.43	$451.35

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SRP65 Top 25 Drugs by Highest Utilization

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Drug Name, Drug Group
Column Dimensions: -
Metrics: Scripts, Generic Dispensing Rate, Pharmacy Allowed, Pharmacy Paid, Paid / Script

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Drug Name	Drug Group	Scripts	Generic Dispensing Rate	Pharmacy Allowed	Pharmacy Paid	Paid / Script
Totals		2,507	83.0%	#########	$375,848.99	$150.13
Lisinopril	Antihypertensives	79	100.0%	$915.50	$70.67	$0.89
Escitalopram Oxalate	Antidepressants	69	100.0%	$887.86	$14.35	$0.21
Atorvastatin Calcium	Antihyperlipidemics	66	100.0%	$1,082.61	$79.74	$1.21
Levothyroxine Sodium	Thyroid Agents	60	100.0%	$1,206.02	$90.33	$1.51
BuPROPion HCl ER (XL)	Antidepressants	43	100.0%	$1,336.22	$658.64	$15.32
Omeprazole	Ulcer Drugs/antispasmodics/anticholinergics	43	100.0%	$569.09	$20.84	$0.48
Pantoprazole Sodium	Ulcer Drugs/antispasmodics/anticholinergics	42	100.0%	$653.34	$114.39	$2.72
Sertraline HCl	Antidepressants	36	100.0%	$534.28	$34.39	$0.96
Rosuvastatin Calcium	Antihyperlipidemics	34	100.0%	$537.49	$17.51	$0.52
Amoxicillin	Penicillins	32	100.0%	$276.77	$20.46	$0.64
Montelukast Sodium	Antiasthmatic And Bronchodilator Agents	31	100.0%	$456.17	$56.74	$1.83
LamoTRIgine	Anticonvulsants	30	100.0%	$377.05	$29.32	$0.98
AmLODIPine Besylate	Calcium Channel Blockers	28	100.0%	$385.61	$30.62	$1.09
Gabapentin	Anticonvulsants	27	100.0%	$318.66	$47.87	$1.77
Amoxicillin-Pot Clavulanate	Penicillins	27	100.0%	$279.83	$48.81	$1.81
Moderna COVID-19 Vaccine	Vaccines	26	100.0%	$1,040.00	$1,040.00	$40.00
Vyvanse	Adhd/anti-narcolepsy/anti-obesity/anorexiants	26	0.0%	$10,151.39	$9,146.39	$351.78
FLUoxetine HCl	Antidepressants	26	100.0%	$245.97	$0.00	$0.00
metFORMIN HCl	Antidiabetics	26	100.0%	$265.01	$54.89	$2.11
Metoprolol Succinate ER	Beta Blockers	24	100.0%	$729.92	$245.17	$10.22
Spironolactone	Diuretics	24	100.0%	$357.07	$89.57	$3.73
TiZANidine HCl	Musculoskeletal Therapy Agents	24	100.0%	$354.62	$35.44	$1.48
Pfizer-BioNTech COVID-19 Vacc	Vaccines	24	100.0%	$960.00	$960.00	$40.00
Albuterol Sulfate HFA	Antiasthmatic And Bronchodilator Agents	23	100.0%	$827.38	$574.74	$24.99
ALPRAZolam	Antianxiety Agents	23	100.0%	$119.02	-$5.12	$0.07

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SRP70 Therapeutic Drug Groups

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Drug Group
Column Dimensions: -
Metrics: Scripts, Generic Dispensing Rate, Formulary Compliance Rate, Pharmacy Allowed, Pharmacy Paid, Paid / Script, Average Paid/ 30 Day Supply

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Drug Group	Scripts	Generic Dispensing Rate	Formulary Compliance Rate	Pharmacy Allowed	Pharmacy Paid	Paid / Script	Averag 30 Day
Totals	2,508	83.0%	99.6%	#########	$375,902.93	$150.09	
Antidepressants	244	99.2%	100.0%	$7,008.33	$3,361.43	$13.78	
Antihypertensives	173	96.0%	98.8%	$7,963.07	$5,303.50	$30.66	
Antidiabetics	164	35.4%	100.0%	#########	$102,730.01	$626.40	
Antihyperlipidemics	141	97.9%	100.0%	$4,333.94	$2,223.36	$15.93	
Anticonvulsants	132	81.8%	97.0%	$12,540.41	$9,956.18	$75.43	
Antiasthmatic And Bronchodilator Agents	107	51.4%	100.0%	$14,931.33	$12,870.35	$120.28	
Thyroid Agents	99	62.6%	100.0%	$2,458.71	$338.54	$3.42	
Ulcer Drugs/antispasmodics/anticholinergics	99	100.0%	100.0%	$1,615.47	$294.32	$2.97	
Vaccines	92	91.3%	100.0%	$4,047.47	$4,047.47	$43.99	
Beta Blockers	78	100.0%	100.0%	$5,144.35	$3,840.61	$49.24	
Adhd/anti-narcolepsy/anti-obesity/anorexiants	75	65.3%	100.0%	$15,068.89	$13,498.69	$179.98	
Analgesics - Opioid	75	90.7%	97.3%	$3,340.56	$2,711.40	$36.15	
Analgesics - Anti-inflammatory	74	86.5%	100.0%	$63,370.91	$57,611.87	$778.54	
Contraceptives	71	18.3%	100.0%	$4,385.58	$4,385.58	$61.77	
Dermatologicals	63	84.1%	100.0%	$29,960.09	$27,243.31	$432.43	
Penicillins	59	100.0%	100.0%	$556.60	$69.27	$1.17	
Corticosteroids	58	100.0%	100.0%	$996.42	$553.87	$9.55	
Antianxiety Agents	54	100.0%	100.0%	$511.92	$42.48	$0.91	
Diuretics	52	100.0%	100.0%	$611.72	$121.87	$2.34	
Calcium Channel Blockers	45	100.0%	100.0%	$633.84	$54.71	$1.22	
Musculoskeletal Therapy Agents	44	100.0%	100.0%	$454.00	$35.44	$0.81	
Medical Devices	38		100.0%	$13,156.84	$11,878.99	$325.62	
Antivirals	33	78.8%	100.0%	$10,482.08	$6,724.93	$203.79	
Cephalosporins	28	100.0%	100.0%	$509.01	$254.50	$9.09	
Ophthalmic Agents	28	82.1%	100.0%	$6,318.62	$5,756.02	$205.57	
Tetracyclines	28	100.0%	100.0%	$677.21	$367.40	$13.12	
Antipsychotics/antimanic Agents	27	85.2%	100.0%	$14,898.92	$14,050.78	$520.40	
Macrolides	25	100.0%	100.0%	$467.61	$259.64	$10.39	
Anti-infective Agents - Misc.	21	95.2%	100.0%	$330.93	$142.62	$6.79	
Cough/cold/allergy	20	100.0%	100.0%	$152.97	$18.39	$0.92	
Migraine Products	19	68.4%	100.0%	$8,019.88	$7,600.19	$400.01	
Antiemetics	18	100.0%	100.0%	$189.85	$48.05	$2.67	
Hypnotics	17	100.0%	100.0%	$214.10	$49.81	$2.93	
Diagnostic Products	14	0.0%	92.9%	$1,598.09	$1,358.09	$97.01	
Mouth/throat/dental Agents	14	100.0%	100.0%	$108.95	$0.00	$0.00	
Gastrointestinal Agents - Misc.	12	0.0%	100.0%	$38,064.41	$24,163.27	$2,013.61	
Psychotherapeutic And Neurological Agents - Misc.	11	36.4%	100.0%	$52,663.98	$41,113.98	$3,737.63	$3
Estrogens	10	80.0%	100.0%	$566.83	$438.07	$43.81	
Nasal Agents - Systemic And Topical	10	100.0%	100.0%	$215.87	$84.82	$8.48	
Anticoagulants	9	33.3%	100.0%	$4,917.15	$3,229.88	$358.88	
Hematological Agents - Misc.	9	100.0%	100.0%	$278.06	$187.24	$20.80	
Vitamins	9	100.0%	100.0%	$55.27	$8.26	$0.92	
Antifungals	8	100.0%	100.0%	$102.42	$49.90	$6.24	
Fluoroquinolones	8	100.0%	100.0%	$61.62	$8.55	$1.07	
Genitourinary Agents - Miscellaneous	8	100.0%	100.0%	$437.76	$286.40	$35.80	
Antianginal Agents	7	100.0%	100.0%	$383.38	$323.38	$46.20	
Endocrine And Metabolic Agents - Misc.	7	100.0%	100.0%	$249.87	$112.12	$16.02	
Vasopressors	7	100.0%	100.0%	$1,565.85	$1,515.85	$216.55	
Analgesics - Nonnarcotic	6	100.0%	100.0%	$5.24	$5.24	$0.87	
Antiparkinson And Related Therapy Agents	6	100.0%	100.0%	$2,415.78	$2,271.64	$378.61	
Urinary Anti-infectives	6	100.0%	100.0%	$181.70	$101.70	$16.95	
Antimalarials	5	100.0%	100.0%	$493.43	$333.43	$66.69	
Minerals & Electrolytes	5	100.0%	100.0%	$257.30	$165.34	$33.07	
Otic Agents	5	100.0%	100.0%	$330.88	$254.62	$50.92	
Urinary Antispasmodics	5	100.0%	100.0%	$300.52	$150.52	$30.10	
Antihistamines	4	100.0%	100.0%	$58.91	$18.34	$4.59	
Gout Agents	4	100.0%	100.0%	$76.64	$0.00	$0.00	
Antiarrhythmics	3	100.0%	100.0%	$55.31	$40.43	$13.48	
Antidotes And Specific Antagonists	2	100.0%	100.0%	$155.33	$115.33	$57.67	
Hematopoietic Agents	2	100.0%	100.0%	$41.48	$0.00	$0.00	
Laxatives	2	0.0%	100.0%	$208.61	$108.61	$54.31	
Miscellaneous Therapeutic Classes	2	100.0%	100.0%	$41.12	$21.12	$10.56	
Toxoids	2	0.0%	100.0%	$85.34	$85.34	$42.67	
Androgens-anabolic	1	100.0%	100.0%	$139.08	$109.08	$109.08	
Cardiovascular Agents - Misc.	1	0.0%	100.0%	$604.23	$569.23	$569.23	
NA	1		100.0%	$53.94	$53.94	$53.94	
Progestins	1	100.0%	100.0%	$48.94	$38.94	$38.94	
Vaginal And Related Products	1	100.0%	100.0%	$164.69	$134.69	$134.69	

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BlueCross BlueShield Nebraska

SRP75 Specialty Drug Utilization

Post Date: August 2022
Run Date: 08/03/2022

Row Dimensions: Drug Name, Plan Specialty Drug Class
Column Dimensions: -
Metrics: Claimants, Scripts, Pharmacy Allowed, Pharmacy Paid, Paid / Script

Account Name: (0000) ABC COMPANY
Plan Medicare Supplement Indicator: N
Service Category: Pharmacy
Specialty Drug Indicator: Y
Period Type: Policy YTD Paid
Period Runout: No Runout Applied
Period: Policy Current YTD

Drug Name	Plan Specialty Drug Class	Claimants	Scripts	Pharmacy Allowed	Pharmacy Paid	Paid / Script
Humira Pen	AUTOIMMUNE	2	10	$62,335.82	$57,335.82	$5,733.58
Avonex Pen	MULTIPLE SCLEROSIS	1	7	$50,514.06	$38,964.06	$5,566.29
Dupixent	AUTOIMMUNE	2	8	$26,517.51	$24,387.51	$3,048.44
Cimzia Prefilled	AUTOIMMUNE	1	6	$29,649.54	$16,048.40	$2,674.73
Repatha	SPECIALTY OTHER	1	1	$461.76	$431.76	$431.76

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Account ID	Group Name	Member ID	Member Last Name	Member First Name	DRUG A - Exclusions	DRUG F - Tier Change	Notes

Formulary Update Email Template

I wanted to pass along the updates to our prescription drug lists (PDL) beginning on “Date”. As you are aware, we make updates to our PDLs periodically to provide our members with up-to-date medication coverage information as changes happen in the marketplace. The formulary is developed by the Prime Therapeutics National Pharmacy and Therapeutics committee. This committee is tasked with developing a clinically appropriate formulary that will meet the clinical needs of our members. This evaluation focuses on safety, effectiveness, and uniqueness of the medications on the formulary. The next step after the committee is making sure our formulary is cost-effective. This approach allows our members and employer group customers choice in the most cost-effective medications as the focus is clinical first, and then, if needed, costs are considered.

The PDL documents located on nebraskablue.com will be updated with the new coverage documents and medication listings. I have also attached the formulary update pages that will also be on our website. We make updates to our formulary with potential member impact twice a year on 1/1 and 7/1.

For members with a change in coverage for the medications, they will receive a letter outlining the change and that they have the same coverage of that medication through “Date”. Some groups with 90-day notification requirements will be through “Date”. Letter templates are provided (attached) as there are a number of potential letter options. There is no disruption for groups/members that use PDL 10 or Individual ACA line of business.

Affiliation Group Name	ABC COMPANY

Affiliation Group Code - Pharmacy Program - Drug Name	Pharmacy Events	Members	Denial Savings
0000			
Acute Migraine Therapy X.152			
NURTEC	2	2	10087.12
UBRELVY	8	8	30356.48
ADHD			
ADDERALL XR	1	1	583.75
METHYLPHENIDATE ER	1	1	599.78
VYVANSE	8	7	7355.2
Androgens "Testosterone category"			
TESTOSTERONE	4	3	3239.96
TESTOSTERONE CYPIONATE	4	3	736.4
Biologics for Use in Psoriasis, Rheumatic Disorders, and Gastori			
ENTYVIO (INJECTION, VEDOLIZUMAB)	2	2	
RITUXAN	1	1	
SKYRIZI	1	1	68056.94
TALTZ	1	1	58229.76
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist			
QULIPTA	5	5	29410.05
Constipation X.145			
LINZESS	3	3	9147.84
MOTEGRITY	1	1	2770.5
Dupixent X.78			
DUPIXENT	2	2	58558.3
GI Protective NSAIDs			
CELEBREX	1	1	4924.64
GLP-1 Agonists X.146			
MOUNJARO	19	18	140197.39
OZEMPIC	6	6	36585.24
TRULICITY	1	1	5705.53
Oral Oncology			
SPRYCEL	1	1	117882.99
STIVARGA	1	1	
Other			
ADAPALENE	1	1	129.47
ADVAIR DISKUS	1	1	613.07
ALLEGRA-D	1	1	
AZELASTINE-FLUTICASONE	1	1	
BENZEPRO	1	1	
BUDESONIDE ER	1	1	3191.08
BUPRENORPHINE WEEKLY PATCHES	1	1	
CAPLYTA	1	1	9194
CHOLESTYRAMINE	1	1	183.6
CHOLESTYRAMINE 4GM PACKETS	1	1	
CLINDAMYCIN	1	1	
CLINDAMYCIN PHOSPHATE	1	1	64.21
CLINDAMYCIN PHOSPHATE-BENZOYL	1	1	
CYCLOSPORINE 0.05% EMULSION	1	1	
DENOSUMAB	1	1	

DEXCOM G7 CGM SYSTEM	1	1	
DUTASTERIDE TAMSULOSIN	1	1	
EFFEXOR XR	1	1	6314.17
ELIDEL	2	2	753.1
EVENITY	1	1	2390.27
FAMOTIDINE	1	1	63.11
FLUTICASONE	1	1	
FLUTICASONE PROPIONATE	1	1	32.06
FLUTICASONE PROPIONATE HFA	1	1	524.85
FLUVOXAMINE	1	1	
FLYNETRA (Q5130)	1	1	
FOLBIC	1	1	153.2
HUMALOG	1	1	742.94
HYDROMORPHONE	1	1	
HYOSCYAMINE SULFATE	1	1	20.16
HYOSCYAMINE SULFATE DISPERSIBLE TABLETS	1	1	
ICOSAPENT	1	1	646.28
IMVEXXY MAINTENANCE PACK 4MCG	1	1	
INSULIN ASPART 100UNIT/ML SOLUTION	1	1	
INSULIN GLARGINE-YFGN	1	1	366.8
KERENDIA	1	1	3875.3
KETOSTIX STRIPS	2	1	
KONVOMEP	1	1	902.31
LEQVIO	1	1	7611.02
LIDOCAINE	2	2	261.12
LISDEXAMFETAMINE	1	1	
LOPERAMIDE	1	1	
LUMIGAN	1	1	1348.58
MAGONATE	1	1	
METAXALONE	1	1	175.94
METAXALONE 800MG TABLETS	1	1	
MIEBO	1	1	2003.82
MIRABEGRON ER	2	2	1324.34
MORPHINE SULFATE	1	1	52.23
MOUNJARO	1	1	7378.81
MYFEMBREE	1	1	6252.26
NALTREXONE/BUPROPION ER (CONTRAVE)	1	1	
NAPROXEN SODIUM ER	1	1	
ONDANSETRON	1	1	
ONFI	1	1	32498.39
OTHER	5	5	
OXYCODONE ACETAMINOPHEN	1	1	
PAROXETINE GREATER THAN 60MG PER DAY	1	1	
PAZEO	1	1	
PHENTERMINE	2	2	44.08
PRAMOSONE	1	1	
PREDNISOLONE-BROMFENAC OPHTH SUSP	1	1	
PREGNYL	1	1	325.43
PREVYMIS	1	1	18552.73
PROLIA	1	1	2552.76
QELBREE	1	1	2884.74
QELBREE 200MG ER CAPSULES	2	2	
RABEPRAZOLE	1	1	
RAMELTEON	1	1	210.88

RITUXAN	1	1	
RIVIVE	1	1	
ROCKLATAN	1	1	1800.53
SLYND	1	1	1136.44
SOLU-CORTEF	1	1	449.19
SUBOXONE 12-3MG FILMS	1	1	
SUCRALFATE	1	1	56.76
SYMBICORT	1	1	775.07
TIMOLOL	1	1	
TOBRADEX	1	1	265.67
TRIAZOLAM	1	1	43.47
VEGZELMA	1	1	
VEOZAH	1	1	2099.68
WEGOVY	16	16	131012.8
WESTAB MAX	1	1	50
XDEMVY	2	2	3425.96
ZEPBOUND	31	29	140529.2
ZOLPIDEM	1	1	34.96
ZORYVE	1	1	1139.56
PCSK9			
REPATHA	2	2	5718.64
Proton Pump Inhibitors			
ESOMEPRAZOLE MAGNESIUM	4	4	482.68
Retinoids (Topical Acne Agents)			
TRETINOIN	2	2	244.62
Spravato X.133			
SPRAVATO (ESKETAMINE, NASAL SPRAY)	1	1	
Therapeutic Alternatives			
BUTALBITAL-ACETAMINOPHEN	1	1	
Topical Antibiotics			
AZELEX	1	1	919.75
Topical Lidocaine			
LIDOCAINE	7	7	913.92
Yervoy			
YERVOY	1	1	71610.81
Grand Total	236	200	1060774.69

Population	State of Nebraska
Reporting Period	Month Year - Month Year
Net Value Exclusions	
Enrolled Membership	

Program Name	Enrolled Opportunities	Intervened Opportunities	Pending Intervention Opportunities	Opt Out Opportunities	Undeliverable Opportunities	Interventions
Adherence integrated Asthma	4224	2808	233	100	6	3178
Adherence integrated COPD	1094	555	300	19	2	474
Adherence integrated Cholesterol	436	191	69	1	2	572
Adherence integrated Depression	607	359	44	5	2	734
Adherence integrated Diabetes	1979	1002	287	40	1	856
Adherence integrated Hypertension	397	174	65	0	2	530
Adherence integrated Schizophrenia	4	2	1	0	0	8
Total	8741	5091	999	165	15	6352

Prime Operational Guarantee Reconciliation Summary

Group Name: ABC COMPANY

Performance Period: January 1, 2025, through December 31, 2025

Account Management Director: [Account Executive Name]

Service	Standard	Method of Measurement	Penalty / Clarification	Reporting and Payment Timeframe	2025 Results
Timely Paper Claims Processing	A minimum of 95% of clean paper claims submitted shall be processed within five (5) business days.	Measured at the book-of-business level.	Prime will pay $1,000 for each full percentage point (1.0%) above target, up to an annual maximum of $3,000.	Measured and paid annually	**100% processed within 5 business days** **Guarantee Met**
Mail Service Turnaround Time for Routine Prescriptions	Routine prescriptions received will be processed within two (2) business days as follows: 1st Qtr and 4th Qtr: 96.0% 2nd Qtr and 3rd Qtr: 97.0%. Business days are defined as Monday through Friday, excluding intervening federal holidays. Standard mail turnaround reports from the mail facility will be used to determine these percentages. Routine prescriptions are defined as prescriptions requiring processing limited to the order entry, data entry, pharmacist verification, and fulfillment stations. Turnaround times are defined as the number of business days from the date the order was received at the mail facility to the date the order was shipped (num[illegible]day midnig[illegible] pass betw[illegible] thes[illegible]tes).	TAT is coded as the number of workday midnights that pass between the TAT start date/time and the ship date/time. Reported as prescriptions shipped within 2 business days over total prescriptions shipped. Measurement will be based on Blue Plan's book of business.	Prime will pay $500 for each full tenth of a percentage point (0.1%) below target, up to an annual maximum of $4,000.	Measured quarterly. Reported and paid annually	**Q1 = 98.7%** **Q2 = 98.8%** **Q3 = 98.5%** **Q4 = 98.0%** **Total Annual average = 98.5%** **Guarantee Met**
Mail Service Turnaround Time for Prescriptions Requiring Intervention	98% of non-r[illegible]e pre[illegible]ing intervention w[illegible]e pr[illegible]sed with[illegible] (5) bus[illegible] Prescriptions for products that are intermittently unavailable from the manufacturer are considered non-routine prescriptions. Business days are defined as Monday through Friday, excluding intervening federal holidays. Standard mail turnaround reports from the mail facility will be used to determine these percentages. Non-routine prescriptions are defined as prescriptions requiring intervention beyond the routine processing by the order entry, data entry, pharmacist verification, and fulfillment stations. Turnaround times are defined as the number of business days from the date the order was received at the mail facility to the date the order was shipped (number of workday midnights that pass between these dates).	T[illegible]s[illegible]ed a[illegible]e nu[illegible]r work[illegible] mi[illegible]s that p[illegible] between the TAT start date/time and the ship date/time. Reported as prescriptions shipped within 5 business days over total prescriptions shipped. Measurement will be based on Blue Plan's book of business.	[illegible]e will pay $500[illegible]h full percentag[illegible]t (1.0%) below [illegible]arget, up to an annual maximum of $4,000.	Measure[illegible]arterly. Reported[illegible] paid[illegible]lly	**Q1 = 99.3%** **Q2 = 99.3%** **Q3 = 99.2%** **Q4 = 99.0%** **Total annual average = 99.2%** **Guarantee Met**

SAMPLE

Prime Therapeutics LLC is an independent company providing benefit management services for Blue Cross and Blue Shield of Nebraska, an independent licensee of the Blue Cross and Blue Shield Association. Prime has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and mail service company.

Company_I	Company_I	Aggregatio	Market_Se	Drug_Nam	Drug_Code	Frequency_	Number_of	Number_of	Number_of	Total_Spen	Total_Cost_	Manufacturer_Cost_Sharing_Assis
Prime Ther	2.6E+08	MN	SF large en	SARS-CoV-	R2468231C	3	4	1	1.2	160	0	0
Prime Ther	2.6E+08	MN	SF large en	SARS-CoV-	R2468231C	2	4	1	2	160	0	0
Prime Ther	2.6E+08	MN	SF large en	influenza A	R1657128C	1	4	1	2	168.2	0	0

tance

Company_I	Company_I	Aggregatio	Market_Se	Drug_Nam	Drug_Code	Cost_Rank	Number_of	Number_of	Number_of	Total_Spen	Total_Cost	Manufacturer_Cost_Sharing_Assis
Prime Thera	2.6E+08	MN	SF large en	SARS-CoV-	R2468231C	3	4	1	1.2	160	0	0
Prime Thera	2.6E+08	MN	SF large en	SARS-CoV-	R2468231C	2	4	1	2	160	0	0
Prime Thera	2.6E+08	MN	SF large en	influenza A	R1657128C	1	4	1	2	168.2	0	0

tance

Company_I	Company_I	Aggregatior	Market_Seg	Drug_Name	Drug_Code	Spending_I	Number_of	Number_of	Number_of	Total_Spen	Total_Cost_	Manufactur	Prior_Year_	Prior_Year_	Prior_Year_	Prior_Year_	Prior_Year_	Prior_Year_	Dollar_Increase_In_Tot
Prime Thera	2.6E+08	MN	SF large em	SARS-CoV-:	R2468231(	3	4	1	2	160	0	0	4	1	2	156.5	0	0.7	3.5
Prime Thera	2.6E+08	MN	SF large em	influenza A	R1657128(	1	4	1	2	168.2	0	0	0	0	0	0	0	0	168.2
Prime Thera	2.6E+08	MN	SF large em	SARS-CoV-:	R2468231(	2	4	1	1.2	160	0	0	0	0	0	0	0	0	160

al_Spending

Company_I	Company_I	Aggregatior	Market_Seg	Rx_Enrollm	Total_Rx_Sp	Rx_Amount	Bona_Fide_	PBM_Sprea	Total_Reba	Restated_Prior_Year_Rebates_Fees_Other_Rer
Prime Thera	2.6E+08	MN	SF large em	0	488.2	0	0	0	0	2.8

nuneration

Company_I	Company_I	Aggregatior	Market_Seg	Therapeutic	Therapeutic	Number_of	Number_of	Number_of	Total_Spen	Total_Cost_	Manufactur	Rebates_Re	Rebates_Re	Rebates_Pa	Net_Transfe	Net_Transfe	Total_Reba	Restated_Prior_Year_Rebates_Fees
Prime Thera	2.6E+08	MN	SF large em	COVID-19 \	W0000120	8	2	3.2	320	0	0	0	0	0	0	0	0	51.1
Prime Thera	2.6E+08	MN	SF large em	Influenza A	W0000123	4	1	2	168.2	0	0	0	0	0	0	0	0	0

s_Other_Remuneration

Company_I	Company_I	Aggregatior	Market_Seg	Drug_Name	Drug_Code	Rebate_Rai	Number_of	Number_of	Number_of	Total_Spen	Total_Cost_	Manufactur	Rebates_Re	Rebates_Re	Rebates_Pa	Net_Transfe	Net_Transfe	Total_Reba	Restated_Prior_Year_Rebates_Fees
Prime Thera	2.6E+08	MN	SF large em	SARS-CoV-	R2468231(	2	4	1	1.2	160	0	0	0	0	0	0	0	0	0
Prime Thera	2.6E+08	MN	SF large em	SARS-CoV-	R2468231(	1	4	1	2	160	0	0	0	0	0	0	0	0	51.1
Prime Thera	2.6E+08	MN	SF large em	influenza A	R1657128(	3	4	1	2	168.2	0	0	0	0	0	0	0	0	0

s_Other_Remuneration

BlueCross BlueShield Nebraska

Benefits Staff Satisfaction: [COMPANY NAME]

Blue Cross and Blue Shield of Nebraska values your feedback! Thank you for taking a few minutes to rate your satisfaction with our Account Team. You will be able to rate **[AE]**, **[AS]**, and **[CC]** individually.

Please click "Start" to begin!

* Please rate your level of satisfaction in **[YEAR]** with **[NAME], Account Executive**.
*If something below does not apply, please select "N/A" to the right.

	Very Unsatisfied				Very Satisfied	
	1	2	3	4	5	N/A
Knowledge: [NAME] understands my plan benefits	○	○	○	○	○	○
Professionalism: [NAME] actively listens to and acknowledges my issues and concerns	○	○	○	○	○	○
Proactive Management: [NAME] monitors my account on an ongoing basis, anticipating and resolving challenges preemptively	○	○	○	○	○	○

Accessibility: [NAME] is available to me when needed	○	○	○	○	○	○
Responsiveness: [NAME] responds to my inquiries in a timely manner and is quick to troubleshoot issues	○	○	○	○	○	○

What caused you to give [NAME] these ratings?

* Please rate your level of satisfaction in **[YEAR]** with **[NAME], Account Specialist**. *If something below does not apply, please select "N/A" to the right.

	Very Unsatisfied				Very Satisfied	
	1	2	3	4	5	N/A
Knowledge: [NAME] understands my plan benefits	○	○	○	○	○	○
Professionalism: [NAME] actively listens to and acknowledges my issues and concerns	○	○	○	○	○	○
Proactive Management: [NAME] monitors my account on an ongoing basis, anticipating and resolving challenges preemptively	○	○	○	○	○	○
Accessibility: [NAME] is available to me when needed	○	○	○	○	○	○
Responsiveness: [NAME] responds to my inquiries in a timely manner and is quick to troubleshoot issues	○	○	○	○	○	○

What caused you to give [NAME] these ratings?

* Please rate your level of satisfaction in **[YEAR]** with **[NAME], Client Consultant**.
*If something below does not apply, please select "N/A" to the right.

	Very Unsatisfied				Very Satisfied	
	1	2	3	4	5	N/A
Knowledge: [NAME] understands my plan benefits	◯	◯	◯	◯	◯	◯
Professionalism: [NAME] actively listens to and acknowledges my issues and concerns	◯	◯	◯	◯	◯	◯
Proactive Management: [NAME] monitors my account on an ongoing basis, anticipating and resolving challenges preemptively	◯	◯	◯	◯	◯	◯
Accessibility: [NAME] is available to me when needed	◯	◯	◯	◯	◯	◯
Responsiveness: [NAME] responds to my inquiries in a timely manner and is quick to troubleshoot issues	◯	◯	◯	◯	◯	◯

What caused you to give [NAME] these ratings?

How can Blue Cross and Blue Shield of Nebraska improve your overall experience?

Please enter your contact information.

Company Name

* First Name

* Last Name

Phone

Email Address

Thank you for your feedback! We appreciate your honesty and strive to optimize your experience.

Would you like a member of the Account Team to follow-up with you?

- ◯ Yes
- ◯ No

A Complete Guide to Performance Reviews

Leader Reference

The talent management framework is a collection of eight focuses and processes that bring their own individual value. Each has a specific purpose, and they work together to help our employees and people leaders realize the benefits of our total rewards and the talent strategy. They are built on and infused with the behaviors defined through Portrait of a Leader and our Values, or how we expect our employees to show up, work, and deliver results for our members, customers, and each other. Additionally, we leverage other tools to help us provide valuable insight as we assess our talent's readiness in current and future roles. These pieces are accomplished and further supported through effective, on-going one-on-one conversations between employees and their leader.

Incentives
Rewards our talent based on the successes we achieve.

Goals
Communicates to and holds our talent accountable to what we are focused on.

Career Pathways
Provides clear paths to help our talent navigate their careers.

Performance
Relates how our talent shows up, performs, and is accountable in their role.

Development
Connects our talent to the right opportunities to help them achieve their career goals.

Skills
Uncovers the strengths of our talent and gaps that need to be developed.

Succession Planning
Assesses and prepares our talent to fill gaps and be ready for additional roles.

Talent Profiles
Identifies how to leverage and grow our talent to be successful.

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About this Guide

Performance reviews at Blue are a critical part of effective performance management. Performance is evaluated for a full 12 months (February of the previous year to January this year). Employee performance is evaluated only on the behaviors observed and results achieved in that calendar year. In other words, we all start with a clean slate each year.

This guide is intended to help you as you embark on the performance review process and conversations.

PERFORMANCE RATING SCALE

Insufficient Performer

Does not demonstrate the expected behaviors, and commitment and goals are regularly missed in the role. The identified performance gaps require immediate action to improve.

Inconsistent Performer

Irregularly demonstrated expected behaviors, and commitments and goals are occasionally met in this role. There are some performance gaps that have been identified and require improvement through further development and guidance.

Solid Performer

Delivers on behavior expectations, commitments, and goals. There may be some areas in which performance exceeds the role's expectations and are seen as an effective and productive member of the team.

Strong Performer

Routinely exceeds expectations and makes significant contributions through high levels of productivity, goal achievement, and demonstrated behaviors in the role. The elevated quality of work and behaviors are examples to peers and colleagues.

Exceptional Performer

Consistently exhibits behavior and contributes superior results towards department and organizational goals. Both behaviors and accomplishments serve as exemplary role models to peer and colleagues.

VALUES: The How + **JOB & GOAL PERFORMANCE: The What** = **ONE, OVERALL RATING**

One, overall rating

Ratings describe how well your employee embodied behaviors related to our values, performed against the expectations set for them in their role, and the contributions they made through project results and goal achievement, and are further supported by insights, examples, and feedback provided within each section.

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UNDERSTANDING RATER BIAS

Personal perceptions and biases may influence how we evaluate an employee's performance. What makes bias error so difficult to correct is that the observer is usually unaware that they are making them. Here are some common types of rater bias.

Halo/Horns Effect	Allowing one good or bad trait to overshadow others.
Leniency/ Strictness	Leniency occurs when a person received inflated ratings. Strictness occurs when raters give ratings that are overly critical and fall at the lower end of the rating scale.
Central Tendency	Giving everybody an average rating despite actual performance; disinclined to give people a low rating or a high rating, preferring instead to give an average, middle rating.
Contrast Effect	Occurs when raters evaluate by comparing someone to another person in the role or a previous employees in the same position. This effect can be positive or negative depending on the other individual.
Proximity Bias	Tendency to view workers who are physically closer or whom you see more often in virtual meetings as more productive and treat them more favorably.
Similar to Me Effect	Inclination to give higher ratings to people with similar interests, skills and backgrounds as yourself.
Recency Effect	Tendency to focus on the most recent time period and interactions rather than the entirety of the review period.
Spillover Effect	Judging the current performance of an employee by using past performance reviews as a reference point.

Questions to help you avoid rater bias:

- Am I basing my rating on documentation of my observations of the Employee's behavior, or am I making judgments based on my perceptions?
- Have I rated this Employee on their actual behavior, or have I rated them compared to other individuals?
- Have I looked at this Employee's job and goal performance over time, or have I generalized according to final or recent results I've observed?

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WRITING A PERFORMANCE REVIEW

Prior to meeting with your employee, you'll complete their performance review. Below are some tips on how to effectively complete that document.

Gather relevant information:

- Job description
- Mission and values
- Projects, goals, and outcomes
- Employee's self-review
- Notes from 1:1s
- Feedback from peers, stakeholders and customers

Use **ERGO** to help write the review

A useful tool to use when writing a performance review is the ERGO model. By using this in conjunction with an employee's goals and expectations, you will be able to write a thorough evaluation of performance.

Expectation	Results	Gap	Opportunity
Review each performance factor to clarify the expected performance. - Values - Role responsibilities - Project and goal results	• Consider all relevant information, including metrics/results, peer input and customer input. • Seek feedback on behaviors, performance, and goals.	• Identify if there is a gap between expectations and actual results. • Are they… - Exceeding - Meeting - Falling short	Think about actions that can be taken to enhance performance further.

A performance focused conversation between you and your employee.
Accurate and objective application of a performance rating.

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KEY MESSAGES FOR EACH RATING

The focus of the message you convey in both your written review and the review conversation will depend on the rating you assign to each employee.

	MESSAGE INTENT	FOCUS OF CONVERSATION
Exceptional & Strong Performer	We want to engage and retain these employees and find opportunities for them to take on additional responsibilities in the future.	Focus your conversation on how to invest in them. Be sure to: • Recognize the employee's high-performance level. • Focus on how to provide the employee with the skills and experiences needed for future roles.
Solid Performer	We want to engage and retain this employee.	Focus your conversation on the value they bring to Blue. Stress how they can **maintain performance** in current role or **improve** to progress beyond expectations in the future. Be sure to: • Recognize the employee's solid performance. • Convey appreciation and share potential to grow in current role.
Inconsistent & Insufficient Performer	We want to convey the need for immediate action to address any performance concerns.	An employee who is not meeting expectations because they are underperforming deserves an honest conversation with clearly communicated concerns shared and action steps identified. Be sure to: • Focus on performance issues with specific examples. • Concentrate on actionable next-steps required for success and consequences of not meeting them.

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PERFORMANCE REVIEW & MERIT CONVERSATIONS

Face-to-face performance reviews can be the most stressful work conversation employees have all year. For leaders, the discussion can be just as tense. Review discussions ae bets when they are a two-way conversation between a leader and employee. You set the tone and agenda for this conversation.

Be well-prepared

- Schedule an appropriate amount of uninterrupted time (45-60 minutes)
  - In-person: book a conference room or find a hotel office for the meeting
  - Virtual: include Teams information and set the expectation for video to be on during the conversation
- Prepare and send appropriate documents
  - Send the Performance Review PDF 1-2 days prior to the meeting
  - Save the Merit PDF to show/send during the conversation
- Draft your talking points making sure to identify successes, areas of growth, and expectations, priorities, and goals for the coming year

Start with successes

- Highlight their biggest successes, positive outcomes, and impacts
- Add any additional positive feedback that you've received from peers, stakeholders, and customers

Discuss areas of growth and improvement

- Outline areas for both behavioral and performance growth to help your employee add value through impactful outcomes
- Identify and agree upon areas to prioritize for the upcoming year

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Review awarded merit

- Utilize the performance discussion to explain the merit the employees is receiving
  - Be transparent about any limitations that might have arisen in awarding merit
  - Own the decision that you made around merit
- Describe how this impacts their overall salary
  - Outline that this is one component of their total rewards
  - Answer any questions around the total rewards philosophy
  - Encourage your employee to review their total rewards statement

Define expectations, goals, and development

- Agree upon expectations for the coming year
  - Provide a measurable target(s) to work towards
  - Expectations should be higher than the previous year, but not unattainable
- Talk over priorities and goals to focus on
- Ask for feedback and how you can best support your employee

Be curious and ask great questions

Invite your employee to share in the conversation by asking them questions and actively listening to the response. It can be tempting to listen to respond, and what you need to do is suspend judgement and truly listen to what the employee is telling here. Here are some great questions to invite the employee into the conversation.

- What are you most proud of over the last year?
- What would you have done differently?
- What priorities/goals do you want to focus on in the coming year?
- What does success look like for these priorities/goals?
- What should you continue to do this year to be successful?
- What things should you stop doing that are hindering your success?
- What should you start doing this year to help you grow?

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Approach difficult conversations head on

You might have to deliver or encounter some difficult conversations and avoiding them doesn't help anyone be successful. While they are uncomfortable for both sides, it's important to address them head on. The below checklist is a great resource to help you prepare for and navigate these conversations.

STEP 1: Prepare by Walking Through the Three Conversations	• Sort out **What Happened**
	  - Where does your story come from (information, past experiences, rules)? Theirs?
	  - What impact has this situation had on you? What might their intentions have been? What impact might you have had on them? What were your intentions?
	  - What have you each contributed to the problem?
	• Understand **Emotions**
	  - Explore your emotional footprint, and the bundle of emotions you experience.
	  - What might the other person be feeling?
	• Ground your **Identity**
	  - What's at stake for you about you? What do you need to accept to be better grounded?
	  - What identity issues might be coming up for them?

STEP 2: Check Your Purposes and Decide Whether to Raise the Issue	• **Purposes:** what do you hope to accomplish by having this conversation? Shift your stand to support learning, sharing and problem solving. • **Decide:** Is this the best way to address the issue and achieve your purposes? Is the issue really embedded in your Identify Conversation? Can you affect the problem by changing your contributions? If you don't raise it, what can you do to help yourself let go?
STEP 3: Start from the Third Story	• Describe the problem as the **difference** between your stories. Include both viewpoints as a legitimate part of the discussion. • Share your **purposes**. • **Invite** them to join you as a partner in sorting out the situations together.
STEP 4: Explore Their Story and Yours	• **Listen to understand** their perspective on what happened. Ask questions. Acknowledge the feelings behind the arguments and accusations. Paraphrase to see if you've got it. Try to unravel how the two of you got to this place. • **Share your own viewpoint**, your past experiences, intentions and feelings. • **Reframe, reframe, reframe** to keep on trac. From truth to perceptions, blame to contribution, accusation to feelings and so on.
STEP 5: Problem-solve	Once you've understood what each person cares about and why: • Invent **options** that meet each side's most important concerns • Look to **standards** for what *should* happen. Keep in mind the standard of mutual caretaking; relationships that always go one way rarely last. • Talk about how to keep **communication** open as you go forward.

Source: Stone, D., Patton, B., & Heen, S. (2023). *Difficult conversations: How to discuss what matters most.* Penguin.

Keep these dos and don’ts in mind

Do

- Be present, limit distractions and put yourself on “do not disturb”
- Use a positive tone throughout
- Share the floor
- Remain objective
- Include specific examples
- Focus on improvement
- Clarify any uncertainty
- Agree on priorities, goals and next steps
- Allow employees to take it in and come back with their thoughts in your next one-on-one

Don’t

- Generalize or give vague feedback
- Use a negative or accusatory tone
- Be overly harsh or give unjustified feedback
- Blame someone or something else for the rating or merit awarded
- Have unrealistic expectations

Remember:

- Follow-up on any takeaways you note during the discussion.
- Allow the employee time to process and come back with questions or comments.
- This is an ongoing conversation; schedule future one-ones and regularly check in on progress.

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BlueCross BlueShield Nebraska

Formulary ID	NDC	NDC Type	Label Name	Brand Name	MSC	Tier Level	QL	QL Amount	QL Days	PA With B vs D Included	PA Group Description	ST	ST # of Steps	ST Group Desc	ST Step	ST Group Desc 01	ST Step 01	ST Group Desc 02	ST Step 02	ST Group Desc 03	ST Step 03	ST Group Desc 04	ST Step 04	ST Group Desc 05	ST Step 05	ST Group Desc 06	ST Step 06	ST Group Desc 07	ST Step 07	ST Group Desc 08	ST Step 08	ST Group Desc 09	ST Step 09	S vs D?	Therapeutic Class
89	00088031410	03	BASAGLAR	BASAGLAR	N	00	1	90	30	1	SA Oncology	0																					No	Molecular Target Inhibitors
89	00378101410	03	MAYZENT	MAYZENT	N	00	1	30	30	1	Mayzent	0																					No	Multiple Sclerosis Agents
89	00002031301	03	HUMULIN R	HUMULIN R	N	00	0			0		0																					No	Insulins
89	00378073305	03	LENVIMA	LENVIMA 20 MG,10 MG,4 MG CD50	N	00	1	60	30	1	SA Oncology	0																					No	Molecular Target Inhibitors
89	00169413412	03	NOVOFINE	NOVOFINE 32 MICRO PEN NEEDLE(32G) X 4MM	N	00	0			0		0																					No	Insulins
89	00378063908	03	PEN NEEDLE, MIS 31G(5/16	ULTICARE SHORT PEN NEEDLES 31G X 5/16IN"	N	00	0			0		0																					No	Insulins
89	00378348401	03	SOLTAMOX	SOLTAMOX	N	00	1	30	30	1		0																					No	Antiestrogens/SERMs
89	00378070201	03	RIDAURA	RIDAURA	N	00	1	30	30	1		0																					No	Pulmonary Antihypertensives
89	00378073201	03	RIBENTA	RIBENTA 200MG/5ML	N	00	1	300	30	1	RIBENTA INJ 200/2ML	0																					No	
89	00573052678	03	SYNJARDY XR	SYNJARDY XR	O	00	1	30	30	1	SA Oncology	0																					No	Antidiabetic Agents
89	00169413405	03	NOVOFINE 32 MICRO PEN NEEDLE	NOVOFINE 32 MICRO PEN NEEDLE(32G) 31/32 X 4MM	N	00	0			0		0																					No	Insulins
89	00409488237	02	UNIFINE PENTIP MIS 32G5MM	UNIFINE PENTIPS PEN NEEDLES 32G X 5MM	N	00	0			0		0																					No	Insulins
89	00409488201	02	UNIFINE PENTIP MIS 31G4MM	UNIFINE PENTIPS PEN NEEDLES 31G X 4MM	N	00	0			0		0																					No	Insulins
89	00378073201	03	RIBENTA	RIBENTA 200MG/5ML	N	00	1	300	30	1	RIBENTA INJ 200/2ML	0																					No	
89	00378073205	03	RIBENTA INJ 300/3ML	RIBENTA	N	00	1	300	30	1	RIBENTA INJ 300/3ML	0																					No	
89	00378348401	03	SOLTAMOX	SOLTAMOX	N	00	1	30	30	1	SA Oncology	0																					No	Antiestrogens/SERMs
89	00409488201	02	UNIFINE PENTIP MIS 31G4MM	UNIFINE PENTIPS PEN NEEDLES 31G X 4MM	N	00	0			0		0																					No	Insulins
89	00409488237	02	UNIFINE PENTIP MIS 32G5MM	UNIFINE PENTIPS PEN NEEDLES 32G X 5MM	N	00	0			0		0																					No	Insulins

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Formulary ID	NDC	NDC Type	Label Name	Brand Name	MSC	Tier Level	QL	QL Amount	QL Days	PA With S or O Included	PA Group Description	ST	ST # of Steps	ST Group Desc	ST Step	ST Group Desc 01	ST Step 01	ST Group Desc 02	ST Step 02	ST Group Desc 03	ST Step 03	ST Group Desc 04	ST Step 04	ST Group Desc 05	ST Step 05	ST Group Desc 06	ST Step 06	ST Group Desc 07	ST Step 07	ST Group Desc 08	ST Step 08	ST Group Desc 09	ST Step 09	S vs O?	Therapeutic Class
7324	00310043530	01	PEN NEEDLES MIS 31G X 5MM	EZ PEN NEEDLES 31G X 5MM	N	03	0					0																					No	Insulins
7324	00378047605	03	LISINOPRIL TAB 5MG	LISINOPRIL	N	01	0					0																					No	Angiotensin-converting Enzyme (ACE) Inhibitors
7324	11822053599	03	CLINDOMYC TAB 150MG	CLINDAMYCIN	Y	01	1	30	30	0		0																					No	2nd Generation Aminoglycosides
7324	08080533010	02	3ML SYRINGE MIS 25GX1"	MONOJECT SYRINGE/STANDARD/HYPODERMIC NEEDLE/3ML/25GX1"	N	03	0					0																					No	
7324	00378180501	03	AMLODIPINE TAB 5MG	AMLODIPINE	Y	01	0					0																					No	Antidiarrheals
7324	08088810053	02	INSULIN SYRIG MIS 1ML	MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML	N	03	0					0																					No	Insulins
7324	00378318701	03	PROPRANOLOL TAB 80MG	PROPRANOLOL HYDROCHLORIDE	Y	02	0					0																					No	Beta-adrenergic Blocking Agents
7324	00781558301	03	LEVOTHYROXIN SOD 0.025 MG	LEVOTHYROXINE SODIUM	Y	01	0					0																					No	Thyroid Hormones (Including Thyroid Replacement Modifying (Thyroid)
7324	45802011942	03	MOMETASONE CRM 0.1%	MOMETASONE FUROATE	Y	01	1	135	30	0		0																					No	Dermatitis and Pruritus Agents
7324	62756031713	03	CARBILEVO TAB 10-180MG	CARBIDOPA/LEVODOPA	Y	01	0			0		0																					No	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors
7324	00781558401	03	RISEDRONATE TAB 35MG	RISEDRONATE	Y	01	0			0	Retinoids	0																					No	Bone Resorption Inhibitors/Agents
7324	61314455805	03	CIPROFLOXACIN SOL 0.3% OP	CIPROFLOXACIN HYDROCHLORIDE	Y	01	0			0		0																					No	Ophthalmic Anti-Infectives
7324	00228335811	03	GABAPENTIN TAB 800MG	GABAPENTIN	Y	01	0			0		0																					No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7324	00093324010	03	LORAZEPAM TAB 1MG	LORAZEPAM	Y	01	0			0		0																					No	Anxiolytics
7324	16714036141	03	SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE	Y	02	0			0		0																					No	Phosphate Binders
7324	00781558501	03	ALENDRONATE SOD TAB 70MG	ALENDRONATE SODIUM	Y	01	1	24	90	0		0																					No	Antiosteoporotic
7324	13137058010	01	5ML LANCETS MIS THIN	5ML LANCETS THIN	N	03	0			0		0																					No	
7324	11917037226	01	NICOTINE GD TMG/24HR	NICOTINE STEP 3	Y	02	0			0		0																					No	
7324	08088810153	02	INSULIN SYRIG MIS 0.5CC	MONOJECT INSULIN SYRINGE 1ML/31G/5/16"	N	03	0			0		0																					No	Insulins
7324	08088810131	02	INSULIN SYRIG MIS 0.3CC	EXCELLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	N	03	0			0		0																					No	Insulins
7324	62135396207	03	PHENOBARB ELX 30/7.5ML	PHENOBARBITAL	Y	02	0			0		0																					No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7324	00781558610	03	ALENDRONATE TAB 10MG	ALENDRONATE SODIUM	Y	01	1	18	30	0		0																					No	Bone Resorption Inhibitors/Agents
7324	51672042201	03	DOXEPIN HCL CAP 10MG	DOXEPIN HYDROCHLORIDE	Y	01	0			0		0																					No	Tricyclics
7324	13668019405	03	PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE	Y	01	0			0		0																					No	Dopamine Agonists
7324	00169841513	03	OZEMPIC INJ 2MG/3ML	OZEMPIC	N	03	1	3	28	1		0	GLP-1	0																			No	Antidiabetic Agents
7324	08022073308	02	INSULIN SYRIG MIS 0.3CC	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	N	03	0			0		0																					No	Insulins
7324	00378180705	03	AMLODIPINE TAB 10MG	AMLODIPINE	Y	01	0			0		0																					No	
7324	60505067701	03	TRIAMTERE/TZ TAB 75-50MG	TRIAMTERENE/HYDROCHLOROTHIAZIDE	Y	01	0			0		0																					No	Diuretics, Potassium-sparing
7324	31722080750	03	MEMANTINE TAB 5MG	MEMANTINE HYDROCHLORIDE	Y	01	0			0		0																					No	N-methyl-D-aspartate (NMDA) Receptor Antagonist
7324	00591572501	03	ESCITALOPRAM TAB 5MG	ESCITALOPRAM	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00093775624	03	EVEROLIMUS TAB 2.5MG	EVEROLIMUS	Y	02	1	30	30	1	SA Oncology	0																					No	Molecular Target Inhibitors
7324	13517075305	03	PHENOBARB TAB 15MG	PHENOBARBITAL	Y	01	0			0		0																					No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7324	00781558701	03	DILTIAZEM CD CAP 120MG ER	DILTIAZEM HYDROCHLORIDE ER	Y	01	0			0		0																					No	Calcium Channel Blocking Agents
7324	64980031401	03	DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE	Y	02	0			0		0																					No	Platelet Modifying Agents
7324	08881691600	02	INSULIN SYRIG MIS 1ML/30G	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	N	03	0			0		0																					No	Insulins
7324	00378507501	03	LISINOPRIL TAB 5MG	LISINOPRIL	Y	01	0			0		0																					No	Angiotensin-converting Enzyme (ACE) Inhibitors
7324	00093775524	03	LENALIDOMIDE CAP 5MG	LENALIDOMIDE	Y	02	1	21	28	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00378180501	03	AMLODIPINE TAB 5MG	AMLODIPINE	Y	01	0			0		0																					No	
7324	00781558710	03	RALOXIFENE TAB 60MG	RALOXIFENE HYDROCHLORIDE	Y	02	0			0		0																					No	Selective Estrogen Receptor Modifying Agents
7324	69097251886	03	BUDESONIDE SUS 0.25MG/2	BUDESONIDE	Y	02	0			0		0																					Yes	Anti-inflammatories, Inhaled Corticosteroids
7324	08088810353	02	INSULIN SYRIG MIS 0.5CC	MONOJECT INSULIN SYRINGE/U-100 U/MINE PENTIPS 31G X 8MM SHORT	N	03	0			0		0																					No	
7324	00093051225	03	AMANTADINE CAP 100MG	AMANTADINE HCL	Y	01	0			0		0																					No	Antiparkinson Agents, Other
7324	69097538381	03	LENALIDOMIDE CAP 15MG	LENALIDOMIDE	Y	02	1	21	28	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00378180301	03	AMLODIPINE BES TAB 2.5MG	AMLODIPINE BESYLATE/ BENAZEPRIL	Y	01	0			0		0																					No	Angiotensin-converting Enzyme (ACE) Inhibitors
7324	63629029401	03	JADENU PEL 360MG	JADENU/JADENU SUCCINATE ER	Y	02	1	60	30	0		0																					No	Iron Chelating Agents
7324	08290535211	02	3ML SYRINGE MIS RECLUER	MONOJECT SYRINGE/RECLUER/3ML	N	03	0			0		0																					No	
7324	00093051201	03	TOPIRAMATE CAP 25MG ER	TOPIRAMATE ER	Y	02	1	60	30	1	Topiramate ER	0																					No	Anticonvulsants, Other
7324	00781558810	03	ALENDRONATE TAB 40MG	ALENDRONATE SODIUM	Y	01	1	30	30	0		0																					No	Bone Resorption Inhibitors/Agents
7324	00093051301	03	TOPIRAMATE CAP 50MG ER	TOPIRAMATE ER	Y	02	1	60	30	1	Topiramate ER	0																					No	Anticonvulsants, Other
7324	00781558901	03	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM	Y	01	1	4	28	1		0																					No	Bone Resorption Inhibitors/Agents
7324	00093051401	03	TOPIRAMATE CAP 100MG ER	TOPIRAMATE ER	Y	02	1	60	30	1	Topiramate ER	0																					No	Anticonvulsants, Other
7324	00781558910	03	ALENDRONATE TAB 5MG	ALENDRONATE SODIUM	Y	01	1	90	30	0		0																					No	Bone Resorption Inhibitors/Agents
7324	00781558930	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0		0																					No	Dyslipidemics, HMG CoA Reductase Inhibitors
7324	00093051501	03	TOPIRAMATE CAP 200MG ER	TOPIRAMATE ER	Y	02	1	60	30	1	Topiramate ER	0																					No	Anticonvulsants, Other
7324	62332054901	03	LISDEXAMFETAMINE CAP 50MG	LISDEXAMFETAMINE DIMESYLATE	N	02	1	3	28	1	SA Oncology	0																					No	Central Nervous System, Other
7324	00781558910	01	EASY COMFORT MIS LANCING	EASY COMFORT LANCETS 30G/FULL TOP	N	03	0			0		0																					No	
7324	00781558930	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0		0																					No	
7324	27241039903	03	GLICLAZIDE CAP 60MG ER	GLICLAZIDE/ HYDROCHLORIDE ER	Y	01	1	60	30	0		0																					No	Proton Pump Inhibitors
7324	00111915850	03	OMEPRAZOLE CAP 20MG	OMEPRAZOLE	Y	01	1	60	30	0		0																					No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7324	00781558930	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0		0																					No	Proton Pump Inhibitors
7324	00378230145	03	TRETINOIN GEL 0.01%	TRETINOIN	Y	02	0			0		0																					No	Dyslipidemics, HMG CoA Reductase Inhibitors
7324	00222258196	02	INSULIN SYRIG MIS 1ML/30G	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	N	03	0			0		0																					No	Acne and Rosacea Agents
7324	00781558930	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0		0																					No	Insulins
7324	51672013101	03	VIRAVAN CAP 1.5MG	VIRAVAN	N	03	1	30	30	0		0																					No	Dyslipidemics, Other
7324	51672032101	03	CLONAZ DIPOT TAB 15MG	CLONAZEPATE DIPOTASSIUM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	51672032201	03	CLONAZ DIPOT TAB 20MG	CLONAZEPATE	Y	02	1	30	30	0		0																					No	2nd Generation/Atypical
7324	00093080998	03	ROFLUMILAST TAB 500MCG	ROFLUMILAST	N	03	1	60	30	0		0																					No	Anxiolytics
7324	00801040303	03	LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	01	0			0		0																					No	Ophthalmic Agents, Other
7324	00781559001	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0			0		0																					No	
7324	16729030101	03	NICOTINE POL GUM 4MG ORIG	NICOTINE POLACRILEX	N	03	0			0		0																					No	
7324	00093080931	03	NADOLOL TAB 20MG	NADOLOL	Y	02	0			0		0																					No	Beta-adrenergic Blocking Agents
7324	00591572605	03	ESCITALOPRAM TAB 10MG	ESCITALOPRAM	Y	01	1	600	365	0		0																					No	
7324	00093080931	03	NADOLOL TAB 20MG	NADOLOL	Y	02	0			0		0																					No	
7324	00378381578	03	LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	01	0			0		0																					No	Anticonvulsants, Other
7324	69097251892	03	EXEMESTANE TAB 25MG	EXEMESTANE	Y	02	1	30	30	1	Biologic Immunomodulators	0																					No	Aromatase Inhibitors, 3rd Generation
7324	00069102902	03	XELJANZ SOL 1MG/ML	XELJANZ	N	03	1	240	30	1		0																					No	Immunological Agents, Other
7324	00378180405	03	AMLODIPINE BES TAB 10MG	AMLODIPINE BESYLATE/ BENAZEPRIL	Y	01	0			0		0																					No	Calcium Channel Blocking Agents
7324	11917032801	01	NICOTINE TD 35/16HR/21MG	NICOTINE TRANSDERMAL SYSTEM STEP 2	N	02	0			0		0																					No	Serotonin (5-HT) Receptor Agonist
7324	00480124521	03	LENALIDOMIDE CAP 20MG	LENALIDOMIDE	Y	02	1	21	28	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00378180501	03	AMLODIPINE TAB 5MG	AMLODIPINE	Y	01	0			0		0																					No	Antiarrhythmics
7324	72603067205	03	HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM	Y	02	0			0		0																					No	Anticoagulants
7324	67457037206	03	HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM	Y	02	0			0		0																					No	Anticoagulants
7324	00591572601	03	ESCITALOPRAM TAB 5MG	ESCITALOPRAM	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	51672055801	03	GABAPENTIN SOL 250/5ML	GABAPENTIN	Y	01	0			0		0																					No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7324	66993089749	03	BETA DIPROP CRN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED	Y	02	1	200	28	0		0																					No	Dermatitis and Pruritus Agents
7324	00469870115	03	LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM	Y	01	0			0		0																					No	Thyroid Hormones (Including Thyroid Replacement Modifying (Thyroid)
7324	00093083013	03	DEXVENLAFAX TAB 50MG ER	DESVENLAFAXINE ER	Y	02	1	30	30	0		0																					No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7324	00378180501	03	AMLODIPINE TAB 5MG	AMLODIPINE	Y	01	0			0		0																					No	Antihypertensive, Other
7324	00591572601	03	GABAPENTIN SOL 250/5ML	GABAPENTIN	Y	01	0			0		0																					No	Vaccines
7324	69102072109	03	AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE	Y	01	0			0		0																					No	Calcium Channel Blocking Agents, Dihydropyridines
7324	00781559101	03	ATENOLOL TAB 50MG	ATENOLOL/ CHLORTHALIDONE	Y	01	0			0		0																					No	Beta-adrenergic Blocking Agents
7324	13517083305	03	PHENOBARB TAB 65MG	PHENOBARBITAL	Y	01	0			0		0																					No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7324	00093053201	03	FENTANYL 25MCG/HR	FENTANYL	Y	02	1	15	30	1	Opioids ER	0																					No	Opioid Analgesics, Long-acting
7324	00378381501	03	ESCITALOPRAM TAB 20MG	ESCITALOPRAM/ DIHYDROCHLORIDE	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00168402733	03	METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM	Y	02	1	30	30	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00378381601	03	ESCITALOPRAM TAB 10MG	ESCITALOPRAM/ DIHYDROCHLORIDE	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00093053301	03	FENTANYL 50MCG/HR	FENTANYL	Y	02	1	15	30	1	Opioids ER	0																					No	Opioid Analgesics, Long-acting
7324	00378381701	03	ESCITALOPRAM TAB 5MG	ESCITALOPRAM/ DIHYDROCHLORIDE	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00168402733	03	METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM	Y	02	1	30	30	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00093053401	03	FENTANYL 75MCG/HR	FENTANYL	Y	02	1	15	30	1	Opioids ER	0																					No	Opioid Analgesics, Long-acting
7324	00378381801	03	ESCITALOPRAM TAB 20MG	ESCITALOPRAM/ DIHYDROCHLORIDE	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00093053501	03	FENTANYL 100MCG/HR	FENTANYL	Y	02	1	15	30	1	Opioids ER	0																					No	Opioid Analgesics, Long-acting
7324	00168402733	03	METHOTREXATE TAB 25MG	METHOTREXATE SODIUM	Y	02	1	30	30	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00781559201	03	CLONAZEPAM TAB 0.5MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00168402833	03	METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM	Y	02	1	30	30	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00781559210	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00168402933	03	METHOTREXATE TAB 50MG	METHOTREXATE SODIUM	Y	02	1	30	30	1	SA Oncology	0																					No	Antineoplastic Agents
7324	00781559301	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00591572701	03	ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE	Y	01	0			0		0																					No	Selective Serotonin Reuptake Inhibitors
7324	00781559401	03	CLONAZEPAM TAB 0.5MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559410	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559501	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559610	03	CLONAZEPAM TAB 0.5MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559701	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559801	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559910	03	CLONAZEPAM TAB 0.5MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781559901	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781560001	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781560101	03	CLONAZEPAM TAB 0.5MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781560201	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	00781560301	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	02	0			0		0																					No	Anticonvulsants, Other
7324	68001037305	03	DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE	Y	02	0			0		0																					No	Hormonal Agents, Stimulant Replacement Modifying (Pituitary)
7324	00781560410	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0			0		0																					No	Carbonic Anhydrase Inhibitors, Ophthalmic Agents, Non-sulphonamides
7324	00781560501	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0		0																					No	Carbonic Anhydrase Inhibitors
7324	16729030201	03	LORAZEPAM TAB 0.5MG	LORAZEPAM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	00781560610	03	ESTRADIOL TAB 2MG	ESTRADIOL	Y	01	0			0		0																					No	Antigonadal Agents
7324	00781560701	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0			0		0																					No	Carbonic Anhydrase Inhibitors, Ophthalmic Agents, Non-sulphonamides
7324	00781560810	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0		0																					No	Carbonic Anhydrase Inhibitors
7324	16729030301	03	LORAZEPAM TAB 1MG	LORAZEPAM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	00781560901	03	ESTRADIOL TAB 2MG	ESTRADIOL	Y	01	0			0		0																					No	Antigonadal Agents
7324	00781561001	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0			0		0																					No	Carbonic Anhydrase Inhibitors, Ophthalmic Agents, Non-sulphonamides
7324	00781561010	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0		0																					No	Carbonic Anhydrase Inhibitors
7324	16729030401	03	LORAZEPAM TAB 2MG	LORAZEPAM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	00781561101	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0			0		0																					No	Carbonic Anhydrase Inhibitors, Ophthalmic Agents, Non-sulphonamides
7324	00781561110	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0		0																					No	Carbonic Anhydrase Inhibitors
7324	16729030501	03	LORAZEPAM TAB 0.5MG	LORAZEPAM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	00781561201	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0			0		0																					No	Carbonic Anhydrase Inhibitors, Ophthalmic Agents, Non-sulphonamides
7324	00781561210	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0		0																					No	Carbonic Anhydrase Inhibitors
7324	16729030601	03	LORAZEPAM TAB 1MG	LORAZEPAM	Y	02	0			0		0																					No	2nd Generation/Atypical
7324	00781561301	03	ESTRADIOL TAB 0.5MG	ESTRADIOL/ HYDROCHLORIDE	Y	02	0

7024 29300011110	03	LAMOTRIGINE TAB 25MG	LAMOTRIGINE	Y	01	0				0			0			No	Anticonvulsants, Other
7024 16571081801	03	TRENTINE CAP 250MG	TRIENTINE HYDROCHLORIDE	Y	02	0				0			0			No	Electrolytes/Minerals/Metal Modifiers
7024 63304034001	03	BENAZEPRIL TAB 40MG	BENAZEPRIL HYDROCHLORIDE	Y	01	0				0			0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00378180401	03	METOPROLOL TAB ER 24HRS ER	METOPROLOL SUCCINATE ER	Y	01	0				0			0			No	Beta-adrenergic Blocking Agents
7024 00378231901	03	OLTIVEN TAB 150-30	OLTIVEN HCL	Y	01	0				0			0			No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 67877039690	03	NEBIVOLOL TAB 20MG	NEBIVOLOL HYDROCHLORIDE	Y	01	0				0			0			No	Beta-adrenergic Blocking Agents
7024 00409488101	03	SUFENTA PRF SYR 50MCG/ML	SUFENTANIL CITRATE/PF SYRINGE/0.9% SOD CHLORIDE	Y	02	1	118.26	30	1	0			0			No	Opioid Analgesics, Short-acting
7024 63304720802	03	FENTANYL 200 TDRCQ/HR	FENTANYL	Y	02	1	10	5	1	Opioids ER			0			No	Opioid Analgesics, Long-acting
7024 65862032699	03	DONEPEZIL TAB 10MG	DONEPEZIL HCL	Y	01	0			0				0			No	Cholinesterase Inhibitors
7024 00781327301	03	INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE,DISP,PRE-FILLED SYRINGE SHORT-U-100/0.5ML/31G/5/16"	N	03	0			0				0			No	Insulins
7024 00781331301	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE ER	Y	01	1	30	30	0				0			No	Sleep Promoting Agents
7024 62539588290	03	CANDESARTAN TAB 32-25MG	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	Y	02	0			0				0			No	Cardiovascular Agents, Other
7024 00781331401	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM ER	Y	01	0			0				0			No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024 45802141205	03	BUPROPION TAB 300MG SL	BUPROPION HYDROCHLORIDE ER (XL)	Y	01	1	30	30	0				0			No	Antidepressants, Other
7024 16714094801	03	ENDNAPAMIN INJ 100MG/ML	ENDNAPAMIN SODIUM	Y	02	2	30	60	0				0			No	Anticoagulants
7024 13482008970	01	HAEMOLANCE 965 PLUS	HAEMOLANCE PLUS	N	03	0			0				0			No	
7024 62539522320	03	AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID	Y	02	0			0				0			No	
7024 00781331501	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE ER	Y	01	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 11917317230	03	NICOTINE 2X5 STEP 1	NICOTINE STEP 1	Y	03	0			0				0			No	
7024 69402023801	03	CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE	Y	02	1	210	28	0				0			No	Dermatitis and Pruritus Agents
7024 00781331601	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM ER	Y	01	0			0	Antifungals			0			No	Antifungal Agents
7024 62539439732	03	LURASIDONE TAB 80MG	LURASIDONE HYDROCHLORIDE	Y	01	1	60	30	0				0			No	2nd Generation/Atypical
7024 69180324501	03	LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN	Y	01	0			0				0			No	Quinolones
7024 11917317330	03	NICOTINE 2X5 STEP 2	NICOTINE POLACRILEX GUM	Y	03	0			0				0			No	
7024 75826101703	03	DIPHENHYDROP TAB 12.5MG	DIPHENHYDRAMINE HYDROCHLORIDE/ATROPINE SULFATE	Y	02	0			0				0			No	Anti-Diarrheal Agents
7024 69180327709	03	DONEPEZIL TAB 23MG	DONEPEZIL HCL	Y	02	0			0				0			No	Cholinesterase Inhibitors
7024 49035589910	03	EQ NICOTINE LOZ 2MG MINT	EQ NICOTINE POLACRILEX	N	03	0			0				0			No	
7024 08222173185	02	INSULIN SYRG MIS 1ML/30G	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	N	03	0			0				0			No	Insulins
7024 08222173285	02	INSULIN SYRG MIS 1ML/31G	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 1/2"	N	03	0			0				0			No	Insulins
7024 62539494341	03	VITAMIN D CAP 50000U	VITAMIN D	Y	03	0			0				0			No	
7024 69402053253	03	CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE	Y	02	1	200	28	0				0			No	Dermatitis and Pruritus Agents
7024 00781331701	03	ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE	Y	02	0			0				0			No	Sleep Promoting Agents
7024 00574727719	03	SYNTHROID TAB 137MCG	SYNTHROID	Q	03	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 72988012105	03	LABETALOL TAB 200MG	LABETALOL HYDROCHLORIDE	Y	02	0			0				0			No	Beta-adrenergic Blocking Agents
7024 49884010501	03	ATENOLOL TAB 50MG	ATENOLOL	Y	02	0			0				0			No	Angiotensin II Receptor Antagonists
7024 49122054953	03	GNP NICOTINE LOZ MINI 2MG	GNP NICOTINE MINI LOZENGE	N	03	0			0				0			No	
7024 08517145301	02	PENTIPS MIS 31G/5/8MM	PENTIPS 31G/5/8MM	N	03	0			0				0			No	Insulins
7024 69256328501	03	PILLCAM PILL 360-172	PILLCAM ESOPHAGEAL HYDROCHLORIDE	N	03	0			0				0			No	Dental and Oral Agents
7024 00781331801	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE ER	Y	01	0			0				0			No	
7024 43598598430	03	MESACAINE/ASP TAB 250MG	ESLICARBAZEPINE ACETATE	Y	02	0			0				0			No	Sodium Channel Agents
7024 42571017490	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	02	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 57668598101	03	ASPIRIN EC TAB 81MG	ASPIRIN EC ADULT LOW DOSE	Y	01	0			0				0			No	
7024 00781331901	03	ZOLPIDEM TAB 10MG	ZOLPIDEM	Y	02	0			0				0			No	Nonbenzodiazepine Anti-inflammatory Drugs
7024 00478026303	03	NEUPRO DIS 6MG/24HR	NEUPRO	N	04	0			0				0			No	Dopamine Agonists
7024 00930738405	03	VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HYDROCHLORIDE ER	Y	01	1	30	30	0				0			No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024 00781332001	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE ER	Y	01	0			0				0			No	
7024 00638710301	03	DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM ER	Y	02	0			0				0			No	Anticonvulsants, Other
7024 69180326803	03	CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE	Y	02	1	210	28	0				0			No	Dermatitis and Pruritus Agents
7024 00781332101	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM ER	Y	01	0	180	90	0				0			No	Opioid Analgesics, Short-acting
7024 00093121010	03	ENDNAPAMIN INJ 150MG/ML	ENDNAPAMIN SODIUM	Q	03	1	30	60	0				0			No	Anticoagulants
7024 24989014301	03	PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM	Y	01	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 16714073301	03	ATOMOXETINE CAP 10MG	ATOMOXETINE HYDROCHLORIDE	Y	01	1	60	30	0				0			No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 00591367305	03	NABUMETONE TAB 500MG	NABUMETONE	Y	01	0			0				0			No	Nonsteroidal Anti-inflammatory Drugs
7024 00781332201	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE HYDROCHLORIDE DR	Y	01	1	60	30	0				0			No	Antidepressants, Serotonin and Norepinephrine Reuptake Inhibitors/ Serotonin and Norepinephrine
7024 00093355311	03	ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE	Y	02	0			0				3			Yes	Bronchodilators, Sympathomimetic
7024 00409250910	01	CVS NICOTINE LOZ 2MG	CVS NICOTINE LOZENGE	Y	02	0			0				0			No	
7024 00591367401	03	NABUMETONE TAB 750MG	NABUMETONE	Y	01	0			0				0			No	Sodium Channel Agents
7024 00832753311	03	ZYPREXA RELP INJ 210MG	ZYPREXA RELUPREVV	Y	02	0			0				0			No	2nd Generation/Atypical
7024 10135397501	03	ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE	Y	01	0			0				0			No	Dopamine Agonists
7024 00781332301	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE HYDROCHLORIDE	Y	01	0			0				0			No	Sedative/Hypnotic Miscellaneous Agents
7024 00214003737	02	DAKTHUN TAB 150MG	DASATINIB	Y	02	1	30	30	1	SA Oncology			0			No	Molecular Target Inhibitors
7024 69804049800	03	METFORMIN TAB 1000MG	METFORMIN HYDROCHLORIDE	Y	01	0			0				0			No	Antidiabetic Agents
7024 69803085220	03	ABILIFY MAINTENA KIT 400MG	ARIPIPRAZOLE	Y	02	1	30	30	0				0			No	2nd Generation/Atypical
7024 72205039191	03	DOXEPIN HCL CAP 75MG	DOXEPIN HYDROCHLORIDE	Y	02	0			0				0			No	Tricyclics
7024 00781332401	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE	Y	01	0			0				0			No	Angiotensin II Receptor Antagonists
7024 76282857405	03	ONCOVALLEY TAB 50MG	DASATINIB	N	02	0			0				0			No	Metabolic Bone Disease Agents
7024 53675335201	03	PROCRIT INJ 20000/ML	PROCRIT	N	03	0			1	Erythropoietins			0			No	Blood Products and Modifiers, Other
7024 00781332501	03	ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE	Y	01	0			0				0			No	Sedative/Hypnotic Miscellaneous
7024 43675535303	03	PALIPERIDONE TAB ER 3MG	PALIPERIDONE ER	Q	01	1	30	30	0				0			No	2nd Generation/Atypical
7024 62139586200	03	DAPSONE TAB 100MG	DAPSONE	Y	02	0			0				0			No	Antimycobacterials, Other
7024 00781332601	03	ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM ER	Y	01	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 00406472001	03	ABILIFY MAINTENA KIT 300MG	ARIPIPRAZOLE	Y	01	1	30	30	0				0			No	2nd Generation/Atypical
7024 63629539205	03	PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE	Y	01	0			0				0			No	Antimycobacterials, Other
7024 00536378404	02	INSULIN SYRG MFG 0.3CC/8MM	BD VICO INSULIN SYRINGE ULTRA-FINE/12 UNITS/.3ML/31G X 8MM	N	03	0			0				0			No	Antiinfectives, Other
7024 00781333001	03	ENALAPRIL TAB 20MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Antiinfectives, Other
7024 10135397601	03	GUANFACINE TAB 1MG ER	GUANFACINE HYDROCHLORIDE ER	Y	01	1	30	30	0				0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00781333101	03	ENALAPRIL TAB 40MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 50383053201	03	AMPHETOX/TR TAB 10MG	AMPHETAMINE/DEXTROAMPHETAMINE	Y	03	1	60	30	0				0			No	
7024 08422238001	02	INSULIN SYRG MIS 1ML/31G	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31G/5/16"	N	03	0			0				0			No	Insulins
7024 00781333201	03	ENALAPRIL TAB 5MG	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Y	01	0			0				0			No	Antiinfectives, Other
7024 10716494301	03	ENALAPRIL TAB 2MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 10716193601	03	GUANFACINE TAB 1MG ER	GUANFACINE HYDROCHLORIDE ER	Y	01	1	30	30	0				0			No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 00781333301	03	ENALAPRIL TAB 10MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	
7024 50383053201	03	AMPHETOX/TR TAB 10MG	AMPHETAMINE/DEXTROAMPHETAMINE	Y	03	1	60	30	0	SA Oncology			0			No	
7024 08422238001	02	INSULIN SYRG MIS 1ML/31G	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31G/5/16"	N	03	0			0				0			No	Insulins
7024 00781333401	03	ENALAPRIL TAB 20MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Antiinfectives, Other
7024 10716494301	03	ENALAPRIL TAB 2MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 10716193601	03	GUANFACINE TAB 1MG ER	GUANFACINE HYDROCHLORIDE ER	Y	01	1	30	30	0				0			No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 00781333501	03	ENALAPRIL TAB 5MG	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Y	01	0			0				0			No	
7024 23135394539	03	AMLODIN/OLMT TAB 10-10/5MG	AMLODIPINE BESYLATE/OLMESARTAN	Y	02	0			0				0			No	Cardiovascular Agents, Other
7024 31722089801	03	BUPROPION TAB 200MG SR	BUPROPION HYDROCHLORIDE ER (SR)	Y	01	1	60	30	0				0			No	Antidepressants, Other
7024 16571013806	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	02	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 62332019800	03	ASENAPINE SUB SHO	ASENAPINE MALEATE SL	Y	02	1	60	30	0				0			No	2nd Generation/Atypical
7024 00781333601	03	ENALAPRIL TAB 10MG-5	ENALAPRIL	Y	01	1	30	30	0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 43598598330	03	ARIPIPRAZOLE TAB 2MG	ARIPIPRAZOLE	Y	01	1	30	30	0				0			No	2nd Generation/Atypical
7024 00185022110	03	ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE ER	Y	02	0			0				0			No	Skeletal Muscle Relaxants
7024 00781333701	03	ENALAPRIL TAB 20MG	ENALAPRIL MALEATE	Y	01	0			0				0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 16571082620	03	BUPROPION TAB 150MG SL	BUPROPION HYDROCHLORIDE ER (SL)	Y	01	1	30	30	0				0			No	Antidepressants, Other
7024 62738513301	03	ONDANSETRON TAB 4MG	ONDANSETRON HYDROCHLORIDE	Y	01	2	21	30	0				0			No	2nd Generation/Atypical
7024 00781333801	03	ENALAPRIL TAB 5MG	ENALAPRIL MALEATE	Y	01	1	30	30	0	SA Oncology			0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 31722025301	03	HYDRALAZINE TAB 25MG	HYDRALAZINE HYDROCHLORIDE	Y	03	0			0				0			No	2nd Generation/Atypical
7024 11809085852	01	FT NICOTINE LOZ 4MG	FT NICOTINE MINI	Y	02	0			0				0			No	Skeletal Muscle Relaxants
7024 00781333901	03	ENALAPRIL TAB 5MG	ENALAPRIL	Y	01	0			0				0			No	Cholinesterase Inhibitors
7024 69804101405	03	PHARM TRAY MIS 1ML/6CC	SAFNOCLOT PHARMACY TRAY/6CC LUER/18ML	N	03	0			0				0			No	Antimycobacterials, Other
7024 63501012201	03	PREDNISONE TAB 20MG	PREDNISONE	Y	01	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)
7024 59510128230	03	CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HYDROCHLORIDE	Y	02	0			0				0			No	Tricyclics
7024 62537085630	03	TAZTIA XT CAP 240MCG/H	TAZTIA XT	Y	02	0			0				0			No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 00781332901	03	ENALAPRIL TAB 10MG-5	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Y	01	0			0				0			No	Antiinfectives, Other
7024 33511015890	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	02	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 72833016301	03	ENDNAPAMIN INJ 300/3ML	ENDNAPAMIN SODIUM	Y	02	2	9	90	0				0			No	Anticoagulants
7024 00781333910	03	ENALAPRIL TAB 10MG-5	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Y	01	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 68804012801	03	OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL	Y	02	1	30	30	1	SA Oncology			0			No	Angiotensin II Receptor Antagonists
7024 64805035201	03	AMPHETOX/TR CAP 15MG ER	AMPHETAMINE/DEXTROAMPHETAMINE	Y	02	1	30	30	0				0			No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024 00781333930	03	ENALAPRIL TAB 20MG-5	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Y	01	0			0				0			No	Antiinfectives, Other
7024 62139586405	03	METFORMIN TAB 1000MG	METFORMIN HYDROCHLORIDE	Y	01	0			0				0			No	Antidiabetic Agents
7024 00093355405	03	ALYACEN TAB 7/7/7	ALYACEN 7/7/7	Y	01	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 00781333950	03	ENALAPRIL TAB 40MG ER	ENALAPRIL MALEATE	Y	01	0			0				0			No	Calcium Channel Blocking Agents, Dihydropyridines
7024 69594673110	03	FAMOTIDINE TAB 20MG	FAMOTIDINE HYDROCHLORIDE	Y	01	1	30	30	0				0			No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrin
7024 69809183305	03	SERTRALINE TAB 25MG	SERTRALINE HYDROCHLORIDE	Y	01	1	30	30	0				0			No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrin
7024 69238349501	03	ESTRADIOL GEL 1.25MG	ESTRADIOL	Y	02	1	37.5	30	0				0			No	Estrogens
7024 00930423205	03	CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HYDROCHLORIDE	Y	01	0			0				0			No	Skeletal Muscle Relaxants
7024 00781334001	03	ESTRADIOL TAB 0.5MG	ESTRADIOL	Y	01	0	60	30	0	SA Oncology			0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Estrogen)
7024 00904723404	03	MUPIROCIN CRE 2%	MUPIROCIN	Y	01	0			0				0			No	Topical Anti-infectives
7024 00781715796	03	ERYTHROPUM SOL 0.02%/MX	ERYTHROPUM BROMIDE	Y	01	0			3				0			Yes	Bronchodilators, Anticholinergic
7024 00781334101	03	ESTRADIOL TAB 1MG	ESTRADIOL	Y	01	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Estrogen)
7024 72041811622	03	TELMISARTAN TAB 40MG	TELMISARTAN	Y	02	0			0				0			No	Angiotensin II Receptor Antagonists
7024 62332039101	03	DICLOFENAC GEL 3%	DICLOFENAC SODIUM	Y	02	0			0				0			No	Dermatological Agents, Other
7024 00781334201	03	ESTRADIOL TAB 2MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 73634511301	03	VENTAVIS TAB 10MG	ILOPROST TROMETHAMINE	Y	02	0			0				0			No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 00093355505	03	ALYACEN TAB 7/7/7	ALYACEN 7/7/7	Y	01	0			0				0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 00781334301	03	ESTRADIOL TAB 4MG	ESTRADIOL	Y	01	0			0				0			No	
7024 00781334401	03	ESTRADIOL TAB 6MG	ESTRADIOL	Y	01	0			0				0			No	
7024 00781334501	03	ESTRADIOL TAB 8MG	ESTRADIOL	Y	01	0			0				0			No	
7024 00781334601	03	ESTRADIOL/NORETHIN TAB 1-0.5MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781334701	03	ESTRADIOL/NORETHIN TAB 1-0.5MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781334801	03	ESTRADIOL/NORETHIN TAB 1MG-5	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781334901	03	ESTRADIOL/NORETHIN TAB 1MG-5	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335001	03	ESTRADIOL/NORETHIN TAB 2MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335101	03	ESTRADIOL/NORETHIN TAB 2MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335201	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335301	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335401	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335501	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335601	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335701	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335801	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781335901	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336001	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336101	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336201	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336301	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336401	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336501	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336601	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336701	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336801	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781336901	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337001	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337101	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337201	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337301	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337401	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337501	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337601	03	ESTRADIOL/NORETHIN TAB 4MG	ESTRADIOL/NORETHINDRONE ACETATE	Y	01	0			0				0			No	
7024 00781337701	03	ESTRADIOL/NORETHIN TAB 4

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7024	69245337001	03	ALOR-CON M10 TAB 10MEQ ER	ALOR-CON M10	Y	01	0				0		0	No	Electrolyte/Mineral Replacement
7024	13107014401	03	OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HYDROCHLORIDE	Y	02	1	180	30	0	0		0	No	Opioid Analgesics, Short-acting
7024	23105089001	03	DICTROTIDE INJ 50MG/ML	DICTROTIDE ACETATE	Y	02	0				0		0	No	Hormonal Agents, Suppressant (Adrenal or Pituitary)
7024	00603403221	03	TRAZODONE TAB 150MG	TRAZODONE HCL	Y	01	0				0		0	No	Antidepressants, Other (SARI's Modulating Agents
7024	00527074901	03	TAZAROTENE CRE 0.1%	TAZAROTENE	Y	02	0				0	Retinoids	0	No	Acne and Rosacea Agents
7024	70710103207	03	LENALIDOMIDE CAP 10MG	LENALIDOMIDE	Y	02	1	30	30	1	0	SA Oncology	0	No	Antiangiogenic Agents
7024	00093731201	03	TOPIRAMATE TAB 200MG	TOPAMAX	Y	01	1	60	30	1	0		0	No	Anticonvulsants, Other (Migrane Inhibitors (INST)
7024	00069073712	03	VYNDAQEL CAP 20MG	VYNDAQEL	N	03	1	120	30	1	0	ATTR Amyloidosis	0	No	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment
7024	08521535602	02	FIFTY50 PEN MIS 32G/5MM	FIFTY50 PEN NEEDLES/32G/5MM	N	03	0				0		0	No	Insulin
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Sympathomimetic
7024	51722033330	03	TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE	Y	02	1	30	30	0	0		0	No	Anti-HIV Agents, Nucleotide and Nucleotide Reverse Transcriptase Inhibitors (NNRTI
7024	51662094601	03	NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HYDROCHLORIDE	Y	01	0				0		0	No	Tricyclics
7024	00078035205	03	LEVETIRACETA TAB 1000MG	LEVETIRACETAM ER	Y	02	0				0		0	No	Anticonvulsants
7024	69675405228	02	MAYPACK PAK 30-DOMG	MAYPACK	N	03	1	140	28	1	0	Hepatitis C Direct Acting Antivirals	0	No	Anti-Hepatitis C (HCV) Agents
7024	00591208593	03	CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN ER	Y	02	0				0		0	No	Macrolides
7024	57237005860	03	CEFUROXIME TAB 250MG	CEFUROXIME AXETIL	Y	01	0				0		0	No	Beta-lactam, Cephalosporins
7024	69452042802	03	SODIUM/POTAS SOL MAGNESIU	SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	Y	02	0				0		0	No	Gastrointestinal Agents, Other
7024	00591208501	03	SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE	Y	01	2	30	30	0	0		0	No	Serotonin (5-HT) Receptor Agonist
7024	69452034701	03	SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE	Y	01	2	18	30	0	0		0	No	Serotonin (5-HT) Receptor Agonist
7024	69238154501	03	URSODIOL CAP 300MG	URSODIOL	Y	02	0				0		0	No	Gastrointestinal Agents, Other
7024	00781207401	03	METHYLPHENIDATE TAB 20MG ER	METHYLPHENIDATE HYDROCHLORIDE ER	Y	01	1	30	30	0	0		0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024	52483058628	03	MEMANTINE HC SOL 2MG/ML	MEMANTINE HYDROCHLORIDE	Y	01	1	300	30	0	0	Alternative Dosage Form	0	No	N-methyl-D-aspartate (NMDA) Receptor Antagonist
7024	62132028190	03	DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE	Y	01	0				0		0	No	Alpha-adrenergic Blocking Agents
7024	00781207501	03	METHYLPHEN CAP 30MG ER	METHYLPHENIDATE HCL ER	Y	01	0				0		0	No	Stimulants
7024	42202036250	03	DOXYCYCLINE CAP 50MG	DOXYCYCLINE HYCLATE	Y	02	0				0		0	No	Tetracyclines
7024	70377005411	03	LENALIDOMIDE CAP 25MG	LENALIDOMIDE	Y	02	1	21	28	1	0	SA Oncology	0	No	Antiangiogenic Agents
7024	00093731001	03	BUMETANIDE TAB 0.5MG	BUMETANIDE	Y	01	0				0		0	No	Diuretics, Loop
7024	00781738001	03	MEXILETINE CAP 150MG	MEXILETINE HYDROCHLORIDE	Y	02	0				0		0	No	Beta-lactam, Penicillins
7024	00378410305	03	MIRTAZAPINE TAB 30MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	62756020705	03	PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM	Y	02	0				0		0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	00093074105	03	ATENOLOL TAB 50MG	ATENOLOL	Y	01	0				0		0	No	Beta-adrenergic Blocking Agents
7024	00409488201	03	SODIUM CHLORI SOL 0.9% DEV	SODIUM CHLORIDE LANCING DEVICE	N	03	0				0		0	No	
7024	72689013320	03	CABERGOLINE TAB 25-125MG	CABERGOLINE/LEVODOPA ER	Y	02	0				0		0	No	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors
7024	00143981901	03	CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN	Y	01	0				0		0	No	
7024	08521535602	02	FIFTY50 PEN MIS 32G/5MM	FIFTY50 PEN NEEDLES/32G/5MM	N	03	0				0		0	No	Insulins
7024	00904758157	03	POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE	Y	02	0				0		0	No	Electrolyte/Mineral Replacement
7024	08260302515	02	ADMIN NEEDLE MIS 18GX1.5"	BD NICHOR NEEDLE ADMIX THIN WALL/18G X 1-1/2"	N	03	0				0		0	No	
7024	60758001015	03	LEVOTHYL TAB 50MCG	LEVOTHYROXINE SODIUM	Y	01	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	00378000310	03	METOPROLOL TAB 100MG ER	METOPROLOL TARTRATE	Y	01	0				0		0	No	Beta-adrenergic Blocking Agents
7024	00143981001	03	WARFARIN TAB 5MG	WARFARIN SODIUM	Y	01	0				0		0	No	Anticoagulants
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	51672041750	03	NYSTATIN SUS 100000	NYSTATIN	Y	01	0				0		0	No	Antifungals
7024	69800166150	03	FLUOXETINE CAP 40MG	FLUOXETINE HYDROCHLORIDE	Y	01	1	60	30	0	0		0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	00378345305	03	SPIRONOLACTZ TAB 25MG	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	Y	02	1	30	30	0	0		0	No	Cardiovascular Agents, Other
7024	62332010121	03	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE	Y	02	1	30	30	0	0		0	No	2nd Generation/Atypical
7024	00591208501	03	SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE	Y	01	2	18	30	0	0		0	No	Serotonin (5-HT) Receptor Agonist
7024	00781104201	01	PEN NEEDLES MIS 31GX8MM	ULTICARE MINI PEN NEEDLES/31G/8MM	N	03	0				0		0	No	
7024	51722041231	03	TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE	Y	02	1	14	28	1	0	SA Oncology	0	No	Antineoplastics
7024	00904658461	03	LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM	Y	01	0				0		0	No	
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	31722061750	03	PREGABALIN CAP 300MG	PREGABALIN	Y	01	1	60	30	0	0		0	No	Skeletal Muscle Relaxants
7024	08498010301	02	1ML SYRINGE MIS 25GX1"	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	N	03	0				0		0	No	
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	70605098532	03	NICOA TAB 0.5GS	NICOA 0.5GS/US	Y	02	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	00115084901	03	HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE	Y	01	0				0		0	No	Anxiolytics
7024	00378180501	03	MIRTAZAPINE TAB 30MG	MIRTAZAPINE	Y	01	0				0		0	No	Sodium Channel Agents
7024	11672742270	01	ASPIRIN - TAB EHEC 81MG	ASPIRIN	N	03	0				3		0	No	
7024	31722076250	03	VALSARTAN TAB 40MG	VALSARTAN	Y	01	0				0		0	No	Angiotensin II Receptor Antagonists
7024	00419038303	03	ULTRAVIST SOL 200/ML	ULTRAVIST	N	03	1	350	30	1	0	SA Oncology	0	No	Molecular Target Inhibitors
7024	23105073803	03	SERTRALINE TAB 50MG	SERTRALINE HYDROCHLORIDE	Y	01	1	30	30	0	0		0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	60505207159	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0				0		0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	60505016806	03	PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM	Y	01	0				0		0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	57237005301	03	AMOXICILLIN SUS 400/5ML	AMOXICILLIN	Y	01	0				0		0	No	Beta-lactam, Penicillins
7024	13535051001	03	SOHONOS CAP 1.5MG	SOHONOS	N	04	1	120	30	1	0	Sohonos	0	No	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	62756075013	03	VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HYDROCHLORIDE	Y	02	0				0		0	No	Anti-cytomegalovirus (CMV) Agents
7024	10702029101	03	OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE	Y	01	0				0		0	No	Antispasmodics, Urinary
7024	76385011053	03	CARVEDILOL TAB 3.125MG	CARVEDILOL	Y	01	0				0		0	No	Beta-adrenergic Blocking Agents
7024	63902013499	03	HYDROCLOROTHZ TAB 50MG	HYDROCHLOROTHIAZIDE	Y	01	0				0		0	No	Diuretics, Thiazide
7024	00781104184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE	Y	01	0				0		0	No	Platelet Modifying Agents
7024	62332010121	03	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE	Y	02	1	30	30	0	0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	00093731001	03	BUMETANIDE TAB 0.5MG	BUMETANIDE	Y	01	0				0		0	No	Diuretics, Loop
7024	00115084901	03	HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE	Y	01	0				0		0	No	Sodium Channel Agents
7024	27808635702	03	CELECOXIB CAP 200MG	CELECOXIB	Y	02	0				0		0	No	Nonselective Anti-inflammatory Drugs
7024	08891850004	02	INSULIN SYRG MIS 0.5/29G	MONOJECT ULTRA COMFORT INSULIN SYRINGES 5ML/29G X 1/2"	N	03	0				0		0	No	Insulins
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE	Y	01	0				0		0	No	Antidepressants, Other
7024	57894057101	03	SIMPONI INJ 50MG/0.5ML	SIMPONI	N	03	1	1	28	1	0	Biologic Immunomodulators	0	No	Immunosuppressants
7024	31722061305	03	PREGABALIN CAP 200MG	PREGABALIN	Y	01	1	90	30	0	0		0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	08498010301	02	1ML SYRINGE MIS 25GX1"	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	N	03	0				0		0	No	
7024	16714030901	03	ENDOMARIN - INJ 500-5ML	ENDOMARIN SODIUM	Y	02	0	9	90	0	0		0	No	Anticoagulants
7024	00781104301	03	SAFYRAL TAB	SAFYRAL	M	04	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	00603052833	03	BUPROPION TAB 300MG XL	BUPROPION HYDROCHLORIDE ER (XL)	Y	01	0				0		0	No	Antidepressants, Other
7024	42291089230	03	TADALAFIL TAB 5MG	TADALAFIL	Y	01	2	30	30	0	0		0	No	Benign Prostatic Hypertrophy Agents
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	00093052910	03	LOVASTATIN TAB 10MG	LOVASTATIN	Y	01	0				0		0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	49281012405	03	FLUZONE HD INJ 2024-25	FLUZONE HIGH-DOSE 2024-2025	N	03	0				0		0	No	
7024	00781104201	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0				0		0	No	Platelet Modifying Agents
7024	70710013303	03	TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE	Y	02	1	123	30	0	0	SA Oncology	0	No	Antineoplastics
7024	00378230301	03	TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE	Y	02	1	123	30	0	0		0	No	Dermatitis and Pruritus Agents
7024	00378034501	03	DIAZEPAM TAB 5MG	DIAZEPAM	Y	01	0				0		0	No	Anxiolytics
7024	08498010301	02	1ML SYRINGE MIS 25GX1"	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	N	03	0				0		0	No	
7024	62332005901	03	DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE	Y	01	0				0		0	No	Alpha-adrenergic Blocking Agents
7024	70710175806	03	ENDOMARIN INJ 400-4ML	ENDOMARIN SODIUM	Y	02	2	12	90	0	0		0	No	Anticoagulants
7024	00378180501	03	MIRTAZAPINE TAB 30MG	MIRTAZAPINE HYDROCHLORIDE	Y	01	0				0		0	No	Antidepressants, Other
7024	00591418084	03	MEPERIDINE TAB 50MG	MEPERIDINE HCL	Y	02	1	120	30	1	0	Korlym	0	No	Hormonal Agents, Suppressant (Adrenal or Pituitary)
7024	70995019101	03	PILOCARPINE SOL 2% OP	PILOCARPINE HYDROCHLORIDE	Y	02	0				0		0	No	Ophthalmic Intraocular Pressure Lowering Agents, Other
7024	59676075230	03	PREZCOBIX TAB 800-150	PREZCOBIX	Y	02	1	30	30	0	0		0	No	Anti-HIV Agents, Protease Inhibitors
7024	62332005260	03	DESONIDE CRE 0.05%	DESONIDE	Y	02	1	120	30	0	0		0	No	Dermatitis and Pruritus Agents
7024	00378230301	03	TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE	Y	02	1	123	30	0	0	Substrate Reduction Therapy	0	No	Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment
7024	42386035330	03	LURASIDONE TAB 120MG	LURASIDONE HYDROCHLORIDE	Y	02	1	30	30	0	0		0	No	2nd Generation/Atypical
7024	33042059960	03	CLOBETASOL CRN 0.05%	CLOBETASOL PROPIONATE	Y	02	1	210	28	0	0		0	No	Dermatitis and Pruritus Agents
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HCL	Y	01	0	270	30	0	0		0	No	Antidepressants, Other
7024	67877087301	03	MORPHINE SUL TAB 15MG	MORPHINE SULFATE	Y	01	1	360	30	0	0		0	No	Opioid Analgesics, Short-acting
7024	70377011312	03	LIOTHYRONINE TAB 25MCG	LIOTHYRONINE SODIUM	Y	01	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	00591113305	03	ACITRETIN CAP 10MG	ACITRETIN	N	03	0				0		0	No	Acne and Rosacea Agents
7024	51167033101	03	TRIMATTA TAB	TRIMATTA	N	03	1	60	30	1	0	CF76	0	No	Cystic Fibrosis Agents
7024	71289043803	03	ENDOMARIN - INJ 10MG/ML	ENDOMARIN SODIUM	Y	02	2	30	90	0	0		0	No	Anticoagulants
7024	00904705361	03	OXYCODONHY TAB 5-325MG	OXYCODONE/ACETAMINOPHEN	Y	01	1	360	30	0	0		0	No	Opioid Analgesics, Short-acting
7024	10135075124	03	VANTRELA ER TAB 100MG	VANTRELA ER DRUG DELIVERY SYSTEM	Y	02	0				0		0	No	
7024	08891821115	02	10ML SYRINGE MIS 21GX1.5"	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/10ML/21G X 1-1/2"	N	03	0				0		0	No	
7024	00193731221	03	CONTOUR TES NEXT	CONTOUR NEXT BLOOD GLUCOSE TEST	N	03	1	204	30	0	0		0	No	
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0	60	30	0	0		0	No	
7024	71289043803	03	ENDOMARIN - INJ 10MG/ML	ENDOMARIN SODIUM	Y	02	2	30	90	0	0		0	No	Anticoagulants
7024	00904705361	03	OXYCODONHY TAB 5-325MG	OXYCODONE/ACETAMINOPHEN	Y	01	1	360	30	0	0		0	No	Opioid Analgesics, Short-acting
7024	00603403221	03	TRAZODONE TAB 150MG	TRAZODONE HCL	Y	01	0				0		0	No	
7024	08891821115	02	10ML SYRINGE MIS 21GX1.5"	MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/10ML/21G X 1-1/2"	N	03	0				0		0	No	
7024	00781207401	03	METHYLPHEN CAP 20MG ER	METHYLPHENIDATE HYDROCHLORIDE ER	Y	01	1	30	30	0	0		0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024	00591208628	01	QC ASPIRIN CHW 81MG	QC ASPIRIN LOW DOSE	N	03	0				3		0	No	
7024	00904135400	03	TESTOSTERONE GEL 1%(50MG)	TESTOSTERONE	Y	02	1	300	30	1	0	Androgen/Anabolic Steroids	0	No	Androgens
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	23105085274	03	CHLOROQUINE TAB 150MG	CHLOROQUINE PHOSPHATE	Y	02	0				0		0	No	Antiprotozoals
7024	00904295830	03	METOPROL TAR TAB 50MG	METOPROLOL TARTRATE	Y	01	0				0		0	No	Beta-adrenergic Blocking Agents
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other (SARI's Modulating Drugs
7024	00781104184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0				0		0	No	Thrombin Inhibitors
7024	00093074901	03	CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE	Y	02	0				0		0	No	Sodium Channel Agents
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	52483052705	03	XOLAIR INJ 300/2ML	XOLAIR	N	03	1	2	28	1	0	Xolair	0	No	Immunological Agents, Other
7024	00115093925	03	NICOTINE GUM 2MG	GOODSENSE NICOTINE POLACRILEX GUM	Y	02	0				0		0	No	
7024	00115119184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0				0		0	No	Platelet Modifying Agents
7024	00782011901	03	PHENELZINE TAB 15MG	PHENELZINE SULFATE	M	04	0				0		0	No	Monoamine Oxidase Inhibitors
7024	00781104184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE	Y	01	0	30	30	0	0		0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	16714104901	03	DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE	Y	01	0				0		0	No	Alpha-adrenergic Blocking Agents
7024	76282034930	03	ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE	Y	01	1	30	30	0	0		0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE/TRIMOLOL MALEATE	Y	01	0				0		0	No	Antidepressants, Other
7024	27808635702	03	CELECOXIB CAP 200MG	CELECOXIB	Y	02	0				0		0	No	Nonselective Anti-inflammatory Drugs
7024	08891850004	02	INSULIN SYRG MIS 0.5/29G	MONOJECT ULTRA COMFORT INSULIN SYRINGES 5ML/29G X 1/2"	N	03	0				0		0	No	Insulins
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE	Y	01	0				0		0	No	Antidepressants, Other
7024	57894057101	03	SIMPONI INJ 50MG/0.5ML	SIMPONI	N	03	1	1	28	1	0	Biologic Immunomodulators	0	No	Immunosuppressants
7024	31722061305	03	PREGABALIN CAP 200MG	PREGABALIN	Y	01	1	90	30	0	0		0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	08498010301	02	1ML SYRINGE MIS 25GX1"	EASY TOUCH SAFETY SYRINGE/1ML/25G X 1"	N	03	0				0		0	No	
7024	00781104184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE	Y	01	0	60	30	0	0		0	No	Platelet Modifying Agents
7024	47030087803	03	DILTIAZEM CAP 180MG24	DILTIAZEM HCL ER	Y	01	0				0		0	No	Calcium Channel Blocking Agents, Nondihydropyridines
7024	00093052201	03	DIFLUNISAL TAB 500MG	DIFLUNISAL	Y	01	0				0		0	No	Nonsteroidal Anti-inflammatory Drugs
7024	67877083002	03	TOLVAPTAN TAB 15MG	TOLVAPTAN	Y	02	2	30	365	0	0		0	No	Electrolyte/Mineral/Metal Modifiers
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE	Y	01	0				0		0	No	Antidepressants, Other
7024	41250070305	03	NICOTINE POL LOZ 2MG CHRY	NICOTINE POLACRILEX	N	03	0				0		0	No	
7024	76282070147	03	LENALIDOMIDE CAP 25MG	LENALIDOMIDE	Y	02	1	21	28	1	0	SA Oncology	0	No	Antiangiogenic Agents
7024	00781104201	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE	Y	01	0				0		0	No	Cardiovascular Agents, Other
7024	70995003310	03	CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN	Y	01	0				0		0	No	
7024	69697089912	03	LISINOPRIZTZ TAB 20-12.5	LISINOPRIL/HYDROCHLOROTHIAZIDE	Y	01	0				0		0	No	Cardiovascular Agents, Other
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE/TRIMOLOL MALEATE	Y	01	0	240	30	0	0		0	No	Opioid Analgesics, Short-acting
7024	67938004410	01	GENTEEL FLUID MIS PURPLE	GENTEEL FLUID LANCING DEVICE/PLAYFUL PURPLE	Y	03	0				0		0	No	
7024	00742039325	03	ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE	Y	02	0				3		0	Yes	Bronchodilators, Sympathomimetic
7024	00378231778	03	RUFINAMIDE TAB 400MG	RUFINAMIDE	Y	02	0				0		0	No	Sodium Channel Agents
7024	61736025340	03	VALPROIC ACID CAP 250MG	VALPROIC ACID	Y	02	0				0		0	No	Anticonvulsants, Other
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE/TRIMOLOL MALEATE	Y	01	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)
7024	08498010112	02	HYPO-NEEDLE MIS 18GX1.5"	MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"/4	Y	01	0				0		0	No	
7024	69362084188	03	AUROVELA FE TAB 1.5/30	AUROVELA FE 1.5/30	Y	01	0				0		0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	00378180501	03	MIRTAZAPINE TAB 15MG	MIRTAZAPINE HYDROCHLORIDE	Y	01	0				0		0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	66227022303	01	POLY HUB MIS 22GX1"	CARDINAL HEALTH POLY HUB NEEDLE/22GX1"	N	03	0				0		0	No	
7024	69616023406	03	UNIFINE PENTIP MIS 31G/5MM	UNIFINE PENTIPS PLUS 31G/5MM	N	03	0				0		0	No	Insulins
7024	00781104184	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0				0		0	No	Antiplatelet Anti-Infectives
7024	70710171804	03	SILDENAFIL SUS 10MG/ML	SILDENAFIL CITR

7024	16571073521	03		METHYLERGIN TAB 0.2MG	METHYLERGONOVINE MALEATE	Y	02	0			0								No	Genitourinary Agents, Other
7024	00527138590	03		DANAZOL CAP 200MG	DANAZOL	Y	02	0			0	Androgen/Anabolic Steroids							No	Androgens
7024	00009509901	03		DEPO-TESTOST INJ 200MG/ML	DEPO-TESTOSTERONE	Y	02	1	10	20	1	Androgen/Anabolic Steroids							No	Androgens
7024	00009509901	03		DEPO-TESTOST INJ 200MG/ML	DEPO-TESTOSTERONE CYPIONATE	Y	02	1	34	68	1								No	Androgens
7024	31722059960	03		BUPROPION TAB 150MG SR	BUPROPION HYDROCHLORIDE ER (SR)	Y	01	1	60	30	0								No	Antidepressants, Other
7024	61314932715	03		TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE	Y	01	0			0								No	Ophthalmic Beta-Adrenergic Blocking Agents
7024	00409488001	03		SODIUM CHLORIDE INJ 0.9%	SODIUM CHLORIDE	Y	03	0			0								No	Electrolytic/Water Replacement
7024	63182011511	03		HYDROCO/APAP TAB 7.5-325	HYDROCODONE/ACETAMINOPHEN	Y	01	1	180	30	0								No	Opioid Analgesics, Short-acting
7024	57237021390	03		MONTELUKAST CHW 5MG	MONTELUKAST SODIUM	Y	01	0			0								No	Antileukotrienes
7024	00378180501	03		METHYLPHENIDATE TAB 10MG	METHYLPHENIDATE HYDROCHLORIDE	Y	02	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024	00781591155	03		AMOXICILLIN SUS 250/5ML	AMOXICILLIN	Y	01	0			0								No	Beta-lactam, Penicillins
7024	00168016305	01		EASY GLIDE MIS 10ML SYR	EASY GLIDE SYRINGE/LUER LOCK/10ML	N	03	0			0								No	
7024	00781591155	03		AMOXICILLIN SUS 250/5ML	AMOXICILLIN TRIHYDRATE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	42135124950	03		NABUMETONE TAB 750MG	NABUMETONE	Y	01	0			0								No	Nonsteroidal Anti-inflammatory Drugs
7024	16714688701	03		CLOBAZAM TAB 10MG	CLOBAZAM	Y	02	0			0								No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	38388539120	01		MILLER MIS LANCETS THIN	MILLER LANCETS THIN	N	03	0			0								No	
7024	66900000220	03		TRIAMTERENE CAP 100MG	TRIAMTERENE	Y	02	0			0								No	Diuretics, Potassium-sparing
7024	00409488001	03		SODIUM CHLORIDE INJ 0.9%	SODIUM CHLORIDE	Y	03	0			0								No	Electrolytic/Water Replacement
7024	35570046402	03		AMPHETAMINE/DEXTROAMPHETAMINE	AMPHETAMINE/DEXTROAMPHETAMINE	Y	02	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024	67877352890	03		SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE	Y	01	0			0								No	Antispasmodics, Urinary
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN	Y	01	1	60	30	0								No	Beta-lactam, Penicillins
7024	50115125291	03		METHYLTEST TAB 10MG	METHYLTEST	Y	04	1	600	30	1	Androgen/Anabolic Steroids							No	Androgens
7024	43547254911	03		ENALAPRIL TAB 5MG	ENALAPRIL MALEATE	Y	01	0			0								No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN	Y	01	0			0								No	Beta-lactam, Penicillins
7024	61958003755	03		ANDROGEL GEL 1.62%	TESTOSTERONE	Y	02	0			0								No	Androgens
7024	00574155231	03		ANDROGEL GEL 1.62%	TESTOSTERONE	Y	02	0			0								No	Androgens
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN	Y	01	0			0								No	Beta-lactam, Penicillins
7024	00168016155	02		UNISTIK 3 MIS 1.8MM	UNISTIK 3	N	03	0			0								No	
7024	70605054561	03		METHYLPHENID CAP 10MG ER	METHYLPHENIDATE HYDROCHLORIDE ER	Y	02	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024	42232005490	03		FENOFIBRATE TAB 54MG	FENOFIBRATE	Y	01	0			0								No	Dyslipidemics, Fibric Acid Derivatives
7024	00378180501	03		METHYLPHENIDATE TAB 10MG	METHYLPHENIDATE HCL	Y	02	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024	00093738505	03		VENLAFAXINE CAP 75MG ER	VENLAFAXINE HYDROCHLORIDE ER	Y	01	1	60	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	67877364230	03		LURASIDONE TAB 120MG	LURASIDONE HYDROCHLORIDE	Y	02	1	30	30	0								No	2nd Generation/Atypical
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN SODIUM	Y	01	0			0								No	Beta-lactam, Penicillins
7024	70738081555	03		CELEBREX CAP 200MG	CELECOXIB	Y	01	0			0								No	Cox-2 Agents
7024	72035093105	03		MORPHINE CR TAB 45MG	MORPHINE SULFATE	Y	02	0			0								No	Quinolones
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN TRIHYDRATE	Y	01	0			0								No	
7024	76092035355	03		CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HYDROCHLORIDE	Y	01	0			0								No	Skeletal Muscle Relaxants
7024	16714683202	03		ALENDRONATE TAB 35MG	ALENDRONATE SODIUM	Y	01	0			0								No	Metabolic Bone Disease Agents
7024	68180011402	03		LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	01	0			0								No	Anticonvulsants, Other
7024	00904518561	03		MELOXICAM TAB 15MG	MELOXICAM	Y	01	0			0								No	
7024	00168022701	03		LORBRENA TAB 25MG	LORBRENA	N	04	1	90	30	1	SA Oncology							No	Molecular Target Inhibitors
7024	72578309707	03		FLUOXONIDE CRE 0.1%	FLUOCINONIDE	Y	02	1	240	28	0								No	Dermatitis and Pruritus Agents
7024	33111012413	03		ONDANSETRON TAB 4MG	ONDANSETRON HYDROCHLORIDE	Y	01	2	21	30	0								No	Enteragonic Therapy Adjuncts
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN TRIHYDRATE ER	Y	01	2	30	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	21135049001	03		VERAPAMIL TAB 120MG	VERAPAMIL HYDROCHLORIDE	Y	01	0			0								No	Calcium Channel Blocking Agents, Nondihydropyridines
7024	43588005400	03		ARIPIPRAZOLE TAB 2MG	ARIPIPRAZOLE	Y	01	1	30	30	0								No	2nd Generation/Atypical
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN SODIUM	Y	01	0			0								No	Antimicrobials, Other
7024	66227055011	01		SURE COMFORT MIS LANC 30G	SURE COMFORT LANCETS 33G	N	03	0			0								No	
7024	76204069312	03		IPRATROPIUM SOL ALBUTER	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	Y	02	0			3								Yes	Respiratory Tract Agents, Other
7024	00378180501	03		METHYLPHENIDATE TAB 20MG	METHYLPHENIDATE HYDROCHLORIDE	Y	02	1	360	30	0								No	Opioid Analgesics, Short-acting
7024	63804354016	03		CVS VACCINE QUAD MDCK4	CVS VACCINE POLARIS/FLUCELVAX QUAD	Y	03	0			0								No	
7024	50742458980	03		QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE ER	Y	02	1	60	30	0								No	2nd Generation/Atypical
7024	33330042310	03		AFLURIA QUAD INJ 2022-23	AFLURIA QUADRIVALENT 2022-2023	N	03	0			0								No	
7024	76204052706	03		CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM	Y	02	0			0								No	Genetic or Enzyme or Protein Disorder, Replacement, Modifiers, Treatment
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN SODIUM	Y	01	0			0								No	Beta-lactam, Penicillins
7024	00071455693	02		INSUPEN MIS 31G/4MM	INSUPEN PEN NEEDLES 32G 4MM	N	03	0			0								No	Insulins
7024	00832121499	03		JANTOVEN TAB 5MG	JANTOVEN	Y	01	0			0								No	Anticoagulants
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	52746201706	03		SPIRONOLACT TAB 100MG	SPIRONOLACTONE	Y	01	0			0								No	Mineralocorticoid Receptor Antagonists
7024	16510581052	03		FLULAVAL INJ 2024-25	FLULAVAL 2024-2025	N	03	0			0								No	
7024	00378180501	03		METHYLPHEN TAB 10MG ER	METHYLPHENIDATE	Y	02	0			0								No	1st Generation/Typical
7024	64296097206	03		HYDROCORT TAB 20MG	HYDROCORTISONE	Y	02	0			0								No	Hormonal Agents, Stimulant Replacement/ Modifying (Adrenal)
7024	65862003689	03		LISINOPRIL TAB 5MG	LISINOPRIL	Y	01	0			0								No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	61958002201	03		FRUZAQLA CAP 5MG	FRUZAQLA	N	04	1	21	28	0	SA Oncology							No	Molecular Target Inhibitors
7024	00002013919	01		INSULIN SYRIG MIS 1ML/31G	CLEVER CHOICE COMFORT EZ INSULIN SYRINGE/U-100/1ML/31GX5/16"	N	03	0			0								No	Insulins
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN TRIHYDRATE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00378180501	03		METHYPHEN TAB 10MG ER	METHYLPHENIDATE	Y	02	0			0								No	Beta-adrenergic Blocking Agents
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	00115172501	03		GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE	Y	02	0			0								No	Antifungals
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0	454	30	0								No	Electrolytic/Mineral Replacement
7024	69452022590	03		EZETIMIBE TAB 10MG	EZETIMIBE	Y	01	0			0								No	Dyslipidemics, Other
7024	65238131858	03		PREGABALIN CAP 225MG	PREGABALIN	Y	01	1	60	30	0								No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	00378180501	03		METHYLPHEN TAB 10MG ER	METHYLPHENIDATE HCL	Y	02	0			0								No	Beta-adrenergic Blocking Agents
7024	57237012301	03		WARFARIN TAB 4MG	WARFARIN SODIUM	Y	02	0			0								No	Anticoagulants
7024	45802011464	03		HC FPA/MOIST CRE 1-1%	HYDROCORTISONE ACETATE/PRAMOXINE	M	04	0			0								No	Glucocorticoids
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	51722083505	03		ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM	Y	01	0			0								No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	55238117701	03		GABAPENTIN TAB 800MG	GABAPENTIN	Y	01	0			0								No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0	30	30	0								No	Electrolytic/Mineral Replacement
7024	78094035003	03		METOPROLOL SUCC TAB 25MG ER	METOPROLOL SUCCINATE ER	Y	02	0	30	30	0								No	Beta-adrenergic Blocking Agents
7024	00115037406	03		ASPIRIN CHW 81MG	GOODSENSE ASPIRIN	Y	01	0			0								No	Antiplatelet Agents, Other
7024	62332031031	03		ABIRATERONE TAB 10MG	ABIRATERONE	Y	01	0	30	30	0								No	2nd Generation/Atypical
7024	61406039037	03		POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE ER	Y	01	0			0								No	Electrolytic/Mineral Replacement
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	59236304533	03		ESTRADIOL GEL 0.75MG	ESTRADIOL	Y	02	0	30	30	0								No	Estrogens
7024	00114570502	03		TERBINAFINE TAB 250MG	TERBINAFINE HYDROCHLORIDE	Y	01	0			0								No	Antifungals
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN TRIHYDRATE	Y	01	0			0								No	Antiinfectives, Agents, Supplement (Adrenal or Pituitary)
7024	33111052103	03		ATOMOXETINE CAP 40MG	ATOMOXETINE HYDROCHLORIDE	Y	01	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Nonamphetamines
7024	62332079250	03		VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HYDROCHLORIDE ER	Y	01	1	30	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	00591034401	03		ANASTROZOLE TAB 1MG	ANASTROZOLE	Y	01	1	30	30	0	SA Oncology							No	Aromatase Inhibitors
7024	13107353201	03		MIRTAZAPINE TAB 45MG	MIRTAZAPINE	Y	01	1	30	30	0								No	Antidepressants, Other
7024	43547338103	03		DULOXETINE CAP 60MG DR	DULOXETINE HYDROCHLORIDE DR	Y	01	1	60	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	50458057361	03		XARELTO TAB 20MG	XARELTO	N	03	1	30	30	0								No	Anticoagulants
7024	00932143011	03		EMGALITY INJ 120MG/ML	EMGALITY	N	03	1	1	28	1	CGRP							No	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists
7024	00115172501	03		POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	51991089128	03		EVEROLIMUS TAB 5MG	EVEROLIMUS	Y	02	1	90	30	1	SA Oncology							No	Molecular Target Inhibitors
7024	16714048404	03		JULEBER TAB	JULEBER	Y	01	0			0								No	Hormonal Agents, Stimulant Replacement/ Modifying (Sex Hormone/ Modifiers)
7024	00115172501	03		POT CHLORIDE CAP 40MEQ	POTASSIUM CHLORIDE ER	Y	01	0			0								No	Electrolytic/Mineral Replacement
7024	65862007399	03		FELODIPINE TAB 10MG ER	FELODIPINE ER	Y	02	0			0								No	Calcium Channel Blocking Agents, Dihydropyridines
7024	00013302681	03		NEUPOGEN INJ 480/0.8	NEUPOGEN	N	03	0			0								No	Blood Products and Modifiers, Other
7024	00591034401	03		ANASTROZOLE TAB 1MG	ANASTROZOLE	Y	01	1	30	30	0								No	
7024	71710104065	03		NAPROXEN TAB 250MG	NAPROXEN	Y	01	0			0								No	Nonsteroidal Anti-inflammatory Drugs
7024	23105085825	03		VANCOMYCIN CAP 250MG	VANCOMYCIN HYDROCHLORIDE	Y	02	0			0								No	Antibacterials, Other
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0	120	30	0								No	Electrolytic/Mineral Replacement
7024	16574102274	03		UNIFINE PENTIPS MIS 31G/8MM	DIAMEDICAL/UNIFINE PENTIPS 31G X 8MM SHORT	N	03	0			0								No	
7024	00093729501	03		CARVEDILOL TAB 12.5MG	CARVEDILOL	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00409488001	03		SODIUM CHLORIDE INJ 0.9%	SODIUM CHLORIDE	Y	03	0			0								No	
7024	16236335947	02		SYRINGE MIS 1ML/31G/5.5"	BD SYRINGE 5ML LUER SLIP	N	03	0			0								No	
7024	00904716481	03		METFORMIN TAB 1000MG	METFORMIN HYDROCHLORIDE	Y	01	0			0								No	Antidiabetic Agents
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	68645045050	03		ENALAPRIL TAB 10MG	ENALAPRIL MALEATE	Y	01	0			0								No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	51672139906	03		ALCOMETASONE CRE 0.05%	ALCLOMETASONE DIPROPIONATE	Y	02	1	120	30	0								No	Dermatitis and Pruritus Agents
7024	00591034401	03		ALLOPURINOL TAB 300MG	ALLOPURINOL	Y	01	0			0								No	Antigout Agents
7024	57237019190	03		ONDEPRAZOLE CAP 20MG	ONDEPRAZOLE	Y	01	1	60	30	0								No	Proton Pump Inhibitors
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement (Adrenal or Pituitary)
7024	64380017402	03		OLANZAPINE TAB 15MG ODT	OLANZAPINE ODT	Y	02	1	30	30	0								No	2nd Generation/Atypical
7024	67702012460	03		METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM	O	02	0			0								No	Immunosuppressants
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	68462067803	03		BISOPROLFUMAT TAB 2.5-6.25	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	Y	01	0			0								No	Cardiovascular Agents, Other
7024	24868001631	03		NEBIVOLOL TAB 10MG	NEBIVOLOL HYDROCHLORIDE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	16833081001	02		INSULIN SYRIG MIS 0.5CC/31G	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	N	03	0			0								No	Insulins
7024	00115309924	01		DIATHRIVE MIS UT 30G	DIATHRIVE LANCETS ULTRA THIN 30G	N	03	0			0								No	
7024	68462067803	03		AMPHETOLET/TR TAB 30MG	AMPHETAMINE/DEXTROAMPHETAMINE	Y	02	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024	67791072902	03		VANCOMYCIN CAP 125MG	VANCOMYCIN HYDROCHLORIDE	Y	02	0			0								No	Antibacterials, Other
7024	00781591155	03		AMOXICILLIN SUS 400/5ML	AMOXICILLIN TRIHYDRATE	Y	01	0			0								No	Beta-lactam, Penicillins
7024	68180011402	03		LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	01	0			0								No	
7024	72035201005	03		VALTOCO TB 10MG DOSE	VALTOCO 10 MG DOSE	N	04	0			0								No	
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	1	60	30	0								No	
7024	00904733807	03		CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HYDROCHLORIDE	Y	02	0			0								No	
7024	00574155734	03		TOT LANCING MIS DEVICE	TOT-LANCING DEVICE	N	03	0			0								No	
7024	00409535201	02		INSULIN SYRIG MIS 0.3CC	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/30G X 1/2"	N	03	0			0								No	Insulins
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0	24	60	0								No	Electrolytic/Mineral Replacement
7024	33342029011	03		METFORMIN TAB 750MG ER	METFORMIN HYDROCHLORIDE ER	Y	01	1	60	30	0								No	Antidiabetic Agents
7024	49281038410	03		QUADRACEL INJ 0.5ML	QUADRACEL	N	03	0			0								No	Vaccines
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0	30	30	0								No	Electrolytic/Mineral Replacement
7024	68682035305	03		TRIAMCINOLONE ACETONIDE DENTAL PASTE	TRIAMCINOLONE ACETONIDE DENTAL PASTE	Y	02	0			0								No	Stomatological Agents
7024	00409535201	02		INSULIN SYRIG MIS 0.3CC	TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 5/16"	N	03	0			0								No	Insulins
7024	62938004065	03		SERTRALINE TAB 50MG	SERTRALINE HYDROCHLORIDE	Y	01	0	30	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	00168026305	03		ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE	Y	02	1	120	30	0								No	Dermatitis and Pruritus Agents
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	
7024	00378180501	03		METHYLPHEN TAB 10MG ER	METHYLPHENIDATE HCL	Y	02	0			0								No	
7024	00168026305	03		ULTIGUARD MIS 32G/4MM	ULTIGUARD SAFEPOINT/MICRO PEN NEEDLES/32G X 5/32"SHARPS CONTA	N	03	0			0								No	Insulins
7024	51029383268	03		LAMIVUDINE TAB 150MG	LAMIVUDINE	Y	02	1	60	30	0								No	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NNRTI
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE/DIPROPIONATE	Y	02	1	135	30	0								No	Dermatitis and Pruritus Agents
7024	68462016405	03		FLUCONAZOLE TAB 100MG	FLUCONAZOLE	Y	01	0			0								No	Antifungals
7024	65862088910	03		TELMISARTAN TAB 80MG	TELMISARTAN	Y	02	0			0								No	Angiotensin II Receptor Antagonists
7024	00121116550	03		SOD CITRA/SL SOL CITR ACD	SODIUM CITRATE/CITRIC ACID	Y	02	0			0								No	
7024	53238010330	03		METOPROLOL TAB 50MG	METOPROLOL HYDROCHLORIDE	Y	01	0			0								No	Antidiabetic Agents
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	47781047913	03		OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE	Y	02	1	20	120	0								No	Anti-influenza Agents
7024	80844001202	03		ZEGALOGUE INJ 0.6/0.6	ZEGALOGUE	N	03	0			0								No	Glycemic Agents
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE/SULFATE	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	68801043303	03		RAMIPRIL CAP 5MG	RAMIPRIL	Y	01	0			0								No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	00904047861	03		DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE	Y	01	0			0								No	Cholinesterase Inhibitors
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	70700011707	03		INTRON/A VIA 10MU	INTRON/A	Y	02	0			0								No	Hormonal Agents, Stimulant Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	57510006607	01		PEN NEEDLES MIS 31G/8MM	PEN NEEDLES 31G X 8MM	N	03	0			0								No	Insulins
7024	64650058220	03		TRIAMTERENE CAP 25MG	TRIAMTERENE MALEATE	Y	02	0			0								No	Diuretics, Potassium-sparing
7024	00409519690	03		PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM	Y	01	0			0								No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	Electrolytic/Mineral Replacement
7024	62332079231	03		GUANFACINE TAB 1MG ER	GUANFACINE HYDROCHLORIDE ER	Y	01	1	30	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Nonamphetamines
7024	49630039126	01		ECOTRIN LOW TAB 81MG EC	ECOTRIN LOW STRENGTH	Y	01	0			0								No	
7024	00115172501	03		POT CHLORIDE CAP 20MEQ ER	POTASSIUM CHLORIDE ER	Y	02	0			0								No	
7024	69452015203	03		CARV

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7024 61314085010	03	APRACLONIDIN SOL 0.5% OP	APRACLONIDINE	N	04	0			0			0				No	Ophthalmic Intraocular Pressure Lowering Agents, Other
7024 00093716682	03	FLUOXETINE CAP 40MG	FLUOXETINE HYDROCHLORIDE	Y	01	1	60	30	0			0				No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrin
7024 63182013068	03	LYLLANA DIS 0.025MG	LYLLANA	Y	02	1	8	28	0			0				No	Estrogens
7024 00591355301	03	TRIAMTERENE/HCTZ CAP 37.5-25	TRIAMTERENE HYDROCHLORIDE	Y	01	0			0			0				No	Antikaliuretic
7024 73040001114	03	TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE	Y	02	0			1	SA Oncology		0				No	
7024 23120319301	03	NIFEDIPINE CAP 20MG	NIFEDIPINE	Y	02	0			0			0				No	Calcium Channel Blocking Agents, Dihydropyridines
7024 00093716601	03	PALIPERIDONE ER TAB 6MG/5MG	PALIPERIDONE PALMITATE HYDROCHLORIDE	Y	01	0			0			0				No	Antipsychotics, Other
7024 60505314003	03	TOPIRAMATE TAB 100MG	TOPIRAMATE	Y	01	0			0			0				No	Anticonvulsants, Other
7024 72660231005	03	FAMOTIDINE TAB 40MG	FAMOTIDINE	Y	01	0			0			0				No	Histamine2 (H2) Receptor Antagonists
7024 00378180177	03	ATORVASTATIN TAB 80MG	ATORVASTATIN	Y	01	0			0			0				No	Statins, Other
7024 16571081703	03	FLUPHENAZINE TAB 5MG	FLUPHENAZINE HYDROCHLORIDE	Y	01	0			0			0				No	1st Generation/Typical
7024 50458084403	01	PRO COMFORT MIS 1ML/50G	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	N	03	0			0			0				No	Insulins
7024 00591355401	03	LEVOTHYROXINE TAB 112MCG	LEVOTHYROXINE SODIUM	Y	01	0			0			0				No	
7024 00168001201	03	LEVOTHYROXINE TAB 137MCG	LEVOTHYROXINE SODIUM	Y	01	0			0			0				No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 72660231011	03	POT CITR ER TAB 540MG	POTASSIUM CITRATE ER	Y	02	0			0			0				No	Electrolyte/Mineral Replacement
7024 00378032857	03	TASIGNA CAP 200MG	TASIGNA	O	03	1	120	30	1	SA Oncology		0				No	Molecular Target Inhibitors
7024 50851050393	03	JANUVIA TAB 50MG	JANUVIA	N	03	1	60	30	1	SA Oncology		0				No	Molecular Target Inhibitors
7024 00378180277	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	01	0			0			0				No	
7024 23633052901	03	PINDOLOL TAB 10MG	PINDOLOL	Y	01	0			0			0				No	Beta-adrenergic Blocking Agents
7024 17270374500	03	ALBUTEROL AER HFA	ALBUTEROL SULFATE HFA	Y	02	1	36	30	0			0				No	Bronchodilators, Sympathomimetic
7024 00781202001	03	ANASTROZOLE TAB 1MG	ANASTROZOLE MOFETIL	Y	01	0			0			0				No	Antineoplastic Agents
7024 63459081830	03	GRANIX INJ 300/1ML	GRANIX	O	02	0			0			0				No	Blood Products and Modifiers, Other
7024 00093515301	03	MOEXIPRIL TAB 15MG	MOEXIPRIL HYDROCHLORIDE	Y	02	0			0			0				No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00093515401	03	MOEXIPRIL TAB 7.5MG	MOEXIPRIL HYDROCHLORIDE	Y	02	0			0			0				No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 67877527114	03	TEMOZOLOMIDE CAP 5MG	TEMOZOLOMIDE	Y	02	0			0	SA Oncology		0				No	
7024 64069088304	03	CIVACALCET TAB 30MG	CINACALCET HYDROCHLORIDE	Y	02	0			0			0				No	Metabolic Bone Disease Agents
7024 75697353801	03	LOTHYROXINE TAB 5MCG	LOTHYROXINE SODIUM	Y	01	0			0			0				No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 76250042218	03	LISINOPRIL TAB 40MG	LISINOPRIL	Y	01	0			0			0				No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00378180177	03	ATORVASTATIN TAB 10MG	ATORVASTATIN	Y	01	0	600	30	0	HCN Channel Blocker		0				No	Antilipemic Agents, Other
7024 58020082590	03	INSULIN SYRG M/S 0.5CC/5/8	ULTICARE INSULIN SYRINGES/0.5ML/29G X 1/2"	N	03	0			0			0				No	Insulins
7024 49122044858	03	DM7MOCTING GUM 2MG MINT	DM7 NICOTINE POLACRILEX	Y	02	0			0			0				No	
7024 00378180277	03	ATORVASTATIN TAB 20MG	ATORVASTATIN	Y	01	0			0			0				No	Anti-Cholesterolemic Agents
7024 13668012305	03	DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE	Y	01	0			0			0				No	Cholinesterase Inhibitors
7024 72602081301	03	URSODIOL CAP 300MG	URSODIOL	Y	02	0			0			0				No	Gastrointestinal Agents, Other
7024 00591355401	03	LEVOTHYROXINE TAB 112MCG	LEVOTHYROXINE SODIUM	Y	01	1	60	30	0			0				No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 69452013270	03	NORETHINDRONE TAB 1/20	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	Y	01	0			0			0				No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 42938065305	03	BUPROPION TAB 150MG XL	BUPROPION HYDROCHLORIDE ER (XL)	Y	01	1	30	30	0			0				No	Antidepressants, Other
7024 42547042801	03	RIBAVIRIN TAB 200MG	RIBAVIRIN	Y	01	0			0			0				No	Angiotensin II Receptor Antagonists
7024 60429021501	03	DILTIAZEM CAP 120MG ER	DILTIAZEM HYDROCHLORIDE	Y	01	0			0			0				No	Antihypertensive, Sympathomimetic
7024 00093116901	03	TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE	Y	02	0			0			0				No	Antiinfectants, Other
7024 00378180177	03	ATORVASTATIN TAB 40MG	ATORVASTATIN	Y	01	0			0			0				No	
7024 00093515301	03	MOEXIPRIL TAB 15MG	MOEXIPRIL HYDROCHLORIDE	Y	02	0			0			0				No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00378180177	03	ATORVASTATIN TAB 10MG	ATORVASTATIN	Y	01	0			0			0				No	
7024 00378180277	03	ATORVASTATIN TAB 20MG	ATORVASTATIN	Y	01	0			0			0				No	
7024 00378180177	03	ATORVASTATIN TAB 10MG	ATORVASTATIN	Y	01	0			0			0				No	
7024 00093515401	03	MOEXIPRIL TAB 7.5MG	MOEXIPRIL HYDROCHLORIDE	Y	02	0			0			0				No	
7024 00093515301	03	MOEXIPRIL TAB 15MG	MOEXIPRIL HYDROCHLORIDE	Y	02

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7024	69050631401	03	KETOROLAC	TAB 10MG	KETOROLAC TROMETHAMINE	Y	01	2	20	5	0					No	Nonsteroidal Anti-inflammatory Drugs
7024	64764510821	03	ENTYVIO PEN	INJ 108X1.85	ENTYVIO PEN	N	03	1	1.38	28	1	Biologic Immunomodulators	0			No	Immunological Agents, Other
7024	00264144966	03	NICOTINE POL GUM 4MG REF		NICOTINE POLACRILEX REFILL	Y	02	0			0		0			No	
7024	00378180501	03	DILTIAZEM HCL CAP 120MG ER		DILTIAZEM HYDROCHLORIDE ER	Y	02	0	120	30	0		0			No	Antidiabetic Agents
7024	72838314201	03	LISINOPRIL	TAB 40MG	LISINOPRIL	Y	01	0			0		0			No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	62175320546	03	MONTELUKAST	CHW 5MG	MONTELUKAST SODIUM	Y	01	0			0		0			No	Antileukotrienes
7024	00378180501	03	DILTIAZEM HCL CAP 120MG ER		DILTIAZEM HYDROCHLORIDE ER	Y	02	0			0		0			No	Beta-adrenergic Blocking Agents
7024	10482088200	01	TECHLITE AST MED LANCETS		TECHLITE AST LANCETS	N	03	0			0		0			No	
7024	10784588283	01	3ML SYRINGE 5/8G 25GX5/8"		SECURESAFE SYRINGENEEDLE(5ML/25G X 5/8"	N	03	0			0		0			No	
7024	00591351001	03	AMOXICILLIN	CAP 500MG	AMOXICILLIN TRIHYDRATE	Y	01	0			0		0			No	Diuretics, Thiazide
7024	10135520310	03	BACLOFEN	TAB 20MG	BACLOFEN	Y	01	0			0		0			No	Antispasticity Agents
7024	08470189001	02	UNIFINE PNTP MIS 31GX8MM		UNIFINE PENTIPS PLUS 31GX8MM	N	03	0			0		0			No	Insulins
7024	00378180501	03	DILTIAZEM HCL	CAP 120MG ER	DILTIAZEM HCL	Y	02	0			0		0			No	Antianginal Agents
7024	00093140105	03	LOSARTAN POT	TAB 50MG	LOSARTAN POTASSIUM	Y	01	0			0		0			No	Angiotensin II Receptor Antagonists
7024	70954035830	03	PREDNISONE	1*40 SMG	PREDNISONE	Y	01	0			0		0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)
7024	31722087901	03	MYCOPHENOLAT	TAB 500MG	MYCOPHENOLATE MOFETIL	Y	02	0			0		0			Yes	Immunosuppressants
7024	08548043403	02	NOVA SURFLX MIS LANC DEV		NOVA SURFLEX LANCING DEVICE	N	03	0			0		0			No	
7024	00378180501	03	DILTIAZEM HCL	CAP 120MG ER	DILTIAZEM HYDROCHLORIDE ER	Y	02	0			0		0			No	Electrolyte/Mineral Replacement
7024	31722014001	03	SERTRALINE	TAB 25MG	SERTRALINE HYDROCHLORIDE	Y	01	1	30	30	0		0			No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	81131381102	01	EG NICOTINE	LOZ 4MG MINT	EG NICOTINE POLACRILEX	Y	02	0			0		0			No	
7024	00591351001	03	AMOXICILLIN	CAP 500MG	AMOXICILLIN	Y	01	0			0		0			No	Tricyclics
7024	10534918844	03	SOD FOLY SUL	POW	SODIUM FOLYSTYRENE SULFONATE	N	02	0			0		0			No	Potassium Binders
7024	00378312701	03	PINDOLOL	TAB 10MG	PINDOLOL	Y	02	0			0		0			No	Beta-adrenergic Blocking Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 50MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00074405283	03	SYNTHROID	TAB 50MCG	SYNTHROID	Y	02	0			0		0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	69945052016	03	PIOGLITAZONE	TAB 15-500MG	PIOGLITAZONE HCL/METFORMIN HCL	Y	02	0			0		0			No	Antidiabetic Agents
7024	00093054043	03	LANTHANUM	CHW 1000MG	LANTHANUM CARBONATE	Y	02	0			0		0			No	Phosphate Binders
7024	08236224704	02	INSULIN SYRG MIS 1ML30G		SD INSULIN SYRINGE/1ML30G X 12.7MM	N	03	0			0		0			No	Insulins
7024	00591351001	03	AMOXICILLIN	CAP 500MG	AMOXICILLIN	Y	01	0			0		0			No	Antianginal Agents
7024	69189384913	01	LEVONORETH TAB ESTRADIO		LEVONORGESTREL AND ETHINYL ESTRADIOL	Y	01	0			0		0			No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024	42582021316	03	AMOXICILLIN	CAP 250MG	AMOXICILLIN	Y	01	0			0		0			No	Beta-lactam, Penicillin
7024	00378180501	03	DILTIAZEM HCL	CAP 120MG ER	DILTIAZEM HCL	Y	02	0			0		0			No	Antianginal Agents
7024	53111010730	03	CLINDAMYC	TAB 150MG	CLINDAMYCIN	Y	01	1	30	30	0		0			No	2nd Generation/Topical
7024	47335357803	03	LURASIDONE	TAB 20MG	LURASIDONE HYDROCHLORIDE	Y	02	1	30	30	0		0			No	2nd Generation/Topical
7024	00378180501	03	DILTIAZEM HCL	CAP 120MG ER	DILTIAZEM HYDROCHLORIDE ER	Y	02	0			0		0			No	Antianginal Agents
7024	00093074701	03	GLIPIZIDE/ME	TAB 5-500MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	16729089712	03	QUETIAPINE	TAB 400MG ER	QUETIAPINE FUMARATE ER	Y	02	1	60	30	0		0			No	2nd Generation/Atypical
7024	23535535803	03	TOLTERODINE	CAP 2MG ER	TOLTERODINE TARTRATE ER	Y	02	0			0		0			No	2nd Generation/Atypical
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	42291948227	03	HYDROXYZINE	CAP 25MG	HYDROXYZINE PAMOATE	Y	02	1	180	30	1		0			No	Cardiovascular Agents, Other
7024	00591351001	03	AMOXICILLIN	CAP 875MG	AMOXICILLIN TRIHYDRATE	Y	01	2	18	30	0	Interstitial Lung Disease	0			No	Antianginal Agents
7024	00093074701	03	GLIPIZIDE/ME	TAB 5-500MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 50MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 75MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-250MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 100MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-2.5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 150MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 25MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-500MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 10MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-2.5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 75MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-2.5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 100MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 150MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 25MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 50MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 75MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 100MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 150MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 25MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-500MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 75MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-2.5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 100MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 150MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 25MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-500MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 75MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-2.5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 100MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 150MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 10-5MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 25MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 2.5-1000MG	GLIPIZIDE/METFORMIN HYDROCHLORIDE	Y	02	0			0		0			No	Antidiabetic Agents
7024	00781170001	03	AMITRIPTYLIN	TAB 50MG	AMITRIPTYLINE HYDROCHLORIDE	Y	02	0			0		0			No	Antidepressants, Tricyclic/ Tetracyclic/ Other, Noninfluenzal/Hydrazines
7024	00093074705	03	GLIPIZIDE/ME	TAB 5-5

7024	19363637923	01	SM CHILD ASA CHW 81MG	SM CHILDRENS ASPIRIN	Y	01	0			0		0	No
7024	49635387309	03	ED NICOTINE LOZ 4MG MINT	ED NICOTINE POLACRILEX	Y	02	0			0		0	No
7024	42547239410	03	GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE	Y	01	0			0		0	No
7024	00093731401	03	CEFPROZIL TAB 250MG	CEFPROZIL	Y	01	0			0		0	No
7024	51746101501	03	PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM	Y	01	1	60	30	0		0	No
7024	16729044915	03	LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM	Y	01	0			0		0	No
7024	00378180501	03	ERYTHROMYCIN TAB 500MG	ERYTHROMYCIN ETHYLSUCC	Y	01	0			0	Erythropoietins	0	No
7024	69452027503	03	DEXMETHASON TAB 2MG	DEXMETHASONE	Y	01	0			0		0	No
7024	55111088502	03	FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM	Y	02	2	18	90	0		0	No
7024	00409488501	03	ISOPROTERENOL INJ 0.2MG/ML	ISUPREL	Y	02	0			0		0	No
7024	51991035106	03	LACOSAMIDE TAB 200MG	LACOSAMIDE	N	03	0			0		0	No
7024	00115173681	03	METHYLPHENID CAP 40MG CD	METHYLPHENIDATE HYDROCHLORIDE CD	Y	02	1	30	30	0		0	No
7024	00781207501	03	ZOLPIDEM TAB 10MG	ZOLPIDEM	Y	01	0			0		0	No
7024	61958120101	03	ETIRNA 3	ETIRNA 3	N	04	1	30	30	0		0	No
7024	08881833510	02	3ML SYRINGE MIS 25GX1"	MONOJECT INSAFELAN SYRINGE&SAFETY NEEDLE,5ML,25G X 1"	N	03	0			0		0	No
7024	00078087301	03	HYCAMTIN CAP 1MG	HYCAMTIN	N	03	0			0	SA Oncology	0	No
7024	00093483125	03	FUROSEMIDE TAB 80MG	FUROSEMIDE	Y	01	0			0		0	No
7024	00378180501	03	ERYTHROMYCIN TAB 500MG	ERYTHROMYCIN	Y	01	0			0		0	No
7024	69094082910	03	SOTALOL HCL TAB 120MG	SOTALOL HYDROCHLORIDE	Y	01	0			0		0	No
7024	83301000502	03	GABAPENTIN CAP 400MG	GABAPENTIN	Y	01	0			0		0	No
7024	00591351001	03	METRONIDAZOLE TAB 500MG	METRONIDAZOLE HYDROCHL	Y	01	0			0		0	No
7024	63187207205	03	CEFDINIR SUS 125MG/5ML	CEFDINIR	Y	02	0			0		0	No
7024	13668833960	03	RISPERIDONE TAB 2MG	RISPERIDONE	Y	01	1	60	30	0		0	No
7024	00781207401	03	DOXYCYCLINE TAB 100MG	DOXYCYCLINE HYCLATE	Y	01	0			0		0	No
7024	13276091011	03	GEMCITABINE CRE 0.25%	GEMCITABINE TOPICAL	Y	02	1	120	30	0		0	No
7024	32671091001	01	PP PEN NEED MIS GO/HMM	PP PEN NEEDLES 32G X 4MM	N	03	0			0		0	No
7024	72019852302	03	POSACONAZOLE TAB 100MG DR	POSACONAZOLE DR	Y	02	0			0	Antifungals	0	No
7024	00111012701	03	CIPROFLOXACIN TAB 500MG	CIPROFLOXACIN HYDROCHLORIDE	Y	01	0			0		0	No
7024	00781207401	03	DOXYCYCLINE TAB 100MG	DOXYCYCLINE HYCLATE	Y	01	0	60	30	0	SA Oncology	0	No
7024	65862089209	03	VORICONAZOLE TAB 200MG	VORICONAZOLE	Y	02	1			0	Antifungals	0	No
7024	00468972210	03	LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM	Y	01	0			0		0	No
7024	00409488501	03	ISOPROTERENOL	ISUPREL	Y	02	0			0	Factor VIII and von Willebrand Factor	0	No
7024	63629737312	03	TERBINAFINE TAB 250MG	TERBINAFINE HYDROCHLORIDE	Y	01	0			0		0	No
7024	47335035803	03	NALTREXONE TAB 50MG	NALTREXONE HYDROCHLORIDE	Y	02	0			0		0	No
7024	00591351001	03	METRONIDAZOLE TAB 500MG	METRONIDAZOLE HYDROCHL	Y	01	0	210	28	0		0	No
7024	00115203110	03	CALCIREX SUS SOL 0.12%	CALCIUM/SENNA GLUCONATE	N	03	0			0		0	No
7024	69367107160	03	RISPERIDONE TAB 2MG	RISPERIDONE	Y	01	1	60	30	0		0	No
7024	69452027503	03	DEXMETHASON TAB 2MG	DEXMETHASONE	Y	01	0			0		0	No
7024	00093483125	03	FUROSEMIDE TAB 80MG	FUROSEMIDE	Y	01	0			0		0	No
7024	00115203110	03	CALCIREX SUS SOL 0.12%	CALCIUM/SENNA GLUCONATE	N	03	0			0		0	No
7024	69367107160	03	RISPERIDONE TAB 2MG	RISPERIDONE	Y	01	1	60	30	0		0	No
7024	69452053894	03	NORGESTIM/ETH ESTRADIOL	NORGESTIMATE/ETHINYL ESTRADIOL	Y	01	0			0		0	No
7024	00591351001	03	METRONIDAZOLE TAB 500MG	METRONIDAZOLE HYDROCHL	Y	01	0			0		0	No
7024	00093483125	03	FUROSEMIDE TAB 80MG	FUROSEMIDE	Y	01	0			0		0	No
7024	00781207401	03	DOXYCYCLINE TAB 100MG	DOXYCYCLINE HYCLATE	Y	01	0			0		0	No
7024	00378180501	03	ERYTHROMYCIN TAB 500MG	ERYTHROMYCIN ETHYLSUCC	Y	01	0			0		0	No
7024	00115203110	03	CALCIREX SUS SOL 0.12%	CALCIUM/SENNA GLUCONATE	N	03

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7024	69408597576	03	FENTANYL DIS 75MCG/HR	FENTANYL	Y	02	1	15	30	1	Opioids ER	0						No	Opioid Analgesics, Long-acting
7024	62756071113	03	TOPIRAMATE TAB 100MG	TOPIRAMATE	Y	01	0			0		0						No	Anticonvulsants, Other
7024	89227222310	03	POLY HUB WR 25GX1.5"	CAREPOINT PRECISION POLY HUB NEEDLE(25GX1-1/2"	N	03	0			0		0						No	
7024	00904675161	03	MELOXICAM TAB 15MG	MELOXICAM	Y	01	0			0		0						No	Nonsteroidal Anti-inflammatory Drugs
7024	52600311201	03	VCF VAGINAL MIS CONTRACP	VCF VAGINAL CONTRACEPTIVE FILM	N	03	0			0		0						No	
7024	41200538079	03	NICOTINE POL GUM 2MG CHW	NICOTINE POLACRILEX	Y	02	0			0		0						No	
7024	00781207401	03	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM	Y	02	0			0		0						No	Alpha-adrenergic Blocking Agents
7024	68616002250	01	KLS QUITX LOZ 4MG	KLS QUITX	Y	02	0			0		0						No	
7024	63902035100	03	AMOXIK CLAV TAB 250-125	AMOXICILLIN-CLAVULANATE POTASSIUM	Y	02	0			0		0						No	Beta-lactam, Penicillins
7024	68462000201	03	ROPINIROLE TAB 0.25MG	ROPINIROLE HCL	Y	01	0			0		0						No	Dopaminergic Agents
7024	65862002430	03	RORLUMILAST TAB 250MCG	RORLUMILAST	Y	02	0			0		0						No	Phosphodiesterase Inhibitors, Airways Disease
7024	69307038105	03	METFORMIN TAB 500MG	METFORMIN HYDROCHLORIDE	Y	01	0			0		0						No	Antidiabetic Agents
7024	51672012501	03	TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE	Y	01	0			0		0						No	Dermatitis and Pruritus Agents
7024	63902031990	03	CEPHALEXIN CAP 500MG	CEPHALEXIN	Y	01	0			0		0						No	Beta-lactam, Cephalosporins
7024	33871020517	01	INSULIN SYRG MIS 29GX5/16	LITETOUCH INSULIN SYRINGE(U-100)0.3ML(29G X 5/16"	N	03	0			0		0						No	Insulins
7024	43598053330	03	BUPROPION TAB 150MG SL	BUPROPION HYDROCHLORIDE ER (SL)	Y	01	1	30	30	0		0						No	Antidepressants, Other
7024	75202040301	03	GABAPENTIN TAB 800MG	GABAPENTIN	Y	01	0			0		0						No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	68462000201	03	ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE	Y	01	1	30	30	0		0						No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	72908355001	03	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE	Z	02	1	120	30	1	SA Oncology	0						No	Antihormonal Agents, Stimulant Replacement Modifying (Sex Hormones/ Modifiers)
7024	10714058301	03	DEXMETHYLPHE CAP 10MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	1	30	30	0		0						No	Antidepressants, Other
7024	00781207401	03	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM	Y	02	0			0		0						No	Alpha-adrenergic Blocking Agents
7024	72908355001	03	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE	Z	02	1	120	30	1	SA Oncology	0						No	Antihormonal Agents, Stimulant Replacement Modifying (Sex Hormones/ Modifiers)
7024	00378180177	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0			0		0						No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	00904675161	03	MELOXICAM TAB 15MG	MELOXICAM	Y	01	0			0		0						No	Nonsteroidal Anti-inflammatory Drugs
7024	00781207401	03	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM	Y	02	0			0		0						No	Alpha-adrenergic Blocking Agents

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7024	86227020105	01	POLY HUB MIS 20GX1.5"	N	03	0			0			0		No
7024	62837058501	03	POT CHLORIDE CAP 10MEQ ER	Y	01	0			0			0		No
7024	23125075105	03	BENAZEPRIL TAB 20MG	Y	01	0			0			0		No
7024	00093731556	03	ANASTROZOLE TAB 1MG	Y	01	0			0	SA Oncology		0		No
7024	71110101458	03	CLOPIDOGREL CAP 150MG	Y	01	0			0			0		No
7024	00002770401	03	HUMALOG INJ 100/ML	N	03	1	150	30	0			0		No
7024	00781557401	03	ATORVASTATIN TAB 40MG	Y	01	1	90	30	0			0		No
7024	27808022001	03	HYDROCO/APAP TAB 5-325MG	Y	01	1	240	30	0			0		No
7024	70010022805	03	GABAPENTIN TAB 800MG	Y	01	0			0			0		No
7024	23125075110	03	BENAZEPRIL TAB 10MG	Y	01	0			0			0		No
7024	23125011305	03	DOXYCYC MONO TAB 100MG	Y	01	0			0			0		No
7024	69260305930	02	1ML SYRINGE MIS 26GX1/2"	N	03	0			0			0		No
7024	27808022001	03	HYDROCO/APAP TAB 5-325MG	Y	01	1	240	30	0			0		No
7024	27808028501	03	BETA-CAROT CRV 5,000MCG	Y	01	0			0			0		No
7024	27808038501	03	DEXTROAMPHET SOL 5MG/5ML	Y	02	1	1650	30	0			0		No
7024	57896038312	03	ASPIRIN ADLT 81MG EC	N	03	0			0			0		No
7024	53883059975	01	ONETOUCH TES VERO	N	03	1	204	30	0			0		No
7024	53883059975	01	ONETOUCH TES VERO FREESTYLE	N	03	0			0			0		No
7024	53458057003	01	GENTLE-LET MIS LANCETS	N	03	0			0			0		No
7024	23840501730	03	PALFORZIA CAP LEVEL 7	N	04	1	60	30	1	Peanut Allergy		0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00378395002	03	EVEKEO/MLD TAB 10MG	Y	02	1	30	30	1	SA Oncology		0		No
7024	64080592004	03	LOSARTAN POT TAB 100MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	68001060106	03	QUETIAPINE TAB 300MG ER	Y	02	1	60	30	0			0		No
7024	53238045801	03	CARBIDJ/LEVO TAB 25-100MG	Y	02	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	57515850101	01	INSULIN SYRG MIS 0.5X13	N	03	0			0			0		No
7024	57515850101	01	INSULIN SYRINGES 0.3ML31G X 1/4"	N	03	0			0			0		No
7024	61570051714	01	LANCETS MIS 23G	N	03	0			0			0		No
7024	00378020102	02	ASPIRIN LOW TAB 81MG EC	Y	01	0			0			0		No
7024	00378020105	02	ASPIRIN LOW TAB 81MG EC	Y	01	0			0			0		No
7024	71110103305	03	METFORMIN TAB 850MG	Y	01	0			0			0		No
7024	70010169305	03	CYANOCOBALAM INJ 1000MCG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	60505025701	03	POT CITRA ER TAB 10MEQ	Y	02	0			0			0		No
7024	43547039308	03	LOSARTAN POT TAB 25MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	71110103305	03	METFORMIN TAB 850MG	Y	01	0			0			0		No
7024	68600048390	03	METOPROL SUC TAB 100MG ER	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0	6	28	0	SA Oncology		0		No
7024	00093731556	03	ANASTROZOLE TAB 1MG	Y	01	0			0			0		No
7024	00832718372	02	INCONTROL MIS GX34MM	N	03	0			0			0		No
7024	27808038501	03	METOPROL SUC TAB 25MG ER	Y	02	0			0			0		No
7024	53238045805	03	CARBIDJ/LEVO TAB 25-250MG	Y	02	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0	Erythropoietins		0		No
7024	08881202033	02	3ML SYRINGE MIS 18GX1"	N	03	0			0			0		No
7024	16714095501	01	FLUCONAZOLE SUS 10MG/ML	Y	02	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	62756375868	03	DIVALPROEX TAB 500MG DR	Y	01	0			0			0		No
7024	16252051501	03	CIPROFLOXACIN TAB 500MG	Y	01	0			0			0		No
7024	00093731556	03	ANASTROZOLE TAB 1MG	Y	01	0			0			0		No
7024	69260305930	02	1ML SYRINGE MIS 26GX1/2"	N	03	0			0			0		No
7024	00143495901	03	VALPROIC ACID SOL 250/5ML	Y	02	0			0			0		No
7024	42291049159	03	PREDNISONE TAB 20/5MG	Y	02	1	150	30	1	Interstitial Lung Disease		0		No
7024	00378410591	03	ABACAVIR TAB 300MG	Y	02	1	60	30	0			0		No
7024	00093731556	03	ANASTROZOLE TAB 1MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00832721101	03	3ML SYRINGE MIS 21GX1.5"	N	03	0			0			0		No
7024	00591034701	03	HYDROCHLOROT CAP 12.5MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00378395001	03	EASY COMFORT MIS 31GX5/16	N	03	0			0			0		No
7024	53037049405	01	EASY COMFORT MIS 0.5X13	N	03	1	180	30	0			0		No
7024	00904520561	03	AMOXIL CLAV SUS 200/5ML	Y	02	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00406890101	03	AMPHETAMINE/DEXTR TAB 5MG	Y	01	1	60	30	0			0		No
7024	16729014116	03	CLOZAPINE TAB 25MG	Y	01	1	90	30	0			0		No
7024	65862046465	03	VENLAFAXINE TAB 25MG	Y	01	1	90	30	0			0		No
7024	60404012350	03	GLIMEPIRIDE TAB 1MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG/5ML	Y	01	0	600	30	0			0		No
7024	30530314701	01	ULTRA THIN MIS 30G	N	03	0			0			0		No
7024	00172571520	03	ADVAIR HFA AER 45/21	M	03	1	12	30	0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00245031301	03	XOSPATA TAB 120MG	Y	02	0			0			0		No
7024	23521045001	03	HEPARIN SOD INJ 1000/ML	Y	02	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0	30	30	0	SA Oncology		0		No
7024	60505016320	03	POT CITRA ER TAB 10MEQ	Y	02	0			0			0		No
7024	00168035003	01	INSULIN SYRG MIS 0.5/30G	N	03	0			0			0		No
7024	00591034701	03	HYDROCHLOROT CAP 12.5MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00781557401	03	ATORVASTATIN TAB 10MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50MG	Y	01	0			0			0		No
7024	00093731556	03	ANASTROZOLE TAB 1MG	Y	01	0			0			0		No
7024	00378180501	03	METOPROLOL TAB 50

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7024 39573043802	03	LOXAPINE CAP 25MG	LOXAPINE	Y	02	0			0				0		No 1st Generation(Typical)
7024 00378585202	03	LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HYDROCHLORIDE	Y	02	0			0				0		Yes Bronchodilators, Sympathomimetic
7024 10714037201	03	PROGESTERONE CAP 100MG	PROGESTERONE	Y	01	0			0				0		No Progestins
7024 00904581761	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0	30	30	0				0		No Antihyperlipidemic, Other
7024 13668001494	03	FINASTERIDE TAB 5MG	FINASTERIDE	Y	01	0			0				0		
7024 23359001204	03	MAGNESIUM SULFATE/DEXTROSE 5%-50MG/ML-5% IV SOLP	LIDOCAINE-MAGNESIUM	Y	01	0	60	30	0				0		No Proton Pump Inhibitors
7024 81313083716	01	EQ NICOTINE LOZ 2MG MINT	EQ NICOTINE POLACRILEX	Y	02	0			0				0		No Smoking Cessation Agents
7024 00904581761	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		No Antihyperlipidemic, Other
7024 42571031301	03	CLOBAZAM TAB 10MG	CLOBAZAM	Y	02	0			0				0		
7024 62126339106	03	ENALAPRIL TAB 10MG	ENALAPRIL MALEATE	Y	01	0			0				0		No Angiotensin-converting Enzyme (ACE) Inhibitors
7024 00904581761	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0	30	30	0				0		No Gamma-aminobutyric Acid (GABA) Modulating Agents
7024 23359004961	01	INSULIN SYRG MIS 1ML/29G	TRUEPLUS INSULIN SYRINGE,U-100,1ML,29G X 1/2"	N	03	0			0				0		No Insulins
7024 00781697301	03	DESIPRAMINE TAB 50MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		No Tricyclics
7024 00406051705	03	OXYCODONE CAP 30MG	OXYCODONE	Y	02	1	60	30	0	Opioids ER			0		No Gamma-aminobutyric Acid (GABA) Modulating Agents
7024 10139340505	03	GABAPENTIN CAP 300MG	GABAPENTIN	Y	01	0			0				0		No Anticonvulsants, Other
7024 67457083202	03	HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM	Y	02	0			0				0		No Anticoagulants
7024 72089002305	03	LAMOTRIGINE TAB 25MG	LAMOTRIGINE	Y	01	0			0				0		No Anticonvulsants, Other
7024 67701042429	01	PEN NEEDLE MIS 32GX8MM	GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLES/32GX8MM	N	03	0			0				0		No Insulins
7024 00904581761	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM/EPA/MCA/PDNE	Y	01	0			0				0		No Antihyperlipidemic, Other
7024 00118405001	03	LACTULOSE SOL 10GM/15	LACTULOSE	Y	02	0			0				0		No Anti-Constipation Agents
7024 24068079101	03	BUSPIRONE TAB 5MG	BUSPIRONE HYDROCHLORIDE	Y	01	0			0				0		No Anxiolytics
7024 00904581761	03	ATORVASTATIN TAB 10MG DR	ATORVASTATIN CALCIUM	Y	01	0	454	30	0				0		No Antihyperlipidemic, Other
7024 08074535833	02	PEN NEEDLES MIS 31GX8MM	QC PEN NEEDLES 31G X 8 MM	N	03	0			0				0		No Insulins
7024 65862058795	03	MONTELUKAST CHW 4MG	MONTELUKAST SODIUM	Y	01	0			0				0		No Antileukotrienes
7024 00904581761	03	ATORVASTATIN TAB 10MG DR	ATORVASTATIN CALCIUM	Y	01	0			0				0		No Antihyperlipidemic, Other
7024 62559053305	03	VANCOMYCIN SOL 250/5ML	VANCOMYCIN HYDROCHLORIDE	Y	02	0			0				0		No Antibacterials, Other
7024 42291949430	03	MIRTAZAPINE TAB 7.5MG	MIRTAZAPINE	Y	02	1	30	30	0				0		No Antidepressants, Other
7024 62126339101	03	ALLOPURINOL TAB 100MG	ALLOPURINOL	Y	02	0			0				0		No Antigout Agents
7024 00115175306	03	ACITRETIN CAP 25MG	ACITRETIN	Y	02	0			0				0		No Anti-Acne Rosacea Agents
7024 00904581761	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		No Antihyperlipidemic, HMG CoA Reductase Inhibitors
7024 96593013007	03	INSULIN SYRG MIS 0.5CC	CLEVER CHOICE COMFORT EZ INSULIN SYRINGE,0.5ML,29G X 1/2"	Y	03	0			0				0		No Insulins
7024 00934033725	03	DISULFIRAM TAB 500MG	DISULFIRAM	Y	02	0			0				0		No Alcohol Deterrents/ Anti-craving
7024 00904581761	03	ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM	Y	01	0	60	30	0				0		No Opioid Dependence
7024 68382819101	02	ULTILET MIS 28G	ULTILET CLASSIC LANCETS	N	03	0			0				0		No
7024 10702010201	03	METHYLPHENID TAB 20MG	METHYLPHENIDATE HYDROCHLORIDE	Y	02	1	90	30	0				0		No Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 00904581761	03	ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		No Antihyperlipidemic, Anti-inflammatory Drugs
7024 33342481501	03	NYSTATIN CRE 100000U	NYSTATIN	Y	02	0			0				0		No Antifungals
7024 16728001801	03	MYCOPHENOLATE TAB 500MG	MYCOPHENOLATE MOFETIL	Y	02	0			0				0		Yes Immunosuppressants
7024 00406051801	03	LISDEXAMFETA CAP 50MG	LISDEXAMFETAMINE DIMESYLATE	Y	02	1	30	30	0				0		No Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024 00904581761	03	ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM/EPA/MCA/PDNE	Y	01	0			0				0		No Antihyperlipidemic, Other
7024 43547006890	03	TADALAFIL TAB 5MG	TADALAFIL	Y	01	2	30	30	0				0		No Erectile Dysfunction Agents
7024 42636072203	03	CELECOXIB CAP 200MG	CELECOXIB	Y	02	0			0				0		No Nonsteroidal anti-inflammatory Drugs
7024 41403131801	03	INSULIN SYRG MIS 1ML/31G	GLUCORO INSULIN SYRINGE,U-100/1ML/31G X 5/16"	N	03	0			0				0		No Insulins
7024 00781697301	03	DESIPRAMINE TAB 150MG	DESIPRAMINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	Y	02	0	21	28	0	SA Oncology			0		No Antiangiogenic Agents
7024 00904581761	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 75MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0	12	90	0				0		
7024 00904581761	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 100MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 150MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG DR	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 25MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG DR	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 50MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG DR	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 75MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG DR	ATORVASTATIN CALCIUM	Y	01	0			0				0		
7024 00781697301	03	DESIPRAMINE TAB 100MG	DESIPRAMINE HYDROCHLORIDE	Y	02	0			0				0		
7024 00904581761	03	ATORVASTATIN TAB 80MG DR

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7024 73017989804	03	QUICK TOUCH 6MS 32GAx8MM	QUICK TOUCH INSULIN PEN NEEDLE 32GAx8MM	N	03	0			0				0	No	Insulins
7024 24298320523	03	TOBRADEX/DME SUS 0.3-0.1%	TOBRAMYCIN/DEXAMETHASONE	Y	02	0			0				0	No	Ophthalmic Agents, Other
7024 53601044491	03	VALSARTAN/HCTZ 320-25MG	VALSARTAN/CLOTHIAZIDE/POTASSIUM CHLORIDE	Y	02	0			0				0	No	Anti-cytomegalovirus (CMV) Agents
7024 24298320523	03	TOBRADEX/DME SUS 0.3-0.1%	TOBRAMYCIN/DEXAMETHASONE/BENZALKONIUM CHLORIDE/EDTA	Y	02	0			0				0	No	
7024 53210314691	03	NUVARING 9MG	NUVARING	O	02	0			0				0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 42806331005	03	DOXYCYC HYC TAB 100MG	DOXYCYCLINE HYCLATE	Y	01	0			0				0	No	Tetracyclines
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	1	30	30	0	PAH			0	No	Antihypertensives
7024 43063055003	03	ESTRAMUSTINE TAB 10-140MG	ESTRAMUSTINE/ESTRIOL	N	02	1	3	28	1				0	No	Dyslipidemics, Other
7024 00603241732	03	BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE	Y	01	0			0				0	No	Antiparkinson Agents, Other
7024 00781207401	03	ONDANSETRON HCL 4MG/2ML	ONDANSETRON HCL/PF/PRES.PRSVD 4MG/2ML (0.2%) X 6MM	N	02	1	2	28	1				0	No	Antiemetics
7024 64882667836	03	PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM	Y	01	1	60	30	0				0	No	Proton Pump Inhibitors
7024 62120316941	03	ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE	Y	01	0			0				0	No	Bronchodilators, Sympathomimetic
7024 51672020201	03	CARBAMAZEPINE TAB 200MG	CARBAMAZEPINE HYDROCHLORIDE	Y	02	0			0				0	No	Sodium Channel Agents
7024 63010328693	03	FENOFIBRATE TAB 54MG	FENOFIBRATE	Y	02	0			0				0	No	Dyslipidemics, Fibric Acid Derivatives
7024 72603525201	03	OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE	Y	02	0			0				0	No	Sodium Channel Agents
7024 16714005301	03	VENLAFAXINE TAB 75MG	VENLAFAXINE HCL	O	01	1	90	30	0				0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024 10120308601	03	NADOLOL TAB 80MG	NADOLOL	Y	02	0			0				0	No	Beta-adrenergic Blocking Agents
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	0			0				0	No	Antihypertensives
7024 63030315231	03	CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE	Y	02	0			0				0	No	Sodium Channel Agents
7024 00378347401	03	DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM	Y	02	0			0				0	No	Nonsteroidal Anti-inflammatory Drugs
7024 00781207401	03	ONDANSETRON HCL 4MG/2ML	ONDANSETRON HCL	N	02	1	2	28	1				0	No	5-Hydroxytryptamine-3 (5HT3) Receptor Antagonist Inhibitors
7024 16714005153	03	CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HYDROCHLORIDE	Y	02	0			0				0	No	Tricyclics
7024 69180399981	03	FLUOXETINE TAB 20MG	FLUOXETINE HYDROCHLORIDE	Y	02	1	120	30	0				0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	0			0				0	No	Antihypertensives
7024 16714017301	03	ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM	Y	01	0			0				0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 08496301501	02	INSULIN SYRG MIS 1ML/30G	EASY TOUCH INSULIN SYRINGE(U-100/1ML/30G X 1/2"	N	03	0			0				0	No	Insulins
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	1	30	30	0				0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 70377000314	03	SIMVASTATIN TAB 80MG	SIMVASTATIN	Y	01	0			0				0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	1	30	30	0				0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 08496319301	03	NEEDLES MIS 31GX1"	EASY TOUCH FLIPLOK NEEDLES 31GX1"	N	03	0			0				0	No	
7024 72868003500	03	CARVEDILOL TAB 6.25MG	CARVEDILOL	Y	01	0			0				0	No	
7024 63030315231	03	CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE	Y	02	0			0				0	No	Sodium Channel Agents
7024 62791693831	03	CAPTOPRIL TAB 100MG	CAPTOPRIL	Y	02	0			0				0	No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024 44520045320	03	TINIDAZOLE TAB 500MG	TINIDAZOLE	Y	02	0			0				0	No	Antibacterials, Other
7024 00603241732	03	CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE MEDICHOMALHYDROCHLOROTHIAZIDE	Y	02	0			0				0	No	Sodium Channel Agents
7024 71555015201	03	CIMACALCET TAB 30MG	CIMACALCET HYDROCHLORIDE	Y	02	0			0				0	No	Metabolic Bone Disease Agents
7024 33342640501	03	LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM	Y	01	0			0				0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 61314033784	03	ADALIMU-AZAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ	N	03	1	8	28	1	Biologic Immunomodulators			0	No	Immunosuppressants
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	0			0	Retinoids			0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 70700111884	03	VIENVA TAB 0.1-20	VIENVA	Y	02	0			0				0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7024 70438161832	03	DILTIAZEM CAP 240MG ER	DILTIAZEM HYDROCHLORIDE ER	Y	02	0			0				0	No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 63304072165	03	DILTIAZEM CAP 300MG ER	DILTIAZEM HYDROCHLORIDE ER	Y	01	0			0				0	No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	0			0				0	No	Antihypertensives
7024 31722024603	03	ONDANSETRON TAB 8MG	ONDANSETRON HCL/DEXAMETHASONE/FOSAPREPITANT/NACL HYDROCHLORIDE ER	Y	02	0			0				0	No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024 70710151306	03	FONDAPARINUX INJ 10-4ML	FONDAPARINUX SODIUM	Y	02	2	12	90	0				0	No	Anticoagulants
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	0			0				0	No	
7024 50730120701	03	CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL	Y	02	0			0				0	No	Tricyclics
7024 67677025205	03	CEPHALEXIN CAP 750MG	CEPHALEXIN	Y	02	0			0				0	No	Beta-lactam, Cephalosporins
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	0			0				0	No	Antihypertensives
7024 16729004127	03	LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM	Y	01	0			0				0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024 52589914111	91	HN NICOTINE DIS 21MG/24H	HN NICOTINE TRANSDERMAL SYSTEM STEP 1	N	02	0			0				0	No	
7024 71089463580	03	HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM	Y	02	0			0				0	No	Anticoagulants
7024 00904629725	03	FUROSEMIDE TAB 20MG	FUROSEMIDE	Y	01	0			0				0	No	Diuretics, Loop
7024 00603241732	03	CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE	Y	02	0			0				0	No	Sodium Channel Agents, Other
7024 53617025410	03	METOPROL TAR TAB 100MG	METOPROLOL TARTRATE	Y	01	0			0				0	No	Beta-adrenergic Blocking Agents
7024 70510552305	03	POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE ER	Y	01	0			0				0	No	Electrolyte/Mineral Replacement
7024 08496301501	03	INSULIN SYRG MIS 1ML/30G	EASY TOUCH INSULIN SYRINGE(U-100/1ML/30G X 1/2"	N	03	0			0				0	No	
7024 53008412701	03	GABAPENTIN TAB 100MG	GABAPENTIN	N	02	0			0				0	No	Vaccines
7024 60505225603	03	MODAFINIL TAB 100MG	MODAFINIL	Y	02	0			0				0	No	Wakefulness Promoting Agents
7024 00378180501	03	DICLOFENAC SOD TAB 75MG	DICLOFENAC SODIUM	Y	01	0			0				0	No	2nd Generation/Atypical
7024 08475043301	02	COMFORTTOUCH 30G LANCET	UNILET COMFORTOUCH LANCET	O	03	0			0				0	No	
7024 55250329111	03	CHEMET CAP 100MG	CHEMET	N	03	0			0				0	No	Electrolyte/Mineral/Metal Modifiers
7024 67677025805	03	ESTRAMUSTIN TAB 10-140MG	ESTRAMUSTINE/ESTRIOL	N	02	0			0				0	No	Dyslipidemics, Other
7024 49492022306	03	NITRO-TIME CAP 6MG ER	NITROGLYCERIN	N	04	0			0				0	No	
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HCL	Y	02	0			0				0	No	
7024 53111007302	03	FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM	Y	02	2	12	90	0				0	No	Anticoagulants
7024 72660319405	03	POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE ER	Y	01	0			0				0	No	Electrolyte/Mineral Replacement
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	1	30	30	0				0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7024 62332405303	03	CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE	O	02	1	210	28	0				0	No	Dermatitis and Pruritus Agents
7024 83301050901	03	CELECOXIB CAP 50MG	CELECOXIB	Y	01	0			0				0	No	Nonsteroidal Anti-inflammatory Drugs
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL	Y	02	0			0				0	No	Antihypertensives
7024 68839065801	03	PHENYTOIN SUS 125/5ML	PHENYTOIN	Y	01	0			0				0	No	Sodium Channel Agents, Other
7024 62539083935	03	VANCOMYCIN SOL 20G/5ML	VANCOMYCIN HYDROCHLORIDE	Y	02	0			0				0	No	Antibacterials, Other
7024 64882655305	03	LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	02	0			0				0	No	Anticonvulsants, Other
7024 00190333307	03	ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL	N	02	1	60	30	0				0	No	2nd Generation/Atypical
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE LANCING DEVICE	Y	02	0			0				0	No	
7024 68839065801	03	DILTIAZEM CAP 180MG ER	DILTIAZEM HCL ER	Y	01	0			0				0	No	Calcium Channel Blocking Agents, Nondihydropyridines
7024 03902858960	03	PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE	Y	01	0			0				0	No	Dopamine Agonists
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	0			0				0	No	Dyslipidemics, Other
7024 49492022306	03	NITRO-TIME CAP 6MG ER	NITROGLYCERIN	N	04	0			0				0	No	
7024 00603241732	03	CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE	Y	02	0			0				0	No	
7024 00781206801	03	DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	Y	02	0			0				0	No	
7024 00904675361	03	METHYLPHEN ER 72MG	METHYLPHENIDATE HCL

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7024	69582035501	03	CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE ER	Y	02	0			0								No	Sodium Channel Agents
7024	69516320401	03	PROPILNINE INJ 02G/5ML	PROPILNINE	N	03	0			0	Hemophilia IX							No	
7024	69501025301	03	ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN	Y	02	2	12	30	0								No	Serotonin (5-HT) Receptor Agonist
7024	69516320401	03	PROPILNINE INJ 02G/5ML-DR	PROPILNINE DR	N	03	0			0	Antifungals							No	Antifungals
7024	63629147991	03	SEVELAN CARB FOW 3.4GM	SEVELAMER CARBONATE	Y	02	0			0								No	Phosphate Binders
7024	16714004501	03	VENLAFAXINE CAP 150MG ER	VENLAFAXINE HYDROCLORIDE ER	Y	01	1	30	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	68084032401	03	NEXIUM PAK 40MG	ESOMEPRAZOLE	Y	01	2	28	30	0	GLP-1							No	Proton Pump Inhibitors
7024	67877033200	03	NIZAVILOL TAB 5MG	NEBIVOLOL HYDROCLORIDE	Y	01	1			0								No	Beta-adrenergic Blocking Agents
7024	51662088603	03	ERRIN TAB 0.35MG	ERRIN	Y	01	0			0								No	Progestins
7024	00093315401	01	NORTRIPTYLINE CAP 10MG	NORTRIPTYLINE	Y	01	1	120	30	0								No	Tricyclics
7024	67701041304	01	GNP NICOTINE LOZ 4MG MINT	GNP NICOTINE POLACRILEX	N	02	0			0								No	
7024	41163091807	03	ASPIRIN LOW CHW 81MG	EQL ASPIRIN LOW DOSE	Y	01	0			0								No	
7024	00591055301	03	TRAMADOL HCL TAB 50MG	TRAMADOL HYDROCHLORIDE	Y	01	2	60	30	0								No	Opioid Analgesics, Long-acting
7024	63629038203	03	LANCETS MIS 28G	PRECISION THIN GP LANCET	N	03	0			0								No	
7024	71858012005	03	TIROSINT-SOL SOL 75MCG/ML	TIROSINT-SOL	N	04	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	63629051405	03	PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL	Y	01	0			0								No	Antidiabetic Agents
7024	72888017246	03	LITHIUM SOL 8MEQ/5ML	LITHIUM	Y	02	0			0								No	Mood Stabilizers
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	69460053583	03	CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE	Y	02	1	210	28	0								No	Dermatitis and Pruritus Agents
7024	47335381446	03	BUDESONIDE SUS 0.25MG/2	BUDESONIDE	Y	02	0			0								Yes	Anti-inflammatories, Inhaled Corticosteroids
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	2	56	28	3	SA Oncology							No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	57237025301	03	MONTELUKAST TAB 10MG	MONTELUKAST SODIUM	Y	01	0			0								No	Antileukotrienes
7024	00531088910	01	AEROHAIR PLS MIS INTERMED	AEROCHAMBER PLUS FLOW-VU INTERMEDIATE MASK	N	03	0			0								No	
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHYROXINE SODIUM	Y	01	0			0								No	Amiodarics
7024	73826013801	03	RIVASTIGMINE CAP 9MG	RIVASTIGMINE TARTRATE	Y	01	0			0								No	Cholinesterase Inhibitors
7024	69962051190	03	SERTRALINE TAB 25MG	SERTRALINE HYDROCHLORIDE	Y	01	1	30	30	0								No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7024	16714057802	03	ALLOPURINOL TAB 100MG	ALLOPURINOL	Y	01	1	120	30	0								No	Antigout Agents
7024	42384073201	02	BUPROPION TAB 150MG SR	BUPROPION HYDROCHLORIDE ER (SR)	Y	01	1	60	30	0								No	Antidepressants, Other
7024	00409488401	03	EPINEPHRINE INJ 1:1000	EPINEPHRINE/NACL(ISO)-ADRENALIN SYRINGE 1MG/250ML	N	03	0			0								No	
7024	49281024658	03	INOVAX RABIES INJ 2.5ML	INOVAX RABIES (H-D-C) 1	N	03	0			0								Yes	Vaccines
7024	16714068401	03	ASADPYRIDA CAP 25-200MG	ASPIRIN/DIPYRIDAMOLE ER	Y	02	0			0								No	Platelet Modifying Agents
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	Hormonals
7024	62656051910	03	ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM	Y	01	0			0								No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	59746350912	03	CLONIDINE TAB 2MG ODT	CLONIDINE ODT	Y	02	1	30	30	0								No	2nd Generation/Atypical
7024	00781550001	03	ALOSETRON TAB 1MG	ALOSETRON	Y	02	0			0								No	Anti-Diarrheal Agents
7024	69054039613	03	ALOSETRON TAB 1MG	ALOSETRON HYDROCLORIDE	Y	02	0			0								No	Anti-Diarrheal Agents
7024	70436016202	03	IBUPROFEN TAB 800MG	IBUPROFEN	Y	01	0			0								No	Nonsteroidal Anti-Inflammatory Drugs
7024	31722015801	03	AMPHETAMINE-DEXTROAMPHETAMINE	AMPHETAMINE/DEXTROAMPHETAMINE	Y	02	1	60	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024	00591055301	03	TRAMADOL HCL TAB 50MG	TRAMADOL HYDROCHLORIDE	Y	01	0			0								No	Opioid Analgesics, Long-acting
7024	70956031101	03	POLYMYXIN B SOL 10MG/ML	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	Y	01	0			0								No	Ophthalmic Anti-Infectives
7024	00121101501	03	BUPRENORPHIN SUB 2MG	BUPRENORPHINE HYDROCHLORIDE	Y	02	1	6	90	0								No	Opioid Dependence
7024	42571022830	03	AMLOD/OLMESA TAB 10-40MG	AMLODIPINE/OLMESARTAN MEDOXOMIL	Y	02	0			0								No	Cardiovascular Agents, Other
7024	42571022830	03	AMLOD/OLMESA TAB 10-40MG	AMLODIPINE/OLMESARTAN	Y	02	0			0								No	
7024	42385049493	03	METFORMIN TAB 1000MG	METFORMIN HYDROCHLORIDE	Y	01	0			0								No	Antidiabetic Agents
7024	00214053533	03	QC LANCETS MIS 28G	QC LANCETS ULTRA THIN	N	03	0			0								No	
7024	00781550001	03	ALOSETRON TAB 1MG	ALOSETRON HYDROCLORIDE	Y	02	0			0								No	Anti-Diarrheal Agents
7024	42384073201	03	BUPROPION TAB 200MG SR	BUPROPION HYDROCHLORIDE ER (SR)	Y	01	1	60	30	0								No	Antidepressants, Other
7024	73502000110	03	PREDNISPIRO SUS 15MG/ML	PREDNISPIRO	N	03	0			0								Yes	Vaccines
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	1	60	30	3								No	Hormonal Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRT
7024	63295085001	03	CEFPROZIL SUS 125MG	CEFPROZIL	Y	02	0			0								No	Beta-lactam, Cephalosporins
7024	69460028210	03	ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM	Y	01	0			0								No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	13615027110	03	PHENOBARB TAB 64.8MG	PHENOBARBITAL	Y	01	0			0								No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG	PROPRANOLOL HYDROCLORIDE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG	PROPRANOLOL HYDROCHLORIDE	Y	01	0			0								No	Antiarrhythmics
7024	60505039139	03	ONDENTRAV TAB MONTH 1	ONDANSETRON TITRATION KIT MONTH 1	Y	04	2	168	180	0	PAH							No	Pulmonary Antihypertensives
7024	13668018200	03	ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM	Y	01	0			0								No	Dyslipidemics, HMG CoA Reductase Inhibitors
7024	62135047830	03	ONDANSETRON TAB 8MG	ONDANSETRON HYDROCHLORIDE	Y	01	1	60	30	0								No	Serotonin (5-HT) Receptor Antagonists/ Antiemetic Modulating Agents
7024	62135078350	03	VERAPAMIL TAB 40MG	VERAPAMIL HYDROCHLORIDE	Y	01	0			0								No	Calcium Channel Blocking Agents, Nondihydropyridines
7024	00591075501	03	DICYCLOMINE TAB 20MG	DICYCLOMINE HYDROCHLORIDE	Y	01	0			0								No	Antispasmodics, Gastrointestinal
7024	00603048221	03	PROPRANOLOL TAB 10MG	PROPRANOLOL HYDROCHLORIDE	Y	01	1	180	30	0								No	Beta-adrenergic Blocking Agents
7024	00574652413	03	SYNTHROID TAB 100MCG	SYNTHROID	Y	01	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	72888003301	03	METOLAZONE TAB 5MG	METOLAZONE	Y	02	0			0								No	Diuretics, Thiazide
7024	69238052599	03	HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE	Y	01	0			0								No	Diuretics, Thiazide
7024	70700331525	03	MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE	Y	01	0			0								No	Progestins
7024	00603048221	03	PROPRANOLOL TAB 10MG ER	PROPRANOLOL SODIUM	Y	01	2	24	90	0								No	Beta-adrenergic Blockers
7024	52746372319	03	FELBAMATE TAB 600MG	FELBAMATE	Y	02	0			0								No	Anticonvulsants, Other
7024	41163041508	01	EQL LANCETS MIS THIN 33G	EQL SUPER THIN LANCETS 33G	N	03	0			0								No	
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	
7024	57237078701	03	ONDANSETRON TAB 8MG ODT	ONDANSETRON ODT	Y	01	2	21	30	0								No	Serotonin (5-HT) Receptor Antagonists/ Antiemetic Modulating Agents
7024	62332034805	03	ACYCLOVIR CRE 5%	ACYCLOVIR	Y	02	0			0								No	Antiherpetic Agents
7024	00591075501	03	DICYCLOMINE TAB 20MG	DICYCLOMINE HYDROCHLORIDE DIMEXYLATE	Y	01	0			0								No	Antispasmodics, Gastrointestinal
7024	00093074401	03	ENDOMARIN INJ 800.0ML	ENDOMARIN SODIUM	Y	02	2	24	90	0								No	Anticoagulants
7024	00378350410	03	METOPROLOL TAB TAB 100MG	METOPROLOL TARTRATE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG ER	PROPRANOLOL SODIUM	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	62332034301	03	METOLAZONE TAB 10MG	METOLAZONE	Y	02	0			0								No	Diuretics, Thiazide
7024	00573044525	03	LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HYDROCHLORIDE	Y	02	0			3								Yes	Bronchodilators, Sympathomimetic
7024	00378180177	03	LEVOTHYROXINE TAB 125MCG	LEVOTHROID	Y	01	0	120	30	0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	00591042401	03	ISOSORBIDE CAP 40MG	ISOSORBIN	Y	02	0			0								No	Acne and Rosacea Agents
7024	72850039802	03	SEVELAM CARB POW 0.8GM	SEVELAMER CARBONATE	Y	02	0			0								No	Phosphate Binders
7024	63630045202	03	NINLARO CAP 4MG	NINLARO	Y	02	1	3	28	1	SA Oncology							No	Molecular Target Inhibitors
7024	13107203301	03	DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE	Y	02	1	60	30	0								No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	
7024	27808035001	03	SYNTHROID TAB 100MCG	SYNTHROID	Y	01	0			0								No	
7024	62756352940	03	CELECOXIB CAP 200MG	CELECOXIB	Y	02	0			0								No	Nonsteroidal Anti-Inflammatory Drugs
7024	62756352940	03	DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE	Y	02	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHYROXINE SODIUM SYRINGE SHORT-U-100/0.3ML(0.5)/31G*5/16	Y	01	0			0								No	Hormonals
7024	10135050704	03	ALENDRONATE TAB 70MG	ALENDRONATE SODIUM	Y	02	0			0								No	Metabolic Bone Disease Agents
7024	43547050706	03	PREGABALIN CAP 50MG	PREGABALIN	Y	01	1	90	30	0								No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7024	00591075501	03	DICYCLOMINE TAB 20MG	DICYCLOMINE HYDROCHLORIDE ER (XL)	Y	01	1	60	30	0								No	Antispasmodics, Gastrointestinal
7024	00480072001	03	KYAXO TAB 60MG	KYAXO	N	03	1	60	30	1	SA Oncology							No	Antiangiogenic
7024	72564012520	03	AYVAKIT TAB 25MG	AYVAKIT	N	03	1	30	30	1	SA Oncology							No	Molecular Target Inhibitors
7024	16571085806	03	SELEGILINE CAP 5MG	SELEGILINE HYDROCHLORIDE	Y	01	0			0								No	Monoamine Oxidase B (MAO-B) Inhibitors
7024	69460016910	03	TOPIRAMATE TAB 25MG	TOPIRAMATE	Y	01	0			0								No	Anticonvulsants, Other
7024	00781550001	03	ALOSETRON TAB 1MG	ALOSETRON HYDROCHLORIDE	Y	02	0			0								No	Anti-Diarrheal Agents
7024	31722075901	03	QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE	Y	01	1	60	30	0								No	2nd Generation/Atypical
7024	51784053310	03	LIZEDY INJ 50MG	LIZEDY	N	04	0			0								No	2nd Generation/Atypical
7024	69460053910	03	LISINOPRIL TAB 5MG	LISINOPRIL DIHYDRATE	Y	01	0			0								No	Angiotensin-converting Enzyme (ACE) Inhibitors
7024	00409488401	03	EPINEPHRINE SOL 1MG/ML	EPINEPHRINE	N	03	0			0								No	
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	00591055301	03	TRAMADOL HCL TAB 50MG	TRAMADOL HYDROCHLORIDE	Y	01	0			0								No	Opioid Analgesics, Long-acting
7024	00781550001	03	ALOSETRON TAB 1MG	ALOSETRON HYDROCLORIDE	Y	02	0			0								No	Anti-Diarrheal Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG	PROPRANOLOL HYDROCHLORIDE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG ER	PROPRANOLOL HYDROCHLORIDE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	00603048221	03	PROPRANOLOL TAB 10MG ER	PROPRANOLOL HYDROCHLORIDE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	13668041405	03	CELECOXIB CAP 200MG	CELECOXIB	Y	01	0			0								No	Nonsteroidal Anti-Inflammatory Drugs
7024	29141812801	01	GENTLE-LET MIS PLATFORM	GENTLE-LET PLATFORMS 33MM	N	03	0			0								No	
7024	00378350410	03	METOPROLOL TAB TAB 100MG	METOPROLOL TARTRATE	Y	01	1	30	30	0	Thrombopoietin Receptor Agonists and Tavalisse							No	Blood Products and Modifiers, Other
7024	10635302905	03	MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE ER	Y	04	1	60	30	1	Opioids ER							No	Opioid Analgesics, Long-acting
7024	08881529907	03	29ML SYRINGE MIS LUER LOK	MONOJECT SYRINGE/LUER LOCK/29ML	N	03	0			0								No	
7024	69360304705	03	BENZONATATE CAP 100MG	BENZONATATE	Y	01	0			0								No	
7024	72002005200	03	EUTHYROX TAB 50MCG	EUTHYROX	Y	01	0			0								No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7024	00378180177	03	LEVOTHYROXINE TAB 175MCG	LEVOTHROID	Y	01	0			0								No	Hormonals
7024	62756352940	03	CELECOXIB CAP 200MG	CELECOXIB	Y	02	0			0								No	Nonsteroidal Anti-Inflammatory Drugs
7024	43547022215	03	LEVETIRACETA TAB 500MG	LEVETIRACETAM	Y	01	0			0								No	Anticonvulsants, Other
7024	00378350410	03	METOPROLOL TAB 100MG	METOPROLOL TARTRATE	Y	01	0			0								No	Beta-adrenergic Blocking Agents
7024	62332034301	03	HUMALOG KWIK INJ 100/ML	HUMALOG KWIKPEN	N	03	1	150	30	0								No	Insulins
7024	62332034512	03	IBUPROFEN TAB 800MG	IBUPROFEN	Y	01	0			0								No	Nonsteroidal Anti-Inflammatory Drugs
7024	00093315401	03	NORTRIPTYLINE CAP 10MG	NORTRIPTYLINE	Y	01	0			0								No	Tricyclics
7024	00409488401	03	EPINEPHRINE INJ 1:1000	EPINEPHRINE SYRINGE/NEEDLE(ISO)-S SYRINGE/NEEDLE(ISO)-S SYRINGE/NEEDLE(ISO)-S

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7534	69020539520	02	PEN NEEDLES MIS 31G/5/16"	ULTICARE MICRO PEN NEEDLES(31G X 5/16"	N	03	0				0					0	No	Insulins
7534	69068071216	03	METHADONE SOL 1MG/5ML	METHADONE HCL	Y	02	1		450	30	0					0	No	Opioid Analgesics, Long-acting
7534	00378499152	03	LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HYDROCHLORIDE	Y	02	0				0					0	Yes	Bronchodilators, Sympathomimetic
7534	00378499252	03	LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HYDROCHLORIDE	Y	02	0				0					0	No	Asthma
7534	58329313350	01	INSULIN SYRG MIS 0.5CC/31	CLEVER CHOICE COMFORT EZ INSULIN SYRINGES 3ML/31G X 5/16"	N	03	0				0					0	No	Insulins
7534	68180582601	03	FYAVOLV TAB 1-5	FYAVOLV	Y	02	0				0					0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7534	00781207001	03	ATOMOXETINE CAP 10MG	ATOMOXETINE HCL	Y	02	0				0					0	No	Antidepressants, Other
7534	09475027291	02	AUTOLET LANC MIS DEVICE	AUTOLET LANCING DEVICE	N	03	0				0					0	No	Antibacterials, Other
7534	70954501950	03	PRAZOSIN HCL CAP 1MG	PRAZOSIN HYDROCHLORIDE	Y	01	0				0					0	No	Alpha-adrenergic Blocking Agents
7534	00904633161	03	DOXAZOSIN MES TAB 1MG	DOXAZOSIN	Y	01	0				0					0	No	Antispasmodics, Urinary
7534	53885001110	03	ONETOUCH DEL MIS PLUS 33G	ONETOUCH DELICA PLUS LANCETS FINE 33G	N	03	0				0					0	No	
7534	24979018995	03	SEVELAMR CARB TAB 800MG	SEVELAMER CARBONATE	Y	02	0				0					0	No	Phosphate Binders
7534	58329313450	03	INSULIN SYRG MIS 0.5CC/30	CLEVER CHOICE INSULIN SYRINGE 1ML/31G X 8MM	N	03	0				0					0	No	Insulins
7534	00093322401	03	NOMAFS TAB 200MG	NOMAFS	N	03	0				0		Antifungals			0	No	Antifungals
7534	59762539902	03	MISOPROSTOL TAB 200MCG	MISOPROSTOL	Y	01	0				0					0	No	Prostacyclins
7534	31722085401	03	METHYLPHENID TAB 30MG ER	METHYLPHENIDATE HYDROCHLORIDE ER	Y	02	1	60	30	0						0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7534	00168028400	03	ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE	Y	02	1	120	30	0						0	No	Dermatitis and Pruritus Agents
7534	00781207201	03	ATOMOXETINE CAP 25MG	STRATTERA	Y	02	0				0		Retinoids			0	No	Attention Deficit Hyperactivity Disorder Agents
7534	62332917283	03	LACOSAMIDE TAB 100MG	LACOSAMIDE	Y	01	0				0					0	No	Sodium Channel Agents
7534	00378402205	03	ESTRADIOL DIS 0.075MG	ESTRADIOL	Y	02	1	8	28	0						0	No	Estrogens
7534	00168028401	03	ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE	Y	02	0				0					0	No	Dermatitis and Pruritus Agents
7534	53837034043	01	PEN NEEDLES MIS 31G/5MM	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	N	03	0				0					0	No	Insulins
7534	63902259199	03	GLANDFINE TAB 2.5MG	GLANDAFINE	Y	01	1	30	30	0						0	No	2nd Generation/Atypical
7534	00904633261	03	DOXAZOSIN MES TAB 2MG	DOXAZOSIN	Y	01	0				0					0	No	Alpha-adrenergic Blocking Agents
7534	00548500105	03	ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM	W	02	2	9	60	3						0	No	Anticoagulant
7534	49884915852	03	EVEROLIMUS TAB 0.25MG	EVEROLIMUS	Y	02	0				0					0	Yes	Immunosuppressants
7534	00214029730	02	UNIFINE PNTP MIS 32G/5/8MM	DRUG MART UNIFINE PENTIP32NG X 12MM	N	03	0				0					0	No	Insulins
7534	53458021010	03	CLONIDINE TAB 0.2MG	CLONIDINE HYDROCHLORIDE	Y	01	0				0					0	No	Alpha-adrenergic Agonists
7534	00781207301	03	ATOMOXETINE CAP 40MG DR	ATOMOXETINE HYDROCHLORIDE DR	Y	02	1	60	30	0						0	No	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7534	42192881701	03	BENZONATATE CAP 100MG	BENZONATATE	Y	01	0				0					0	No	Antitussives
7534	00111078101	03	FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM	Y	02	2	15	90	0						0	No	Anticoagulants
7534	00781207401	03	ATOMOXETINE CAP 60MG	STRATTERA	Y	02	0				0					0	No	Antidepressants, Other
7534	60505107401	03	ESTAZOLAM TAB 2MG	ESTAZOLAM	Y	02	0				0					0	No	Sleep Promoting Agents
7534	67877041890	03	VALSARTAN TAB 320MG	VALSARTAN	Y	01	0				0					0	No	Angiotensin II Receptor Antagonists
7534	00781207501	03	ATOMOXETINE CAP 80MG DR	ATOMOXETINE HYDROCHLORIDE	Y	02	0				0					0	No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7534	63031005401	03	GABAPENTIN CAP 300MG	GABAPENTIN	Y	01	0				0					0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7534	53746359110	03	FOLIC ACID TAB 1MG	FOLIC ACID	Y	01	0				0					0	No	
7534	00378402277	03	ESTRADIOL DIS 0.1MG	ESTRADIOL	Y	02	1	8	28	0						0	No	Estrogens
7534	70710102205	03	ISOTRETINOIN CAP 10MG	ISOTRETINOIN	Y	02	1	30	30	1			VitaK3 Inhibitor			0	No	Acne and Rosacea Agents
7534	69238152403	03	FLUOCINONIDE CRE 0.05%	FLUOCINONIDE	Y	02	1	120	30	0						0	No	Dermatitis and Pruritus Agents
7534	00781207601	03	ATOMOXETINE CAP 100MG	ATOMOXETINE HYDROCHLORIDE	Y	02	0				0					0	No	Antidepressants, Other
7534	63902552201	03	TRAMADOL/APAP TAB 37.5-325	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	Y	01	1	240	30	0						0	No	Opioid Analgesics, Short-acting
7534	72665016701	03	ABACAVIR TAB 300MG	ABACAVIR SULFATE	Y	02	1	60	30	0						0	No	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRT
7534	00781207701	03	ATOMOXETINE CAP 18MG	ATOMOXETINE HCL	Y	02	0				0					0	No	Antidepressants, Other
7534	16714029210	03	METHYLPHENID TAB 36MG	METHYLPHENIDATE HYDROCHLORIDE	Y	01	1	60	30	0						0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7534	00591418090	03	ABIRATERONE TAB 500MG	ABIRATERONE ACETATE	Y	02	1	60	30	1			SA Oncology			0	No	Antiandrogens
7534	00904633361	03	DOXAZOSIN MES TAB 4MG	DOXAZOSIN MESYLATE	Y	01	0				0					0	No	Alpha-adrenergic Blocking Agents
7534	00054652725	03	LITHOBID CARB CAP 300MG	LITHIUM CARBONATE	O	04	0				0					0	No	Mood Stabilizers
7534	00527268243	03	METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE ER	Y	01	0				0					0	No	Beta-adrenergic Blocking Agents
7534	70145023305	03	ACCUTANE CAP 30MG	ACCUTANE	Y	02	0				0					0	No	Acne and Rosacea Agents
7534	69452007295	03	LEVONORGTRL/ETHI TAB 0.15-0.03	LEVONORGESTREL/ETHINYL ESTRADIOL	Y	01	0				0					0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)
7534	00781207810	03	ATOMOXETINE CAP 25MG DR	STRATTERA	Y	02	0				0					0	No	Sodium Channel Agents
7534	58836002258	01	FORA MIS LANCING	FORA LANCING DEVICE	N	03	0				0					0	No	
7534	53762313301	03	AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN	Y	01	0				0					0	No	Macrolides
7534	53837034050	01	PEN NEEDLES MIS 31G/5/16"	TRUE COMFORT PEN NEEDLES 31G X 5/16"	N	03	0				0					0	No	Insulins
7534	63868022501	03	DIGOXIN TAB 0.125MG	DIGOXIN	Y	01	0				0					0	No	Cardiovascular Agents, Other
7534	00527275237	03	AMPHETD/DEXTR CAP 30MG ER	AMPHETAMINE/DEXTROAMPHETAMINE	Y	02	1	30	30	0						0	No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7534	00591418201	03	ABIRATERONE TAB 250MG	ABIRATERONE ACETATE	Y	02	1	120	30	1			Opioids ER			0	No	Antiandrogens
7534	00591037101	03	LOXAPINE CAP 25MG	LOXAPINE SUCCINATE	Y	02	0				0					0	No	1st Generation/Typical
7534	43568039479	03	PREGABALIN CAP 150MG	PREGABALIN	Y	01	1	60	30	0						0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7534	31722085853	03	TOLVAPTAN TAB 15MG	TOLVAPTAN	Y	02	1	30	365	0						0	No	Electrolyte/Mineral Modifiers
7534	69452013701	03	GABAPENTIN TAB 800MG	GABAPENTIN	Y	01	0				0					0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7534	63902552301	03	GABAPENTIN TAB 600MG	GABAPENTIN	Y	01	0				0					0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7534	70616082305	03	GABAPENTIN CAP 400MG	GABAPENTIN	Y	01	0				0					0	No	Gamma-aminobutyric Acid (GABA) Modulating Agents
7534	41220807347	01	CARESONE LANC MIS 30G	CARESONE LANCET SUPER THIN30G	N	03	0				0					0	No	
7534	00378402205	03	ESTRADIOL DIS 0.075MG	ESTRADIOL	Y	02	1	8	28	0						0	No	Estrogens
7534	53238304280	03	ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM	Y	01	0				0					0	No	Electrolyte/Mineral Replacement
7534	73132014101	03	FOLIC ACID TAB 1MG	FOLIC ACID	Y	01	0				0					0	No	
7534	00378402301	03	ESTRADIOL DIS 0.1MG/24HR	ESTRADIOL	Y	02	1	8	28	0						0	No	Phosphodiesterase Inhibitors, Airways Disease
7534	00214083627	02	UNIFINE PLUS MIS 31G/5/16	H-E-B PA CONTROL UNIFINE PENTIPS PLUS 31G/5/16"	N	03	0				0					0	No	Insulins
7534	24089071010	03	PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE	N	04	0				0					0	No	Ophthalmic Anti-inflammatories
7534	00378402377	03	ESTRADIOL DIS 0.1MG	ESTRADIOL	Y	02	1	8	28	0						0	No	Estrogens
7534	44087400084	03	MAVENCLAD PAK 10MG(4)-5(2)	MAVENCLAD	Y	02	0		4	301	0		Multiple Sclerosis			0	No	Multiple Sclerosis Agents
7534	72888013401	03	CLONAZEPAM TAB 2MG	CLONAZEPAM	Y	01	0				0					0	No	Anxiolytics
7534	00487020101	03	IPRATROPIUM SOL ALBUTER	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	Y	02	0				0					0	Yes	Respiratory Tract Agents, Other
7534	29300031116	03	QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE	Y	01	1	60	30	0						0	No	2nd Generation/Atypical
7534	00904633761	03	MECLIZINE TAB 12.5MG	MECLIZINE HYDROCHLORIDE MECHONAL	Y	01	0				0					0	No	Antihistamines, Other
7534	63902259801	03	ESZOPICLONE TAB 3MG	ESZOPICLONE	Y	01	1	30	30	0						0	No	Sleep Promoting Agents
7534	53268035360	03	MISOPROSTOL TAB 200MCG	MISOPROSTOL	Y	01	0				0					0	No	Prostacyclins
7534	00781207910	03	ATOMOXETINE CAP 10MG DR	STRATTERA	Y	02	0		63	28	0		SA Oncology			0	No	Sodium Channel Agents
7534	23155013803	03	ESOMEPRAZ MAG DR 20MG	ESOMEPRAZOLE MAGNESIUM	Y	01	0				0					0	No	Proton Pump Inhibitors
7534	69452035311	03	GRANISETRON TAB 1MG	GRANISETRON HYDROCHLORIDE	Y	02	2	14	30	3						0	Yes	Emetogenic Therapy, Adjuncts
7534	00409422301	03	HEPARIN SOD/PF SYR 5000/5	HEPARIN SODIUM (PORCINE) PF PIGGYBACK NEEDLESS/5 X 5"	Y	02	0		30	30	0		Insulin Pumps			0	No	Anticoagulant
7534	00781207901	03	TACROLIMUS CAP 5MG	TACROLIMUS	Y	02	1	30	30	1						0	Yes	Immunosuppressants
7534	00054652801	03	RETACRIT INJ 2000UNIT	RETACRIT	N	03	0				1		Erythropoietins			0	No	Blood Products and Modifiers, Other
7534	16714039701	03	CEFPROZIL SUS 250/5ML	CEFPROZIL	Y	01	0				0					0	No	Beta-lactam, Cephalosporins
7534	62128377060	03	CLONAZEPAM TAB 1MG	CLONAZEPAM	Y	01	0				0					0	No	Anxiolytics
7534	00904633861	03	DOXAZOSIN MES TAB 8MG	DOXAZOSIN HYDROCHLORIDE	Y	01	0				0					0	No	Alpha-adrenergic Blockers (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine
7534	53746433307	03	ISOTRETINOIN CAP 10MG	ISOTRETINOIN	Y	02	1	30	30	1						0	No	Acne and Rosacea Agents
7534	69302025942	01	INSULIN SYRG MIS 1ML/30G	ULTRA FLO INSULIN SYRINGE 1ML/30GX12"	N	03	0				0					0	No	Insulins
7534	00904633961	03	DOXAZOSIN MES TAB 2MG ER	DOXAZOSIN MESYLATE	Y	01	0				0					0	No	Sodium Channel Agents
7534	00963124502	03	NOCTIVA TD SOL 2149G/1MV	NOCTIVA TRANSDERMAL SYSTEM STEP 1/CLEAR	Y	02	0				0					0	No	
7534	00613285402	03	GENOTROPIN INJ 1.2MG	GENOTROPIN MINIQUICK	N	03	0				1		Growth Hormone			0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)
7534	00378402205	03	ESTRADIOL DIS 0.075MG	ESTRADIOL	Y	02	1	8	28	0						0	No	
7534	72888017210	03	CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN	Y	02	0				0					0	No	
7534	10135082902	03	CAL-C-ACETATE CAP 667MG	CALCIUM ACETATE	Y	02	0				0					0	No	Phosphate Binders
7534	00904633911	03	DOXAZOSIN MES TAB 4MG ER	DOXAZOSIN MESYLATE	Y	01	0				0					0	No	Diuretics, Thiazide
7534	29300032001	03	DONEPEZIL HCL TAB 5MG	DONEPEZIL HYDROCHLORIDE	Y	01	0				0					0	No	Alzheimer's Therapy, Cholinesterase Inhibitors
7534	70436013301	03	POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE ER	Y	01	0				0					0	No	Electrolyte/Mineral Replacement
7534	53746404353	03	RIBAVIRIN TAB 200MG	RIBAVIRIN	Y	02	0				0					0	No	Angiotensin II Receptor Antagonists
7534	00069013601	03	BOSULIF TAB 500MG	BOSULIF	N	03	1	30	30	1			SA Oncology			0	No	Molecular Target Inhibitors
7534	00378402377	03	ESTRADIOL DIS 0.1MG/24HR	ESTRADIOL	Y	02	1	8	28	0						0	No	
7534	67877027501	03	BENZONATATE CAP 200MG	BENZONATATE	Y	01	0				0					0	No	
7534	00930362710	03	LORAZEPAM TAB 2MG	LORAZEPAM	Y	01	0				0					0	No	Anxiolytics
7534	00378402477	03	ESTRADIOL DIS 0.1MG	ESTRADIOL	Y	02	1	28.8	30	0			Acute Migraine Agents			0	No	Antimigraine Agents, Anti-inflammatory Drugs
7534	70436081912	03	HYDROQUIDONE/APAP TAB 5-325MG	HYDROCODONE BITARTRATE/ACETAMINOPHEN	Y	01	1	240	30	0						0	No	Opioid Analgesics, Short-acting
7534	31722013301	03	POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE ER	Y	01	0				0					0	No	Electrolyte/Mineral Replacement
7534	00904633911	03	DOXAZOSIN MES TAB 4MG ER	DOXAZOSIN MESYLATE	Y	01	0				0					0	No	Alpha-adrenergic Blocking Agents
7534	23115012305	03	ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM	Y	01	0				0					0	No	
7534	00915173601	03	METHYLPHENID CAP 10MG CD	METHYLPHENIDATE HYDROCHLORIDE CD	Y	02	1	30	30	0						0	No	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines
7534	43066853402	03	HETLIOZ LQ SUS 4MG/ML	HETLIOZ LQ	N	04	1	105	30	1			Hetlioz			0	No	Melatonin
7534	10728037201	03	AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HYDROCHLORIDE	Y	01	0				0					0	No	Tricyclics
7534	00904633911	03	DOXAZOSIN MES TAB 4MG ER	DOXAZOSIN	Y	01	1	30	30	0						0	No	Antihistamines, Antipsychotic Hypertrophy Agents
7534	60505255201	03	PERPHENAZINE TAB 4MG	PERPHENAZINE	Y	02	0				0					0	No	Antiemetics, Other
7534	12107210821	03	HYDROMORPH/DM TAB 4MG	HYDROMORPHONE HCL	Y	01	1	180	30	0						0	No	Opioid Analgesics, Short-acting
7534	00378402377	03	ESTRADIOL DIS 0.1MG/24HR	ESTRADIOL	Y	02	1	8	28	0			Multiple Sclerosis			0	No	Estrogens
7534	00338073011	02	INSULIN SYRG MIS 0.3CC/31	COMFORT ASSIST INSULIN SYRINGES 0.3ML/31G X 5/16"	N	03	0				0					0	No	Insulins
7534	00469270310	02	DROPLET MICR MIS 34G/5/8	DROPLET PEN NEEDLE(MICRO)34G X 5/8"	N	03	0				0					0	No	Insulins
7534	00781207910	03	ATOMOXETINE CAP 10MG DR	STRATTERA	Y	02	0				0					0	No	
7534	00115048705	03	ASPIRIN CHW 81MG	SOOTHSPRIN ASPIRIN	O	04	0				0					0	No	
7534	69180344001	03	CEPHALEXIN SUS 125MG/5ML	CEPHALEXIN	Y	02	0				0					0	No	Beta-lactam, Cephalosporins
7534	72833027102	03	CALCIMB/ZN/FM TAB 500MG	CALCIMB/ZN/FM	Y	01	0				0					0	No	Sodium Channel Agents
7534	72602022590	03	LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM	Y	01	0				0					0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7534	72602022690	03	LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM	Y	01	0				0					0	No	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)
7534	47781035301	03	LISDEXAMFETA CAP 30MG	LISDEXAMFETAMINE DIMESYLATE	Y	02	1	30	30	0						0	No	Attention Deficit Hyperactivity Disorder Agents, Amphetamines
7534	51079035101	03	PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM	Y	01	1	60	30	0						0	No	Proton Pump Inhibitors
7534	00115048705	03	ASPIRIN CHW 81MG	SOOTHSPRIN ASPIRIN	O	04	0				0					0	No	
7534	52153035204	03	LIDOPIN/EDTA CRE 2.5-2.5%	LIDOCAINE/PRILOCAINE	Y	01	1	60	30	0						0	No	Local Anesthetics
7534	69307015801	03	ACYCLOVIR TAB 800MG	ACYCLOVIR	Y	01	0				0					0	No	Antiviral Agents
7534	00904633761	03	MECLIZINE TAB 25MG	MECLIZINE HCL	Y	01	0		60	30	0					0	No	Antihistamines, Other
7534	68382857201	03	TACROLIMUS CPE 0.1%	TACROLIMUS	Y	02	0				0					0	No	Dermatitis and Pruritus Agents
7534	64868039350	03	DENTA 5000 CRE PLUS	DENTA 5000 PLUS	Y	01	0				0					0	No	
7534	00406055105	03	HYDROCOD/APAP TAB 10-325MG	HYDROCODONE/ACETAMINOPHEN	Y	01	1		360	30	0					0	No	Opioid Analgesics, Short-acting
7534	51552029210	03	PROGESTERONE INJ 50MG/ML	PROGESTERONE	O	02	0				0					0	No	
7534	00378402305	03	ESTRADIOL DIS 0.05MG	ESTRADIOL	Y	02	0				0					0	No	
7534	11116053923	01	PEN NEEDLES MIS 31G/8MM	KROGER PEN NEEDLES 31G X 8MM	N	03	0				0					0	No	Antiinsulins, Other
																	No	Insulins

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7024	63665009923	01	ONETOUCH LIG ULTRA	ONETOUCH ULTRA CONTROL SOLUTION	N	03	0			0			0		No
7024	00245051451	03	SORINE TAB 160MG	SORINE	Y	02	0			0			0		No
7024	23110103490	03	ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM	Y	01	0			0			0		No
7024	00603492221	03	DILTIAZEM HCL TAB 120MG	DILTIAZEM HYDROCHLORIDE	Y	01	0			0			0		No
7024	61314034553	03	BETAHOLOL SOL 0.5% OP	BETAXOLOL HCL	N	02	0			0			0		No
7024	11917016889	01	ASPIRIN LOW TAB 81MG EC	ASPIRIN EC LOW DOSE	Y	01	0			0			0		No
7024	00093315201	03	NORETHIN 1/35E TAB 1-35MG	NORETHINDRONE ACET/ETHINYL ESTRADIOL	Y	02	0			0			0		No
7024	00168822330	03	ACYCLOVIR CRE 5%	ACYCLOVIR	Y	02	0			0			0		No
7024	50053013310	03	RETACRIT INJ 20000U/ML	RETACRIT	N	03	0			1	Erythropoietins		0		No
7024	00591013801	03	METOPROLOL TAR TAB 50MG	METOPROLOL TARTRATE	Y	01	0			0			0		No
7024	71288341201	03	ENDAVARIN INJ 300-240	ENDAVARIN SODIUM	Y	02	0	9	90	0			0		No
7024	00781838902	03	PIRFENIDONE TAB 801MG	PIRFENIDONE	Y	02	1	90	30	1	Interstitial Lung Disease		0		No
7024	00781838901	03	PIRFENIDONE TAB 267MG	PIRFENIDONE	Y	02	1	90	30	1	Multiple Sclerosis		0		No
7024	68180307711	03	CEBELTABRIN CAP 75MG	CEBELTABRIN PYROPHOSPHATE	N	02	1	84	365	5			0		No
7024	00069088807	03	IBRANCE TAB 125MG	IBRANCE	N	03	1	21	28	1	SA Oncology		0		No
7024	00832658153	03	CLINDAYMIC TAB 150MG	CLINDAMYCIN	Y	01	0	30	30	0			0		No
7024	57237512099	03	WARFARIN TAB 2MG	WARFARIN SODIUM	Y	01	0			0			0		No
7024	00409422301	03	CARTEOLOL HCL SOL 1MG/ML	CARTEOLOL HYDROCHLORIDE	Y	01	0			0			0		No
7024	70009201901	03	INS SYRINGE MED-LMR LOC	CARETOUCH LUER LOCK SYRINGE,3ML	N	03	0			0			0		No
7024	70954515530	03	CLONAZ DIPOT TAB 7.5MG	CLONAZEPAM DISPINTOSHAW	Y	02	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN FILM-COATED NEEDLES 5YEARS*10*	Y	01	0			0			0		No
7024	63629107162	03	SPIRONOLACTZ TAB 25/25	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	Y	02	0			0			0		No
7024	43802042337	03	DESONIDE CRE 0.05%	DESONIDE	Y	02	1	120	30	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	00573044005	03	LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE	Y	01	0			0			0		No
7024	82636011801	03	METOPRMN TAB 75MG ER	METOPRMN HYDROCHLORIDE ER	Y	01	1	60	30	0			0		No
7024	61958053501	01	LINEZ ED 4 MIS 28G	LINAZOLIDONE	N	03	0			0			0		No
7024	03111078927	03	SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE	Y	02	0			0			0		No
7024	00591013701	03	METOPROLOL TAR TAB 100MG	METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE	Y	01	0			0			0		No
7024	72231010103	03	KRYDIO PEN 60MG	KRYDIO 60 MG TWICE WEEKLY	N	04	1	24	28	1	SA Oncology		0		No
7024	24336523015	03	N'NHALIZE SOL	N'NHALIZE	N	04	1	1260	21	1	Alternative Dosage Form		0		No
7024	00781838901	03	PIRFENIDONE TAB 801MG	PIRFENIDONE	Y	02	1	90	30	1			0		No
7024	51079038501	03	CRIXIMIS TAB 200-125	CRIXIMIS	N	01	1	120	30	1	QF1B		0		No
7024	10702537301	03	BUTAP/ASA/CAF TAB	BUTALBITAL/ACETAMINOPH/CAFFEINE	Y	01	1	180	30	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG MPH	SIMVASTATIN FILM-COATED	Y	01	0			0			0		No
7024	42182023910	03	NIT TH/ISOS TAB 30MG	NITROGLYCERIN	Y	01	0			0			0		No
7024	00168000946	03	BETAMETH DIP ORN 0.05%	BETAMETHASONE DIPROPIONATE	Y	02	1	135	30	0			0		No
7024	67877014501	03	TRIMZOLFAN CAP 120MG	TRIMZOFAN	Y	01	0			0			0		No
7024	00781838902	03	PIRFENIDONE TAB 267MG	PIRFENIDONE SULFATE	Y	02	0			0			0		No
7024	00069082761	03	GLIPIZIDE TAB 5MG	GLIPIZIDE	Y	01	0			0			0		No
7024	60219234807	03	TRIAMCOL HCL TAB 50MG	TRIAMCOL HYDROCHLORIDE	Y	01	1	240	30	0	SA Oncology		0		No
7024	57804728701	03	METOPRMN TAB 50MG	METOPRMN HYDROCHLORIDE	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN FILM-COATED	Y	01	0			0			0		No
7024	50742017801	03	NORETHIN TAB 1MG-5MG-ID	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	Y	02	0			0			0		No
7024	43547597711	03	ENALAPRIL TAB 10MG	ENALAPRIL MALEATE	Y	01	0			0			0		No
7024	10135038580	03	QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE ER	Y	01	1	60	30	0			0		No
7024	30798509076	01	FOLIC ACID TAB 800MCG	FOLIC ACID	Y	01	0			0			0		No
7024	00781838902	03	PIRFENIDONE TAB 534MG	PIRFENIDONE HYDROCHLORIDE	Y	02	0			0			0		No
7024	51315109883	03	RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE	Y	01	2	18	30	0			0		No
7024	00517037536	03	UNILET LANCT MIS 30G	UNILET LANCETS SUPER-THIN30G	N	03	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	1	2	28	0	GLP-1		0		No
7024	50228017901	03	GABAPENTIN TAB 800MG	GABAPENTIN	Y	01	0			0			0		No
7024	50228018201	03	HYDRALAZINE TAB 10MG	HYDRALAZINE HYDROCHLORIDE	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN FILM-COATED	Y	01	0			0			0		No
7024	62559151401	03	BOSULIF CAP 100MG	BOSULIF	N	03	1	153	30	1	SA Oncology		0		No
7024	16528351801	01	ST JOSEPH TAB-CHW 81MG	ST JOSEPH LOW-DOSE ASPIRIN	Y	01	0			0			0		No
7024	47781035181	03	NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS	Y	01	0			0			0		No
7024	64128313101	03	HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN FILM-COATED	Y	01	0			0			0		No
7024	16714058402	03	SPIRONOLACT TAB 25MG	SPIRONOLACTONE	Y	01	0			0			0		No
7024	31722017901	03	LISINOPRIL TAB 30MG	LISINOPRIL	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	27241650910	03	CAPTOPRIL TAB 12.5MG	CAPTOPRIL	Y	02	0			0			0		No
7024	16571081320	03	CALC ACETATE CAP 667MG	CALCIUM ACETATE	Y	02	0			0			0		No
7024	00781838902	03	PIRFENIDONE TAB 534MG	PIRFENIDONE	Y	02	0			0	Erythropoietins		0		No
7024	16728021816	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0			0			0		No
7024	83008833210	03	DILOXETINE CAP 60MG DR	DULOXETINE HYDROCHLORIDE DR	Y	01	1	60	30	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	86227018501	03	HOLY FAB MIS 18GX1/2	CAREPOINT PRECISION POLY HUB NEEDLE-18GX1"	N	03	0			0			0		No
7024	69460048230	03	DEFERASIROX TAB 250MG	DEFERASIROX	Y	02	0			0			0		No
7024	94636005201	01	EMBRACE LANC MIS 21G	EMBRACE PRESSURE ACTIVATED SAFETY LANCET-21G	N	03	0			0			0		No
7024	63530516800	03	TERIPARATIDE INJ 560/2.24	TERIPARATIDE	Y	02	1	2.24	28	1	Parathyroid Hormone Analog for Osteoporosis		0		No
7024	00409422301	03	CARTEOLOL HCL SOL 1MG/ML	CARTEOLOL HYDROCHLORIDE	Y	01	0			0			0		No
7024	57835871013	01	ULTICARE PEN MED 31G/5MM	ULTICARE PEN NEEDLES 31G X 5.5MM/MM	N	03	0			0			0		No
7024	16729555101	03	BETA-DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED	Y	01	1	200	28	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	00093315201	03	NORETHIN TAB 1MG-5MG-ID	NORETHINDRONE ACET/ETHINYL ESTRADIOL	Y	02	0			0			0		No
7024	51672413201	03	CARBAMAZEPM TAB 200MG	CARBAMAZEPINE	Y	02	0			0			0		No
7024	11917055274	01	NICOTINE POL GUM 4MG STRT	NICOTINE POLACRILEX STARTER KIT	Y	02	0			0			0		No
7024	50458085401	03	RIVOXA SUST INJ 2MG/3	RIVOXA SUSTENNA	N	04	0			0			0		No
7024	59746791831	03	CHLORTHALID TAB 25MG	CHLORTHALIDONE	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN HYDROCHLORIDE	Y	01	0	30	30	0			0		No
7024	72998830931	03	TRIAMCOL HCL TAB 50MG	TRIAMCOL HYDROCHLORIDE	Y	01	1	240	30	0			0		No
7024	69236335918	02	HYPO NEEDLE MIS 18GX1.5"	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	N	03	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	33851004501	03	ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE ER	Y	01	0			0			0		No
7024	75834012305	03	ACYCLOVIR TAB 800MG	ACYCLOVIR	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	16729021816	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0			0			0		No
7024	82008833210	03	DULOXETINE CAP 60MG DR	DULOXETINE HYDROCHLORIDE DR	Y	01	1	60	30	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	86227018501	03	HOLY FAB MIS 18GX1"	CAREPOINT PRECISION POLY HUB NEEDLE-18GX1"	N	03	0			0			0		No
7024	69460048230	03	DEFERASIROX TAB 250MG	DEFERASIROX	Y	02	0			0			0		No
7024	94636005201	01	EMBRACE LANC MIS 21G	EMBRACE PRESSURE ACTIVATED SAFETY LANCET-21G	N	03	0			0			0		No
7024	63530516800	03	TERIPARATIDE INJ 560/2.24	TERIPARATIDE	Y	02	1	2.24	28	1	Parathyroid Hormone Analog for Osteoporosis		0		No
7024	00169085105	03	INSULIN SYRG MIS 0.5CC 31G	INSULIN SYRINGE,0.5 CC MICRO-FINE SYRINGE/LUER LOCK,5/16IN,	N	03	0			0			0		No
7024	57835871013	01	ULTICARE PEN MED 31G/5MM	ULTICARE PEN NEEDLES 31G X 5.5MM/MM	N	03	0			0			0		No
7024	16729555101	03	BETA-DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED	Y	01	1	200	28	0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	00093315201	03	NORETHIN TAB 1MG-5MG-ID	NORETHINDRONE ACET/ETHINYL ESTRADIOL	Y	02	0			0			0		No
7024	51672413201	03	CARBAMAZEPM TAB 200MG	CARBAMAZEPINE	Y	02	0			0			0		No
7024	11917055274	01	NICOTINE POL GUM 4MG STRT	NICOTINE POLACRILEX STARTER KIT	Y	02	0			0			0		No
7024	50458085401	03	RIVOXA SUST INJ 2MG/3	RIVOXA SUSTENNA	N	04	0			0			0		No
7024	59746791831	03	CHLORTHALID TAB 25MG	CHLORTHALIDONE	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN HYDROCHLORIDE	Y	01	0	30	30	0			0		No
7024	72998830931	03	TRIAMCOL HCL TAB 50MG	TRIAMCOL HYDROCHLORIDE	Y	01	1	240	30	0			0		No
7024	69236335918	02	HYPO NEEDLE MIS 18GX1.5"	BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	N	03	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	33851004501	03	ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE ER	Y	01	0			0			0		No
7024	75834012305	03	ACYCLOVIR TAB 800MG	ACYCLOVIR	Y	01	0			0			0		No
7024	00378180501	03	SIMVASTATIN TAB 10MG	SIMVASTATIN	Y	01	0			0			0		No
7024	16728021816	03	CLOPIDOGREL TAB 75MG	CLOPIDOGREL	Y	01	0			0			0		No
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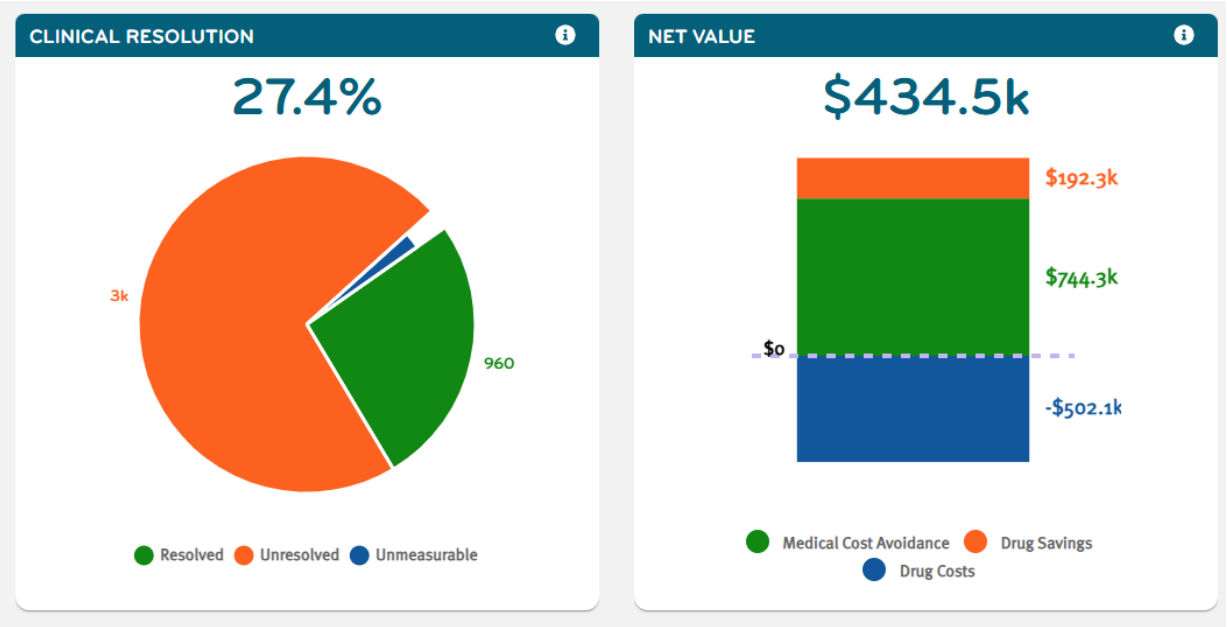
Clinical Outreach – Guided Health



Top Programs by Opportunities Eligible for Final Measure	Opportunities Eligible for Final Measure	Associated Interventions	Clinical Resolution (%)	Resolved Opportunities	Unresolved Opportunities	Medical Cost Avoidance	Drug Savings	Drug Costs	Net Value
Adherence Depression	690	2307	31.0%	213	475	$132,970.70	$20,645.74	$20,193.36	$133,423.08
Adherence Hypertension	626	2168	32.1%	200	423	$231,793.54	$7,009.84	$7,889.96	$230,913.42
Adherence Cholesterol	400	1276	34.8%	139	261	$140,936.03	$845.78	$4,546.08	$137,235.73
Adherence Asthma	305	1055	14.0%	42	259	$9,800.19	$9,530.88	$57,696.98	$(38,365.91)
All Others	1523	3064	24.4%	366	1131	$228,761.56	$154,238.56	$411,749.31	$(28,749.19)
Total	3544	9870	27.4%	960	2549	$744,262.02	$192,270.80	$502,075.69	$434,457.13

Prime THERAPEUTICS™

Network Analysis

State of Nebraska

Open Network

June 25, 2025

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Access Summary By City

June 25, 2025

Access Analysis
Urban - 2 in 5 miles

Member Group
Members - Urban

Pharmacy Group
Open Network

Areas With Access
Top 17 Cities in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Cities in the market, sorted by the number of members without access

Members With and Without Access

Member Group	6,616 members 6,616 (100.0%) members with access 0 (0.0%) members without access	Pharmacy Group	65,103 unique pharmacies at 61,433 unique locations (65,103 total access points)

Key Geographic Areas

	City	Member	Pharmacy		With Access		Without Access		Average Distance		
		#	Group	Standard	#	%	#	%	1	2	3
With Access	Lincoln, NE	4,377	Open Network	2 in 5 miles	4,377	100.0	0	0.0	0.6	0.8	1.0
	Omaha, NE	2,201	Open Network	2 in 5 miles	2,201	100.0	0	0.0	0.8	1.0	1.3
	Sioux City, IA	9	Open Network	2 in 5 miles	9	100.0	0	0.0	0.8	1.3	1.7
	Phoenix, AZ	3	Open Network	2 in 5 miles	3	100.0	0	0.0	0.7	1.3	2.0
	Denver, CO	2	Open Network	2 in 5 miles	2	100.0	0	0.0	0.2	0.3	0.6
	New Orleans, LA	2	Open Network	2 in 5 miles	2	100.0	0	0.0	0.9	1.0	1.3
	Billings, MT	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.3	0.5	0.9
	Bronx, NY	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.3	0.3	0.3
	Chevy Chase, MD	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.8	0.8	0.8
	Cleveland, OH	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.5	1.3	1.4
	College Station, TX	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.5	0.8	1.0
	Columbia, MD	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.5	0.6	0.8
	Columbus, OH	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.0	1.1	1.2
	Euless, TX	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.5	1.6	1.7
	Fort Worth, TX	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.4	1.7	2.5
	Fresno, CA	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.2	1.3	1.4
	Glen Burnie, MD	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.5	0.5	0.5

Without Access	No data that meets the criteria										

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Access Summary By City

June 25, 2025

Access Analysis
Suburban - 2 in 5 miles

Member Group
Members - Suburban

Pharmacy Group
Open Network

Areas With Access
Top 17 Cities in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Cities in the market, sorted by the number of members without access

Members With and Without Access

Member Group	7,942 members 7,899 (99.5%) members with access 43 (0.5%) members without access	Pharmacy Group	65,103 unique pharmacies at 61,433 unique locations (65,103 total access points)

Key Geographic Areas

	City	Member	Pharmacy		With Access		Without Access		Average Distance		
		#	Group	Standard	#	%	#	%	1	2	3
With Access	Lincoln, NE	6,265	Open Network	2 in 5 miles	6,265	100.0	0	0.0	0.9	1.3	1.6
	Omaha, NE	597	Open Network	2 in 5 miles	597	100.0	0	0.0	1.0	1.4	1.6
	Bellevue, NE	499	Open Network	2 in 5 miles	491	98.4	8	1.6	1.1	1.8	2.2
	Papillion, NE	287	Open Network	2 in 5 miles	281	97.9	6	2.1	1.0	1.4	1.9
	La Vista, NE	122	Open Network	2 in 5 miles	122	100.0	0	0.0	0.7	0.9	1.1
	Council Bluffs, IA	85	Open Network	2 in 5 miles	85	100.0	0	0.0	0.9	1.1	1.4
	Carter Lake, IA	16	Open Network	2 in 5 miles	16	100.0	0	0.0	2.9	3.0	3.1
	Sioux City, IA	7	Open Network	2 in 5 miles	7	100.0	0	0.0	0.9	1.3	1.4
	Timnath, CO	5	Open Network	2 in 5 miles	5	100.0	0	0.0	2.7	2.9	3.9
	Sioux Falls, SD	4	Open Network	2 in 5 miles	4	100.0	0	0.0	0.9	1.1	1.6
	St Columbans, NE	3	Open Network	2 in 5 miles	3	100.0	0	0.0	0.4	1.4	1.6
	Shawnee, KS	2	Open Network	2 in 5 miles	2	100.0	0	0.0	0.6	0.7	1.0
	Buford, GA	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.0	1.1	1.7
	Cape Coral, FL	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.2	1.5	1.6
	Chandler, AZ	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.5	1.6	1.7
	Columbus, OH	1	Open Network	2 in 5 miles	1	100.0	0	0.0	0.3	0.4	0.5
	Dublin, OH	1	Open Network	2 in 5 miles	1	100.0	0	0.0	1.0	1.0	1.4
Without Access	Goehner, NE	22	Open Network	2 in 5 miles	0	0.0	22	100.0	9.0	10.5	11.7
	Bellevue, NE	499	Open Network	2 in 5 miles	491	98.4	8	1.6	4.0	5.3	5.5
	Papillion, NE	287	Open Network	2 in 5 miles	281	97.9	6	2.1	4.6	5.3	5.7
	Sprague, NE	6	Open Network	2 in 5 miles	0	0.0	6	100.0	6.4	9.8	10.0
	Lorton, NE	1	Open Network	2 in 5 miles	0	0.0	1	100.0	12.0	12.4	12.6

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Access Summary By City

June 25, 2025

Access Analysis
Rural - 1 in 15 miles

Member Group
Members - Rural

Pharmacy Group
Open Network

Areas With Access
Top 17 Cities in the market, sorted by the number of members with access

Areas Without Access
Bottom 17 Cities in the market, sorted by the number of members without access

Members With and Without Access

Member Group	17,155 members 16,121 (94.0%) members with access 1,034 (6.0%) members without access	Pharmacy Group	65,103 unique pharmacies at 61,433 unique locations (65,103 total access points)

Key Geographic Areas

	City	Member	Pharmacy		With Access		Without Access		Average Distance		
		#	Group	Standard	#	%	#	%	1	2	3
With Access	Lincoln, NE	1,235	Open Network	1 in 15 miles	1,235	100.0	0	0.0	3.1	3.7	4.0
	Kearney, NE	834	Open Network	1 in 15 miles	834	100.0	0	0.0	1.7	1.9	2.0
	Norfolk, NE	828	Open Network	1 in 15 miles	828	100.0	0	0.0	1.3	1.7	1.9
	Beatrice, NE	688	Open Network	1 in 15 miles	688	100.0	0	0.0	1.9	2.4	2.5
	Grand Island, NE	554	Open Network	1 in 15 miles	554	100.0	0	0.0	1.2	1.4	1.7
	North Platte, NE	446	Open Network	1 in 15 miles	446	100.0	0	0.0	2.0	2.5	2.7
	Fremont, NE	408	Open Network	1 in 15 miles	408	100.0	0	0.0	1.3	1.4	1.6
	Scottsbluff, NE	385	Open Network	1 in 15 miles	385	100.0	0	0.0	1.4	1.8	2.2
	Mc Cook, NE	300	Open Network	1 in 15 miles	300	100.0	0	0.0	1.4	1.9	2.2
	Gering, NE	297	Open Network	1 in 15 miles	297	100.0	0	0.0	1.7	1.8	3.4
	Hastings, NE	282	Open Network	1 in 15 miles	282	100.0	0	0.0	1.5	1.7	2.1
	York, NE	259	Open Network	1 in 15 miles	259	100.0	0	0.0	1.4	2.3	4.0
	Omaha, NE	231	Open Network	1 in 15 miles	231	100.0	0	0.0	1.7	1.9	2.0
	Seward, NE	223	Open Network	1 in 15 miles	223	100.0	0	0.0	1.6	2.4	3.8
	Hickman, NE	221	Open Network	1 in 15 miles	221	100.0	0	0.0	1.8	8.7	8.8
	Tecumseh, NE	214	Open Network	1 in 15 miles	214	100.0	0	0.0	1.6	1.6	18.1
	Columbus, NE	202	Open Network	1 in 15 miles	202	100.0	0	0.0	1.7	2.2	2.4
Without Access	Shelton, NE	38	Open Network	1 in 15 miles	1	2.6	37	97.4	19.6	19.9	20.1
	Valparaiso, NE	48	Open Network	1 in 15 miles	12	25.0	36	75.0	17.2	18.0	19.2
	Bayard, NE	42	Open Network	1 in 15 miles	7	16.7	35	83.3	17.4	17.4	19.7
	Oshkosh, NE	33	Open Network	1 in 15 miles	1	3.0	32	97.0	26.2	31.4	31.4
	Sutherland, NE	28	Open Network	1 in 15 miles	0	0.0	28	100.0	21.1	22.0	22.1
	Tilden, NE	30	Open Network	1 in 15 miles	7	23.3	23	76.7	15.7	17.2	20.4
	Stapleton, NE	22	Open Network	1 in 15 miles	0	0.0	22	100.0	30.2	30.6	30.8
	Wauneta, NE	20	Open Network	1 in 15 miles	0	0.0	20	100.0	30.6	41.2	45.1
	Sargent, NE	19	Open Network	1 in 15 miles	0	0.0	19	100.0	21.2	24.1	24.4
	Anselmo, NE	17	Open Network	1 in 15 miles	0	0.0	17	100.0	22.1	24.2	25.4
	Elwood, NE	33	Open Network	1 in 15 miles	16	48.5	17	51.5	16.4	19.1	21.3
	Morrill, NE	25	Open Network	1 in 15 miles	8	32.0	17	68.0	17.4	17.5	18.4
	Arnold, NE	16	Open Network	1 in 15 miles	0	0.0	16	100.0	21.0	28.9	28.9
	Chambers, NE	14	Open Network	1 in 15 miles	0	0.0	14	100.0	20.7	30.3	38.6
	Clay Center, NE	15	Open Network	1 in 15 miles	1	6.7	14	93.3	15.7	20.4	20.4
	Trenton, NE	14	Open Network	1 in 15 miles	0	0.0	14	100.0	21.0	21.1	21.1
	Wood River, NE	23	Open Network	1 in 15 miles	9	39.1	14	60.9	17.7	18.1	18.4

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Core Category	NDC	GPI	Drug Name	Brand/Generic
CANCER	59572051501	21651035401820	ABECMA	Brand
CANCER	59572051502	21651035401820	ABECMA	Brand
CANCER	59572051503	21651035401820	ABECMA	Brand
ANTIPSYCHOTIC	59148003172	5925001503B721	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148003272	5925001503B731	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148002972	5925001503B706	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148003372	5925001503B741	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148003472	5925001503B751	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148003072	5925001503B711	ABILIFY MYCITE MAINTENANCE KIT	Brand
ANTIPSYCHOTIC	59148003161	5925001503B720	ABILIFY MYCITE STARTER KIT	Brand
ANTIPSYCHOTIC	59148003261	5925001503B730	ABILIFY MYCITE STARTER KIT	Brand
ANTIPSYCHOTIC	59148002961	5925001503B705	ABILIFY MYCITE STARTER KIT	Brand
ANTIPSYCHOTIC	59148003361	5925001503B740	ABILIFY MYCITE STARTER KIT	Brand
ANTIPSYCHOTIC	59148003461	5925001503B750	ABILIFY MYCITE STARTER KIT	Brand
ANTIPSYCHOTIC	59148003061	5925001503B710	ABILIFY MYCITE STARTER KIT	Brand
CANCER	00143959721	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	00378692078	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	00904694804	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	16714096301	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	42291002412	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	43598035804	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60219116507	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60505432701	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60687079011	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60687079021	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	64980041812	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	68001048907	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	68462013508	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	69238116507	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	71921017820	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	72205003092	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	72205028492	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	72603011001	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	72789021398	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	75907022404	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	82009013912	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	82249001012	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	82293000110	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	00093112589	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60687045511	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	60687045521	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	63629942901	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	64679002101	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	72606056601	21406010200320	ABIRATERONE ACETATE	Generic
CANCER	00378692191	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	43598046860	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	60219175406	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	60505476406	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	68462088260	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	69238175406	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	71921017706	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	72162215106	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	72205028560	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	72603011101	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	82009014060	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	82293000210	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	00591436560	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	42291007360	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	63629943001	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	72606057301	21406010200330	ABIRATERONE ACETATE	Generic
CANCER	82249001112	21406010200320	ABIRTEGA	Generic
CANCER	68817013450	21500012201920	ABRAXANE	Brand
AUTOIMMUNE	00025033302	6627001507F810	ABRILADA	Brand
AUTOIMMUNE	00069033302	6627001507F810	ABRILADA	Brand
AUTOIMMUNE	00025032802	6627001507F820	ABRILADA	Brand
AUTOIMMUNE	00069032802	6627001507F820	ABRILADA	Brand
AUTOIMMUNE	00025032501	6627001507F520	ABRILADA 1-PEN KIT	Brand
AUTOIMMUNE	00069032501	6627001507F520	ABRILADA 1-PEN KIT	Brand
AUTOIMMUNE	00025032502	6627001507F520	ABRILADA 2-PEN KIT	Brand
AUTOIMMUNE	00069032502	6627001507F520	ABRILADA 2-PEN KIT	Brand
AUTOIMMUNE	50242013601	66500070002035	ACTEMRA	Brand
AUTOIMMUNE	50242013701	66500070002040	ACTEMRA	Brand

AUTOIMMUNE	50242013501	66500070002030	ACTEMRA	Brand
AUTOIMMUNE	50242013801	6650007000E520	ACTEMRA	Brand
AUTOIMMUNE	50242014301	6650007000D520	ACTEMRA ACTPEN	Brand
ENDOCRINE	63004871001	30300010004010	ACTHAR	Brand
	63004871201	3030001000D120	ACTHAR GEL	Brand
	63004871204	3030001000D120	ACTHAR GEL	Brand
	63004871101	3030001000D130	ACTHAR GEL	Brand
	63004871104	3030001000D130	ACTHAR GEL	Brand
LUNG DISORDERS	75987011110	21700060702020	ACTIMMUNE	Brand
LUNG DISORDERS	75987011111	21700060702020	ACTIMMUNE	Brand
BLOOD MODIFIERS	00078088361	82807020702020	ADAKVEO	Brand
AUTOIMMUNE	65219061299	6627001502F540	ADALIMUMAB-AACF (2 PEN)	Brand
AUTOIMMUNE	65219062020	6627001502F840	ADALIMUMAB-AACF (2 SYRINGE)	Brand
AUTOIMMUNE	65219061289	6627001502F540	ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN)	Brand
AUTOIMMUNE	65219061269	6627001502F540	ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN)	Brand
AUTOIMMUNE	72606002209	6627001503F530	ADALIMUMAB-AATY 1-PEN KIT	Brand
AUTOIMMUNE	72606004004	6627001503F560	ADALIMUMAB-AATY 1-PEN KIT	Brand
AUTOIMMUNE	72606002210	6627001503F530	ADALIMUMAB-AATY 2-PEN KIT	Brand
AUTOIMMUNE	72606004101	6627001503F820	ADALIMUMAB-AATY 2-SYRINGE KIT	Brand
AUTOIMMUNE	72606002206	6627001503F830	ADALIMUMAB-AATY 2-SYRINGE KIT	Brand
AUTOIMMUNE	72606004006	6627001503F560	ADALIMUMAB-AATY CD/UC/HS STARTER	Brand
AUTOIMMUNE	61314032720	6627001504D515	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	61314032520	6627001504D540	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	61314039164	6627001504E508	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	61314033264	6627001504E513	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	61314033294	6627001504E513	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	61314032764	6627001504E515	ADALIMUMAB-ADAZ	Brand
AUTOIMMUNE	00597057550	6627001505F515	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	82009014422	6627001505F515	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597054522	6627001505F520	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	82009014822	6627001505F520	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597058589	6627001505F805	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597055580	6627001505F810	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597056520	6627001505F815	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	82009014622	6627001505F815	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597059520	6627001505F820	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	82009015022	6627001505F820	ADALIMUMAB-ADBM	Brand
AUTOIMMUNE	00597054566	6627001505F520	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	Brand
AUTOIMMUNE	00597054544	6627001505F520	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	Brand
AUTOIMMUNE	00597057560	6627001505F515	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/	Brand
AUTOIMMUNE	00597057540	6627001505F515	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	Brand
AUTOIMMUNE	49502041602	6627001535F520	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	83257002232	6627001535F520	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	49502041606	6627001535F520	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	49502041702	6627001535F810	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	83257002042	6627001535F810	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	49502041706	6627001535F810	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	49502041802	6627001535F820	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	83257002142	6627001535F820	ADALIMUMAB-FKJP	Brand
AUTOIMMUNE	49502041806	6627001535F820	ADALIMUMAB-FKJP	Brand
	82009015822	6627001540F820	ADALIMUMAB-RYVK	Brand
AUTOIMMUNE	82009015622	6627001540F520	ADALIMUMAB-RYVK (2 PEN)	Brand
	50222035001	9027308045D530	ADBRY	Brand
	50222035002	9027308045D530	ADBRY	Brand
AUTOIMMUNE	50222034602	9027308045E520	ADBRY	Brand
AUTOIMMUNE	50222034604	9027308045E520	ADBRY	Brand
CANCER	51144005001	21353220202120	ADCETRIS	Brand
PULMONARY HYPERTENSION	66302046760	40143080000320	ADCIRCA	Brand
PULMONARY HYPERTENSION	50419025001	40134050000310	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025091	40134050000310	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025101	40134050000320	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025191	40134050000320	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025201	40134050000330	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025291	40134050000330	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025301	40134050000340	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025391	40134050000340	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025401	40134050000350	ADEMPAS	Brand
PULMONARY HYPERTENSION	50419025491	40134050000350	ADEMPAS	Brand
CANCER	00143927701	21200040102115	ADRIAMYCIN	Generic
CANCER	55566105000	21540050401820	ADSTILADRIN	Brand
CANCER	55566105001	21540050401820	ADSTILADRIN	Brand
HEMOPHILIA	00944305302	85100010252140	ADVATE	Brand
HEMOPHILIA	00944305402	85100010252150	ADVATE	Brand

HEMOPHILIA	00944304510	85100010252170	ADVATE	Brand
HEMOPHILIA	00944305102	85100010252120	ADVATE	Brand
HEMOPHILIA	00944304610	85100010252180	ADVATE	Brand
HEMOPHILIA	00944304710	85100010252185	ADVATE	Brand
HEMOPHILIA	00944305202	85100010252130	ADVATE	Brand
HEMOPHILIA	00944462401	85100010402140	ADYNOVATE	Brand
HEMOPHILIA	00944462701	85100010402145	ADYNOVATE	Brand
HEMOPHILIA	00944462702	85100010402145	ADYNOVATE	Brand
HEMOPHILIA	00944462501	85100010402150	ADYNOVATE	Brand
HEMOPHILIA	00944462201	85100010402120	ADYNOVATE	Brand
HEMOPHILIA	00944462801	85100010402160	ADYNOVATE	Brand
HEMOPHILIA	00944462802	85100010402160	ADYNOVATE	Brand
HEMOPHILIA	00944462301	85100010402130	ADYNOVATE	Brand
HEMOPHILIA	00944462601	85100010402135	ADYNOVATE	Brand
HEMOPHILIA	00944462602	85100010402135	ADYNOVATE	Brand
BLOOD MODIFIERS	64764014505	85182005306440	ADZYNMA	Brand
BLOOD MODIFIERS	64764014005	85182005306420	ADZYNMA	Brand
CANCER	00078056751	21532530000330	AFINITOR	Brand
CANCER	00078056761	21532530000330	AFINITOR	Brand
CANCER	00078059451	21532530000310	AFINITOR	Brand
CANCER	00078059461	21532530000310	AFINITOR	Brand
CANCER	00078056651	21532530000320	AFINITOR	Brand
CANCER	00078056661	21532530000320	AFINITOR	Brand
CANCER	00078062051	21532530000325	AFINITOR	Brand
CANCER	00078062061	21532530000325	AFINITOR	Brand
CANCER	00078062651	21532530007310	AFINITOR DISPERZ	Brand
CANCER	00078062661	21532530007310	AFINITOR DISPERZ	Brand
CANCER	00078062751	21532530007320	AFINITOR DISPERZ	Brand
CANCER	00078062761	21532530007320	AFINITOR DISPERZ	Brand
CANCER	00078062851	21532530007340	AFINITOR DISPERZ	Brand
CANCER	00078062861	21532530007340	AFINITOR DISPERZ	Brand
HEMOPHILIA	69911047602	85100010556440	AFSTYLA	Brand
HEMOPHILIA	69911048002	85100010556445	AFSTYLA	Brand
HEMOPHILIA	69911047702	85100010556450	AFSTYLA	Brand
HEMOPHILIA	69911047402	85100010556420	AFSTYLA	Brand
HEMOPHILIA	69911048102	85100010556455	AFSTYLA	Brand
HEMOPHILIA	69911049101	85100010556455	AFSTYLA	Brand
HEMOPHILIA	69911047802	85100010556460	AFSTYLA	Brand
HEMOPHILIA	69911047502	85100010556430	AFSTYLA	Brand
CORTICOSTEROIDS	69616026438	22100075001820	AGAMREE	Brand
CANCER	57894010060	21409902120330	AKEEGA	Brand
CANCER	57894005060	21409902120320	AKEEGA	Brand
ENZYME DEFICIENCIES	58468007001	30906550002020	ALDURAZYME	Brand
CANCER	50242013001	21530507100120	ALECENSA	Brand
OTHER NON-CATEGORIZED	54746000101	21700060302020	ALFERON N	Brand
	00169208015	8510502505D228	ALHEMO	Brand
	00169208103	8510502505D250	ALHEMO	Brand
	00169208415	8510502505D215	ALHEMO	Brand
CANCER	00002764001	21300053102110	ALIMTA	Brand
CANCER	00002762301	21300053102120	ALIMTA	Brand
CANCER	50419038501	21538020102120	ALIQOPA	Brand
CANCER	52609300100	21101040102110	ALKERAN	Brand
CANCER	52609000105	21101040000305	ALKERAN	Brand
CORTICOSTEROIDS	71863010950	22100025006810	ALKINDI SPRINKLE	Brand
CORTICOSTEROIDS	71863011050	22100025006815	ALKINDI SPRINKLE	Brand
CORTICOSTEROIDS	71863011150	22100025006820	ALKINDI SPRINKLE	Brand
CORTICOSTEROIDS	71863011250	22100025006830	ALKINDI SPRINKLE	Brand
HEMOPHILIA	68516460702	85100015102180	ALPHANATE	Brand
HEMOPHILIA	68516461802	85100015102180	ALPHANATE	Brand
HEMOPHILIA	68516461302	85100015102180	ALPHANATE	Brand
HEMOPHILIA	68516460802	85100015102190	ALPHANATE	Brand
HEMOPHILIA	68516461902	85100015102190	ALPHANATE	Brand
HEMOPHILIA	68516461402	85100015102190	ALPHANATE	Brand
HEMOPHILIA	68516461002	85100015102193	ALPHANATE	Brand
HEMOPHILIA	68516462002	85100015102193	ALPHANATE	Brand
HEMOPHILIA	68516461502	85100015102193	ALPHANATE	Brand
HEMOPHILIA	68516460501	85100015102160	ALPHANATE	Brand
HEMOPHILIA	68516461601	85100015102160	ALPHANATE	Brand
HEMOPHILIA	68516460601	85100015102170	ALPHANATE	Brand
HEMOPHILIA	68516461701	85100015102170	ALPHANATE	Brand
HEMOPHILIA	68516461201	85100015102170	ALPHANATE	Brand
HEMOPHILIA	68516360502	85100028002180	ALPHANINE SD	Brand
HEMOPHILIA	68516361102	85100028002180	ALPHANINE SD	Brand

HEMOPHILIA	68516360602	85100028002185	ALPHANINE SD	Brand
HEMOPHILIA	68516361202	85100028002185	ALPHANINE SD	Brand
HEMOPHILIA	68516360902	85100028002185	ALPHANINE SD	Brand
HEMOPHILIA	68516360402	85100028002170	ALPHANINE SD	Brand
HEMOPHILIA	68516361002	85100028002170	ALPHANINE SD	Brand
HEMOPHILIA	71104092201	85100028402120	ALPROLIX	Brand
HEMOPHILIA	71104095409	85100028402120	ALPROLIX	Brand
HEMOPHILIA	71104093301	85100028402130	ALPROLIX	Brand
HEMOPHILIA	71104095509	85100028402130	ALPROLIX	Brand
HEMOPHILIA	71104095201	85100028402105	ALPROLIX	Brand
HEMOPHILIA	71104096601	85100028402105	ALPROLIX	Brand
HEMOPHILIA	71104094401	85100028402140	ALPROLIX	Brand
HEMOPHILIA	71104095609	85100028402140	ALPROLIX	Brand
HEMOPHILIA	71104095109	85100028402150	ALPROLIX	Brand
HEMOPHILIA	71104097701	85100028402150	ALPROLIX	Brand
HEMOPHILIA	71104091101	85100028402110	ALPROLIX	Brand
HEMOPHILIA	71104095309	85100028402110	ALPROLIX	Brand
HEMOPHILIA	71104098101	85100010312135	ALTUVIIIO	Brand
HEMOPHILIA	71104098808	85100010312135	ALTUVIIIO	Brand
HEMOPHILIA	71104098201	85100010312140	ALTUVIIIO	Brand
HEMOPHILIA	71104098908	85100010312140	ALTUVIIIO	Brand
HEMOPHILIA	71104097801	85100010312120	ALTUVIIIO	Brand
HEMOPHILIA	71104098508	85100010312120	ALTUVIIIO	Brand
HEMOPHILIA	71104098301	85100010312145	ALTUVIIIO	Brand
HEMOPHILIA	71104099008	85100010312145	ALTUVIIIO	Brand
HEMOPHILIA	71104098401	85100010312150	ALTUVIIIO	Brand
HEMOPHILIA	71104099108	85100010312150	ALTUVIIIO	Brand
HEMOPHILIA	71104097901	85100010312125	ALTUVIIIO	Brand
HEMOPHILIA	71104098608	85100010312125	ALTUVIIIO	Brand
HEMOPHILIA	71104098001	85100010312130	ALTUVIIIO	Brand
CANCER	63020018030	21530510000365	ALUNBRIG	Brand
CANCER	63020011330	21530510000330	ALUNBRIG	Brand
CANCER	63020009007	21530510000350	ALUNBRIG	Brand
CANCER	63020009030	21530510000350	ALUNBRIG	Brand
CANCER	63020019830	2153051000B720	ALUNBRIG	Brand
BLOOD MODIFIERS	00480327456	82405030050320	ALVAIZ	Brand
BLOOD MODIFIERS	00480327556	82405030050330	ALVAIZ	Brand
BLOOD MODIFIERS	00480327656	82405030050340	ALVAIZ	Brand
BLOOD MODIFIERS	00480327356	82405030050310	ALVAIZ	Brand
	51167012101	45309903850325	ALYFTREK	Brand
	51167013501	45309903850310	ALYFTREK	Brand
IMMUNE GLOBULINS	61476010402	19100020832035	ALYGLO	Brand
IMMUNE GLOBULINS	61476010410	19100020832035	ALYGLO	Brand
IMMUNE GLOBULINS	61476010403	19100020832040	ALYGLO	Brand
IMMUNE GLOBULINS	61476010420	19100020832040	ALYGLO	Brand
IMMUNE GLOBULINS	61476010401	19100020832030	ALYGLO	Brand
IMMUNE GLOBULINS	61476010405	19100020832030	ALYGLO	Brand
CANCER	70121175401	21335020502025	ALYMSYS	Brand
CANCER	70121175407	21335020502025	ALYMSYS	Brand
CANCER	70121175501	21335020502030	ALYMSYS	Brand
CANCER	70121175507	21335020502030	ALYMSYS	Brand
PULMONARY HYPERTENSION	00480927706	40143080000320	ALYQ	Generic
PULMONARY HYPERTENSION	00093333406	40143080000320	ALYQ	Generic
PULMONARY HYPERTENSION	00378427193	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	00591240630	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	42794005208	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	47335023783	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	59651049530	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	60505455303	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	69097038702	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	70710118003	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	82009014230	40160007000320	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	00378427093	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	00591240530	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	42794005108	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	47335023683	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	59651049430	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	60505455203	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	69097038602	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	70710117903	40160007000310	AMBRISENTAN	Generic
PULMONARY HYPERTENSION	82009014130	40160007000310	AMBRISENTAN	Generic
AUTOIMMUNE	72511048201	6627001510D517	AMJEVITA	Brand
AUTOIMMUNE	72511048202	6627001510D517	AMJEVITA	Brand

AUTOIMMUNE	84612048202	6627001510D517	AMJEVITA	Brand
AUTOIMMUNE	55513048201	6627001510D517	AMJEVITA	Brand
AUTOIMMUNE	55513048202	6627001510D517	AMJEVITA	Brand
AUTOIMMUNE	72511040001	6627001510D520	AMJEVITA	Brand
AUTOIMMUNE	72511040002	6627001510D520	AMJEVITA	Brand
AUTOIMMUNE	50090642800	6627001510D520	AMJEVITA	Brand
AUTOIMMUNE	55513040001	6627001510D520	AMJEVITA	Brand
AUTOIMMUNE	55513040002	6627001510D520	AMJEVITA	Brand
AUTOIMMUNE	72511048101	6627001510D537	AMJEVITA	Brand
AUTOIMMUNE	72511048102	6627001510D537	AMJEVITA	Brand
AUTOIMMUNE	84612048102	6627001510D537	AMJEVITA	Brand
AUTOIMMUNE	55513048101	6627001510D537	AMJEVITA	Brand
AUTOIMMUNE	55513048102	6627001510D537	AMJEVITA	Brand
AUTOIMMUNE	55513041301	6627001510E505	AMJEVITA	Brand
AUTOIMMUNE	72511039901	6627001510E508	AMJEVITA	Brand
AUTOIMMUNE	84612039901	6627001510E508	AMJEVITA	Brand
AUTOIMMUNE	55513039901	6627001510E508	AMJEVITA	Brand
AUTOIMMUNE	55513041101	6627001510E510	AMJEVITA	Brand
AUTOIMMUNE	72511047901	6627001510E517	AMJEVITA	Brand
AUTOIMMUNE	72511047902	6627001510E517	AMJEVITA	Brand
AUTOIMMUNE	84612047902	6627001510E517	AMJEVITA	Brand
AUTOIMMUNE	55513047901	6627001510E517	AMJEVITA	Brand
AUTOIMMUNE	55513047902	6627001510E517	AMJEVITA	Brand
AUTOIMMUNE	50090641100	6627001510E520	AMJEVITA	Brand
AUTOIMMUNE	55513041001	6627001510E520	AMJEVITA	Brand
OTHER NON-CATEGORIZED	60923022702	74600025002020	AMONDYS 45	Brand
CANCER	73776000111	21651047001820	AMTAGVI	Brand
OTHER NON-CATEGORIZED	71336100301	6270609010E520	AMVUTTRA	Brand
CANCER	00093753656	21402810000310	ANASTROZOLE	Generic
CANCER	16729003510	21402810000310	ANASTROZOLE	Generic
CANCER	16729003515	21402810000310	ANASTROZOLE	Generic
CANCER	16729003516	21402810000310	ANASTROZOLE	Generic
CANCER	23155085703	21402810000310	ANASTROZOLE	Generic
CANCER	23155085705	21402810000310	ANASTROZOLE	Generic
CANCER	23155085709	21402810000310	ANASTROZOLE	Generic
CANCER	42291001630	21402810000310	ANASTROZOLE	Generic
CANCER	42291001690	21402810000310	ANASTROZOLE	Generic
CANCER	42291008530	21402810000310	ANASTROZOLE	Generic
CANCER	42291008590	21402810000310	ANASTROZOLE	Generic
CANCER	43063038306	21402810000310	ANASTROZOLE	Generic
CANCER	43063038315	21402810000310	ANASTROZOLE	Generic
CANCER	50090245300	21402810000310	ANASTROZOLE	Generic
CANCER	50090245301	21402810000310	ANASTROZOLE	Generic
CANCER	50090500200	21402810000310	ANASTROZOLE	Generic
CANCER	50090500201	21402810000310	ANASTROZOLE	Generic
CANCER	50090581200	21402810000310	ANASTROZOLE	Generic
CANCER	50090581201	21402810000310	ANASTROZOLE	Generic
CANCER	50268007511	21402810000310	ANASTROZOLE	Generic
CANCER	50268007515	21402810000310	ANASTROZOLE	Generic
CANCER	51991062010	21402810000310	ANASTROZOLE	Generic
CANCER	51991062033	21402810000310	ANASTROZOLE	Generic
CANCER	51991062090	21402810000310	ANASTROZOLE	Generic
CANCER	59651023630	21402810000310	ANASTROZOLE	Generic
CANCER	59651023690	21402810000310	ANASTROZOLE	Generic
CANCER	60687011211	21402810000310	ANASTROZOLE	Generic
CANCER	60687011221	21402810000310	ANASTROZOLE	Generic
CANCER	62135049030	21402810000310	ANASTROZOLE	Generic
CANCER	62135049090	21402810000310	ANASTROZOLE	Generic
CANCER	63187008018	21402810000310	ANASTROZOLE	Generic
CANCER	63187008020	21402810000310	ANASTROZOLE	Generic
CANCER	63187008090	21402810000310	ANASTROZOLE	Generic
CANCER	63629526901	21402810000310	ANASTROZOLE	Generic
CANCER	63629526905	21402810000310	ANASTROZOLE	Generic
CANCER	68001015504	21402810000310	ANASTROZOLE	Generic
CANCER	68001015508	21402810000310	ANASTROZOLE	Generic
CANCER	68382020906	21402810000310	ANASTROZOLE	Generic
CANCER	69117000301	21402810000310	ANASTROZOLE	Generic
CANCER	70518242000	21402810000310	ANASTROZOLE	Generic
CANCER	70518242001	21402810000310	ANASTROZOLE	Generic
CANCER	70518248400	21402810000310	ANASTROZOLE	Generic
CANCER	70518248401	21402810000310	ANASTROZOLE	Generic
CANCER	72189041530	21402810000310	ANASTROZOLE	Generic
CANCER	72789000815	21402810000310	ANASTROZOLE	Generic

CANCER	72789000890	21402810000310	ANASTROZOLE	Generic
CANCER	72789034215	21402810000310	ANASTROZOLE	Generic
CANCER	82804016230	21402810000310	ANASTROZOLE	Generic
CANCER	00904619546	21402810000310	ANASTROZOLE	Generic
CANCER	16571042103	21402810000310	ANASTROZOLE	Generic
CANCER	81481080301	21703055652020	ANKTIVA	Brand
NAUSEA & VOMITING	30698022010	50250025200320	ANZEMET	Brand
BLOOD MODIFIERS	82737007301	82502050102150	APHEXDA	Brand
PARKINSON	27505000401	7320301010E220	APOKYN	Brand
PARKINSON	27505000405	7320301010E220	APOKYN	Brand
PARKINSON	52817072001	7320301010E220	APOMORPHINE HYDROCHLORIDE	Generic
PARKINSON	52817072005	7320301010E220	APOMORPHINE HYDROCHLORIDE	Generic
NAUSEA & VOMITING	47426040101	50280020001605	APONVIE	Brand
NAUSEA & VOMITING	47426040110	50280020001605	APONVIE	Brand
NAUSEA & VOMITING	00781232306	50280020000130	APREPITANT	Generic
NAUSEA & VOMITING	00781232368	50280020000130	APREPITANT	Generic
NAUSEA & VOMITING	13668059386	50280020000130	APREPITANT	Generic
NAUSEA & VOMITING	68462058540	50280020000130	APREPITANT	Generic
NAUSEA & VOMITING	68462058576	50280020000130	APREPITANT	Generic
NAUSEA & VOMITING	00781232106	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	00781232151	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	13668059181	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	13668059182	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	68462058340	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	68462058385	50280020000110	APREPITANT	Generic
NAUSEA & VOMITING	00781232246	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	00781232268	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	13668059283	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	13668059284	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	13668059285	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	13668059286	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	68462058440	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	68462058458	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	68462058476	50280020000120	APREPITANT	Generic
NAUSEA & VOMITING	00781406336	50280020006320	APREPITANT	Generic
NAUSEA & VOMITING	68462011233	50280020006320	APREPITANT	Generic
NAUSEA & VOMITING	13668059487	50280020006320	APREPITANT	Generic
HIV	49702023803	1210301000G120	APRETUDE	Brand
HIV	49702026423	1210301000G120	APRETUDE	Brand
HIV	49702028063	1210301000G120	APRETUDE	Brand
	83853010101	62000023003020	AQNEURSA	Brand
LUNG DISORDERS	00944281501	45100010102120	ARALAST NP	Brand
LUNG DISORDERS	00944281401	45100010102110	ARALAST NP	Brand
BLOOD MODIFIERS	55513000501	82401015102040	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000504	82401015102040	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000601	82401015102060	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000201	82401015102010	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000204	82401015102010	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000301	82401015102020	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000304	82401015102020	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000401	82401015102030	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513000404	82401015102030	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513009801	8240101510E510	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513009804	8240101510E510	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002501	8240101510E560	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002504	8240101510E560	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002701	8240101510E575	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002704	8240101510E575	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002801	8240101510E582	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513005701	8240101510E528	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513005704	8240101510E528	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513011101	8240101510E588	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002101	8240101510E543	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002104	8240101510E543	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513003201	8240101510E590	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002301	8240101510E552	ARANESP ALBUMIN FREE	Brand
BLOOD MODIFIERS	55513002304	8240101510E552	ARANESP ALBUMIN FREE	Brand
AUTOIMMUNE	73604091401	66450060002120	ARCALYST	Brand
AUTOIMMUNE	73604091404	66450060002120	ARCALYST	Brand
OTHER NON-CATEGORIZED	71558059028	07000010121830	ARIKAYCE	Brand
CANCER	62559067030	21402810000310	ARIMIDEX	Brand
CANCER	00009766304	21402835000320	AROMASIN	Brand
CANCER	49999098630	21402835000320	AROMASIN	Brand

CANCER	00078068361	21300052002020	ARRANON	Brand
CANCER	14789060007	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	14789060010	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	23155086931	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	23155086941	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	25021022610	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	50742043810	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	63323063703	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	63323063710	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	68382099701	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	68382099710	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	69918072001	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	69918072010	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	70121148301	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	70121148307	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	70710189501	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	70710189506	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	72205017101	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	72205017107	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	72603033901	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	72603033910	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	83090000901	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	83090000910	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	54879002710	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	69918072002	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	70860021710	21700008102020	ARSENIC TRIOXIDE	Generic
CANCER	00781349806	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	00781349894	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	00781349895	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	23155087031	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	23155087041	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	25021022706	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	55150036601	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	55150036610	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70121165801	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70121165806	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70710161001	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70710161006	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70710189601	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	70710189606	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	83090001001	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	83090001010	21700008102030	ARSENIC TRIOXIDE	Generic
CANCER	00078066913	21351845001320	ARZERRA	Brand
CANCER	00078066961	21351845001320	ARZERRA	Brand
CANCER	00078069061	21351845001360	ARZERRA	Brand
IMMUNE GLOBULINS	69800025001	19100020802030	ASCENIV	Brand
IMMUNE GLOBULINS	69800025002	19100020802030	ASCENIV	Brand
CANCER	72694051501	21250030502020	ASPARLAS	Brand
	82228071228	4055001030B720	ATTRUBY	Brand
MULTIPLE SCLEROSIS	58468021001	62404070000330	AUBAGIO	Brand
MULTIPLE SCLEROSIS	58468021004	62404070000330	AUBAGIO	Brand
MULTIPLE SCLEROSIS	58468021102	62404070000320	AUBAGIO	Brand
MULTIPLE SCLEROSIS	58468021104	62404070000320	AUBAGIO	Brand
	83047041004	21651062001840	AUCATZYL	Brand
	00003416014	21533865000130	AUGTYRO	Brand
	00003416060	21533865000130	AUGTYRO	Brand
CANCER	00003404012	21533865000120	AUGTYRO	Brand
CANCER	00003404060	21533865000120	AUGTYRO	Brand
	83226200101	40170060002060	AURLUMYN	Brand
CANCER	50242006001	21335020002025	AVASTIN	Brand
CANCER	50242006101	21335020002030	AVASTIN	Brand
ANDROGENS	67979051143	23100030802030	AVEED	Brand
	71779062301	2199000207B120	AVMAPKI FAKZYNJA CO-PACK	Brand
MULTIPLE SCLEROSIS	59627022205	6240306045F830	AVONEX	Brand
MULTIPLE SCLEROSIS	59627033304	6240306045F530	AVONEX PEN	Brand
AUTOIMMUNE	55513067001	52505040132120	AVSOLA	Brand
	83831013101	21300053082110	AXTLE	Brand
	83831013201	21300053082120	AXTLE	Brand
CANCER	72064011030	21490009000320	AYVAKIT	Brand
CANCER	72064012030	21490009000330	AYVAKIT	Brand
CANCER	72064012530	21490009000310	AYVAKIT	Brand
CANCER	72064013030	21490009000340	AYVAKIT	Brand
CANCER	72064015030	21490009000315	AYVAKIT	Brand

CANCER	00143960601	21300003001920	AZACITIDINE	Generic
CANCER	00781349194	21300003001920	AZACITIDINE	Generic
CANCER	16714092701	21300003001920	AZACITIDINE	Generic
CANCER	16729030610	21300003001920	AZACITIDINE	Generic
CANCER	43598014362	21300003001920	AZACITIDINE	Generic
CANCER	43598030562	21300003001920	AZACITIDINE	Generic
CANCER	43598046562	21300003001920	AZACITIDINE	Generic
CANCER	43598067811	21300003001920	AZACITIDINE	Generic
CANCER	55150039301	21300003001920	AZACITIDINE	Generic
CANCER	60505627101	21300003001920	AZACITIDINE	Generic
CANCER	63323077139	21300003001920	AZACITIDINE	Generic
CANCER	68001031356	21300003001920	AZACITIDINE	Generic
CANCER	68001052754	21300003001920	AZACITIDINE	Generic
CANCER	68001062054	21300003001920	AZACITIDINE	Generic
CANCER	70121123701	21300003001920	AZACITIDINE	Generic
CANCER	71288011530	21300003001920	AZACITIDINE	Generic
CANCER	71288015395	21300003001920	AZACITIDINE	Generic
CANCER	72485020101	21300003001920	AZACITIDINE	Generic
CANCER	75907022511	21300003001920	AZACITIDINE	Generic
CANCER	83774010201	21300003001920	AZACITIDINE	Generic
CANCER	00781325394	21300003001920	AZACITIDINE	Generic
CANCER	51991079798	21300003001920	AZACITIDINE	Generic
CANCER	64679009601	21300003001920	AZACITIDINE	Generic
CANCER	64679009602	21300003001920	AZACITIDINE	Generic
CANCER	71258001502	21600035202020	AZEDRA DOSIMETRIC	Brand
CANCER	71258001522	21600035202020	AZEDRA THERAPEUTIC	Brand
MULTIPLE SCLEROSIS	69387000101	62405550006520	BAFIERTAM	Brand
CANCER	59676003056	21532225000320	BALVERSA	Brand
CANCER	59676003084	21532225000320	BALVERSA	Brand
CANCER	59676004028	21532225000325	BALVERSA	Brand
CANCER	59676004056	21532225000325	BALVERSA	Brand
CANCER	59676005028	21532225000330	BALVERSA	Brand
CANCER	44087353501	21358220002020	BAVENCIO	Brand
CANCER	72893000201	21531520002120	BELEODAQ	Brand
CANCER	42367052125	21100009102005	BELRAPZO	Brand
CANCER	16729025105	21100009102120	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	55150039201	21100009102120	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	68001057241	21100009102120	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	71288010320	21100009102120	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	60505609600	21100009102120	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	16729025003	21100009102110	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	55150039101	21100009102110	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	71288010210	21100009102110	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	60505609500	21100009102110	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	68001057141	21100009102110	BENDAMUSTINE HYDROCHLORIDE	Generic
CANCER	10019007901	21100009102005	BENDAMUSTINE HYDROCHLORIDE	Brand
CANCER	60505622800	21100009102005	BENDAMUSTINE HYDROCHLORIDE	Brand
CANCER	63459034804	21100009102005	BENDEKA	Brand
HEMOPHILIA	58394063503	85100028206440	BENEFIX	Brand
HEMOPHILIA	58394063603	85100028206450	BENEFIX	Brand
HEMOPHILIA	58394063303	85100028206420	BENEFIX	Brand
HEMOPHILIA	58394063703	85100028206460	BENEFIX	Brand
HEMOPHILIA	58394063403	85100028206430	BENEFIX	Brand
AUTOIMMUNE	49401010101	99422015002120	BENLYSTA	Brand
AUTOIMMUNE	49401010201	99422015002140	BENLYSTA	Brand
AUTOIMMUNE	49401008801	9942201500D520	BENLYSTA	Brand
AUTOIMMUNE	49401008802	9942201500D520	BENLYSTA	Brand
AUTOIMMUNE	49401008835	9942201500D520	BENLYSTA	Brand
AUTOIMMUNE	49401008861	9942201500D520	BENLYSTA	Brand
AUTOIMMUNE	49401008842	9942201500E520	BENLYSTA	Brand
AUTOIMMUNE	49401008847	9942201500E520	BENLYSTA	Brand
HEMOPHILIA	00069200404	8510253320C620	BEQVEZ	Brand
HEMOPHILIA	00069200414	8510253320C620	BEQVEZ	Brand
HEMOPHILIA	00069200505	8510253320C624	BEQVEZ	Brand
HEMOPHILIA	00069200515	8510253320C624	BEQVEZ	Brand
HEMOPHILIA	00069200606	8510253320C628	BEQVEZ	Brand
HEMOPHILIA	00069200616	8510253320C628	BEQVEZ	Brand
HEMOPHILIA	00069200707	8510253320C632	BEQVEZ	Brand
HEMOPHILIA	00069200717	8510253320C632	BEQVEZ	Brand
HEMATOLOGICAL	63833082502	85802022006420	BERINERT	Brand
CANCER	00008010001	21352640202130	BESPONSA	Brand
CANCER	73536050001	2170007750E520	BESREMI	Brand
ENZYME DEFICIENCIES	00713035281	30904520002920	BETAINE ANHYDROUS	Generic

ENZYME DEFICIENCIES	55792000201	30904520002920	BETAINE ANHYDROUS	Generic
ENZYME DEFICIENCIES	71863011518	30904520002920	BETAINE ANHYDROUS	Generic
MULTIPLE SCLEROSIS	50419052401	62403060506420	BETASERON	Brand
MULTIPLE SCLEROSIS	50419052435	62403060506420	BETASERON	Brand
CANCER	00378695501	21708220000120	BEXAROTENE	Generic
CANCER	00591283201	21708220000120	BEXAROTENE	Generic
CANCER	00832028500	21708220000120	BEXAROTENE	Generic
CANCER	42291007201	21708220000120	BEXAROTENE	Generic
CANCER	43975031510	21708220000120	BEXAROTENE	Generic
CANCER	69238125001	21708220000120	BEXAROTENE	Generic
CANCER	00054039925	21708220000120	BEXAROTENE	Generic
CANCER	68682000310	21708220000120	BEXAROTENE	Generic
CANCER	69238208806	90376220004020	BEXAROTENE	Generic
CANCER	68682000260	90376220004020	BEXAROTENE	Generic
CANCER	16714081601	21402420000320	BICALUTAMIDE	Generic
CANCER	16714081602	21402420000320	BICALUTAMIDE	Generic
CANCER	16729002301	21402420000320	BICALUTAMIDE	Generic
CANCER	16729002310	21402420000320	BICALUTAMIDE	Generic
CANCER	47335048583	21402420000320	BICALUTAMIDE	Generic
CANCER	47335048588	21402420000320	BICALUTAMIDE	Generic
CANCER	51407001030	21402420000320	BICALUTAMIDE	Generic
CANCER	60505264201	21402420000320	BICALUTAMIDE	Generic
CANCER	60505264203	21402420000320	BICALUTAMIDE	Generic
CANCER	62175013232	21402420000320	BICALUTAMIDE	Generic
CANCER	62559089030	21402420000320	BICALUTAMIDE	Generic
CANCER	70518299300	21402420000320	BICALUTAMIDE	Generic
CANCER	70518299301	21402420000320	BICALUTAMIDE	Generic
CANCER	82804008290	21402420000320	BICALUTAMIDE	Generic
CANCER	00904601946	21402420000320	BICALUTAMIDE	Generic
CANCER	60429017701	21402420000320	BICALUTAMIDE	Generic
CANCER	60429017705	21402420000320	BICALUTAMIDE	Generic
CANCER	60429017730	21402420000320	BICALUTAMIDE	Generic
CANCER	23155026141	21102010002105	BICNU	Brand
CANCER	23155058931	21102010002105	BICNU	Brand
AUTOIMMUNE	50474078184	9025051800D520	BIMZELX	Brand
AUTOIMMUNE	50474078185	9025051800D520	BIMZELX	Brand
	50474078284	9025051800D540	BIMZELX	Brand
AUTOIMMUNE	50474078078	9025051800E520	BIMZELX	Brand
AUTOIMMUNE	50474078079	9025051800E520	BIMZELX	Brand
	50474078378	9025051800E540	BIMZELX	Brand
IMMUNE GLOBULINS	69800650301	19100020102072	BIVIGAM	Brand
IMMUNE GLOBULINS	69800650302	19100020102072	BIVIGAM	Brand
IMMUNE GLOBULINS	69800650201	19100020102068	BIVIGAM	Brand
IMMUNE GLOBULINS	69800650202	19100020102068	BIVIGAM	Brand
	71837100001	2135979201C520	BIZENGRI	Brand
	71837100002	2135979201C520	BIZENGRI	Brand
CANCER	00143924001	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	00409033220	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	16714088601	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	61703033218	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	63323013610	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	71288010610	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	00703315401	21200010102105	BLEOMYCIN SULFATE	Generic
CANCER	00143924101	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	00409032320	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	16714090801	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	61703032322	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	63323013720	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	71288010720	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	00703315501	21200010102115	BLEOMYCIN SULFATE	Generic
CANCER	55513016001	21352020002120	BLINCYTO	Brand
CANCER	00409170401	21536015002110	BORTEZOMIB	Brand
CANCER	00409170301	21536015002113	BORTEZOMIB	Brand
CANCER	00143909801	21536015002120	BORTEZOMIB	Generic
CANCER	00409170001	21536015002120	BORTEZOMIB	Generic
CANCER	10019099101	21536015002120	BORTEZOMIB	Generic
CANCER	25021024410	21536015002120	BORTEZOMIB	Generic
CANCER	31722030331	21536015002120	BORTEZOMIB	Generic
CANCER	43598042660	21536015002120	BORTEZOMIB	Generic
CANCER	50742048401	21536015002120	BORTEZOMIB	Generic
CANCER	60505605004	21536015002120	BORTEZOMIB	Generic
CANCER	63323082110	21536015002120	BORTEZOMIB	Generic
CANCER	68001053436	21536015002120	BORTEZOMIB	Generic

CANCER	68001054036	21536015002120	BORTEZOMIB	Generic
CANCER	70710141101	21536015002120	BORTEZOMIB	Generic
CANCER	71288011810	21536015002120	BORTEZOMIB	Generic
CANCER	72205018301	21536015002120	BORTEZOMIB	Generic
CANCER	72603027001	21536015002120	BORTEZOMIB	Generic
CANCER	83090000801	21536015002120	BORTEZOMIB	Generic
CANCER	68001054136	21536015002120	BORTEZOMIB	Generic
CANCER	70860022510	21536015002120	BORTEZOMIB	Generic
CANCER	55150033701	21536015002120	BORTEZOMIB	Generic
CANCER	25021026210	21536015002120	BORTEZOMIB	Generic
CANCER	70069083601	21536015002120	BORTEZOMIB	Generic
CANCER	43598086560	21536015002122	BORTEZOMIB	Brand
CANCER	63323072110	21536015002122	BORTEZOMIB	Brand
CANCER	72266024401	21536015002032	BORTEZOMIB	Brand
CANCER	70121248401	21536015002030	BORUZU	Brand
PULMONARY HYPERTENSION	00591251260	40160015000330	BOSENTAN	Generic
PULMONARY HYPERTENSION	47335003986	40160015000330	BOSENTAN	Generic
PULMONARY HYPERTENSION	68382044714	40160015000330	BOSENTAN	Generic
PULMONARY HYPERTENSION	49884005902	40160015000330	BOSENTAN	Generic
PULMONARY HYPERTENSION	00591251160	40160015000320	BOSENTAN	Generic
PULMONARY HYPERTENSION	47335003886	40160015000320	BOSENTAN	Generic
PULMONARY HYPERTENSION	68382044614	40160015000320	BOSENTAN	Generic
PULMONARY HYPERTENSION	00054052021	40160015000320	BOSENTAN	Generic
PULMONARY HYPERTENSION	49884005802	40160015000320	BOSENTAN	Generic
CANCER	00069101415	21531812000130	BOSULIF	Brand
CANCER	00069050430	21531812000120	BOSULIF	Brand
CANCER	00069013501	21531812000320	BOSULIF	Brand
CANCER	00069019301	21531812000327	BOSULIF	Brand
CANCER	00069013601	21531812000340	BOSULIF	Brand
OTHER NON-CATEGORIZED	00023114501	74400020052120	BOTOX	Brand
OTHER NON-CATEGORIZED	00023114502	74400020052120	BOTOX	Brand
OTHER NON-CATEGORIZED	00023392102	74400020052140	BOTOX	Brand
CANCER	70255002501	21532040000130	BRAFTOVI	Brand
CANCER	70255002502	21532040000130	BRAFTOVI	Brand
CANCER	70255002503	21532040000130	BRAFTOVI	Brand
CANCER	70255002504	21532040000130	BRAFTOVI	Brand
CANCER	73153090001	21651050401820	BREYANZI	Brand
ENZYME DEFICIENCIES	68135081102	30909020106420	BRINEURA	Brand
MULTIPLE SCLEROSIS	73150015006	62405085052030	BRIUMVI	Brand
OTHER NON-CATEGORIZED	58284021601	6520001000E565	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284021691	6520001000E565	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284022401	6520001000E570	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284022491	6520001000E570	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284023201	6520001000E575	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284023291	6520001000E575	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284020801	6520001000E560	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284022801	6520001000E523	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284022891	6520001000E523	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284026401	6520001000E515	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284026491	6520001000E515	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284029601	6520001000E518	BRIXADI	Brand
OTHER NON-CATEGORIZED	58284029691	6520001000E518	BRIXADI	Brand
CYSTIC FIBROSIS	10122021214	45307060000140	BRONCHITOL	Brand
CYSTIC FIBROSIS	10122021256	45307060000140	BRONCHITOL	Brand
CYSTIC FIBROSIS	84639021256	45307060000140	BRONCHITOL	Brand
CYSTIC FIBROSIS	84639021214	45307060000140	BRONCHITOL	Brand
CYSTIC FIBROSIS	10122021204	45307060000140	BRONCHITOL TOLERANCE TEST	Brand
CYSTIC FIBROSIS	84639021204	45307060000140	BRONCHITOL TOLERANCE TEST	Brand
CANCER	72579001102	21532195000120	BRUKINSA	Brand
ENZYME DEFICIENCIES	75987007009	30908060002950	BUPHENYL	Brand
ENZYME DEFICIENCIES	75987006008	30908060000320	BUPHENYL	Brand
CANCER	00409111201	21100010002020	BUSULFAN	Generic
CANCER	00409111210	21100010002020	BUSULFAN	Generic
CANCER	16729035103	21100010002020	BUSULFAN	Generic
CANCER	16729035192	21100010002020	BUSULFAN	Generic
CANCER	25021024110	21100010002020	BUSULFAN	Generic
CANCER	67457089300	21100010002020	BUSULFAN	Generic
CANCER	67457089308	21100010002020	BUSULFAN	Generic
CANCER	71288011610	21100010002020	BUSULFAN	Generic
CANCER	71288011611	21100010002020	BUSULFAN	Generic
CANCER	72485021001	21100010002020	BUSULFAN	Generic
CANCER	72485021008	21100010002020	BUSULFAN	Generic
CANCER	59148007090	21100010002020	BUSULFEX	Brand

CANCER	59148007091	21100010002020	BUSULFEX	Brand
OTHER NON-CATEGORIZED	15054330401	52350060000140	BYLVAY	Brand
OTHER NON-CATEGORIZED	74528012001	52350060000140	BYLVAY	Brand
OTHER NON-CATEGORIZED	15054330201	52350060000120	BYLVAY	Brand
OTHER NON-CATEGORIZED	74528004001	52350060000120	BYLVAY	Brand
OTHER NON-CATEGORIZED	15054330101	52350060006810	BYLVAY (PELLETS)	Brand
OTHER NON-CATEGORIZED	74528002001	52350060006810	BYLVAY (PELLETS)	Brand
OTHER NON-CATEGORIZED	15054330301	52350060006830	BYLVAY (PELLETS)	Brand
OTHER NON-CATEGORIZED	74528006001	52350060006830	BYLVAY (PELLETS)	Brand
OPHTHALMIC	64406001901	86655060502020	BYOOVIZ	Brand
OPHTHALMIC	64406001907	86655060502020	BYOOVIZ	Brand
HIV	49702025315	1210990225G120	CABENUVA	Brand
HIV	49702024015	1210990225G130	CABENUVA	Brand
HIV	49702026663	1210990225G130	CABENUVA	Brand
BLOOD MODIFIERS	58468022501	85151020806420	CABLIVI	Brand
CANCER	42388002426	21533010100320	CABOMETYX	Brand
CANCER	42388002446	21533010100320	CABOMETYX	Brand
CANCER	42388002526	21533010100330	CABOMETYX	Brand
CANCER	42388002546	21533010100330	CABOMETYX	Brand
CANCER	42388002326	21533010100340	CABOMETYX	Brand
CANCER	42388002336	21533010100340	CABOMETYX	Brand
CANCER	42388002346	21533010100340	CABOMETYX	Brand
CANCER	00310351260	21532103500320	CALQUENCE	Brand
CANCER	00310451360	21532103500320	CALQUENCE	Brand
CANCER	69448002363	2140501055E420	CAMCEVI	Brand
CANCER	69448001463	2140501055E420	CAMCEVI	Brand
CANCER	00009011205	21550040102030	CAMPTOSAR	Brand
CANCER	00009752903	21550040102030	CAMPTOSAR	Brand
CANCER	00009008202	21550040102035	CAMPTOSAR	Brand
CANCER	00009752905	21550040102035	CAMPTOSAR	Brand
CANCER	00009752910	21550040102025	CAMPTOSAR	Brand
CANCER	00009752904	21550040102025	CAMPTOSAR	Brand
OTHER NON-CATEGORIZED	73625011311	40190050000130	CAMZYOS	Brand
OTHER NON-CATEGORIZED	73625011411	40190050000140	CAMZYOS	Brand
OTHER NON-CATEGORIZED	73625011111	40190050000110	CAMZYOS	Brand
OTHER NON-CATEGORIZED	73625011211	40190050000120	CAMZYOS	Brand
CANCER	00093747306	21300005000320	CAPECITABINE	Generic
CANCER	16714046701	21300005000320	CAPECITABINE	Generic
CANCER	16729007212	21300005000320	CAPECITABINE	Generic
CANCER	31722077460	21300005000320	CAPECITABINE	Generic
CANCER	51407063960	21300005000320	CAPECITABINE	Generic
CANCER	55111049660	21300005000320	CAPECITABINE	Generic
CANCER	59651020460	21300005000320	CAPECITABINE	Generic
CANCER	59923072160	21300005000320	CAPECITABINE	Generic
CANCER	62756023886	21300005000320	CAPECITABINE	Generic
CANCER	67877045860	21300005000320	CAPECITABINE	Generic
CANCER	68001048706	21300005000320	CAPECITABINE	Generic
CANCER	68001064306	21300005000320	CAPECITABINE	Generic
CANCER	70756081560	21300005000320	CAPECITABINE	Generic
CANCER	72205000660	21300005000320	CAPECITABINE	Generic
CANCER	72485020460	21300005000320	CAPECITABINE	Generic
CANCER	82249020760	21300005000320	CAPECITABINE	Generic
CANCER	00054027121	21300005000320	CAPECITABINE	Generic
CANCER	00378251191	21300005000320	CAPECITABINE	Generic
CANCER	51407009560	21300005000320	CAPECITABINE	Generic
CANCER	62135078360	21300005000320	CAPECITABINE	Generic
CANCER	64980027606	21300005000320	CAPECITABINE	Generic
CANCER	69097094903	21300005000320	CAPECITABINE	Generic
CANCER	00093747489	21300005000350	CAPECITABINE	Generic
CANCER	16729007329	21300005000350	CAPECITABINE	Generic
CANCER	31722077512	21300005000350	CAPECITABINE	Generic
CANCER	31722077560	21300005000350	CAPECITABINE	Generic
CANCER	51407064012	21300005000350	CAPECITABINE	Generic
CANCER	55111049704	21300005000350	CAPECITABINE	Generic
CANCER	59651020508	21300005000350	CAPECITABINE	Generic
CANCER	60687014911	21300005000350	CAPECITABINE	Generic
CANCER	60687014994	21300005000350	CAPECITABINE	Generic
CANCER	62756023920	21300005000350	CAPECITABINE	Generic
CANCER	67877045912	21300005000350	CAPECITABINE	Generic
CANCER	68001048807	21300005000350	CAPECITABINE	Generic
CANCER	68001064407	21300005000350	CAPECITABINE	Generic
CANCER	70756081622	21300005000350	CAPECITABINE	Generic
CANCER	72205000792	21300005000350	CAPECITABINE	Generic

CANCER	72485020512	21300005000350	CAPECITABINE	Generic
CANCER	72603030301	21300005000350	CAPECITABINE	Generic
CANCER	82009011212	21300005000350	CAPECITABINE	Generic
CANCER	82249021012	21300005000350	CAPECITABINE	Generic
CANCER	00054027223	21300005000350	CAPECITABINE	Generic
CANCER	00378251278	21300005000350	CAPECITABINE	Generic
CANCER	16714046801	21300005000350	CAPECITABINE	Generic
CANCER	51407009612	21300005000350	CAPECITABINE	Generic
CANCER	59923072212	21300005000350	CAPECITABINE	Generic
CANCER	62135078412	21300005000350	CAPECITABINE	Generic
CANCER	64980027712	21300005000350	CAPECITABINE	Generic
CANCER	69097094808	21300005000350	CAPECITABINE	Generic
CANCER	58468782003	21533085000320	CAPRELSA	Brand
CANCER	58468784003	21533085000340	CAPRELSA	Brand
ENZYME DEFICIENCIES	52276031205	30908230007320	CARBAGLU	Brand
ENZYME DEFICIENCIES	52276031260	30908230007320	CARBAGLU	Brand
CANCER	16729029533	21100015002035	CARBOPLATIN	Generic
CANCER	00703424601	21100015002035	CARBOPLATIN	Generic
CANCER	00703424681	21100015002035	CARBOPLATIN	Generic
CANCER	54288016501	21100015002035	CARBOPLATIN	Generic
CANCER	60505628203	21100015002035	CARBOPLATIN	Generic
CANCER	61703015005	21100015002035	CARBOPLATIN	Generic
CANCER	61703033922	21100015002035	CARBOPLATIN	Generic
CANCER	00703424801	21100015002040	CARBOPLATIN	Generic
CANCER	00703424881	21100015002040	CARBOPLATIN	Generic
CANCER	16729029534	21100015002040	CARBOPLATIN	Generic
CANCER	50742044745	21100015002040	CARBOPLATIN	Generic
CANCER	54288016601	21100015002040	CARBOPLATIN	Generic
CANCER	55150033501	21100015002040	CARBOPLATIN	Generic
CANCER	60505628206	21100015002040	CARBOPLATIN	Generic
CANCER	61703026205	21100015002040	CARBOPLATIN	Generic
CANCER	61703033950	21100015002040	CARBOPLATIN	Generic
CANCER	00703424401	21100015002030	CARBOPLATIN	Generic
CANCER	00703424481	21100015002030	CARBOPLATIN	Generic
CANCER	54288016401	21100015002030	CARBOPLATIN	Generic
CANCER	60505628201	21100015002030	CARBOPLATIN	Generic
CANCER	61703033918	21100015002030	CARBOPLATIN	Generic
CANCER	61703036018	21100015002030	CARBOPLATIN	Generic
CANCER	16729029531	21100015002030	CARBOPLATIN	Generic
CANCER	00703423901	21100015002045	CARBOPLATIN	Generic
CANCER	00703423981	21100015002045	CARBOPLATIN	Generic
CANCER	16729029512	21100015002045	CARBOPLATIN	Generic
CANCER	47335028440	21100015002045	CARBOPLATIN	Generic
CANCER	50742044860	21100015002045	CARBOPLATIN	Generic
CANCER	54288016701	21100015002045	CARBOPLATIN	Generic
CANCER	55150038601	21100015002045	CARBOPLATIN	Generic
CANCER	60505628207	21100015002045	CARBOPLATIN	Generic
CANCER	61703033956	21100015002045	CARBOPLATIN	Generic
CANCER	61703060005	21100015002045	CARBOPLATIN	Generic
CANCER	63323017260	21100015002045	CARBOPLATIN	Generic
ENZYME DEFICIENCIES	35573045960	30908230007320	CARGLUMIC ACID	Generic
ENZYME DEFICIENCIES	71863011460	30908230007320	CARGLUMIC ACID	Generic
CANCER	00781347432	21102010002105	CARMUSTINE	Generic
CANCER	10702036199	21102010002105	CARMUSTINE	Generic
CANCER	10702036603	21102010002105	CARMUSTINE	Generic
CANCER	23155064731	21102010002105	CARMUSTINE	Generic
CANCER	23155064941	21102010002105	CARMUSTINE	Generic
CANCER	23155079041	21102010002105	CARMUSTINE	Generic
CANCER	43598062857	21102010002105	CARMUSTINE	Generic
CANCER	43598086111	21102010002105	CARMUSTINE	Generic
CANCER	70121148202	21102010002105	CARMUSTINE	Generic
CANCER	70710152509	21102010002105	CARMUSTINE	Generic
CANCER	71288012690	21102010002105	CARMUSTINE	Generic
CANCER	72205019801	21102010002105	CARMUSTINE	Generic
CANCER	54879003664	21102010002105	CARMUSTINE	Generic
CANCER	70860022130	21102010002105	CARMUSTINE	Generic
CANCER	70860022361	21102010002105	CARMUSTINE	Generic
CANCER	16729054601	21102010002125	CARMUSTINE	Brand
CANCER	16729054863	21102010002125	CARMUSTINE	Brand
CANCER	16729054305	21102010002103	CARMUSTINE	Brand
CANCER	16729054563	21102010002103	CARMUSTINE	Brand
CANCER	57894011101	21651025101820	CARVYKTI	Brand
CANCER	57894011102	21651025101820	CARVYKTI	Brand

BLOOD MODIFIERS	51167029009	82804020101820	CASGEVY	Brand
BLOOD MODIFIERS	51167029001	82804020101820	CASGEVY	Brand
CANCER	62559068030	21402420000320	CASODEX	Brand
CYSTIC FIBROSIS	61958090101	16140010402120	CAYSTON	Brand
ENZYME DEFICIENCIES	58468022001	82700040600120	CERDELGA	Brand
ENZYME DEFICIENCIES	58468022002	82700040600120	CERDELGA	Brand
ENZYME DEFICIENCIES	58468466301	82700050002120	CEREZYME	Brand
GASTROINTESTINAL	68974087640	52100010000305	CHENODAL	Brand
GASTROINTESTINAL	45043000202	52700025000140	CHOLBAM	Brand
GASTROINTESTINAL	79378000202	52700025000140	CHOLBAM	Brand
GASTROINTESTINAL	45043000102	52700025000120	CHOLBAM	Brand
GASTROINTESTINAL	79378000102	52700025000120	CHOLBAM	Brand
FERTILITY & PREGNANCY	63323003011	30062020002140	CHORIONIC GONADOTROPIN	Brand
AUTOIMMUNE	00069033530	90272005000325	CIBINQO	Brand
AUTOIMMUNE	00069043530	90272005000330	CIBINQO	Brand
AUTOIMMUNE	00069023530	90272005000320	CIBINQO	Brand
OPHTHALMIC	61314062494	86655060302012	CIMERLI	Brand
OPHTHALMIC	70114044001	86655060302012	CIMERLI	Brand
OPHTHALMIC	61314062594	86655060302020	CIMERLI	Brand
OPHTHALMIC	70114044101	86655060302020	CIMERLI	Brand
AUTOIMMUNE	50474070062	52505020106420	CIMZIA	Brand
AUTOIMMUNE	50474071079	5250502010F840	CIMZIA	Brand
AUTOIMMUNE	50474071081	5250502010F840	CIMZIA STARTER KIT	Brand
LUNG DISORDERS	59310061031	44604460002020	CINQAIR	Brand
LUNG DISORDERS	59310061033	44604460002020	CINQAIR	Brand
HEMATOLOGICAL	42227008301	85802022002120	CINRYZE	Brand
NAUSEA & VOMITING	47426020101	50280020001620	CINVANTI	Brand
CANCER	00143950501	21100020002025	CISPLATIN	Generic
CANCER	00703574811	21100020002025	CISPLATIN	Generic
CANCER	16729028838	21100020002025	CISPLATIN	Generic
CANCER	25021025351	21100020002025	CISPLATIN	Generic
CANCER	63323010365	21100020002025	CISPLATIN	Generic
CANCER	68001060933	21100020002025	CISPLATIN	Generic
CANCER	72266025301	21100020002025	CISPLATIN	Generic
CANCER	68001028332	21100020002025	CISPLATIN	Generic
CANCER	68001028333	21100020002025	CISPLATIN	Generic
CANCER	70860020651	21100020002025	CISPLATIN	Generic
CANCER	44567051101	21100020002030	CISPLATIN	Brand
CANCER	63323010364	21100020002030	CISPLATIN	Brand
CANCER	60505627700	21100020002020	CISPLATIN	Brand
CANCER	00143950401	21100020002020	CISPLATIN	Generic
CANCER	00703574711	21100020002020	CISPLATIN	Generic
CANCER	16729028811	21100020002020	CISPLATIN	Generic
CANCER	25021025350	21100020002020	CISPLATIN	Generic
CANCER	60505627900	21100020002020	CISPLATIN	Generic
CANCER	63323010351	21100020002020	CISPLATIN	Generic
CANCER	68001060824	21100020002020	CISPLATIN	Generic
CANCER	72266025201	21100020002020	CISPLATIN	Generic
CANCER	68001028324	21100020002020	CISPLATIN	Generic
CANCER	68001028327	21100020002020	CISPLATIN	Generic
CANCER	70860020650	21100020002020	CISPLATIN	Generic
CANCER	44567053001	21100020002110	CISPLATIN	Brand
CANCER	00143987101	21300007002015	CLADRIBINE	Generic
CANCER	42658001001	21300007002015	CLADRIBINE	Generic
CANCER	42658001091	21300007002015	CLADRIBINE	Generic
CANCER	63323014010	21300007002015	CLADRIBINE	Generic
CANCER	43598030920	21300008002020	CLOFARABINE	Generic
CANCER	63323057270	21300008002020	CLOFARABINE	Generic
CANCER	67457054620	21300008002020	CLOFARABINE	Generic
CANCER	70121123601	21300008002020	CLOFARABINE	Generic
CANCER	71288012820	21300008002020	CLOFARABINE	Generic
CANCER	72266010801	21300008002020	CLOFARABINE	Generic
CANCER	00955174601	21300008002020	CLOFARABINE	Generic
CANCER	60505616600	21300008002020	CLOFARABINE	Generic
CANCER	00024586001	21300008002020	CLOLAR	Brand
HEMOPHILIA	64208775201	85100031002120	COAGADEX	Brand
HEMOPHILIA	64208775401	85100031002120	COAGADEX	Brand
HEMOPHILIA	64208775301	85100031002140	COAGADEX	Brand
HEMOPHILIA	64208775601	85100031002140	COAGADEX	Brand
CANCER	50242012701	21352035002040	COLUMVI	Brand
CANCER	50242012501	21352035002020	COLUMVI	Brand
CANCER	42388001214	21533010106470	COMETRIQ	Brand
CANCER	42388001114	21533010106480	COMETRIQ	Brand

CANCER	42388001314	21533010106460	COMETRIQ	Brand
MULTIPLE SCLEROSIS	68546031730	6240003010E520	COPAXONE	Brand
MULTIPLE SCLEROSIS	68546032506	6240003010E540	COPAXONE	Brand
MULTIPLE SCLEROSIS	68546032512	6240003010E540	COPAXONE	Brand
CANCER	73116021528	21538030000120	COPIKTRA	Brand
CANCER	73116021556	21538030000120	COPIKTRA	Brand
CANCER	73116022528	21538030000130	COPIKTRA	Brand
CANCER	73116022556	21538030000130	COPIKTRA	Brand
HEMOPHILIA	63833051802	85100033006440	CORIFACT	Brand
ENDOCRINE	62559086011	30300010004010	CORTROPHIN	Brand
ENDOCRINE	62559086015	30300010004010	CORTROPHIN	Brand
CANCER	73462010101	21756570202120	COSELA	Brand
AUTOIMMUNE	00078116861	90250575002050	COSENTYX	Brand
AUTOIMMUNE	00078063998	9025057500E530	COSENTYX	Brand
AUTOIMMUNE	00078063997	9025057500E520	COSENTYX	Brand
AUTOIMMUNE	00078105697	9025057500E510	COSENTYX	Brand
AUTOIMMUNE	00078063941	9025057500D530	COSENTYX SENSOREADY PEN	Brand
AUTOIMMUNE	00078063968	9025057500D520	COSENTYX SENSOREADY PEN	Brand
AUTOIMMUNE	00078107068	9025057500D550	COSENTYX UNOREADY	Brand
AUTOIMMUNE	00078107096	9025057500D550	COSENTYX UNOREADY	Brand
CANCER	55292081155	21200020002105	COSMEGEN	Brand
CANCER	50242071701	21533530200320	COTELLIC	Brand
	70370510001	30321020000145	CRENESSITY	Brand
	70370505001	30321020000130	CRENESSITY	Brand
	70370525001	30321020002020	CRENESSITY	Brand
ENDOCRINE	42747010201	30909510602010	CRYSVITA	Brand
ENDOCRINE	69794010201	30909510602010	CRYSVITA	Brand
ENDOCRINE	42747020301	30909510602020	CRYSVITA	Brand
ENDOCRINE	69794020301	30909510602020	CRYSVITA	Brand
ENDOCRINE	42747030401	30909510602030	CRYSVITA	Brand
ENDOCRINE	69794030401	30909510602030	CRYSVITA	Brand
IMMUNE GLOBULINS	00069106101	19100020572021	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069106102	19100020572021	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081001	19100020572021	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081081	19100020572021	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081002	19100020572025	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081082	19100020572025	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069147601	19100020572030	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069147602	19100020572030	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081003	19100020572030	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081083	19100020572030	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081004	19100020572035	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081084	19100020572035	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069150901	19100020572040	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069150902	19100020572040	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081005	19100020572040	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081085	19100020572040	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069196501	19100020572055	CUTAQUIG	Brand
IMMUNE GLOBULINS	00069196502	19100020572055	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081006	19100020572055	CUTAQUIG	Brand
IMMUNE GLOBULINS	68982081086	19100020572055	CUTAQUIG	Brand
IMMUNE GLOBULINS	00944285001	19100020202050	CUVITRU	Brand
IMMUNE GLOBULINS	00944285002	19100020202050	CUVITRU	Brand
IMMUNE GLOBULINS	00944285009	19100020202065	CUVITRU	Brand
IMMUNE GLOBULINS	00944285010	19100020202065	CUVITRU	Brand
IMMUNE GLOBULINS	00944285003	19100020202054	CUVITRU	Brand
IMMUNE GLOBULINS	00944285004	19100020202054	CUVITRU	Brand
IMMUNE GLOBULINS	00944285005	19100020202058	CUVITRU	Brand
IMMUNE GLOBULINS	00944285006	19100020202058	CUVITRU	Brand
IMMUNE GLOBULINS	00944285007	19100020202062	CUVITRU	Brand
IMMUNE GLOBULINS	00944285008	19100020202062	CUVITRU	Brand
CANCER	00054038225	21101020000105	CYCLOPHOSPHAMIDE	Brand
CANCER	54879002101	21101020000105	CYCLOPHOSPHAMIDE	Generic
CANCER	62332061831	21101020000105	CYCLOPHOSPHAMIDE	Generic
CANCER	69097051607	21101020000105	CYCLOPHOSPHAMIDE	Generic
CANCER	00054038325	21101020000110	CYCLOPHOSPHAMIDE	Brand
CANCER	54879002201	21101020000110	CYCLOPHOSPHAMIDE	Generic
CANCER	62332061931	21101020000110	CYCLOPHOSPHAMIDE	Generic
CANCER	69097051707	21101020000110	CYCLOPHOSPHAMIDE	Generic
CANCER	62559093101	21101020000110	CYCLOPHOSPHAMIDE	Generic
CANCER	00781324494	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093601	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093650	21101020002125	CYCLOPHOSPHAMIDE	Generic

CANCER	10019093901	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093950	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094401	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094450	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095601	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095616	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	16714085701	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	25021024851	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	39822025501	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	65219013120	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	68001044327	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	70121123901	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	72572008501	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	72603032601	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	81298811201	21101020002125	CYCLOPHOSPHAMIDE	Generic
CANCER	00781325594	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093701	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093710	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094201	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094210	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094501	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094510	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095701	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095711	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	16714085801	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	25021024951	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	39822026001	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	65219013320	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	68001044432	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	70121124001	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	72572008301	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	81298811401	21101020002130	CYCLOPHOSPHAMIDE	Generic
CANCER	00781323394	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093501	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093525	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093801	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019093825	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094301	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019094325	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095501	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	10019095550	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	16714085901	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	25021024750	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	39822025001	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	65219013520	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	68001044226	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	70121123801	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	72572008701	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	72603010401	21101020002120	CYCLOPHOSPHAMIDE	Generic
CANCER	81298811001	21101020002120	CYCLOPHOSPHAMIDE	Generic
	83831011702	21101020002075	CYCLOPHOSPHAMIDE	Brand
CANCER	00338977901	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	55150027199	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	68001056422	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	75907019007	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	50742052005	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	51407074905	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	55150027101	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	70860021805	21101020002030	CYCLOPHOSPHAMIDE	Brand
CANCER	00781352910	21101020002010	CYCLOPHOSPHAMIDE	Brand
CANCER	00781352970	21101020002010	CYCLOPHOSPHAMIDE	Brand
CANCER	55150027201	21101020002049	CYCLOPHOSPHAMIDE	Brand
CANCER	75907018935	21101020002049	CYCLOPHOSPHAMIDE	Brand
CANCER	51407075010	21101020002049	CYCLOPHOSPHAMIDE	Brand
	83831011804	21101020002080	CYCLOPHOSPHAMIDE	Brand
CANCER	00781353010	21101020002015	CYCLOPHOSPHAMIDE	Brand
CANCER	00781353080	21101020002015	CYCLOPHOSPHAMIDE	Brand
CANCER	00338977701	21101020002020	CYCLOPHOSPHAMIDE	Brand
CANCER	55150027099	21101020002020	CYCLOPHOSPHAMIDE	Brand
CANCER	75907019102	21101020002020	CYCLOPHOSPHAMIDE	Brand
CANCER	50742051902	21101020002020	CYCLOPHOSPHAMIDE	Brand
CANCER	51407074802	21101020002020	CYCLOPHOSPHAMIDE	Brand
CANCER	55150027001	21101020002020	CYCLOPHOSPHAMIDE	Brand

CANCER	70860021803	21101020002020	CYCLOPHOSPHAMIDE		Brand
CANCER	00781352810	21101020002005	CYCLOPHOSPHAMIDE		Brand
CANCER	00781352875	21101020002005	CYCLOPHOSPHAMIDE		Brand
CANCER	83831011601	21101020002070	CYCLOPHOSPHAMIDE		Brand
CANCER	43598066011	21101020002070	CYCLOPHOSPHAMIDE		Brand
CANCER	43598066111	21101020002070	CYCLOPHOSPHAMIDE		Brand
CANCER	43598066211	21101020002070	CYCLOPHOSPHAMIDE		Brand
CANCER	10019098201	21101020000305	CYCLOPHOSPHAMIDE		Brand
CANCER	10019098209	21101020000305	CYCLOPHOSPHAMIDE		Brand
CANCER	10019098401	21101020000310	CYCLOPHOSPHAMIDE		Brand
CANCER	10019098409	21101020000310	CYCLOPHOSPHAMIDE		Brand
CANCER	68001056528	21101020002049	CYCLOPHOSPHAMIDE MONOHYDRATE		Brand
CANCER	50742052110	21101020002049	CYCLOPHOSPHAMIDE MONOHYDRATE		Brand
CANCER	70860021810	21101020002049	CYCLOPHOSPHAMIDE MONOHYDRATE		Brand
AUTOIMMUNE	00597049550	6627001505F515	CYLTEZO		Brand
AUTOIMMUNE	00597037597	6627001505F520	CYLTEZO		Brand
AUTOIMMUNE	00597040089	6627001505F805	CYLTEZO		Brand
AUTOIMMUNE	00597040580	6627001505F810	CYLTEZO		Brand
AUTOIMMUNE	00597048520	6627001505F815	CYLTEZO		Brand
AUTOIMMUNE	00597037082	6627001505F820	CYLTEZO		Brand
AUTOIMMUNE	00597049560	6627001505F515	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS		Brand
AUTOIMMUNE	00597037516	6627001505F520	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS		Brand
AUTOIMMUNE	00597037523	6627001505F520	CYLTEZO STARTER PACKAGE FOR PSORIASIS		Brand
AUTOIMMUNE	00597049540	6627001505F515	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS		Brand
CANCER	00002766901	21335070002020	CYRAMZA		Brand
CANCER	00002767801	21335070002040	CYRAMZA		Brand
ENZYME DEFICIENCIES	52276040001	30904520002920	CYSTADANE		Brand
OPHTHALMIC	55292041005	86805525102015	CYSTADROPS		Brand
OTHER NON-CATEGORIZED	00378904505	56400030100140	CYSTAGON		Brand
OTHER NON-CATEGORIZED	00378904005	56400030100120	CYSTAGON		Brand
OPHTHALMIC	54482002002	86805525102020	CYSTARAN		Brand
CANCER	25021022320	21300010002040	CYTARABINE		Generic
CANCER	61703015501	21300010002040	CYTARABINE		Generic
CANCER	61703031922	21300010002040	CYTARABINE		Generic
CANCER	63323012020	21300010002040	CYTARABINE		Generic
CANCER	71288010920	21300010002040	CYTARABINE		Generic
CANCER	25021022905	21300010002011	CYTARABINE		Generic
CANCER	61703030538	21300010002011	CYTARABINE		Generic
CANCER	61703030558	21300010002011	CYTARABINE		Generic
CANCER	61703030436	21300010002010	CYTARABINE	AQUEOUS	Brand
CANCER	61703030346	21300010002011	CYTARABINE	AQUEOUS	Generic
CANCER	63323012700	21700020002105	DACARBAZINE		Brand
CANCER	63323012710	21700020002105	DACARBAZINE		Brand
CANCER	00143924501	21700020002110	DACARBAZINE		Generic
CANCER	00143924510	21700020002110	DACARBAZINE		Generic
CANCER	63323012800	21700020002110	DACARBAZINE		Generic
CANCER	63323012820	21700020002110	DACARBAZINE		Generic
CANCER	71288017420	21700020002110	DACARBAZINE		Generic
CANCER	71288017421	21700020002110	DACARBAZINE		Generic
CANCER	00703507501	21700020002110	DACARBAZINE		Generic
CANCER	00703507503	21700020002110	DACARBAZINE		Generic
CANCER	39822210001	21200020002105	DACTINOMYCIN		Generic
CANCER	39822210002	21200020002105	DACTINOMYCIN		Generic
CANCER	42658000801	21200020002105	DACTINOMYCIN		Generic
CANCER	55150043101	21200020002105	DACTINOMYCIN		Generic
CANCER	55150092802	21200020002105	DACTINOMYCIN		Generic
CANCER	71288012902	21200020002105	DACTINOMYCIN		Generic
CANCER	66993048983	21200020002105	DACTINOMYCIN		Generic
CANCER	73042020101	21356050302020	DANYELZA		Brand
	24338015401	21531860600320	DANZITEN		Brand
	24338015501	21531860600330	DANZITEN		Brand
ANTI-INFECTIVE	83649033001	13000040000310	DARAPRIM		Brand
ANTI-INFECTIVE	69413033010	13000040000310	DARAPRIM		Brand
ANTI-INFECTIVE	69413033030	13000040000310	DARAPRIM		Brand
CANCER	57894050505	21354027002020	DARZALEX		Brand
CANCER	57894050205	21354027002020	DARZALEX		Brand
CANCER	57894050520	21354027002030	DARZALEX		Brand
CANCER	57894050220	21354027002030	DARZALEX		Brand
CANCER	57894050301	21990002152020	DARZALEX FASPRO		Brand
CANCER	43598060330	21531820000360	DASATINIB		Generic
CANCER	60505363103	21531820000360	DASATINIB		Generic
CANCER	66993023730	21531820000360	DASATINIB		Generic
CANCER	70377008711	21531820000360	DASATINIB		Generic

CANCER	70710174503	21531820000360	DASATINIB	Generic
CANCER	59651054630	21531820000360	DASATINIB	Generic
CANCER	43598060430	21531820000380	DASATINIB	Generic
CANCER	60505381703	21531820000380	DASATINIB	Generic
CANCER	66993023830	21531820000380	DASATINIB	Generic
CANCER	70377008811	21531820000380	DASATINIB	Generic
CANCER	70710174603	21531820000380	DASATINIB	Generic
CANCER	59651054730	21531820000380	DASATINIB	Generic
CANCER	43598059960	21531820000320	DASATINIB	Generic
CANCER	60505362806	21531820000320	DASATINIB	Generic
CANCER	66993023360	21531820000320	DASATINIB	Generic
CANCER	70377008311	21531820000320	DASATINIB	Generic
CANCER	70710174106	21531820000320	DASATINIB	Generic
CANCER	59651054260	21531820000320	DASATINIB	Generic
CANCER	43598060060	21531820000340	DASATINIB	Generic
CANCER	60505362906	21531820000340	DASATINIB	Generic
CANCER	66993023460	21531820000340	DASATINIB	Generic
CANCER	70377008411	21531820000340	DASATINIB	Generic
CANCER	70710174206	21531820000340	DASATINIB	Generic
CANCER	59651054360	21531820000340	DASATINIB	Generic
CANCER	43598060160	21531820000350	DASATINIB	Generic
CANCER	60505363006	21531820000350	DASATINIB	Generic
CANCER	66993023560	21531820000350	DASATINIB	Generic
CANCER	70377008511	21531820000350	DASATINIB	Generic
CANCER	70710174306	21531820000350	DASATINIB	Generic
CANCER	59651054460	21531820000350	DASATINIB	Generic
CANCER	43598060230	21531820000354	DASATINIB	Generic
CANCER	60505381603	21531820000354	DASATINIB	Generic
CANCER	66993023630	21531820000354	DASATINIB	Generic
CANCER	70377008611	21531820000354	DASATINIB	Generic
CANCER	70710174403	21531820000354	DASATINIB	Generic
CANCER	59651054530	21531820000354	DASATINIB	Generic
	65597080101	21551020202120	DATROWAY	Brand
CANCER	00143955101	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Brand
CANCER	00143955110	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Brand
CANCER	42658002101	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	42658002102	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	42658002191	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	42658002192	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	00703523311	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	00703523313	21200030102025	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	00143955001	21200030102035	DAUNORUBICIN HYDROCHLORIDE	Brand
CANCER	42658001901	21200030102035	DAUNORUBICIN HYDROCHLORIDE	Generic
CANCER	00069153130	21370030300335	DAURISMO	Brand
CANCER	00069029860	21370030300320	DAURISMO	Brand
OTHER NON-CATEGORIZED	72960011201	90890045402140	DAXXIFY	Brand
OTHER NON-CATEGORIZED	63090066001	74653075002020	DAYBUE	Brand
CANCER	00143938501	21300015002120	DECITABINE	Generic
CANCER	16729022405	21300015002120	DECITABINE	Generic
CANCER	25021021920	21300015002120	DECITABINE	Generic
CANCER	31722030431	21300015002120	DECITABINE	Generic
CANCER	43598034837	21300015002120	DECITABINE	Generic
CANCER	43598042737	21300015002120	DECITABINE	Generic
CANCER	47335036141	21300015002120	DECITABINE	Generic
CANCER	50742043001	21300015002120	DECITABINE	Generic
CANCER	55111055610	21300015002120	DECITABINE	Generic
CANCER	63323082520	21300015002120	DECITABINE	Generic
CANCER	67457031625	21300015002120	DECITABINE	Generic
CANCER	68001061837	21300015002120	DECITABINE	Generic
CANCER	68001064241	21300015002120	DECITABINE	Generic
CANCER	70121164401	21300015002120	DECITABINE	Generic
CANCER	71288011920	21300015002120	DECITABINE	Generic
CANCER	72205003101	21300015002120	DECITABINE	Generic
CANCER	72205003601	21300015002120	DECITABINE	Generic
CANCER	72603010701	21300015002120	DECITABINE	Generic
CANCER	75834019001	21300015002120	DECITABINE	Generic
CANCER	25021023120	21300015002120	DECITABINE	Generic
CANCER	55150037601	21300015002120	DECITABINE	Generic
CANCER	68001057341	21300015002120	DECITABINE	Generic
CANCER	69097090567	21300015002120	DECITABINE	Generic
CANCER	70860021920	21300015002120	DECITABINE	Generic
OTHER NON-CATEGORIZED	31722003032	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	42806037230	93100025003030	DEFERASIROX	Generic

OTHER NON-CATEGORIZED	67877067684	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097056031	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097056053	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72205007530	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72205007561	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00591473530	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722003031	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72647037230	93100025003030	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722003132	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	42806037330	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877067784	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097057031	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097057053	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72205007630	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72205007661	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00591474030	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722003131	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72647037330	93100025003040	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722002932	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	42806037130	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877067584	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097055031	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097055053	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72205017630	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00591473030	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72647037130	93100025003020	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722001230	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085230	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	59651041130	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332041130	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097039202	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70700027030	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70710127603	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72603023201	93100025000330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722001330	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085130	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	59651041230	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332041230	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877055430	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097039302	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70700027130	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70710127703	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72603023301	93100025000340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	31722001130	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085330	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	59651041030	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332041030	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877055230	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69097039102	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70700026930	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	70710127503	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	72603023101	93100025000320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00480701156	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085530	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332032430	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62756056883	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877054930	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69452015913	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	45963045430	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	68462049430	93100025007320	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00480701256	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085630	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332032530	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62756056983	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877055030	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	69452016013	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	45963045530	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	68462049530	93100025007330	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00480701356	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	43598085430	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62332032630	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	62756057083	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	67877055130	93100025007340	DEFERASIROX	Generic

OTHER NON-CATEGORIZED	69452016113	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	45963045630	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	68462049630	93100025007340	DEFERASIROX	Generic
OTHER NON-CATEGORIZED	00054071119	93100028000340	DEFERIPRONE	Generic
OTHER NON-CATEGORIZED	51672423704	93100028000340	DEFERIPRONE	Generic
OTHER NON-CATEGORIZED	00054057625	93100028000320	DEFERIPRONE	Generic
OTHER NON-CATEGORIZED	51672419601	93100028000320	DEFERIPRONE	Generic
CORTICOSTEROIDS	27808024901	22100017001830	DEFLAZACORT	Generic
CORTICOSTEROIDS	00832081530	22100017000350	DEFLAZACORT	Generic
CORTICOSTEROIDS	59651060030	22100017000350	DEFLAZACORT	Generic
CORTICOSTEROIDS	70095004130	22100017000350	DEFLAZACORT	Generic
CORTICOSTEROIDS	00832081630	22100017000360	DEFLAZACORT	Generic
CORTICOSTEROIDS	59651060130	22100017000360	DEFLAZACORT	Generic
CORTICOSTEROIDS	70095004230	22100017000360	DEFLAZACORT	Generic
CORTICOSTEROIDS	00832081730	22100017000365	DEFLAZACORT	Generic
CORTICOSTEROIDS	59651060230	22100017000365	DEFLAZACORT	Generic
CORTICOSTEROIDS	70095004330	22100017000365	DEFLAZACORT	Generic
CORTICOSTEROIDS	00832081411	22100017000340	DEFLAZACORT	Generic
CORTICOSTEROIDS	59651059901	22100017000340	DEFLAZACORT	Generic
CORTICOSTEROIDS	70095004001	22100017000340	DEFLAZACORT	Generic
CANCER	00143924701	21754040102120	DEXRAZOXANE	Generic
CANCER	55150043201	21754040102120	DEXRAZOXANE	Generic
CANCER	55150043202	21754040102120	DEXRAZOXANE	Generic
CANCER	55150043401	21754040102120	DEXRAZOXANE	Generic
CANCER	55150043402	21754040102120	DEXRAZOXANE	Generic
CANCER	72266023501	21754040102120	DEXRAZOXANE	Generic
CANCER	00143924801	21754040102140	DEXRAZOXANE	Generic
CANCER	55150043501	21754040102140	DEXRAZOXANE	Generic
CANCER	55150043701	21754040102140	DEXRAZOXANE	Generic
CANCER	72266010101	21754040102140	DEXRAZOXANE	Generic
CANCER	72611071601	21754040102140	DEXRAZOXANE	Generic
CANCER	72611071672	21754040102140	DEXRAZOXANE	Generic
CANCER	51991094298	21754040102140	DEXRAZOXANE	Generic
CANCER	72205024701	21754040102120	DEXRAZOXANE HYDROCHLORIDE	Generic
CANCER	72205024801	21754040102140	DEXRAZOXANE HYDROCHLORIDE	Generic
ANTIHYPERTENSIVE	13668067601	37100020000305	DICHLORPHENAMIDE	Generic
MULTIPLE SCLEROSIS	00378039614	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	16729041604	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	24979012721	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	31722065731	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	43547002414	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	43598042952	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	51407044214	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	59651008314	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	67877055514	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	69238131804	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	70512085214	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	82249074514	62405525006520	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	69097032289	62405525006520	DIMETHYL FUMARATE	Generic
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MULTIPLE SCLEROSIS	24979012804	62405525006540	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	31722065832	62405525006540	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	43547002506	62405525006540	DIMETHYL FUMARATE	Generic
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MULTIPLE SCLEROSIS	69097032303	62405525006540	DIMETHYL FUMARATE	Generic
MULTIPLE SCLEROSIS	31722068060	6240552500B320	DIMETHYL FUMARATE STARTERPACK	Generic
MULTIPLE SCLEROSIS	67877055739	6240552500B320	DIMETHYL FUMARATE STARTERPACK	Generic
MULTIPLE SCLEROSIS	69238162603	6240552500B320	DIMETHYL FUMARATE STARTERPACK	Generic
MULTIPLE SCLEROSIS	69097055203	6240552500B320	DIMETHYL FUMARATE STARTERPACK	Generic
CANCER	00409036501	21500005001317	DOCETAXEL	Brand
CANCER	00409036801	21500005001317	DOCETAXEL	Brand
CANCER	16729026765	21500005001317	DOCETAXEL	Brand

CANCER	47335093940	21500005001317	DOCETAXEL	Brand
CANCER	00955102208	21500005001317	DOCETAXEL	Generic
CANCER	23155090531	21500005001317	DOCETAXEL	Generic
CANCER	43598038957	21500005001317	DOCETAXEL	Generic
CANCER	67457078108	21500005001317	DOCETAXEL	Generic
CANCER	70121122301	21500005001317	DOCETAXEL	Generic
CANCER	00409036601	21500005001310	DOCETAXEL	Brand
CANCER	00409423501	21500005001310	DOCETAXEL	Brand
CANCER	16729026763	21500005001310	DOCETAXEL	Brand
CANCER	45963073454	21500005001310	DOCETAXEL	Brand
CANCER	47335032340	21500005001310	DOCETAXEL	Brand
CANCER	00143920401	21500005001310	DOCETAXEL	Generic
CANCER	00955102001	21500005001310	DOCETAXEL	Generic
CANCER	23155090331	21500005001310	DOCETAXEL	Generic
CANCER	25021024501	21500005001310	DOCETAXEL	Generic
CANCER	43598025811	21500005001310	DOCETAXEL	Generic
CANCER	43598061111	21500005001310	DOCETAXEL	Generic
CANCER	70121122101	21500005001310	DOCETAXEL	Generic
CANCER	72485021401	21500005001310	DOCETAXEL	Generic
CANCER	00409036701	21500005001315	DOCETAXEL	Brand
CANCER	00409506801	21500005001315	DOCETAXEL	Brand
CANCER	16729026764	21500005001315	DOCETAXEL	Brand
CANCER	45963076552	21500005001315	DOCETAXEL	Brand
CANCER	47335089540	21500005001315	DOCETAXEL	Brand
CANCER	00143920501	21500005001315	DOCETAXEL	Generic
CANCER	00955102104	21500005001315	DOCETAXEL	Generic
CANCER	23155090431	21500005001315	DOCETAXEL	Generic
CANCER	25021024504	21500005001315	DOCETAXEL	Generic
CANCER	43598025940	21500005001315	DOCETAXEL	Generic
CANCER	43598061040	21500005001315	DOCETAXEL	Generic
CANCER	70121122201	21500005001315	DOCETAXEL	Generic
CANCER	72485021504	21500005001315	DOCETAXEL	Generic
CANCER	00409001601	21500005002050	DOCETAXEL	Brand
CANCER	00409020120	21500005002050	DOCETAXEL	Brand
CANCER	00409173201	21500005002050	DOCETAXEL	Brand
CANCER	43066001001	21500005002050	DOCETAXEL	Brand
CANCER	66758005003	21500005002050	DOCETAXEL	Brand
CANCER	25021025416	21500005002050	DOCETAXEL	Generic
CANCER	50742046316	21500005002050	DOCETAXEL	Generic
CANCER	62332067816	21500005002050	DOCETAXEL	Generic
CANCER	67457053316	21500005002050	DOCETAXEL	Generic
CANCER	71288014416	21500005002050	DOCETAXEL	Generic
CANCER	55150038001	21500005002050	DOCETAXEL	Generic
CANCER	70700017622	21500005002050	DOCETAXEL	Generic
CANCER	73358021016	21500005002050	DOCETAXEL	Generic
CANCER	00409020102	21500005002030	DOCETAXEL	Brand
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CANCER	43066000101	21500005002030	DOCETAXEL	Brand
CANCER	66758005001	21500005002030	DOCETAXEL	Brand
CANCER	62332067802	21500005002030	DOCETAXEL	Generic
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CANCER	55150037801	21500005002030	DOCETAXEL	Generic
CANCER	70700017422	21500005002030	DOCETAXEL	Generic
CANCER	00409020110	21500005002040	DOCETAXEL	Brand
CANCER	00409787001	21500005002040	DOCETAXEL	Brand
CANCER	43066000601	21500005002040	DOCETAXEL	Brand
CANCER	66758005002	21500005002040	DOCETAXEL	Brand
CANCER	25021025408	21500005002040	DOCETAXEL	Generic
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CANCER	70700017522	21500005002040	DOCETAXEL	Generic
CANCER	73358021008	21500005002040	DOCETAXEL	Generic
CANCER	83831010316	21500005002050	DOCIVYX	Brand
CANCER	83831010102	21500005002030	DOCIVYX	Brand
CANCER	83831010208	21500005002040	DOCIVYX	Brand
VITAMINS & SUPPLEMENTS	69794005050	80200080000920	DOJOLVI	Brand
BLOOD MODIFIERS	71369002010	82405010200320	DOPTELET	Brand
BLOOD MODIFIERS	71369002011	82405010200320	DOPTELET	Brand
BLOOD MODIFIERS	71369002015	82405010200320	DOPTELET	Brand

BLOOD MODIFIERS	71369002030	82405010200320	DOPTELET	Brand
	00338006301	21200040401820	DOXIL	Brand
	00338006701	21200040401820	DOXIL	Brand
	00338966501	21200040401820	DOXIL	Brand
	00338966701	21200040401820	DOXIL	Brand
CANCER	00143909301	21200040102115	DOXORUBICIN HCL	Generic
CANCER	67457043650	21200040102115	DOXORUBICIN HCL	Generic
CANCER	00069400405	21200040102010	DOXORUBICIN HCL	Brand
CANCER	00069401510	21200040102010	DOXORUBICIN HCL	Brand
CANCER	00069402625	21200040102010	DOXORUBICIN HCL	Brand
CANCER	00069403701	21200040102010	DOXORUBICIN HCL	Brand
CANCER	45963073355	21200040102010	DOXORUBICIN HCL	Generic
CANCER	45963073357	21200040102010	DOXORUBICIN HCL	Generic
CANCER	45963073360	21200040102010	DOXORUBICIN HCL	Generic
CANCER	45963073368	21200040102010	DOXORUBICIN HCL	Generic
CANCER	62756082640	21200040102010	DOXORUBICIN HCL	Generic
CANCER	62756082740	21200040102010	DOXORUBICIN HCL	Generic
CANCER	63323010161	21200040102010	DOXORUBICIN HCL	Generic
CANCER	63323088305	21200040102010	DOXORUBICIN HCL	Generic
CANCER	63323088310	21200040102010	DOXORUBICIN HCL	Generic
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CANCER	70860020805	21200040102010	DOXORUBICIN HCL	Generic
CANCER	70860020825	21200040102010	DOXORUBICIN HCL	Generic
CANCER	70860020851	21200040102010	DOXORUBICIN HCL	Generic
CANCER	00143909201	21200040102105	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069025510	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069027702	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069034302	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069035820	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069144204	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069154220	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069335825	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069403112	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069420505	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069562905	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069303020	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069303120	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069303220	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00069303420	21200040102010	DOXORUBICIN HYDROCHLORIDE	Brand
CANCER	00143908401	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143908501	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143908601	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143908701	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143908801	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143908901	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143909001	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	00143909101	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	25021020725	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	25021020751	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
CANCER	16714000101	21200040102010	DOXORUBICIN HYDROCHLORIDE	Generic
	16714074201	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	16714085601	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	43598028335	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	43598054125	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	43598068235	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	43598068325	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	47335004940	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	47335005040	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001034523	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001034526	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001034528	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001034536	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001049236	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001049326	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001062926	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	68001062936	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	70710153001	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	70710153101	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	70748033901	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	70748034001	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	72603010301	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	72603020001	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	00574093010	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic

	00574093125	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	63629953001	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
	63629953101	21200040401820	DOXORUBICIN HYDROCHLORIDE LIPOSOMAL	Generic
OTHER NON-CATEGORIZED	00904739289	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	31722001490	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	50228042990	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	51407076590	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	59651037590	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	63304008690	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	67877070490	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70436014006	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70710138909	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	72205007290	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	82249055190	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	00054053222	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27241019990	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27808019901	38700030000130	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	00904739389	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	31722001590	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	50228043090	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	51407076690	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	59651037690	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	63304010490	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	67877070590	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70436014106	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70710139009	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	72205007390	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	82249055290	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	00054053322	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27241020090	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27808020001	38700030000140	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	00904739489	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	31722001090	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	50228043190	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	51407076790	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	59651037790	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	63304011290	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	67877070690	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70436014206	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	70710139109	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	72205007490	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	82249055490	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	00054053422	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27241020190	38700030000150	DROXIDOPA	Generic
OTHER NON-CATEGORIZED	27808020101	38700030000150	DROXIDOPA	Generic
	00024591900	9027302000D515	DUPIXENT	Brand
	00024591901	9027302000D515	DUPIXENT	Brand
	00024591902	9027302000D515	DUPIXENT	Brand
	00024591920	9027302000D515	DUPIXENT	Brand
	00024591500	9027302000D520	DUPIXENT	Brand
	00024591501	9027302000D520	DUPIXENT	Brand
	00024591502	9027302000D520	DUPIXENT	Brand
	00024591520	9027302000D520	DUPIXENT	Brand
AUTOIMMUNE	00024591100	9027302000E510	DUPIXENT	Brand
AUTOIMMUNE	00024591102	9027302000E510	DUPIXENT	Brand
AUTOIMMUNE	00024591801	9027302000E515	DUPIXENT	Brand
AUTOIMMUNE	00024591400	9027302000E520	DUPIXENT	Brand
AUTOIMMUNE	00024591401	9027302000E520	DUPIXENT	Brand
OPHTHALMIC	00023965201	86330015002320	DURYSTA	Brand
	11797011001	74603025201820	DUVYZAT	Brand
	11797011002	74603025201820	DUVYZAT	Brand
	00002779701	9027304010E520	EBGLYSS	Brand
	00002779711	9027304010E520	EBGLYSS	Brand
	00002777211	9027304010D520	EBGLYSS	Brand
OTHER NON-CATEGORIZED	00781352720	74509030002010	EDARAVONE	Generic
OTHER NON-CATEGORIZED	00781352794	74509030002010	EDARAVONE	Generic
OTHER NON-CATEGORIZED	39822450001	74509030002010	EDARAVONE	Generic
OTHER NON-CATEGORIZED	39822450002	74509030002010	EDARAVONE	Generic
OTHER NON-CATEGORIZED	66794025961	74509030002010	EDARAVONE	Generic
OTHER NON-CATEGORIZED	66794025964	74509030002010	EDARAVONE	Generic
	39822451001	74509030002014	EDARAVONE	Generic
	43598096111	74509030002014	EDARAVONE	Generic
HIV	62064024130	30150085102130	EGRIFTA SV	Brand

CANCER	72903085301	21355030202030	ELAHERE	Brand
ENZYME DEFICIENCIES	54092070001	30906850002020	ELAPRASE	Brand
ENZYME DEFICIENCIES	00069010601	82700080102120	ELELYSO	Brand
OTHER NON-CATEGORIZED	60923050110	74600030406410	ELEVIDYS 10.0-10.4 KG	Brand
OTHER NON-CATEGORIZED	60923050211	74600030406411	ELEVIDYS 10.5-11.4 KG	Brand
OTHER NON-CATEGORIZED	60923050312	74600030406412	ELEVIDYS 11.5-12.4 KG	Brand
OTHER NON-CATEGORIZED	60923050413	74600030406413	ELEVIDYS 12.5-13.4 KG	Brand
OTHER NON-CATEGORIZED	60923050514	74600030406414	ELEVIDYS 13.5-14.4 KG	Brand
OTHER NON-CATEGORIZED	60923050615	74600030406415	ELEVIDYS 14.5-15.4 KG	Brand
OTHER NON-CATEGORIZED	60923050716	74600030406416	ELEVIDYS 15.5-16.4 KG	Brand
OTHER NON-CATEGORIZED	60923050817	74600030406417	ELEVIDYS 16.5-17.4 KG	Brand
OTHER NON-CATEGORIZED	60923050918	74600030406418	ELEVIDYS 17.5-18.4 KG	Brand
OTHER NON-CATEGORIZED	60923051019	74600030406419	ELEVIDYS 18.5-19.4 KG	Brand
OTHER NON-CATEGORIZED	60923051120	74600030406420	ELEVIDYS 19.5-20.4 KG	Brand
OTHER NON-CATEGORIZED	60923051221	74600030406421	ELEVIDYS 20.5-21.4 KG	Brand
OTHER NON-CATEGORIZED	60923051322	74600030406422	ELEVIDYS 21.5-22.4 KG	Brand
OTHER NON-CATEGORIZED	60923051423	74600030406423	ELEVIDYS 22.5-23.4 KG	Brand
OTHER NON-CATEGORIZED	60923051524	74600030406424	ELEVIDYS 23.5-24.4 KG	Brand
OTHER NON-CATEGORIZED	60923051625	74600030406425	ELEVIDYS 24.5-25.4 KG	Brand
OTHER NON-CATEGORIZED	60923051726	74600030406426	ELEVIDYS 25.5-26.4 KG	Brand
OTHER NON-CATEGORIZED	60923051827	74600030406427	ELEVIDYS 26.5-27.4 KG	Brand
OTHER NON-CATEGORIZED	60923051928	74600030406428	ELEVIDYS 27.5-28.4 KG	Brand
OTHER NON-CATEGORIZED	60923052029	74600030406429	ELEVIDYS 28.5-29.4 KG	Brand
OTHER NON-CATEGORIZED	60923052130	74600030406430	ELEVIDYS 29.5-30.4 KG	Brand
OTHER NON-CATEGORIZED	60923052231	74600030406431	ELEVIDYS 30.5-31.4 KG	Brand
OTHER NON-CATEGORIZED	60923052332	74600030406432	ELEVIDYS 31.5-32.4 KG	Brand
OTHER NON-CATEGORIZED	60923052433	74600030406433	ELEVIDYS 32.5-33.4 KG	Brand
OTHER NON-CATEGORIZED	60923052534	74600030406434	ELEVIDYS 33.5-34.4 KG	Brand
OTHER NON-CATEGORIZED	60923052635	74600030406435	ELEVIDYS 34.5-35.4 KG	Brand
OTHER NON-CATEGORIZED	60923052736	74600030406436	ELEVIDYS 35.5-36.4 KG	Brand
OTHER NON-CATEGORIZED	60923052837	74600030406437	ELEVIDYS 36.5-37.4 KG	Brand
OTHER NON-CATEGORIZED	60923052938	74600030406438	ELEVIDYS 37.5-38.4 KG	Brand
OTHER NON-CATEGORIZED	60923053039	74600030406439	ELEVIDYS 38.5-39.4 KG	Brand
OTHER NON-CATEGORIZED	60923054655	74600030406455	ELEVIDYS 54.5-55.4 KG	Brand
OTHER NON-CATEGORIZED	60923054756	74600030406456	ELEVIDYS 55.5-56.4 KG	Brand
OTHER NON-CATEGORIZED	60923054857	74600030406457	ELEVIDYS 56.5-57.4 KG	Brand
OTHER NON-CATEGORIZED	60923054958	74600030406458	ELEVIDYS 57.5-58.4 KG	Brand
OTHER NON-CATEGORIZED	60923055059	74600030406459	ELEVIDYS 58.5-59.4 KG	Brand
OTHER NON-CATEGORIZED	60923055160	74600030406460	ELEVIDYS 59.5-60.4 KG	Brand
OTHER NON-CATEGORIZED	60923055261	74600030406461	ELEVIDYS 60.5-61.4 KG	Brand
OTHER NON-CATEGORIZED	60923055362	74600030406462	ELEVIDYS 61.5-62.4 KG	Brand
OTHER NON-CATEGORIZED	60923055463	74600030406463	ELEVIDYS 62.5-63.4 KG	Brand
OTHER NON-CATEGORIZED	60923055564	74600030406464	ELEVIDYS 63.5-64.4 KG	Brand
OTHER NON-CATEGORIZED	60923055665	74600030406465	ELEVIDYS 64.5-65.4 KG	Brand
OTHER NON-CATEGORIZED	60923055766	74600030406466	ELEVIDYS 65.5-66.4 KG	Brand
OTHER NON-CATEGORIZED	60923055867	74600030406467	ELEVIDYS 66.5-67.4 KG	Brand
OTHER NON-CATEGORIZED	60923055968	74600030406468	ELEVIDYS 67.5-68.4 KG	Brand
OTHER NON-CATEGORIZED	60923056069	74600030406469	ELEVIDYS 68.5-69.4 KG	Brand
OTHER NON-CATEGORIZED	60923056170	74600030406470	ELEVIDYS 69.5 KG PLUS	Brand
ENZYME DEFICIENCIES	10122016002	30903660102020	ELFABRIO	Brand
ENZYME DEFICIENCIES	10122016005	30903660102020	ELFABRIO	Brand
ENZYME DEFICIENCIES	10122016010	30903660102020	ELFABRIO	Brand
	10122016502	30903660102005	ELFABRIO	Brand
CANCER	62935022305	21405010156432	ELIGARD	Brand
CANCER	62935022710	21405010156432	ELIGARD	Brand
CANCER	62935030330	21405010206435	ELIGARD	Brand
CANCER	62935030640	21405010206435	ELIGARD	Brand
CANCER	62935045345	21405010256445	ELIGARD	Brand
CANCER	62935046150	21405010256445	ELIGARD	Brand
CANCER	62935075375	21405010106415	ELIGARD	Brand
CANCER	62935075680	21405010106415	ELIGARD	Brand
CANCER	00024515010	21764065002120	ELITEK	Brand
CANCER	00024515175	21764065002140	ELITEK	Brand
CANCER	00009509310	21200042102045	ELLENCE	Brand
CANCER	00009509301	21200042102045	ELLENCE	Brand
CANCER	00009509125	21200042102030	ELLENCE	Brand
CANCER	00009509101	21200042102030	ELLENCE	Brand
HEMOPHILIA	71104048608	85100010302135	ELOCTATE	Brand
HEMOPHILIA	71104080401	85100010302135	ELOCTATE	Brand
HEMOPHILIA	71104048708	85100010302145	ELOCTATE	Brand
HEMOPHILIA	71104080501	85100010302145	ELOCTATE	Brand
HEMOPHILIA	71104048808	85100010302155	ELOCTATE	Brand
HEMOPHILIA	71104080601	85100010302155	ELOCTATE	Brand

HEMOPHILIA	71104048308	85100010302120	ELOCTATE	Brand
HEMOPHILIA	71104080101	85100010302120	ELOCTATE	Brand
HEMOPHILIA	71104048908	85100010302165	ELOCTATE	Brand
HEMOPHILIA	71104080701	85100010302165	ELOCTATE	Brand
HEMOPHILIA	71104049008	85100010302170	ELOCTATE	Brand
HEMOPHILIA	71104080801	85100010302170	ELOCTATE	Brand
HEMOPHILIA	71104048408	85100010302125	ELOCTATE	Brand
HEMOPHILIA	71104080201	85100010302125	ELOCTATE	Brand
HEMOPHILIA	71104049108	85100010302175	ELOCTATE	Brand
HEMOPHILIA	71104080901	85100010302175	ELOCTATE	Brand
HEMOPHILIA	71104049208	85100010302180	ELOCTATE	Brand
HEMOPHILIA	71104081001	85100010302180	ELOCTATE	Brand
HEMOPHILIA	71104048508	85100010302130	ELOCTATE	Brand
HEMOPHILIA	71104080301	85100010302130	ELOCTATE	Brand
CANCER	00069252201	21352028152020	ELREXFIO	Brand
CANCER	00069252202	21352028152020	ELREXFIO	Brand
CANCER	00069449401	21352028152040	ELREXFIO	Brand
CANCER	00069449402	21352028152040	ELREXFIO	Brand
CANCER	72187040101	21703080302020	ELZONRIS	Brand
CANCER	00013013202	21403020100105	EMCYT	Brand
NAUSEA & VOMITING	00006306601	50280020001930	EMEND	Brand
NAUSEA & VOMITING	00006306603	50280020001930	EMEND	Brand
NAUSEA & VOMITING	00006306100	50280035102130	EMEND	Brand
NAUSEA & VOMITING	00006306101	50280035102130	EMEND	Brand
NAUSEA & VOMITING	00006046102	50280020000120	EMEND BIPACK	Brand
NAUSEA & VOMITING	00006386203	50280020006320	EMEND TRIPACK	Brand
CORTICOSTEROIDS	52856050522	22100017001830	EMFLAZA	Brand
CORTICOSTEROIDS	52856050203	22100017000350	EMFLAZA	Brand
CORTICOSTEROIDS	52856050303	22100017000360	EMFLAZA	Brand
CORTICOSTEROIDS	52856050403	22100017000365	EMFLAZA	Brand
CORTICOSTEROIDS	52856050101	22100017000340	EMFLAZA	Brand
HEMATOLOGICAL	73606001001	85804065002020	EMPAVELI	Brand
CANCER	00003229111	21359030002120	EMPLICITI	Brand
CANCER	00003452211	21359030002130	EMPLICITI	Brand
	00074105501	21355580602160	EMRELIS	Brand
	00074104401	21355580602120	EMRELIS	Brand
AUTOIMMUNE	58406005501	66290030002015	ENBREL	Brand
AUTOIMMUNE	58406005504	66290030002015	ENBREL	Brand
AUTOIMMUNE	58406001001	6629003000E525	ENBREL	Brand
AUTOIMMUNE	58406001004	6629003000E525	ENBREL	Brand
AUTOIMMUNE	58406002101	6629003000E530	ENBREL	Brand
AUTOIMMUNE	58406002104	6629003000E530	ENBREL	Brand
AUTOIMMUNE	58406004401	6629003000E230	ENBREL MINI	Brand
AUTOIMMUNE	58406004404	6629003000E230	ENBREL MINI	Brand
AUTOIMMUNE	50090459000	6629003000D530	ENBREL SURECLICK	Brand
AUTOIMMUNE	58406003201	6629003000D530	ENBREL SURECLICK	Brand
AUTOIMMUNE	58406003204	6629003000D530	ENBREL SURECLICK	Brand
BLOOD MODIFIERS	42457042001	82801020003020	ENDARI	Brand
BLOOD MODIFIERS	42457042060	82801020003020	ENDARI	Brand
CANCER	65597040601	21355070552120	ENHERTU	Brand
HEMATOLOGICAL	80203034701	85803085302050	ENJAYMO	Brand
	83076110006	21533015200140	ENSACOVE	Brand
	83076102503	21533015200120	ENSACOVE	Brand
IMMUNOSUPPRESSANTS	50242000701	9940507040E520	ENSPRYNG	Brand
AUTOIMMUNE	64764030020	52503080002120	ENTYVIO	Brand
	64764010820	5250308000D520	ENTYVIO PEN	Brand
	64764010821	5250308000D520	ENTYVIO PEN	Brand
HEPATITIS C	61958220501	12359902653020	EPCLUSA	Brand
HEPATITIS C	61958220502	12359902653020	EPCLUSA	Brand
HEPATITIS C	61958220401	12359902653030	EPCLUSA	Brand
HEPATITIS C	61958220402	12359902653030	EPCLUSA	Brand
HEPATITIS C	61958220301	12359902650320	EPCLUSA	Brand
HEPATITIS C	61958220101	12359902650330	EPCLUSA	Brand
CANCER	82705000201	21352031202020	EPKINLY	Brand
CANCER	82705001001	21352031202040	EPKINLY	Brand
BLOOD MODIFIERS	55513014401	82401020002040	EPOGEN	Brand
BLOOD MODIFIERS	55513014410	82401020002040	EPOGEN	Brand
BLOOD MODIFIERS	55513028301	82401020002040	EPOGEN	Brand
BLOOD MODIFIERS	55513028310	82401020002040	EPOGEN	Brand
BLOOD MODIFIERS	55513012601	82401020002010	EPOGEN	Brand
BLOOD MODIFIERS	55513012610	82401020002010	EPOGEN	Brand
BLOOD MODIFIERS	55513047801	82401020002050	EPOGEN	Brand
BLOOD MODIFIERS	55513047810	82401020002050	EPOGEN	Brand

BLOOD MODIFIERS	55513026701	82401020002015	EPOGEN	Brand
BLOOD MODIFIERS	55513026710	82401020002015	EPOGEN	Brand
BLOOD MODIFIERS	55513014801	82401020002020	EPOGEN	Brand
BLOOD MODIFIERS	55513014810	82401020002020	EPOGEN	Brand
PULMONARY HYPERTENSION	62756005940	40170040102110	EPOPROSTENOL SODIUM	Generic
PULMONARY HYPERTENSION	67457058710	40170040102110	EPOPROSTENOL SODIUM	Generic
PULMONARY HYPERTENSION	00703198501	40170040102110	EPOPROSTENOL SODIUM	Generic
PULMONARY HYPERTENSION	62756006040	40170040102130	EPOPROSTENOL SODIUM	Generic
PULMONARY HYPERTENSION	67457058810	40170040102130	EPOPROSTENOL SODIUM	Generic
PULMONARY HYPERTENSION	00703199501	40170040102130	EPOPROSTENOL SODIUM	Generic
CANCER	66733094823	21360015002020	ERBITUX	Brand
CANCER	66733095823	21360015002025	ERBITUX	Brand
CANCER	00143916701	21500009202020	ERIBULIN MESYLATE	Generic
CANCER	10019008001	21500009202020	ERIBULIN MESYLATE	Generic
CANCER	60505628900	21500009202020	ERIBULIN MESYLATE	Generic
CANCER	81298389001	21500009202020	ERIBULIN MESYLATE	Generic
CANCER	70095008001	21500009202020	ERIBULIN MESYLATE	Generic
CANCER	50242014001	21370070000120	ERIVEDGE	Brand
CANCER	59676060430	21402410000360	ERLEADA	Brand
CANCER	59676060012	21402410000320	ERLEADA	Brand
CANCER	00093766356	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	31722026430	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	62332056630	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	63304009630	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	68382091406	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72205008130	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72485021830	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	51991089133	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	59923072630	21360025100330	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	00093766456	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	31722026530	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	62332056730	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	63304013530	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	68382091506	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72205008230	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72485021930	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	51991089233	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	59923072730	21360025100360	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	00093766256	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	31722026330	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	62332056530	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	63304009530	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	68382091306	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72205008030	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	72485021730	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	51991089033	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
CANCER	59923072530	21360025100320	ERLOTINIB HYDROCHLORIDE	Generic
LUNG DISORDERS	50242012101	45550060000120	ESBRIET	Brand
LUNG DISORDERS	50242012206	45550060000325	ESBRIET	Brand
LUNG DISORDERS	50242012301	45550060000345	ESBRIET	Brand
CANCER	76310001701	21758010002120	ETHYOL	Brand
CANCER	76310001750	21758010002120	ETHYOL	Brand
CANCER	61269041020	21500010602120	ETOPOPHOS	Brand
CANCER	00378326632	21500010000120	ETOPOSIDE	Brand
CANCER	00378326694	21500010000120	ETOPOSIDE	Brand
CANCER	00143951201	21500010002040	ETOPOSIDE	Generic
CANCER	16729011411	21500010002040	ETOPOSIDE	Generic
CANCER	63323010450	21500010002040	ETOPOSIDE	Generic
CANCER	68001026524	21500010002040	ETOPOSIDE	Generic
CANCER	68001026527	21500010002040	ETOPOSIDE	Generic
CANCER	00143937601	21500010002025	ETOPOSIDE	Generic
CANCER	00143951001	21500010002025	ETOPOSIDE	Generic
CANCER	16729011431	21500010002025	ETOPOSIDE	Generic
CANCER	63323010406	21500010002025	ETOPOSIDE	Generic
CANCER	68001026522	21500010002025	ETOPOSIDE	Generic
CANCER	68001026525	21500010002025	ETOPOSIDE	Generic
CANCER	63323010405	21500010002025	ETOPOSIDE	Generic
CANCER	00143951101	21500010002030	ETOPOSIDE	Generic
CANCER	16729011408	21500010002030	ETOPOSIDE	Generic
CANCER	63323010425	21500010002030	ETOPOSIDE	Generic
CANCER	68001026523	21500010002030	ETOPOSIDE	Generic
CANCER	68001026526	21500010002030	ETOPOSIDE	Generic
CANCER	80725014318	21402440000110	EULEXIN	Brand

CANCER	80725060018	21402440000110	EULEXIN	Brand
BONE DENSITY	55513088001	3004486010E520	EVENITY	Brand
BONE DENSITY	55513088002	3004486010E520	EVENITY	Brand
BONE DENSITY	55513099801	3004486010E520	EVENITY	Brand
BONE DENSITY	55513099802	3004486010E520	EVENITY	Brand
CANCER	00054048213	21532530000330	EVEROLIMUS	Generic
CANCER	00093776919	21532530000330	EVEROLIMUS	Generic
CANCER	00093776924	21532530000330	EVEROLIMUS	Generic
CANCER	49884012852	21532530000330	EVEROLIMUS	Generic
CANCER	49884012891	21532530000330	EVEROLIMUS	Generic
CANCER	51991082428	21532530000330	EVEROLIMUS	Generic
CANCER	51991082433	21532530000330	EVEROLIMUS	Generic
CANCER	51991082499	21532530000330	EVEROLIMUS	Generic
CANCER	70377001311	21532530000330	EVEROLIMUS	Generic
CANCER	70377001322	21532530000330	EVEROLIMUS	Generic
CANCER	70377001323	21532530000330	EVEROLIMUS	Generic
CANCER	72603025701	21532530000330	EVEROLIMUS	Generic
CANCER	00378309932	21532530000330	EVEROLIMUS	Generic
CANCER	00378309985	21532530000330	EVEROLIMUS	Generic
CANCER	00054048013	21532530000310	EVEROLIMUS	Generic
CANCER	00093776619	21532530000310	EVEROLIMUS	Generic
CANCER	00093776624	21532530000310	EVEROLIMUS	Generic
CANCER	49884011952	21532530000310	EVEROLIMUS	Generic
CANCER	49884011991	21532530000310	EVEROLIMUS	Generic
CANCER	51991082128	21532530000310	EVEROLIMUS	Generic
CANCER	51991082133	21532530000310	EVEROLIMUS	Generic
CANCER	51991082199	21532530000310	EVEROLIMUS	Generic
CANCER	70377001011	21532530000310	EVEROLIMUS	Generic
CANCER	70377001022	21532530000310	EVEROLIMUS	Generic
CANCER	70377001023	21532530000310	EVEROLIMUS	Generic
CANCER	72603025401	21532530000310	EVEROLIMUS	Generic
CANCER	00378309632	21532530000310	EVEROLIMUS	Generic
CANCER	00378309685	21532530000310	EVEROLIMUS	Generic
CANCER	00054048113	21532530000320	EVEROLIMUS	Generic
CANCER	00093776719	21532530000320	EVEROLIMUS	Generic
CANCER	00093776724	21532530000320	EVEROLIMUS	Generic
CANCER	49884012552	21532530000320	EVEROLIMUS	Generic
CANCER	49884012591	21532530000320	EVEROLIMUS	Generic
CANCER	51991082228	21532530000320	EVEROLIMUS	Generic
CANCER	51991082233	21532530000320	EVEROLIMUS	Generic
CANCER	51991082299	21532530000320	EVEROLIMUS	Generic
CANCER	70377001111	21532530000320	EVEROLIMUS	Generic
CANCER	70377001122	21532530000320	EVEROLIMUS	Generic
CANCER	70377001123	21532530000320	EVEROLIMUS	Generic
CANCER	72603025501	21532530000320	EVEROLIMUS	Generic
CANCER	00054048114	21532530000320	EVEROLIMUS	Generic
CANCER	00378309732	21532530000320	EVEROLIMUS	Generic
CANCER	00378309785	21532530000320	EVEROLIMUS	Generic
CANCER	00054049713	21532530000325	EVEROLIMUS	Generic
CANCER	00093776819	21532530000325	EVEROLIMUS	Generic
CANCER	00093776824	21532530000325	EVEROLIMUS	Generic
CANCER	49884012752	21532530000325	EVEROLIMUS	Generic
CANCER	49884012791	21532530000325	EVEROLIMUS	Generic
CANCER	51991082328	21532530000325	EVEROLIMUS	Generic
CANCER	51991082333	21532530000325	EVEROLIMUS	Generic
CANCER	51991082399	21532530000325	EVEROLIMUS	Generic
CANCER	70377001211	21532530000325	EVEROLIMUS	Generic
CANCER	70377001222	21532530000325	EVEROLIMUS	Generic
CANCER	70377001223	21532530000325	EVEROLIMUS	Generic
CANCER	72603025601	21532530000325	EVEROLIMUS	Generic
CANCER	00054049714	21532530000325	EVEROLIMUS	Generic
CANCER	00378309832	21532530000325	EVEROLIMUS	Generic
CANCER	00378309885	21532530000325	EVEROLIMUS	Generic
CANCER	00378000532	21532530007310	EVEROLIMUS	Generic
CANCER	00378000585	21532530007310	EVEROLIMUS	Generic
CANCER	51991099028	21532530007310	EVEROLIMUS	Generic
CANCER	51991099099	21532530007310	EVEROLIMUS	Generic
CANCER	60219227901	21532530007310	EVEROLIMUS	Generic
CANCER	60219227902	21532530007310	EVEROLIMUS	Generic
CANCER	00378000632	21532530007320	EVEROLIMUS	Generic
CANCER	00378000685	21532530007320	EVEROLIMUS	Generic
CANCER	51991099128	21532530007320	EVEROLIMUS	Generic
CANCER	51991099199	21532530007320	EVEROLIMUS	Generic

CANCER	60219228001	21532530007320	EVEROLIMUS	Generic
CANCER	60219228002	21532530007320	EVEROLIMUS	Generic
CANCER	00378000732	21532530007340	EVEROLIMUS	Generic
CANCER	00378000785	21532530007340	EVEROLIMUS	Generic
CANCER	51991099228	21532530007340	EVEROLIMUS	Generic
CANCER	51991099299	21532530007340	EVEROLIMUS	Generic
CANCER	60219228101	21532530007340	EVEROLIMUS	Generic
CANCER	60219228102	21532530007340	EVEROLIMUS	Generic
ANTIHYPERLIPIDEMIC	61755001001	39392030202040	EVKEEZA	Brand
ANTIHYPERLIPIDEMIC	61755001301	39392030202020	EVKEEZA	Brand
CANCER	72893000101	21101040102115	EVOMELA	Brand
OTHER NON-CATEGORIZED	50242017505	74706560002120	EVRYSDI	Brand
OTHER NON-CATEGORIZED	50242017507	74706560002120	EVRYSDI	Brand
	50242020201	74706560000320	EVRYSDI	Brand
CANCER	00054008013	21402835000320	EXEMESTANE	Generic
CANCER	00832059530	21402835000320	EXEMESTANE	Generic
CANCER	51991000590	21402835000320	EXEMESTANE	Generic
CANCER	59651051630	21402835000320	EXEMESTANE	Generic
CANCER	59762285801	21402835000320	EXEMESTANE	Generic
CANCER	63629205601	21402835000320	EXEMESTANE	Generic
CANCER	68382038306	21402835000320	EXEMESTANE	Generic
CANCER	69097031602	21402835000320	EXEMESTANE	Generic
CANCER	71921019033	21402835000320	EXEMESTANE	Generic
CANCER	72603032901	21402835000320	EXEMESTANE	Generic
OTHER NON-CATEGORIZED	00078046815	93100025007320	EXJADE	Brand
OTHER NON-CATEGORIZED	00078046915	93100025007330	EXJADE	Brand
OTHER NON-CATEGORIZED	00078047015	93100025007340	EXJADE	Brand
CANCER	63020004012	21360050600120	EXKIVITY	Brand
OTHER NON-CATEGORIZED	60923036302	74600035002020	EXONDYS 51	Brand
OTHER NON-CATEGORIZED	60923028410	74600035002040	EXONDYS 51	Brand
OTHER NON-CATEGORIZED	70510220102	74503070008220	EXSERVAN	Brand
MULTIPLE SCLEROSIS	00078056912	62403060506420	EXTAVIA	Brand
MULTIPLE SCLEROSIS	00078056961	62403060506420	EXTAVIA	Brand
MULTIPLE SCLEROSIS	00078056999	62403060506420	EXTAVIA	Brand
HEMATOLOGICAL	00078118920	85807535200130	FABHALTA	Brand
ENZYME DEFICIENCIES	58468004001	30903610102120	FABRAZYME	Brand
ENZYME DEFICIENCIES	58468004101	30903610102110	FABRAZYME	Brand
CANCER	42747032730	21402685100320	FARESTON	Brand
LUNG DISORDERS	00310174501	4460402000E515	FASENRA	Brand
LUNG DISORDERS	00310174595	4460402000E515	FASENRA	Brand
LUNG DISORDERS	00310173030	4460402000E520	FASENRA	Brand
LUNG DISORDERS	00310183030	4460402000D520	FASENRA PEN	Brand
LUNG DISORDERS	00310183085	4460402000D520	FASENRA PEN	Brand
CANCER	00310072010	2140353000E530	FASLODEX	Brand
HEMOPHILIA	64193042402	85100020002130	FEIBA	Brand
HEMOPHILIA	64193042502	85100020002150	FEIBA	Brand
HEMOPHILIA	64193042602	85100020002120	FEIBA	Brand
CANCER	00078024915	21402860000320	FEMARA	Brand
CANCER	35356040930	21402860000320	FEMARA	Brand
ENDOCRINE	62935015350	30080050256450	FENSOLVI	Brand
ENDOCRINE	62935016360	30080050256450	FENSOLVI	Brand
OTHER NON-CATEGORIZED	10122010150	93100028002020	FERRIPROX	Brand
OTHER NON-CATEGORIZED	10122010305	93100028000340	FERRIPROX	Brand
OTHER NON-CATEGORIZED	10122010010	93100028000320	FERRIPROX	Brand
OTHER NON-CATEGORIZED	10122010401	93100028000345	FERRIPROX TWICE-A-DAY	Brand
OTHER NON-CATEGORIZED	10122010405	93100028000345	FERRIPROX TWICE-A-DAY	Brand
HEMOPHILIA	68982034701	85100035002120	FIBRYGA	Brand
HEMOPHILIA	68982034801	85100035002120	FIBRYGA	Brand
OTHER NON-CATEGORIZED	68974020030	56483065000320	FILSPARI	Brand
OTHER NON-CATEGORIZED	68974040030	56483065000340	FILSPARI	Brand
DERMATOLOGICS	10122031001	90944020004030	FILSUVEZ	Brand
DERMATOLOGICS	10122031002	90944020004030	FILSUVEZ	Brand
DERMATOLOGICS	76431031001	90944020004030	FILSUVEZ	Brand
MULTIPLE SCLEROSIS	00378452593	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	00480782056	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	16729034210	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	31722088930	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	42291004830	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	43598028530	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	60505433203	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	64980044903	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	65862095230	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	67877047630	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic

MULTIPLE SCLEROSIS	68382091206	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	68462016630	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	72865025730	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
MULTIPLE SCLEROSIS	82009014330	62407025100120	FINGOLIMOD HYDROCHLORIDE	Generic
HEMATOLOGICAL	54092070202	8582004010E520	FIRAZYR	Brand
HEMATOLOGICAL	54092070203	8582004010E520	FIRAZYR	Brand
AUTOIMMUNE	69616021103	76000012100320	FIRDAPSE	Brand
AUTOIMMUNE	69616021104	76000012100320	FIRDAPSE	Brand
AUTOIMMUNE	69616021106	76000012100320	FIRDAPSE	Brand
CANCER	55566840301	21405525102131	FIRMAGON	Brand
CANCER	55566830301	21405525102120	FIRMAGON	Brand
IMMUNE GLOBULINS	61953000502	19100020102072	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000505	19100020102072	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000404	19100020102042	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000409	19100020102042	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000402	19100020102034	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000407	19100020102034	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000503	19100020102076	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000506	19100020102076	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000400	19100020102044	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000405	19100020102044	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000403	19100020102038	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000408	19100020102038	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000501	19100020102068	FLEBOGAMMA DIF	Brand
IMMUNE GLOBULINS	61953000504	19100020102068	FLEBOGAMMA DIF	Brand
PULMONARY HYPERTENSION	00173051700	40170040102110	FLOLAN	Brand
PULMONARY HYPERTENSION	00173051900	40170040102130	FLOLAN	Brand
CANCER	81643927001	21300020002105	FLOXURIDINE	Brand
CANCER	45963060955	21300025102120	FLUDARABINE PHOSPHATE	Brand
CANCER	24201023701	21300025102120	FLUDARABINE PHOSPHATE	Generic
CANCER	16729013130	21300025102020	FLUDARABINE PHOSPHATE	Brand
CANCER	25021024202	21300025102020	FLUDARABINE PHOSPHATE	Generic
CANCER	59923060402	21300025102020	FLUDARABINE PHOSPHATE	Generic
CANCER	63323019202	21300025102020	FLUDARABINE PHOSPHATE	Generic
CANCER	45963062151	21300025102020	FLUDARABINE PHOSPHATE	Generic
CANCER	16729027605	21300030002025	FLUOROURACIL	Generic
CANCER	16729027667	21300030002025	FLUOROURACIL	Generic
CANCER	63323011701	21300030002025	FLUOROURACIL	Generic
CANCER	63323011720	21300030002025	FLUOROURACIL	Generic
CANCER	63323011728	21300030002025	FLUOROURACIL	Generic
CANCER	63323011741	21300030002025	FLUOROURACIL	Generic
CANCER	68001052429	21300030002025	FLUOROURACIL	Generic
CANCER	68001052431	21300030002025	FLUOROURACIL	Generic
CANCER	70700018722	21300030002025	FLUOROURACIL	Generic
CANCER	70700018723	21300030002025	FLUOROURACIL	Generic
CANCER	16729027611	21300030002030	FLUOROURACIL	Generic
CANCER	25021021598	21300030002030	FLUOROURACIL	Generic
CANCER	55150049801	21300030002030	FLUOROURACIL	Generic
CANCER	62332075150	21300030002030	FLUOROURACIL	Generic
CANCER	63323011751	21300030002030	FLUOROURACIL	Generic
CANCER	63323011758	21300030002030	FLUOROURACIL	Generic
CANCER	63323011759	21300030002030	FLUOROURACIL	Generic
CANCER	68001052527	21300030002030	FLUOROURACIL	Generic
CANCER	68001062727	21300030002030	FLUOROURACIL	Generic
CANCER	70700018822	21300030002030	FLUOROURACIL	Generic
CANCER	71288017075	21300030002030	FLUOROURACIL	Generic
CANCER	16729027638	21300030002035	FLUOROURACIL	Generic
CANCER	25021021599	21300030002035	FLUOROURACIL	Generic
CANCER	55150049901	21300030002035	FLUOROURACIL	Generic
CANCER	62332077931	21300030002035	FLUOROURACIL	Generic
CANCER	63323011761	21300030002035	FLUOROURACIL	Generic
CANCER	63323011768	21300030002035	FLUOROURACIL	Generic
CANCER	63323011769	21300030002035	FLUOROURACIL	Generic
CANCER	68001052532	21300030002035	FLUOROURACIL	Generic
CANCER	68001062832	21300030002035	FLUOROURACIL	Generic
CANCER	70700018922	21300030002035	FLUOROURACIL	Generic
CANCER	71288015476	21300030002035	FLUOROURACIL	Generic
CANCER	16729027603	21300030002020	FLUOROURACIL	Generic
CANCER	16729027668	21300030002020	FLUOROURACIL	Generic
CANCER	63323011700	21300030002020	FLUOROURACIL	Generic
CANCER	63323011710	21300030002020	FLUOROURACIL	Generic
CANCER	63323011718	21300030002020	FLUOROURACIL	Generic
CANCER	63323011719	21300030002020	FLUOROURACIL	Generic

CANCER	63323011731	21300030002020	FLUOROURACIL	Generic
CANCER	63323011743	21300030002020	FLUOROURACIL	Generic
CANCER	68001052428	21300030002020	FLUOROURACIL	Generic
CANCER	68001052430	21300030002020	FLUOROURACIL	Generic
CANCER	70700018622	21300030002020	FLUOROURACIL	Generic
CANCER	70700018623	21300030002020	FLUOROURACIL	Generic
	70121263101	50280035102020	FOCINVEZ	Brand
FERTILITY & PREGNANCY	78206012901	30062030102020	FOLLISTIM AQ	Brand
FERTILITY & PREGNANCY	00052031301	30062030102020	FOLLISTIM AQ	Brand
FERTILITY & PREGNANCY	78206013001	30062030102030	FOLLISTIM AQ	Brand
FERTILITY & PREGNANCY	00052031601	30062030102030	FOLLISTIM AQ	Brand
FERTILITY & PREGNANCY	78206013101	30062030102040	FOLLISTIM AQ	Brand
FERTILITY & PREGNANCY	00052032601	30062030102040	FOLLISTIM AQ	Brand
CANCER	72893000301	21300054002020	FOLOTYN	Brand
CANCER	72893000501	21300054002025	FOLOTYN	Brand
CANCER	48818000102	21300054002025	FOLOTYN	Brand
	00002840001	3004407000D216	FORTEO	Brand
NAUSEA & VOMITING	00591438579	50280035102130	FOSAPREPITANT DIMEGLUMINE	Brand
NAUSEA & VOMITING	00143938401	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	00143942801	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	00338000801	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	16714024801	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	31722016531	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	43598085911	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	43598094811	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	55150029901	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	63323097210	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	67457088910	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	68001052336	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	71839010401	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	72205005401	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	72205008301	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	72603045001	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	81952091101	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	83634077610	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	00781349775	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	60505610501	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	68180069001	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
NAUSEA & VOMITING	70860078310	50280035102130	FOSAPREPITANT DIMEGLUMINE	Generic
CANCER	45629008901	21533076250120	FOTIVDA	Brand
CANCER	45629013401	21533076250130	FOTIVDA	Brand
	83831012002	21101020002075	FRINDOVYX	Brand
	83831012104	21101020002080	FRINDOVYX	Brand
CANCER	83831011901	21101020002070	FRINDOVYX	Brand
CANCER	63020021021	21335035000120	FRUZAQLA	Brand
CANCER	63020022521	21335035000140	FRUZAQLA	Brand
BLOOD MODIFIERS	67457083306	8240157020E520	FULPHILA	Brand
BLOOD MODIFIERS	83257000541	8240157020E520	FULPHILA	Brand
CANCER	63323071501	2140353000E530	FULVESTRANT	Brand
CANCER	63323071505	2140353000E530	FULVESTRANT	Brand
CANCER	00591501902	2140353000E530	FULVESTRANT	Brand
CANCER	00591501911	2140353000E530	FULVESTRANT	Brand
CANCER	00143902201	2140353000E530	FULVESTRANT	Generic
CANCER	00143902202	2140353000E530	FULVESTRANT	Generic
CANCER	00781353201	2140353000E530	FULVESTRANT	Generic
CANCER	00781353212	2140353000E530	FULVESTRANT	Generic
CANCER	00781905501	2140353000E530	FULVESTRANT	Generic
CANCER	00781905512	2140353000E530	FULVESTRANT	Generic
CANCER	16714007001	2140353000E530	FULVESTRANT	Generic
CANCER	16714007002	2140353000E530	FULVESTRANT	Generic
CANCER	16729043630	2140353000E530	FULVESTRANT	Generic
CANCER	16729043631	2140353000E530	FULVESTRANT	Generic
CANCER	25021047174	2140353000E530	FULVESTRANT	Generic
CANCER	43598026223	2140353000E530	FULVESTRANT	Generic
CANCER	55150039401	2140353000E530	FULVESTRANT	Generic
CANCER	55150039402	2140353000E530	FULVESTRANT	Generic
CANCER	62332065005	2140353000E530	FULVESTRANT	Generic
CANCER	62332065010	2140353000E530	FULVESTRANT	Generic
CANCER	68001048485	2140353000E530	FULVESTRANT	Generic
CANCER	68001048486	2140353000E530	FULVESTRANT	Generic
CANCER	68001052285	2140353000E530	FULVESTRANT	Generic
CANCER	68001052286	2140353000E530	FULVESTRANT	Generic
CANCER	68001062685	2140353000E530	FULVESTRANT	Generic

CANCER	68001062686	2140353000E530	FULVESTRANT	Generic
CANCER	70121146302	2140353000E530	FULVESTRANT	Generic
CANCER	70700028498	2140353000E530	FULVESTRANT	Generic
CANCER	70710168802	2140353000E530	FULVESTRANT	Generic
CANCER	70710168808	2140353000E530	FULVESTRANT	Generic
CANCER	70860021141	2140353000E530	FULVESTRANT	Generic
CANCER	70860021174	2140353000E530	FULVESTRANT	Generic
CANCER	71288055585	2140353000E530	FULVESTRANT	Generic
CANCER	71288055586	2140353000E530	FULVESTRANT	Generic
CANCER	83634020374	2140353000E530	FULVESTRANT	Generic
CANCER	00781307901	2140353000E530	FULVESTRANT	Generic
CANCER	00781307912	2140353000E530	FULVESTRANT	Generic
CANCER	00781349212	2140353000E530	FULVESTRANT	Generic
CANCER	25021046274	2140353000E530	FULVESTRANT	Generic
CANCER	43598026202	2140353000E530	FULVESTRANT	Generic
CANCER	43598026211	2140353000E530	FULVESTRANT	Generic
CANCER	68462031732	2140353000E530	FULVESTRANT	Generic
OTHER NON-CATEGORIZED	71767010001	3720003000F720	FUROSCIX	Brand
HIV	00004038140	12102530002120	FUZEON	Brand
CANCER	80803015350	21532560201920	FYARRO	Brand
BLOOD MODIFIERS	70121162701	8240157060E520	FYLNETRA	Brand
ENZYME DEFICIENCIES	71904010001	30903650100120	GALAFOLD	Brand
IMMUNE GLOBULINS	13533033504	19100020002200	GAMASTAN	Brand
IMMUNE GLOBULINS	13533033512	19100020002200	GAMASTAN	Brand
IMMUNE GLOBULINS	13533033513	19100020002200	GAMASTAN	Brand
IMMUNE GLOBULINS	13533033540	19100020002200	GAMASTAN	Brand
OTHER NON-CATEGORIZED	66658050101	99405035402020	GAMIFANT	Brand
OTHER NON-CATEGORIZED	66658051001	99405035402060	GAMIFANT	Brand
OTHER NON-CATEGORIZED	66658050501	99405035402040	GAMIFANT	Brand
IMMUNE GLOBULINS	00944270002	19100020302060	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270008	19100020302060	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270005	19100020302072	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270011	19100020302072	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270003	19100020302064	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270009	19100020302064	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270006	19100020302076	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270012	19100020302076	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270007	19100020302080	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270013	19100020302080	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270004	19100020302068	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944270010	19100020302068	GAMMAGARD LIQUID	Brand
IMMUNE GLOBULINS	00944265804	19100020102130	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	Brand
IMMUNE GLOBULINS	00944265603	19100020102120	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	Brand
IMMUNE GLOBULINS	76125090001	19100020302060	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090010	19100020302072	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090011	19100020302072	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090020	19100020302076	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090021	19100020302076	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090050	19100020302068	GAMMAKED	Brand
IMMUNE GLOBULINS	76125090051	19100020302068	GAMMAKED	Brand
IMMUNE GLOBULINS	64208823502	19100020102072	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823506	19100020102072	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823403	19100020102042	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823407	19100020102042	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823503	19100020102076	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823507	19100020102076	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823404	19100020102044	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823408	19100020102044	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823402	19100020102038	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823406	19100020102038	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823501	19100020102068	GAMMAPLEX	Brand
IMMUNE GLOBULINS	64208823505	19100020102068	GAMMAPLEX	Brand
IMMUNE GLOBULINS	13533080012	19100020302060	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080013	19100020302060	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080071	19100020302072	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080072	19100020302072	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080015	19100020302064	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080016	19100020302064	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080024	19100020302076	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080025	19100020302076	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080040	19100020302084	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080041	19100020302084	GAMUNEX-C	Brand
IMMUNE GLOBULINS	13533080020	19100020302068	GAMUNEX-C	Brand

IMMUNE GLOBULINS	13533080021	19100020302068	GAMUNEX-C	Brand
GASTROINTESTINAL	68875010201	52533070006420	GATTEX	Brand
GASTROINTESTINAL	68875010301	52533070006420	GATTEX	Brand
CANCER	71332000660	21535750000120	GAVRETO	Brand
CANCER	71332000690	21535750000120	GAVRETO	Brand
CANCER	50242021060	21535750000120	GAVRETO	Brand
CANCER	50242021090	21535750000120	GAVRETO	Brand
CANCER	50242007001	21351843002025	GAZYVA	Brand
CANCER	00480405356	21360030000320	GEFITINIB	Generic
CANCER	50742036630	21360030000320	GEFITINIB	Generic
CANCER	60505451203	21360030000320	GEFITINIB	Generic
CANCER	69339016803	21360030000320	GEFITINIB	Generic
CANCER	00409018601	21300034102140	GEMCITABINE HCL	Generic
CANCER	25021023550	21300034102140	GEMCITABINE HCL	Generic
CANCER	25021023551	21300034102140	GEMCITABINE HCL	Generic
CANCER	55111068725	21300034102140	GEMCITABINE HCL	Generic
CANCER	63323012553	21300034102140	GEMCITABINE HCL	Generic
CANCER	63323012594	21300034102140	GEMCITABINE HCL	Generic
CANCER	00409018701	21300034102160	GEMCITABINE HCL	Generic
CANCER	63323012603	21300034102160	GEMCITABINE HCL	Generic
CANCER	00409018501	21300034102110	GEMCITABINE HCL	Generic
CANCER	25021023410	21300034102110	GEMCITABINE HCL	Generic
CANCER	63323010213	21300034102110	GEMCITABINE HCL	Generic
CANCER	63323010294	21300034102110	GEMCITABINE HCL	Generic
CANCER	16714093001	21300034102140	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	71288011450	21300034102140	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	70860020550	21300034102140	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	16714090901	21300034102110	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	71288011310	21300034102110	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	00143939401	21300034102110	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	16729041903	21300034102077	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	68001034836	21300034102077	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018101	21300034102040	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018125	21300034102040	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	50742049626	21300034102040	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	67457061730	21300034102040	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	71288011728	21300034102040	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	72485022210	21300034102040	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	16729042333	21300034102080	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	16729042605	21300034102083	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	68001035937	21300034102083	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018201	21300034102060	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018225	21300034102060	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	50742049753	21300034102060	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	67457061810	21300034102060	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	71288011754	21300034102060	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	72485022320	21300034102060	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	16729039130	21300034102073	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	68001034234	21300034102073	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018301	21300034102020	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	00409018325	21300034102020	GEMCITABINE HYDROCHLORIDE	Brand
CANCER	50742049805	21300034102020	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	67457061610	21300034102020	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	71288011706	21300034102020	GEMCITABINE HYDROCHLORIDE	Generic
CANCER	72485022102	21300034102020	GEMCITABINE HYDROCHLORIDE	Generic
GROWTH HORMONES	00013264681	3010002000E188	GENOTROPIN	Brand
GROWTH HORMONES	00013262681	3010002000E159	GENOTROPIN	Brand
GROWTH HORMONES	00013264901	3010002000E404	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013264902	3010002000E404	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265002	3010002000E407	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265102	3010002000E410	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265202	3010002000E413	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265302	3010002000E416	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265402	3010002000E419	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265502	3010002000E422	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265602	3010002000E425	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265702	3010002000E428	GENOTROPIN MINIQUICK	Brand
GROWTH HORMONES	00013265802	3010002000E431	GENOTROPIN MINIQUICK	Brand
MULTIPLE SCLEROSIS	00078096589	62407025100110	GILENYA	Brand
MULTIPLE SCLEROSIS	00078060715	62407025100120	GILENYA	Brand
MULTIPLE SCLEROSIS	00078060789	62407025100120	GILENYA	Brand
CANCER	00597014130	21360006100320	GILOTRIF	Brand
CANCER	00597013730	21360006100330	GILOTRIF	Brand

CANCER	00597013830	21360006100340	GILOTRIF	Brand
GASTROINTESTINAL	72089030715	52300020102080	GIMOTI	Brand
BLOOD MODIFIERS	71336100101	85080025202020	GIVLAARI	Brand
LUNG DISORDERS	00944288401	45100010102020	GLASSIA	Brand
LUNG DISORDERS	00944288402	45100010102020	GLASSIA	Brand
MULTIPLE SCLEROSIS	00378696032	6240003010E520	GLATIRAMER ACETATE	Generic
MULTIPLE SCLEROSIS	00378696093	6240003010E520	GLATIRAMER ACETATE	Generic
MULTIPLE SCLEROSIS	00378696112	6240003010E540	GLATIRAMER ACETATE	Generic
MULTIPLE SCLEROSIS	00378696132	6240003010E540	GLATIRAMER ACETATE	Generic
MULTIPLE SCLEROSIS	00781323434	6240003010E520	GLATOPA	Generic
MULTIPLE SCLEROSIS	00781323471	6240003010E520	GLATOPA	Generic
MULTIPLE SCLEROSIS	63629881501	6240003010E520	GLATOPA	Generic
MULTIPLE SCLEROSIS	00781325071	6240003010E540	GLATOPA	Generic
MULTIPLE SCLEROSIS	00781325089	6240003010E540	GLATOPA	Generic
MULTIPLE SCLEROSIS	63629881601	6240003010E540	GLATOPA	Generic
CANCER	00078040134	21531835100320	GLEEVEC	Brand
CANCER	00078064913	21531835100340	GLEEVEC	Brand
CANCER	00078064930	21531835100340	GLEEVEC	Brand
CANCER	58181304005	21102020000110	GLEOSTINE	Brand
CANCER	58181304205	21102020000120	GLEOSTINE	Brand
CANCER	58181304105	21102020000115	GLEOSTINE	Brand
CANCER	24338005008	21102010203120	GLIADEL WAFER	Brand
PARKINSON	70482017060	73200010107040	GOCOVRI	Brand
PARKINSON	70482008560	73200010107020	GOCOVRI	Brand
	82448013042	21533550000120	GOMEKLI	Brand
	82448026042	21533550000130	GOMEKLI	Brand
	82448026084	21533550000130	GOMEKLI	Brand
	82448013442	21533550007320	GOMEKLI	Brand
	82448013484	21533550007320	GOMEKLI	Brand
FERTILITY & PREGNANCY	44087907001	30062030052150	GONAL-F	Brand
FERTILITY & PREGNANCY	44087903001	30062030052140	GONAL-F	Brand
FERTILITY & PREGNANCY	44087900501	30062030052115	GONAL-F RFF	Brand
FERTILITY & PREGNANCY	44087900506	30062030052115	GONAL-F RFF	Brand
FERTILITY & PREGNANCY	50090604900	30062030052115	GONAL-F RFF	Brand
FERTILITY & PREGNANCY	44087111501	3006203005D220	GONAL-F RFF REDIJECT	Brand
FERTILITY & PREGNANCY	44087111601	3006203005D225	GONAL-F RFF REDIJECT	Brand
FERTILITY & PREGNANCY	44087111701	3006203005D240	GONAL-F RFF REDIJECT	Brand
	59137033500	21100060002110	GRAFAPEX	Brand
	59137033501	21100060002110	GRAFAPEX	Brand
	59137036500	21100060002140	GRAFAPEX	Brand
	59137036501	21100060002140	GRAFAPEX	Brand
NAUSEA & VOMITING	00143974401	50250035102010	GRANISETRON HCL	Generic
NAUSEA & VOMITING	00143974410	50250035102010	GRANISETRON HCL	Generic
NAUSEA & VOMITING	00143974501	50250035102015	GRANISETRON HCL	Generic
NAUSEA & VOMITING	00143974505	50250035102015	GRANISETRON HCL	Generic
NAUSEA & VOMITING	63323031904	50250035102015	GRANISETRON HCL	Generic
NAUSEA & VOMITING	63323031801	50250035102010	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	67457086301	50250035102010	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	67457086404	50250035102015	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	51991073520	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	51991073532	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	51991073599	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	69452035001	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	69452035011	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	69452035092	50250035100310	GRANISETRON HYDROCHLORIDE	Generic
BLOOD MODIFIERS	63459091011	8240152070E530	GRANIX	Brand
BLOOD MODIFIERS	63459091015	8240152070E530	GRANIX	Brand
BLOOD MODIFIERS	63459091017	8240152070E530	GRANIX	Brand
BLOOD MODIFIERS	63459091036	8240152070E530	GRANIX	Brand
BLOOD MODIFIERS	63459091211	8240152070E540	GRANIX	Brand
BLOOD MODIFIERS	63459091212	8240152070E540	GRANIX	Brand
BLOOD MODIFIERS	63459091215	8240152070E540	GRANIX	Brand
BLOOD MODIFIERS	63459091217	8240152070E540	GRANIX	Brand
BLOOD MODIFIERS	63459091236	8240152070E540	GRANIX	Brand
BLOOD MODIFIERS	63459091853	82401520702020	GRANIX	Brand
BLOOD MODIFIERS	63459091859	82401520702020	GRANIX	Brand
BLOOD MODIFIERS	63459092053	82401520702030	GRANIX	Brand
BLOOD MODIFIERS	63459092059	82401520702030	GRANIX	Brand
AUTOIMMUNE	50090670400	6627001520E510	HADLIMA	Brand
AUTOIMMUNE	78206018601	6627001520E510	HADLIMA	Brand
AUTOIMMUNE	50090670500	6627001520E520	HADLIMA	Brand
AUTOIMMUNE	78206018301	6627001520E520	HADLIMA	Brand
AUTOIMMUNE	50090670700	6627001520D510	HADLIMA PUSHTOUCH	Brand

AUTOIMMUNE	78206018701	6627001520D510	HADLIMA PUSHTOUCH	Brand
AUTOIMMUNE	50090670600	6627001520D520	HADLIMA PUSHTOUCH	Brand
AUTOIMMUNE	78206018401	6627001520D520	HADLIMA PUSHTOUCH	Brand
HEMATOLOGICAL	63833082802	85802022002130	HAEGARDA	Brand
HEMATOLOGICAL	63833082902	85802022002140	HAEGARDA	Brand
CANCER	62856038901	21500009202020	HALAVEN	Brand
HEPATITIS C	61958180501	12359902403006	HARVONI	Brand
HEPATITIS C	61958180401	12359902403010	HARVONI	Brand
HEPATITIS C	61958180301	12359902400310	HARVONI	Brand
HEPATITIS C	61958180101	12359902400320	HARVONI	Brand
ANTIHYPERTENSIVE	64370037501	33100040102080	HEMANGEOL	Brand
HEMOPHILIA	00053010010	8510253025C610	HEMGENIX	Brand
HEMOPHILIA	00053011011	8510253025C611	HEMGENIX	Brand
HEMOPHILIA	00053012012	8510253025C612	HEMGENIX	Brand
HEMOPHILIA	00053013013	8510253025C613	HEMGENIX	Brand
HEMOPHILIA	00053014014	8510253025C614	HEMGENIX	Brand
HEMOPHILIA	00053015015	8510253025C615	HEMGENIX	Brand
HEMOPHILIA	00053016016	8510253025C616	HEMGENIX	Brand
HEMOPHILIA	00053017017	8510253025C617	HEMGENIX	Brand
HEMOPHILIA	00053018018	8510253025C618	HEMGENIX	Brand
HEMOPHILIA	00053019019	8510253025C619	HEMGENIX	Brand
HEMOPHILIA	00053020020	8510253025C620	HEMGENIX	Brand
HEMOPHILIA	00053021021	8510253025C621	HEMGENIX	Brand
HEMOPHILIA	00053022022	8510253025C622	HEMGENIX	Brand
HEMOPHILIA	00053023023	8510253025C623	HEMGENIX	Brand
HEMOPHILIA	00053024024	8510253025C624	HEMGENIX	Brand
HEMOPHILIA	00053025025	8510253025C625	HEMGENIX	Brand
HEMOPHILIA	00053026026	8510253025C626	HEMGENIX	Brand
HEMOPHILIA	00053027027	8510253025C627	HEMGENIX	Brand
HEMOPHILIA	00053028028	8510253025C628	HEMGENIX	Brand
HEMOPHILIA	00053029029	8510253025C629	HEMGENIX	Brand
HEMOPHILIA	00053030030	8510253025C630	HEMGENIX	Brand
HEMOPHILIA	00053031031	8510253025C631	HEMGENIX	Brand
HEMOPHILIA	00053032032	8510253025C632	HEMGENIX	Brand
HEMOPHILIA	00053033033	8510253025C633	HEMGENIX	Brand
HEMOPHILIA	00053034034	8510253025C634	HEMGENIX	Brand
HEMOPHILIA	00053035035	8510253025C635	HEMGENIX	Brand
HEMOPHILIA	00053036036	8510253025C636	HEMGENIX	Brand
HEMOPHILIA	00053037037	8510253025C637	HEMGENIX	Brand
HEMOPHILIA	00053038038	8510253025C638	HEMGENIX	Brand
HEMOPHILIA	00053039039	8510253025C639	HEMGENIX	Brand
HEMOPHILIA	00053040040	8510253025C640	HEMGENIX	Brand
HEMOPHILIA	00053041041	8510253025C641	HEMGENIX	Brand
HEMOPHILIA	00053042042	8510253025C642	HEMGENIX	Brand
HEMOPHILIA	00053043043	8510253025C643	HEMGENIX	Brand
HEMOPHILIA	00053044044	8510253025C644	HEMGENIX	Brand
HEMOPHILIA	00053045045	8510253025C645	HEMGENIX	Brand
HEMOPHILIA	00053046046	8510253025C646	HEMGENIX	Brand
HEMOPHILIA	00053047047	8510253025C647	HEMGENIX	Brand
HEMOPHILIA	00053048048	8510253025C648	HEMGENIX	Brand
HEMOPHILIA	50242092201	85105030202030	HEMLIBRA	Brand
HEMOPHILIA	50242092701	85105030202007	HEMLIBRA	Brand
HEMOPHILIA	50242092301	85105030202040	HEMLIBRA	Brand
HEMOPHILIA	50242092001	85105030202010	HEMLIBRA	Brand
HEMOPHILIA	50242093001	85105030202060	HEMLIBRA	Brand
HEMOPHILIA	50242092101	85105030202020	HEMLIBRA	Brand
HEMOPHILIA	00944394402	85100010002140	HEMOFIL M	Brand
HEMOPHILIA	00944394501	85100010002140	HEMOFIL M	Brand
HEMOPHILIA	00944394602	85100010002146	HEMOFIL M	Brand
HEMOPHILIA	00944394701	85100010002146	HEMOFIL M	Brand
HEMOPHILIA	00944394002	85100010002110	HEMOFIL M	Brand
HEMOPHILIA	00944394101	85100010002110	HEMOFIL M	Brand
HEMOPHILIA	00944394202	85100010002130	HEMOFIL M	Brand
HEMOPHILIA	00944394301	85100010002130	HEMOFIL M	Brand
CANCER	75833060101	21101040102112	HEPZATO/50MM DOUBLE BALLOON CATHETER	Brand
CANCER	75833060102	21101040102112	HEPZATO/62MM DOUBLE BALLOON CATHETER	Brand
CANCER	50242013201	21170070002110	HERCEPTIN	Brand
CANCER	50242007701	21990002722020	HERCEPTIN HYLECTA	Brand
	69448001505	21170070402150	HERCESSI	Brand
	69448001611	21170070402160	HERCESSI	Brand
CANCER	63459030343	21170070602110	HERZUMA	Brand
CANCER	63459030547	21170070602120	HERZUMA	Brand
CANCER	63459030741	21170070602120	HERZUMA	Brand

SLEEP DISORDERS	43068022001	60250070000130	HETLIOZ	Brand
SLEEP DISORDERS	43068030402	60250070001820	HETLIOZ LQ	Brand
SLEEP DISORDERS	43068030406	60250070001820	HETLIOZ LQ	Brand
IMMUNE GLOBULINS	44206045101	19100020202050	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045190	19100020202050	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045510	19100020202065	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045593	19100020202065	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045202	19100020202054	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045291	19100020202054	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045404	19100020202058	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045492	19100020202058	HIZENTRA	Brand
	44206045525	1910002020E565	HIZENTRA	Brand
	44206045597	1910002020E565	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045621	1910002020E520	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045694	1910002020E520	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045722	1910002020E530	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045795	1910002020E530	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045824	1910002020E540	HIZENTRA	Brand
IMMUNE GLOBULINS	44206045896	1910002020E540	HIZENTRA	Brand
AUTOIMMUNE	49502038002	6627001535F520	HULIO	Brand
AUTOIMMUNE	83257001932	6627001535F520	HULIO	Brand
AUTOIMMUNE	49502038102	6627001535F810	HULIO	Brand
AUTOIMMUNE	83257001642	6627001535F810	HULIO	Brand
AUTOIMMUNE	49502038202	6627001535F820	HULIO	Brand
AUTOIMMUNE	83257001742	6627001535F820	HULIO	Brand
HEMOPHILIA	63833061702	85100015102144	HUMATE-P	Brand
HEMOPHILIA	63833062701	85100015102144	HUMATE-P	Brand
HEMOPHILIA	63833061502	85100015102122	HUMATE-P	Brand
HEMOPHILIA	63833062501	85100015102122	HUMATE-P	Brand
HEMOPHILIA	63833061602	85100015102132	HUMATE-P	Brand
HEMOPHILIA	63833062601	85100015102132	HUMATE-P	Brand
GROWTH HORMONES	00002814801	3010002000E130	HUMATROPE	Brand
GROWTH HORMONES	00002814901	3010002000E140	HUMATROPE	Brand
GROWTH HORMONES	00002814701	3010002000E120	HUMATROPE	Brand
AUTOIMMUNE	00074081702	6627001500F804	HUMIRA	Brand
AUTOIMMUNE	83457081702	6627001500F804	HUMIRA	Brand
AUTOIMMUNE	00074061602	6627001500F809	HUMIRA	Brand
AUTOIMMUNE	83457061602	6627001500F809	HUMIRA	Brand
AUTOIMMUNE	00074024302	6627001500F830	HUMIRA	Brand
AUTOIMMUNE	83457024302	6627001500F830	HUMIRA	Brand
AUTOIMMUNE	00074379902	6627001500F820	HUMIRA	Brand
AUTOIMMUNE	00074254003	6627001500F840	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	Brand
AUTOIMMUNE	00074006702	6627001500F880	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	Brand
	00074055402	6627001500F530	HUMIRA PEN	Brand
	00074055471	6627001500F530	HUMIRA PEN	Brand
	83457055402	6627001500F530	HUMIRA PEN	Brand
	00074433902	6627001500F520	HUMIRA PEN	Brand
	50090448700	6627001500F520	HUMIRA PEN	Brand
	00074012402	6627001500F540	HUMIRA PEN	Brand
	00074012474	6627001500F540	HUMIRA PEN	Brand
	83457012402	6627001500F540	HUMIRA PEN	Brand
	00074433906	6627001500F520	HUMIRA PEN-CD/UC/HS STARTER	Brand
	00074012403	6627001500F540	HUMIRA PEN-CD/UC/HS STARTER	Brand
	00074012404	6627001500F540	HUMIRA PEN-PEDIATRIC UC STARTER PACK	Brand
	00074153903	6627001500F550	HUMIRA PEN-PS/UV STARTER	Brand
CANCER	66758010111	21550080100120	HYCAMTIN	Brand
CANCER	00078067201	21550080100120	HYCAMTIN	Brand
CANCER	66758010211	21550080100140	HYCAMTIN	Brand
CANCER	00078067301	21550080100140	HYCAMTIN	Brand
CANCER	00078067461	21550080102120	HYCAMTIN	Brand
CANCER	61269083510	21700030000105	HYDREA	Brand
CANCER	00003083050	21700030000105	HYDREA	Brand
CANCER	67457088605	21404007202020	HYDROXYPROGESTERONE CAPROATE	Brand
CANCER	00555088202	21700030000105	HYDROXYUREA	Generic
CANCER	00904693961	21700030000105	HYDROXYUREA	Generic
CANCER	10135070201	21700030000105	HYDROXYUREA	Generic
CANCER	42291032101	21700030000105	HYDROXYUREA	Generic
CANCER	49884072401	21700030000105	HYDROXYUREA	Generic
CANCER	51407090901	21700030000105	HYDROXYUREA	Generic
CANCER	68084028401	21700030000105	HYDROXYUREA	Generic
CANCER	68084028411	21700030000105	HYDROXYUREA	Generic
CANCER	69315016401	21700030000105	HYDROXYUREA	Generic
CANCER	70069082001	21700030000105	HYDROXYUREA	Generic

CANCER	60429026501	21700030000105	HYDROXYUREA	Generic
DERMATOLOGICS	73683010110	90784070004020	HYFTOR	Brand
	00069215101	8510505020D520	HYMPAVZI	Brand
IMMUNE GLOBULINS	00944251202	19990002356430	HYQVIA	Brand
IMMUNE GLOBULINS	00944251002	19990002356420	HYQVIA	Brand
IMMUNE GLOBULINS	00944251302	19990002356440	HYQVIA	Brand
IMMUNE GLOBULINS	00944251402	19990002356450	HYQVIA	Brand
IMMUNE GLOBULINS	00944251102	19990002356425	HYQVIA	Brand
AUTOIMMUNE	61314047320	6627001504D515	HYRIMOZ	Brand
AUTOIMMUNE	61314047377	6627001504D515	HYRIMOZ	Brand
AUTOIMMUNE	83457010001	6627001504D515	HYRIMOZ	Brand
AUTOIMMUNE	83457020040	6627001504D515	HYRIMOZ	Brand
AUTOIMMUNE	83457010201	6627001504D520	HYRIMOZ	Brand
AUTOIMMUNE	83457020250	6627001504D520	HYRIMOZ	Brand
AUTOIMMUNE	61314045420	6627001504D540	HYRIMOZ	Brand
AUTOIMMUNE	61314050964	6627001504E508	HYRIMOZ	Brand
AUTOIMMUNE	61314047664	6627001504E513	HYRIMOZ	Brand
AUTOIMMUNE	83457010801	6627001504E513	HYRIMOZ	Brand
AUTOIMMUNE	61314047364	6627001504E515	HYRIMOZ	Brand
AUTOIMMUNE	83457010101	6627001504E515	HYRIMOZ	Brand
AUTOIMMUNE	83457020146	6627001504E515	HYRIMOZ	Brand
AUTOIMMUNE	83457010301	6627001504E520	HYRIMOZ	Brand
AUTOIMMUNE	83457020356	6627001504E520	HYRIMOZ	Brand
AUTOIMMUNE	61314045436	6627001504D540	HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PAC	Brand
AUTOIMMUNE	61314053164	6627001504E560	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK	Brand
AUTOIMMUNE	61314045468	6627001504E540	HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK	Brand
AUTOIMMUNE	83457011201	6627001504D560	HYRIMOZ PLAQUE PSORIASIS STARTER PACK	Brand
AUTOIMMUNE	61314051736	6627001504D560	HYRIMOZ PLAQUE PSORIASIS/UVEITIS STARTER PACK	Brand
AUTOIMMUNE	83457010701	6627001504D540	HYRIMOZ SENSOREADY PENS	Brand
AUTOIMMUNE	83457011301	6627001504D540	HYRIMOZ SENSOREADY PENS	Brand
CANCER	00069018821	21531060000130	IBRANCE	Brand
CANCER	00069018921	21531060000140	IBRANCE	Brand
CANCER	00069018721	21531060000120	IBRANCE	Brand
CANCER	00069048603	21531060000330	IBRANCE	Brand
CANCER	00069048607	21531060000330	IBRANCE	Brand
CANCER	00069068803	21531060000340	IBRANCE	Brand
CANCER	00069068807	21531060000340	IBRANCE	Brand
CANCER	00069028403	21531060000320	IBRANCE	Brand
CANCER	00069028407	21531060000320	IBRANCE	Brand
	84651020030	21533875050130	IBTROZI	Brand
	84651020093	21533875050130	IBTROZI	Brand
HEMATOLOGICAL	00093306619	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	00093306634	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	00093306693	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	24201020701	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	55150035101	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	55150035103	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	63323057401	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	63323057486	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	63323057493	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	69097066434	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	69097066468	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	60505621401	8582004010E520	ICATIBANT ACETATE	Generic
HEMATOLOGICAL	72162210602	8582004010E520	ICATIBANT ACETATE	Generic
CANCER	63020053630	21531875100315	ICLUSIG	Brand
CANCER	63020053530	21531875100320	ICLUSIG	Brand
CANCER	63020053330	21531875100330	ICLUSIG	Brand
CANCER	63020053430	21531875100340	ICLUSIG	Brand
AUTOIMMUNE	65219055408	6627001502F540	IDACIO (2 PEN)	Brand
AUTOIMMUNE	65219055618	6627001502F840	IDACIO (2 SYRINGE)	Brand
AUTOIMMUNE	65219055438	6627001502F540	IDACIO STARTER PACKAGE FOR CROHNS DISEASE	Brand
AUTOIMMUNE	65219055428	6627001502F540	IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	Brand
CANCER	00013258610	21200045102030	IDAMYCIN PFS	Brand
CANCER	00013258691	21200045102030	IDAMYCIN PFS	Brand
CANCER	00013259620	21200045102035	IDAMYCIN PFS	Brand
CANCER	00013259691	21200045102035	IDAMYCIN PFS	Brand
CANCER	00013257605	21200045102025	IDAMYCIN PFS	Brand
CANCER	00013257691	21200045102025	IDAMYCIN PFS	Brand
CANCER	00143921801	21200045102030	IDARUBICIN HCL	Generic
CANCER	00703415511	21200045102030	IDARUBICIN HCL	Generic
CANCER	00143921901	21200045102035	IDARUBICIN HCL	Generic
CANCER	00703415611	21200045102035	IDARUBICIN HCL	Generic
CANCER	00143921701	21200045102025	IDARUBICIN HCL	Generic

CANCER	00703415411	21200045102025	IDARUBICIN HCL	Generic
CANCER	00143930701	21200045102030	IDARUBICIN HYDROCHLORIDE	Generic
CANCER	00143930801	21200045102035	IDARUBICIN HYDROCHLORIDE	Generic
CANCER	00143930601	21200045102025	IDARUBICIN HYDROCHLORIDE	Generic
HEMOPHILIA	69911086602	85100028352130	IDELVION	Brand
HEMOPHILIA	69911086702	85100028352140	IDELVION	Brand
HEMOPHILIA	69911086402	85100028352110	IDELVION	Brand
HEMOPHILIA	69911086902	85100028352150	IDELVION	Brand
HEMOPHILIA	69911086502	85100028352120	IDELVION	Brand
CANCER	59572071030	21535030200340	IDHIFA	Brand
CANCER	59572070530	21535030200320	IDHIFA	Brand
OPHTHALMIC	25357010001	86330070002320	IDOSE TR	Brand
CANCER	00338399101	21101025002110	IFEX	Brand
CANCER	00338399301	21101025002130	IFEX	Brand
CANCER	10019092501	21101025002110	IFOSFAMIDE	Generic
CANCER	10019092582	21101025002110	IFOSFAMIDE	Generic
CANCER	10019092701	21101025002110	IFOSFAMIDE	Generic
CANCER	10019092720	21101025002110	IFOSFAMIDE	Generic
CANCER	63323014210	21101025002110	IFOSFAMIDE	Generic
CANCER	63323014212	21101025002110	IFOSFAMIDE	Generic
CANCER	10019092602	21101025002130	IFOSFAMIDE	Brand
CANCER	10019092616	21101025002130	IFOSFAMIDE	Brand
CANCER	10019092903	21101025002130	IFOSFAMIDE	Brand
CANCER	10019092960	21101025002130	IFOSFAMIDE	Brand
CANCER	00143953101	21101025002025	IFOSFAMIDE	Brand
CANCER	00703342711	21101025002025	IFOSFAMIDE	Generic
CANCER	00143953001	21101025002030	IFOSFAMIDE	Brand
CANCER	00703342911	21101025002030	IFOSFAMIDE	Generic
AUTOIMMUNE	00078073461	66460020002015	ILARIS	Brand
AUTOIMMUNE	47335017710	9025058010E520	ILUMYA	Brand
AUTOIMMUNE	47335017795	9025058010E520	ILUMYA	Brand
CANCER	00093762998	21531835100320	IMATINIB MESYLATE	Generic
CANCER	00378224577	21531835100320	IMATINIB MESYLATE	Generic
CANCER	00832053209	21531835100320	IMATINIB MESYLATE	Generic
CANCER	00904690104	21531835100320	IMATINIB MESYLATE	Generic
CANCER	42292004301	21531835100320	IMATINIB MESYLATE	Generic
CANCER	42292004303	21531835100320	IMATINIB MESYLATE	Generic
CANCER	43598034431	21531835100320	IMATINIB MESYLATE	Generic
CANCER	43598034479	21531835100320	IMATINIB MESYLATE	Generic
CANCER	43598034490	21531835100320	IMATINIB MESYLATE	Generic
CANCER	47335047281	21531835100320	IMATINIB MESYLATE	Generic
CANCER	51407026990	21531835100320	IMATINIB MESYLATE	Generic
CANCER	59651024090	21531835100320	IMATINIB MESYLATE	Generic
CANCER	60505290009	21531835100320	IMATINIB MESYLATE	Generic
CANCER	60687088211	21531835100320	IMATINIB MESYLATE	Generic
CANCER	60687088221	21531835100320	IMATINIB MESYLATE	Generic
CANCER	62135065890	21531835100320	IMATINIB MESYLATE	Generic
CANCER	67877063390	21531835100320	IMATINIB MESYLATE	Generic
CANCER	68001049005	21531835100320	IMATINIB MESYLATE	Generic
CANCER	68001062205	21531835100320	IMATINIB MESYLATE	Generic
CANCER	72485020290	21531835100320	IMATINIB MESYLATE	Generic
CANCER	72819018509	21531835100320	IMATINIB MESYLATE	Generic
CANCER	82009008690	21531835100320	IMATINIB MESYLATE	Generic
CANCER	59923072390	21531835100320	IMATINIB MESYLATE	Generic
CANCER	60687019211	21531835100320	IMATINIB MESYLATE	Generic
CANCER	60687019221	21531835100320	IMATINIB MESYLATE	Generic
CANCER	00093763056	21531835100340	IMATINIB MESYLATE	Generic
CANCER	00378224693	21531835100340	IMATINIB MESYLATE	Generic
CANCER	00832053303	21531835100340	IMATINIB MESYLATE	Generic
CANCER	00904662104	21531835100340	IMATINIB MESYLATE	Generic
CANCER	42292004401	21531835100340	IMATINIB MESYLATE	Generic
CANCER	42292004403	21531835100340	IMATINIB MESYLATE	Generic
CANCER	43598034530	21531835100340	IMATINIB MESYLATE	Generic
CANCER	43598034531	21531835100340	IMATINIB MESYLATE	Generic
CANCER	43598034579	21531835100340	IMATINIB MESYLATE	Generic
CANCER	47335047583	21531835100340	IMATINIB MESYLATE	Generic
CANCER	51407027030	21531835100340	IMATINIB MESYLATE	Generic
CANCER	59651024130	21531835100340	IMATINIB MESYLATE	Generic
CANCER	60505290103	21531835100340	IMATINIB MESYLATE	Generic
CANCER	62135065930	21531835100340	IMATINIB MESYLATE	Generic
CANCER	67877063430	21531835100340	IMATINIB MESYLATE	Generic
CANCER	68001049104	21531835100340	IMATINIB MESYLATE	Generic
CANCER	68001062304	21531835100340	IMATINIB MESYLATE	Generic

CANCER	72485020330	21531835100340	IMATINIB MESYLATE	Generic
CANCER	72819018603	21531835100340	IMATINIB MESYLATE	Generic
CANCER	82009008730	21531835100340	IMATINIB MESYLATE	Generic
CANCER	51991037733	21531835100340	IMATINIB MESYLATE	Generic
CANCER	59923072430	21531835100340	IMATINIB MESYLATE	Generic
CANCER	60687020325	21531835100340	IMATINIB MESYLATE	Generic
CANCER	60687020395	21531835100340	IMATINIB MESYLATE	Generic
CANCER	63629206801	21531835100340	IMATINIB MESYLATE	Generic
CANCER	57962014009	21532133000120	IMBRUVICA	Brand
CANCER	57962014012	21532133000120	IMBRUVICA	Brand
CANCER	57962007028	21532133000110	IMBRUVICA	Brand
CANCER	57962000712	21532133001820	IMBRUVICA	Brand
CANCER	57962001428	21532133000320	IMBRUVICA	Brand
CANCER	57962028028	21532133000330	IMBRUVICA	Brand
CANCER	57962042028	21532133000340	IMBRUVICA	Brand
WEIGHT LOSS	72829001001	61253860102020	IMCIVREE	Brand
CANCER	55513005901	21352078202120	IMDELLTRA	Brand
CANCER	55513007701	21352078202130	IMDELLTRA	Brand
CANCER	00310450012	21358229002020	IMFINZI	Brand
CANCER	00310461150	21358229002030	IMFINZI	Brand
CANCER	00310450525	21355280102020	IMJUDO	Brand
CANCER	00310453530	21355280102040	IMJUDO	Brand
	81927020101	21531835102020	IMKELDI	Brand
CANCER	55513007801	21574070401820	IMLYGIC	Brand
CANCER	55513007901	21574070401840	IMLYGIC	Brand
PARKINSON	10144034260	73200040000160	INBRIJA	Brand
GROWTH HORMONES	15054104005	30160045002020	INCRELEX	Brand
AUTOIMMUNE	00069080901	52505040202120	INFLECTRA	Brand
AUTOIMMUNE	57894016001	52505040002120	INFLIXIMAB	Brand
CANCER	62756007360	21300034112020	INFUGEM	Brand
CANCER	62756000860	21300034112024	INFUGEM	Brand
CANCER	62756010260	21300034112028	INFUGEM	Brand
CANCER	62756021960	21300034112032	INFUGEM	Brand
CANCER	62756032160	21300034112036	INFUGEM	Brand
CANCER	62756043860	21300034112040	INFUGEM	Brand
CANCER	62756053360	21300034112044	INFUGEM	Brand
CANCER	62756061460	21300034112048	INFUGEM	Brand
CANCER	62756074660	21300034112052	INFUGEM	Brand
CANCER	62756097460	21300034112056	INFUGEM	Brand
CANCER	00069014501	21335013000320	INLYTA	Brand
CANCER	00069015111	21335013000340	INLYTA	Brand
CANCER	64842072709	21990002250320	INQOVI	Brand
CANCER	59572072012	21537520200120	INREBIC	Brand
	15054008001	52780020000320	IQIRVO	Brand
CANCER	00310048230	21360030000320	IRESSA	Brand
CANCER	61703034936	21550040102040	IRINOTECAN	Brand
CANCER	00143970101	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	16714013101	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	25021023005	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	45963061455	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	50742040205	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	55150035301	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	57884300201	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	60505612801	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	60505627201	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	61703034909	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	63323019355	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	68001048022	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	70700017022	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	72485021205	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	00143958301	21550040102030	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	55150035401	21550040102035	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	72485021315	21550040102035	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	00143970201	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	16714002701	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	25021023002	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	45963061451	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	50742040102	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	55150035201	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	57884300101	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	60505612800	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	61703034916	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	63323019352	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic

CANCER	68001048035	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	70700016922	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	72485021102	21550040102025	IRINOTECAN HYDROCHLORIDE	Generic
CANCER	59572098401	21531560002120	ISTODAX	Brand
ENDOCRINE	55292032020	30022060600320	ISTURISA	Brand
ENDOCRINE	55292032060	30022060600320	ISTURISA	Brand
ENDOCRINE	55292032220	30022060600340	ISTURISA	Brand
ENDOCRINE	55292032260	30022060600340	ISTURISA	Brand
ENDOCRINE	55292032120	30022060600330	ISTURISA	Brand
ENDOCRINE	55292032160	30022060600330	ISTURISA	Brand
	50242008408	21538045000310	ITOVEBI	Brand
	50242007908	21538045000320	ITOVEBI	Brand
	60505641401	21101040102020	IVRA	Brand
CANCER	78670015001	21757220300320	IWILFIN	Brand
CANCER	70020191001	21500011002120	IXEMPRA KIT	Brand
CANCER	70020191101	21500011002140	IXEMPRA KIT	Brand
HEMOPHILIA	59137027101	85100028202140	IXINITY	Brand
HEMOPHILIA	59137028305	85100028202140	IXINITY	Brand
HEMOPHILIA	70504028305	85100028202140	IXINITY	Brand
HEMOPHILIA	59137027201	85100028202145	IXINITY	Brand
HEMOPHILIA	59137028405	85100028202145	IXINITY	Brand
HEMOPHILIA	70504028405	85100028202145	IXINITY	Brand
HEMOPHILIA	70504028805	85100028202150	IXINITY	Brand
HEMOPHILIA	59137027601	85100028202150	IXINITY	Brand
HEMOPHILIA	59137028805	85100028202150	IXINITY	Brand
HEMOPHILIA	70504028705	85100028202120	IXINITY	Brand
HEMOPHILIA	59137027501	85100028202120	IXINITY	Brand
HEMOPHILIA	59137028705	85100028202120	IXINITY	Brand
HEMOPHILIA	59137027701	85100028202160	IXINITY	Brand
HEMOPHILIA	59137028905	85100028202160	IXINITY	Brand
HEMOPHILIA	70504028905	85100028202160	IXINITY	Brand
HEMOPHILIA	59137027001	85100028202130	IXINITY	Brand
HEMOPHILIA	59137028205	85100028202130	IXINITY	Brand
HEMOPHILIA	70504028205	85100028202130	IXINITY	Brand
OPHTHALMIC	82829000201	86456020102020	IZERVAY	Brand
OPHTHALMIC	82829000299	86456020102020	IZERVAY	Brand
OTHER NON-CATEGORIZED	00078065515	93100025000330	JADENU	Brand
OTHER NON-CATEGORIZED	00078065615	93100025000340	JADENU	Brand
OTHER NON-CATEGORIZED	00078065415	93100025000320	JADENU	Brand
OTHER NON-CATEGORIZED	00078071315	93100025003030	JADENU SPRINKLE	Brand
OTHER NON-CATEGORIZED	00078071319	93100025003030	JADENU SPRINKLE	Brand
OTHER NON-CATEGORIZED	00078072015	93100025003040	JADENU SPRINKLE	Brand
OTHER NON-CATEGORIZED	00078072019	93100025003040	JADENU SPRINKLE	Brand
OTHER NON-CATEGORIZED	00078072715	93100025003020	JADENU SPRINKLE	Brand
OTHER NON-CATEGORIZED	00078072719	93100025003020	JADENU SPRINKLE	Brand
CANCER	50881001060	21537560200320	JAKAFI	Brand
CANCER	50881001560	21537560200325	JAKAFI	Brand
CANCER	50881002060	21537560200330	JAKAFI	Brand
CANCER	50881002560	21537560200335	JAKAFI	Brand
CANCER	50881000560	21537560200310	JAKAFI	Brand
ENZYME DEFICIENCIES	43598009711	30908565103020	JAVYGTOR	Generic
ENZYME DEFICIENCIES	43598009730	30908565103020	JAVYGTOR	Generic
ENZYME DEFICIENCIES	43598016211	30908565103040	JAVYGTOR	Generic
ENZYME DEFICIENCIES	43598016230	30908565103040	JAVYGTOR	Generic
ENZYME DEFICIENCIES	43598009604	30908565100320	JAVYGTOR	Generic
CANCER	00002702660	21532165000330	JAYPIRCA	Brand
CANCER	00002690230	21532165000320	JAYPIRCA	Brand
CANCER	72493010303	21200050002160	JELMYTO	Brand
CANCER	00173089803	21357928302020	JEMPERLI	Brand
BLOOD MODIFIERS	00173089713	82402520000310	JESDUVROQ	Brand
BLOOD MODIFIERS	00173090313	82402520000315	JESDUVROQ	Brand
BLOOD MODIFIERS	00173090613	82402520000320	JESDUVROQ	Brand
BLOOD MODIFIERS	00173091113	82402520000325	JESDUVROQ	Brand
BLOOD MODIFIERS	00173091413	82402520000330	JESDUVROQ	Brand
CANCER	00024582411	21500003002020	JEVTANA	Brand
HEMOPHILIA	00026394225	85100010412130	JIVI	Brand
HEMOPHILIA	00026394425	85100010412140	JIVI	Brand
HEMOPHILIA	00026394625	85100010412150	JIVI	Brand
HEMOPHILIA	00026394825	85100010412160	JIVI	Brand
HEMOPHILIA	00026394899	85100010412160	JIVI	Brand
	00026395050	85100010412170	JIVI	Brand
	00026395099	85100010412170	JIVI	Brand
	00026495001	85100010412170	JIVI	Brand

OTHER NON-CATEGORIZED	71274017060	99391540600320	JOENJA	Brand
ANTIHYPERLIPIDEMIC	10122041028	39480050200130	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	76431011001	39480050200130	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	10122042028	39480050200140	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	76431012001	39480050200140	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	10122043028	39480050200150	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	76431013001	39480050200150	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	10122040528	39480050200120	JUXTAPID	Brand
ANTIHYPERLIPIDEMIC	76431010501	39480050200120	JUXTAPID	Brand
OTHER NON-CATEGORIZED	81927020401	21300050002075	JYLAMVO	Brand
ENDOCRINE	59148008213	30454060000320	JYNARQUE	Brand
ENDOCRINE	59148008313	30454060000330	JYNARQUE	Brand
ENDOCRINE	59148007907	3045406000B710	JYNARQUE	Brand
ENDOCRINE	59148007928	3045406000B710	JYNARQUE	Brand
ENDOCRINE	59148008007	3045406000B720	JYNARQUE	Brand
ENDOCRINE	59148008028	3045406000B720	JYNARQUE	Brand
ENDOCRINE	59148008707	3045406000B725	JYNARQUE	Brand
ENDOCRINE	59148008728	3045406000B725	JYNARQUE	Brand
ENDOCRINE	59148008807	3045406000B735	JYNARQUE	Brand
ENDOCRINE	59148008828	3045406000B735	JYNARQUE	Brand
ENDOCRINE	59148008907	3045406000B745	JYNARQUE	Brand
ENDOCRINE	59148008928	3045406000B745	JYNARQUE	Brand
CANCER	50242008801	21355070302120	KADCYLA	Brand
CANCER	50242008701	21355070302130	KADCYLA	Brand
CYSTIC FIBROSIS	51167077001	45302030003005	KALYDECO	Brand
CYSTIC FIBROSIS	51167060001	45302030003010	KALYDECO	Brand
CYSTIC FIBROSIS	51167078501	45302030003002	KALYDECO	Brand
CYSTIC FIBROSIS	51167030001	45302030003020	KALYDECO	Brand
CYSTIC FIBROSIS	51167040001	45302030003030	KALYDECO	Brand
CYSTIC FIBROSIS	51167020001	45302030000320	KALYDECO	Brand
CANCER	55513014101	21170070142110	KANJINTI	Brand
CANCER	55513013201	21170070142121	KANJINTI	Brand
CANCER	55513016401	21170070142121	KANJINTI	Brand
ENZYME DEFICIENCIES	25682000701	30906360002020	KANUMA	Brand
	52856060101	30902545101820	KEBILIDI	Brand
	52856060111	30902545101820	KEBILIDI	Brand
CANCER	65219035950	21100020002020	KEMOPLAT	Brand
CANCER	66658011303	21765060002115	KEPIVANCE	Brand
CANCER	66658011306	21765060002115	KEPIVANCE	Brand
CANCER	66658011201	21765060002120	KEPIVANCE	Brand
CANCER	66658011203	21765060002120	KEPIVANCE	Brand
CANCER	66658011206	21765060002120	KEPIVANCE	Brand
MULTIPLE SCLEROSIS	00078100768	6240506500D520	KESIMPTA	Brand
ANTIHYPERTENSIVE	71090000101	37100020000305	KEVEYIS	Brand
ANTIHYPERTENSIVE	72065000101	37100020000305	KEVEYIS	Brand
AUTOIMMUNE	00024590801	6650006000E520	KEVZARA	Brand
AUTOIMMUNE	00024591001	6650006000E530	KEVZARA	Brand
AUTOIMMUNE	00024592001	6650006000D520	KEVZARA	Brand
AUTOIMMUNE	00024592201	6650006000D530	KEVZARA	Brand
CANCER	00006302601	21357953002030	KEYTRUDA	Brand
CANCER	00006302602	21357953002030	KEYTRUDA	Brand
CANCER	00006302604	21357953002030	KEYTRUDA	Brand
CANCER	72893000401	21755050002120	KHAPZORY	Brand
CANCER	72893000601	21755050002130	KHAPZORY	Brand
CANCER	80446040101	21352080602020	KIMMTRAK	Brand
AUTOIMMUNE	66658023401	6626001000E520	KINERET	Brand
AUTOIMMUNE	66658023407	6626001000E520	KINERET	Brand
CANCER	00078086001	2153107050B720	KISQALI	Brand
CANCER	00078086714	2153107050B740	KISQALI	Brand
CANCER	00078086742	2153107050B740	KISQALI	Brand
CANCER	00078087421	2153107050B760	KISQALI	Brand
CANCER	00078087463	2153107050B760	KISQALI	Brand
CANCER	00078090961	2199000260B730	KISQALI FEMARA 200 DOSE	Brand
CANCER	00078091661	2199000260B740	KISQALI FEMARA 400 DOSE	Brand
CANCER	00078092361	2199000260B760	KISQALI FEMARA 600 DOSE	Brand
	00002940101	62050522012002	KISUNLA	Brand
HEMOPHILIA	76125067650	85100010002140	KOATE	Brand
HEMOPHILIA	76125067810	85100010002140	KOATE	Brand
HEMOPHILIA	76125067912	85100010002140	KOATE	Brand
HEMOPHILIA	76125025620	85100010002110	KOATE	Brand
HEMOPHILIA	76125025725	85100010002110	KOATE	Brand
HEMOPHILIA	76125025902	85100010002110	KOATE	Brand
HEMOPHILIA	76125066350	85100010002130	KOATE	Brand

HEMOPHILIA	76125066502	85100010002130	KOATE	Brand
HEMOPHILIA	76125066830	85100010002130	KOATE	Brand
HEMOPHILIA	76125067351	85100010002140	KOATE-DVI	Brand
HEMOPHILIA	00026378555	85100010206440	KOGENATE FS	Brand
HEMOPHILIA	00026378665	85100010206450	KOGENATE FS	Brand
HEMOPHILIA	00026378225	85100010206420	KOGENATE FS	Brand
HEMOPHILIA	00026378775	85100010206460	KOGENATE FS	Brand
HEMOPHILIA	00026378335	85100010206430	KOGENATE FS	Brand
ENDOCRINE	76346007301	27304050000330	KORLYM	Brand
ENDOCRINE	76346007302	27304050000330	KORLYM	Brand
CANCER	00310061028	21533565500110	KOSELUGO	Brand
CANCER	00310061060	21533565500110	KOSELUGO	Brand
CANCER	00310062528	21533565500125	KOSELUGO	Brand
CANCER	00310062560	21533565500125	KOSELUGO	Brand
HEMOPHILIA	00026382425	85100010252140	KOVALTRY	Brand
HEMOPHILIA	00026482401	85100010252140	KOVALTRY	Brand
HEMOPHILIA	00026382650	85100010252170	KOVALTRY	Brand
HEMOPHILIA	00026482601	85100010252170	KOVALTRY	Brand
HEMOPHILIA	00026382125	85100010252120	KOVALTRY	Brand
HEMOPHILIA	00026482101	85100010252120	KOVALTRY	Brand
HEMOPHILIA	00026382850	85100010252180	KOVALTRY	Brand
HEMOPHILIA	00026482801	85100010252180	KOVALTRY	Brand
HEMOPHILIA	00026382225	85100010252130	KOVALTRY	Brand
HEMOPHILIA	00026482201	85100010252130	KOVALTRY	Brand
CANCER	80739081218	21532410000320	KRAZATI	Brand
OTHER NON-CATEGORIZED	75987008010	68000050002020	KRYSTEXXA	Brand
ENZYME DEFICIENCIES	68135030111	30908565103020	KUVAN	Brand
ENZYME DEFICIENCIES	68135030122	30908565103020	KUVAN	Brand
ENZYME DEFICIENCIES	68135048210	30908565103040	KUVAN	Brand
ENZYME DEFICIENCIES	68135048211	30908565103040	KUVAN	Brand
ENZYME DEFICIENCIES	68135030002	30908565100320	KUVAN	Brand
ESTROGENS & PROGESTINS	50419042401	25200050005313	KYLEENA	Brand
CANCER	00078084619	21651075001820	KYMRIAH	Brand
CANCER	00078095819	21651075001830	KYMRIAH	Brand
CANCER	76075010301	21536025002105	KYPROLIS	Brand
CANCER	76075010201	21536025002110	KYPROLIS	Brand
CANCER	76075010101	21536025002120	KYPROLIS	Brand
BLOOD MODIFIERS	70954041710	82801020003020	L-GLUTAMINE	Generic
BLOOD MODIFIERS	70954041720	82801020003020	L-GLUTAMINE	Generic
ENZYME DEFICIENCIES	10122018001	30902380702120	LAMZEDE	Brand
ENZYME DEFICIENCIES	10122018002	30902380702120	LAMZEDE	Brand
ENDOCRINE	69097087067	30170050102040	LANREOTIDE ACETATE	Brand
ENDOCRINE	69097090667	30170050102040	LANREOTIDE ACETATE	Generic
ENDOCRINE	76282072067	30170050102040	LANREOTIDE ACETATE	Generic
DIABETES	73539000101	27160820301820	LANTIDRA	Brand
CANCER	00480323751	21533026100320	LAPATINIB DITOSYLATE	Generic
CANCER	42291003515	21533026100320	LAPATINIB DITOSYLATE	Generic
CANCER	68180080136	21533026100320	LAPATINIB DITOSYLATE	Generic
	57894024030	21360048300340	LAZCLUZE	Brand
	57894008060	21360048300320	LAZCLUZE	Brand
HEPATITIS C	72626260101	12359902400320	LEDIPASVIR/SOFOSBUVIR	Brand
MULTIPLE SCLEROSIS	58468020001	62405010002020	LEMTRADA	Brand
CANCER	59651034428	99394050000130	LENALIDOMIDE	Generic
CANCER	63304004327	99394050000130	LENALIDOMIDE	Generic
CANCER	69097038273	99394050000130	LENALIDOMIDE	Generic
CANCER	70710103207	99394050000130	LENALIDOMIDE	Generic
CANCER	00378193701	99394050000130	LENALIDOMIDE	Generic
CANCER	00378193728	99394050000130	LENALIDOMIDE	Generic
CANCER	00480124328	99394050000130	LENALIDOMIDE	Generic
CANCER	31722025928	99394050000130	LENALIDOMIDE	Generic
CANCER	43598051263	99394050000130	LENALIDOMIDE	Generic
CANCER	47781048501	99394050000130	LENALIDOMIDE	Generic
CANCER	47781048528	99394050000130	LENALIDOMIDE	Generic
CANCER	60505453402	99394050000130	LENALIDOMIDE	Generic
CANCER	70377005113	99394050000130	LENALIDOMIDE	Generic
CANCER	76282069848	99394050000130	LENALIDOMIDE	Generic
CANCER	59651034521	99394050000140	LENALIDOMIDE	Generic
CANCER	60505453502	99394050000140	LENALIDOMIDE	Generic
CANCER	63304004422	99394050000140	LENALIDOMIDE	Generic
CANCER	69097038381	99394050000140	LENALIDOMIDE	Generic
CANCER	70710103308	99394050000140	LENALIDOMIDE	Generic
CANCER	00378194101	99394050000140	LENALIDOMIDE	Generic
CANCER	00378194121	99394050000140	LENALIDOMIDE	Generic

CANCER	00480124421	99394050000140	LENALIDOMIDE	Generic
CANCER	31722026021	99394050000140	LENALIDOMIDE	Generic
CANCER	43598051321	99394050000140	LENALIDOMIDE	Generic
CANCER	47781048601	99394050000140	LENALIDOMIDE	Generic
CANCER	47781048677	99394050000140	LENALIDOMIDE	Generic
CANCER	70377005211	99394050000140	LENALIDOMIDE	Generic
CANCER	76282069947	99394050000140	LENALIDOMIDE	Generic
CANCER	59651034621	99394050000145	LENALIDOMIDE	Generic
CANCER	60505453602	99394050000145	LENALIDOMIDE	Generic
CANCER	63304004522	99394050000145	LENALIDOMIDE	Generic
CANCER	69097038481	99394050000145	LENALIDOMIDE	Generic
CANCER	70710103408	99394050000145	LENALIDOMIDE	Generic
CANCER	00378194201	99394050000145	LENALIDOMIDE	Generic
CANCER	00378194221	99394050000145	LENALIDOMIDE	Generic
CANCER	00480124521	99394050000145	LENALIDOMIDE	Generic
CANCER	31722026121	99394050000145	LENALIDOMIDE	Generic
CANCER	43598051421	99394050000145	LENALIDOMIDE	Generic
CANCER	47781048777	99394050000145	LENALIDOMIDE	Generic
CANCER	70377005311	99394050000145	LENALIDOMIDE	Generic
CANCER	76282070047	99394050000145	LENALIDOMIDE	Generic
CANCER	59651034721	99394050000150	LENALIDOMIDE	Generic
CANCER	60505453702	99394050000150	LENALIDOMIDE	Generic
CANCER	63304004622	99394050000150	LENALIDOMIDE	Generic
CANCER	69097038581	99394050000150	LENALIDOMIDE	Generic
CANCER	70710103508	99394050000150	LENALIDOMIDE	Generic
CANCER	00378194001	99394050000150	LENALIDOMIDE	Generic
CANCER	00378194021	99394050000150	LENALIDOMIDE	Generic
CANCER	00480124621	99394050000150	LENALIDOMIDE	Generic
CANCER	31722026221	99394050000150	LENALIDOMIDE	Generic
CANCER	43598051521	99394050000150	LENALIDOMIDE	Generic
CANCER	47781048801	99394050000150	LENALIDOMIDE	Generic
CANCER	47781048877	99394050000150	LENALIDOMIDE	Generic
CANCER	70377005411	99394050000150	LENALIDOMIDE	Generic
CANCER	76282070147	99394050000150	LENALIDOMIDE	Generic
CANCER	59651034328	99394050000120	LENALIDOMIDE	Generic
CANCER	60505453302	99394050000120	LENALIDOMIDE	Generic
CANCER	63304004227	99394050000120	LENALIDOMIDE	Generic
CANCER	69097038173	99394050000120	LENALIDOMIDE	Generic
CANCER	70710103107	99394050000120	LENALIDOMIDE	Generic
CANCER	00378193601	99394050000120	LENALIDOMIDE	Generic
CANCER	00378193628	99394050000120	LENALIDOMIDE	Generic
CANCER	00480124228	99394050000120	LENALIDOMIDE	Generic
CANCER	31722025828	99394050000120	LENALIDOMIDE	Generic
CANCER	43598051163	99394050000120	LENALIDOMIDE	Generic
CANCER	47781048401	99394050000120	LENALIDOMIDE	Generic
CANCER	47781048428	99394050000120	LENALIDOMIDE	Generic
CANCER	70377005013	99394050000120	LENALIDOMIDE	Generic
CANCER	76282069748	99394050000120	LENALIDOMIDE	Generic
CANCER	59651034228	99394050000110	LENALIDOMIDE	Generic
CANCER	60505453202	99394050000110	LENALIDOMIDE	Generic
CANCER	63304004127	99394050000110	LENALIDOMIDE	Generic
CANCER	69097060473	99394050000110	LENALIDOMIDE	Generic
CANCER	70710103007	99394050000110	LENALIDOMIDE	Generic
CANCER	00378193501	99394050000110	LENALIDOMIDE	Generic
CANCER	00378193528	99394050000110	LENALIDOMIDE	Generic
CANCER	00480124128	99394050000110	LENALIDOMIDE	Generic
CANCER	31722025728	99394050000110	LENALIDOMIDE	Generic
CANCER	43598051663	99394050000110	LENALIDOMIDE	Generic
CANCER	47781048328	99394050000110	LENALIDOMIDE	Generic
CANCER	70377004913	99394050000110	LENALIDOMIDE	Generic
CANCER	76282069648	99394050000110	LENALIDOMIDE	Generic
OTHER NON-CATEGORIZED	83222020001	62255010101820	LENMELDY	Brand
CANCER	62856071005	2133505420B220	LENVIMA 10 MG DAILY DOSE	Brand
CANCER	62856071030	2133505420B220	LENVIMA 10 MG DAILY DOSE	Brand
CANCER	62856071205	2133505420B223	LENVIMA 12MG DAILY DOSE	Brand
CANCER	62856071230	2133505420B223	LENVIMA 12MG DAILY DOSE	Brand
CANCER	62856071405	2133505420B240	LENVIMA 14 MG DAILY DOSE	Brand
CANCER	62856071430	2133505420B240	LENVIMA 14 MG DAILY DOSE	Brand
CANCER	62856071805	2133505420B244	LENVIMA 18 MG DAILY DOSE	Brand
CANCER	62856071830	2133505420B244	LENVIMA 18 MG DAILY DOSE	Brand
CANCER	62856072005	2133505420B230	LENVIMA 20 MG DAILY DOSE	Brand
CANCER	62856072030	2133505420B230	LENVIMA 20 MG DAILY DOSE	Brand
CANCER	62856072405	2133505420B250	LENVIMA 24 MG DAILY DOSE	Brand

CANCER	62856072430	2133505420B250	LENVIMA 24 MG DAILY DOSE	Brand
CANCER	62856070405	2133505420B210	LENVIMA 4 MG DAILY DOSE	Brand
CANCER	62856070430	2133505420B210	LENVIMA 4 MG DAILY DOSE	Brand
CANCER	62856070805	2133505420B215	LENVIMA 8 MG DAILY DOSE	Brand
CANCER	62856070830	2133505420B215	LENVIMA 8 MG DAILY DOSE	Brand
OTHER NON-CATEGORIZED	62856021201	62050545302020	LEQEMBI	Brand
OTHER NON-CATEGORIZED	62856021501	62050545302040	LEQEMBI	Brand
PULMONARY HYPERTENSION	61958080201	40160007000320	LETAIRIS	Brand
PULMONARY HYPERTENSION	61958080205	40160007000320	LETAIRIS	Brand
PULMONARY HYPERTENSION	61958080101	40160007000310	LETAIRIS	Brand
PULMONARY HYPERTENSION	61958080105	40160007000310	LETAIRIS	Brand
CANCER	00093762056	21402860000320	LETROZOLE	Generic
CANCER	16729003410	21402860000320	LETROZOLE	Generic
CANCER	16729003415	21402860000320	LETROZOLE	Generic
CANCER	23155087503	21402860000320	LETROZOLE	Generic
CANCER	23155087509	21402860000320	LETROZOLE	Generic
CANCER	23155087510	21402860000320	LETROZOLE	Generic
CANCER	24979072606	21402860000320	LETROZOLE	Generic
CANCER	24979072607	21402860000320	LETROZOLE	Generic
CANCER	42291037430	21402860000320	LETROZOLE	Generic
CANCER	42291037490	21402860000320	LETROZOLE	Generic
CANCER	50090347400	21402860000320	LETROZOLE	Generic
CANCER	50268047611	21402860000320	LETROZOLE	Generic
CANCER	50268047615	21402860000320	LETROZOLE	Generic
CANCER	51407098690	21402860000320	LETROZOLE	Generic
CANCER	51991075910	21402860000320	LETROZOLE	Generic
CANCER	51991075933	21402860000320	LETROZOLE	Generic
CANCER	51991075990	21402860000320	LETROZOLE	Generic
CANCER	59651018030	21402860000320	LETROZOLE	Generic
CANCER	62135049130	21402860000320	LETROZOLE	Generic
CANCER	62135049190	21402860000320	LETROZOLE	Generic
CANCER	69117000401	21402860000320	LETROZOLE	Generic
CANCER	59651018090	21402860000320	LETROZOLE	Generic
CANCER	00143955401	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	25021081430	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	67457052810	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	68001041636	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	68001064836	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	70436011780	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	71288016120	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	00703514001	21755040102130	LEUCOVORIN CALCIUM	Generic
CANCER	00143936801	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	00143955301	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	25021081530	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	63323071050	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	63323071059	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	67457052920	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	68001041737	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	68001064937	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	70436011880	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	71288016230	21755040102150	LEUCOVORIN CALCIUM	Generic
CANCER	00143955201	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	25021081630	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	67457053035	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	68001041838	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	68001065038	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	70436011980	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	71288016330	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	00703514501	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	00703514591	21755040102160	LEUCOVORIN CALCIUM	Generic
CANCER	00143955501	21755040102120	LEUCOVORIN CALCIUM	Generic
CANCER	25021081310	21755040102120	LEUCOVORIN CALCIUM	Generic
CANCER	70436011682	21755040102120	LEUCOVORIN CALCIUM	Generic
CANCER	71288016010	21755040102120	LEUCOVORIN CALCIUM	Generic
CANCER	25021082850	21755040102170	LEUCOVORIN CALCIUM	Generic
CANCER	63323071100	21755040102170	LEUCOVORIN CALCIUM	Generic
CANCER	70436012080	21755040102170	LEUCOVORIN CALCIUM	Generic
CANCER	71288016450	21755040102170	LEUCOVORIN CALCIUM	Generic
CANCER	63323063110	21755040102040	LEUCOVORIN CALCIUM	Brand
CANCER	63323063150	21755040102056	LEUCOVORIN CALCIUM	Brand
CANCER	00054449705	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	00054449710	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	42806013321	21755040100325	LEUCOVORIN CALCIUM	Generic

CANCER	42806013324	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	50742018212	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	50742018224	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	69315018512	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	69315018524	21755040100325	LEUCOVORIN CALCIUM	Generic
CANCER	00054449810	21755040100335	LEUCOVORIN CALCIUM	Generic
CANCER	42806013424	21755040100335	LEUCOVORIN CALCIUM	Generic
CANCER	50742018324	21755040100335	LEUCOVORIN CALCIUM	Generic
CANCER	69315018624	21755040100335	LEUCOVORIN CALCIUM	Generic
CANCER	00054449911	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	00555048527	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	00904670310	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	42806035925	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	50742018425	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	60687022711	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	60687022794	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	69315018725	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	51079058201	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	51079058205	21755040100345	LEUCOVORIN CALCIUM	Generic
CANCER	00054449613	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	00054449625	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	00054849619	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	00555048401	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	00555048402	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	42806035801	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	42806035830	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	50742018101	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	50742018130	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	69315018401	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	69315018403	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090800	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090811	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090830	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090855	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090860	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	71205090890	21755040100310	LEUCOVORIN CALCIUM	Generic
CANCER	80725061025	21101010000305	LEUKERAN	Brand
BLOOD MODIFIERS	71837584301	82402050002120	LEUKINE	Brand
BLOOD MODIFIERS	71837584305	82402050002120	LEUKINE	Brand
CANCER	69097090950	21405010152230	LEUPROLIDE ACETATE	Brand
CANCER	00121210602	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	00781400332	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	47335093640	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	55150047801	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	63629882101	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	70121253706	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	71288056990	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	72603034401	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	72664061128	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	16714057201	21405010106407	LEUPROLIDE ACETATE	Generic
CANCER	83634045461	21405010106407	LEUPROLIDE ACETATE	Generic
OTHER NON-CATEGORIZED	71283053502	21409902602020	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	Brand
CANCER	38779004963	21450060102900	LEVAMISOLE HCL	Brand
CANCER	38779004964	21450060102900	LEVAMISOLE HCL	Brand
CANCER	38779004965	21450060102900	LEVAMISOLE HCL	Brand
CANCER	49452402901	21450060102900	LEVAMISOLE HCL	Brand
CANCER	49452402902	21450060102900	LEVAMISOLE HCL	Brand
CANCER	49452402903	21450060102900	LEVAMISOLE HCL	Brand
CANCER	49452402904	21450060102900	LEVAMISOLE HCL	Brand
CANCER	49452402905	21450060102900	LEVAMISOLE HCL	Brand
CANCER	51927173200	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991289401	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991289402	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991289403	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991289404	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991289405	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991311201	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991311202	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991311203	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991311204	21450060102900	LEVAMISOLE HCL	Brand
CANCER	62991311205	21450060102900	LEVAMISOLE HCL	Brand
CANCER	00143955801	21755050102120	LEVOLEUCOVORIN	Brand
CANCER	70121109901	21755050102120	LEVOLEUCOVORIN	Generic

CANCER	71288010410	21755050102120	LEVOLEUCOVORIN	Generic
CANCER	43598077111	21755050102021	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	70436020980	21755050102021	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	71288010518	21755050102021	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	70121157201	21755050102021	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	72266012001	21755050102021	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	43598077311	21755050102030	LEVOLEUCOVORIN CALCIUM	Brand
CANCER	72266012101	21755050102030	LEVOLEUCOVORIN CALCIUM	Generic
CANCER	61755000801	21357923402030	LIBTAYO	Brand
PULMONARY HYPERTENSION	46287005501	40143060101825	LIQREV	Brand
AUTOIMMUNE	00069033428	90731060100120	LITFULO	Brand
	61958330101	52780070500120	LIVDELZI	Brand
	79378011101	52350050102040	LIVMARLI	Brand
OTHER NON-CATEGORIZED	79378011001	52350050102020	LIVMARLI	Brand
	79378021030	52350050100310	LIVMARLI	Brand
	79378021530	52350050100315	LIVMARLI	Brand
	79378022030	52350050100320	LIVMARLI	Brand
	79378023030	52350050100330	LIVMARLI	Brand
ANTI-INFECTIVE	64764080028	12200050000320	LIVTENCITY	Brand
ANTI-INFECTIVE	64764080056	12200050000320	LIVTENCITY	Brand
CANCER	64842102501	21990002750320	LONSURF	Brand
CANCER	64842102502	21990002750320	LONSURF	Brand
CANCER	64842102503	21990002750320	LONSURF	Brand
CANCER	64842102001	21990002750330	LONSURF	Brand
CANCER	64842102002	21990002750330	LONSURF	Brand
CANCER	64842102003	21990002750330	LONSURF	Brand
CANCER	70114034001	21357970722020	LOQTORZI	Brand
CANCER	00069023101	21530556000330	LORBRENA	Brand
CANCER	00069022701	21530556000320	LORBRENA	Brand
CANCER	00069022703	21530556000320	LORBRENA	Brand
OPHTHALMIC	50242008287	86655060002012	LUCENTIS	Brand
OPHTHALMIC	50242008203	8665506000E510	LUCENTIS	Brand
OPHTHALMIC	50242008288	8665506000E510	LUCENTIS	Brand
OPHTHALMIC	50242008003	8665506000E520	LUCENTIS	Brand
OPHTHALMIC	50242008088	8665506000E520	LUCENTIS	Brand
CANCER	55513048824	21532480000320	LUMAKRAS	Brand
CANCER	55513048840	21532480000320	LUMAKRAS	Brand
	55513051260	21532480000330	LUMAKRAS	Brand
CANCER	55513050450	21532480000340	LUMAKRAS	Brand
ENZYME DEFICIENCIES	58468016001	30907715002120	LUMIZYME	Brand
CANCER	00310470001	21352236502120	LUMOXITI	Brand
SLEEP DISORDERS	13551000107	62450060203020	LUMRYZ	Brand
SLEEP DISORDERS	13551000130	62450060203020	LUMRYZ	Brand
SLEEP DISORDERS	13551000207	62450060203025	LUMRYZ	Brand
SLEEP DISORDERS	13551000230	62450060203025	LUMRYZ	Brand
SLEEP DISORDERS	13551000307	62450060203030	LUMRYZ	Brand
SLEEP DISORDERS	13551000330	62450060203030	LUMRYZ	Brand
SLEEP DISORDERS	13551000407	62450060203035	LUMRYZ	Brand
SLEEP DISORDERS	13551000430	62450060203035	LUMRYZ	Brand
	13551000501	6245006020B120	LUMRYZ STARTER PACK	Brand
CANCER	50242015901	21352050102020	LUNSUMIO	Brand
CANCER	50242014201	21352050102040	LUNSUMIO	Brand
IMMUNOSUPPRESSANTS	75626000101	99402080000120	LUPKYNIS	Brand
IMMUNOSUPPRESSANTS	75626000102	99402080000120	LUPKYNIS	Brand
ENDOCRINE	00074364103	21405010106405	LUPRON DEPOT (1-MONTH)	Brand
CANCER	00074364203	21405010106410	LUPRON DEPOT (1-MONTH)	Brand
CANCER	00074366303	21405010156420	LUPRON DEPOT (3-MONTH)	Brand
CANCER	00074334603	21405010156430	LUPRON DEPOT (3-MONTH)	Brand
CANCER	00074368303	21405010206430	LUPRON DEPOT (4-MONTH)	Brand
CANCER	00074347303	21405010256450	LUPRON DEPOT (6-MONTH)	Brand
ENDOCRINE	00074228203	30080050106430	LUPRON DEPOT-PED (1-MONTH)	Brand
ENDOCRINE	00074244003	30080050106440	LUPRON DEPOT-PED (1-MONTH)	Brand
ENDOCRINE	00074210803	30080050106420	LUPRON DEPOT-PED (1-MONTH)	Brand
ENDOCRINE	00074377903	30080050156420	LUPRON DEPOT-PED (3-MONTH)	Brand
ENDOCRINE	00074969403	30080050156440	LUPRON DEPOT-PED (3-MONTH)	Brand
ENDOCRINE	00074357501	30080050256460	LUPRON DEPOT-PED (6-MONTH)	Brand
CANCER	69488000301	21600045202020	LUTATHERA	Brand
CANCER	83831013401	21405010152230	LUTRATE DEPOT	Brand
BLOOD MODIFIERS	73554111101	82804050101820	LYFGENIA	Brand
CANCER	00310056912	21535560000330	LYNPARZA	Brand
CANCER	00310056960	21535560000330	LYNPARZA	Brand
CANCER	00310066812	21535560000330	LYNPARZA	Brand
CANCER	00310066860	21535560000330	LYNPARZA	Brand

CANCER	00310057812	21535560000340	LYNPARZA	Brand
CANCER	00310057860	21535560000340	LYNPARZA	Brand
CANCER	00310067912	21535560000340	LYNPARZA	Brand
CANCER	00310067960	21535560000340	LYNPARZA	Brand
CANCER	00310067995	21535560000340	LYNPARZA	Brand
CANCER	76336008060	21402250000320	LYSODREN	Brand
CANCER	64842012004	2153222800B720	LYTGOBI	Brand
CANCER	64842012005	2153222800B725	LYTGOBI	Brand
CANCER	64842012006	2153222800B730	LYTGOBI	Brand
CANCER	74527002202	21170034202020	MARGENZA	Brand
CANCER	74527002203	21170034202020	MARGENZA	Brand
CANCER	54482005401	21700050100105	MATULANE	Brand
MULTIPLE SCLEROSIS	44087400000	6240101500B744	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400004	6240101500B718	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400005	6240101500B722	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400006	6240101500B726	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400007	6240101500B732	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400008	6240101500B736	MAVENCLAD	Brand
MULTIPLE SCLEROSIS	44087400009	6240101500B740	MAVENCLAD	Brand
HEPATITIS C	00074260028	12359902353020	MAVYRET	Brand
HEPATITIS C	00074262528	12359902350320	MAVYRET	Brand
HEPATITIS C	00074262584	12359902350320	MAVYRET	Brand
MULTIPLE SCLEROSIS	00078097950	62407070200320	MAYZENT	Brand
MULTIPLE SCLEROSIS	00078101415	62407070200330	MAYZENT	Brand
MULTIPLE SCLEROSIS	00078098615	62407070200340	MAYZENT	Brand
MULTIPLE SCLEROSIS	00078098645	62407070200340	MAYZENT	Brand
MULTIPLE SCLEROSIS	00078097912	6240707020B720	MAYZENT STARTER PACK	Brand
MULTIPLE SCLEROSIS	00078097989	6240707020B710	MAYZENT STARTER PACK	Brand
CANCER	38779001403	21404020102900	MEGESTROL ACETATE	Brand
CANCER	38779014003	21404020102900	MEGESTROL ACETATE	Brand
CANCER	38779014004	21404020102900	MEGESTROL ACETATE	Brand
CANCER	38779014005	21404020102900	MEGESTROL ACETATE	Brand
CANCER	38779014008	21404020102900	MEGESTROL ACETATE	Brand
CANCER	38779014009	21404020102900	MEGESTROL ACETATE	Brand
CANCER	49452440101	21404020102900	MEGESTROL ACETATE	Brand
CANCER	49452440102	21404020102900	MEGESTROL ACETATE	Brand
CANCER	49452440103	21404020102900	MEGESTROL ACETATE	Brand
CANCER	49452440104	21404020102900	MEGESTROL ACETATE	Brand
CANCER	49452440105	21404020102900	MEGESTROL ACETATE	Brand
CANCER	51552066702	21404020102900	MEGESTROL ACETATE	Brand
CANCER	51552066704	21404020102900	MEGESTROL ACETATE	Brand
CANCER	51552066705	21404020102900	MEGESTROL ACETATE	Brand
CANCER	51927167000	21404020102900	MEGESTROL ACETATE	Brand
CANCER	17856090702	21404020101810	MEGESTROL ACETATE	Generic
CANCER	17856090703	21404020101810	MEGESTROL ACETATE	Generic
CANCER	51407091024	21404020101810	MEGESTROL ACETATE	Generic
CANCER	51407091048	21404020101810	MEGESTROL ACETATE	Generic
CANCER	60432012608	21404020101810	MEGESTROL ACETATE	Generic
CANCER	60432012616	21404020101810	MEGESTROL ACETATE	Generic
CANCER	64380016001	21404020101810	MEGESTROL ACETATE	Generic
CANCER	64380016002	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68094006359	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68094006361	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68094006362	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68788871402	21404020101810	MEGESTROL ACETATE	Generic
CANCER	70954089610	21404020101810	MEGESTROL ACETATE	Generic
CANCER	70954089620	21404020101810	MEGESTROL ACETATE	Generic
CANCER	49884090738	21404020101810	MEGESTROL ACETATE	Generic
CANCER	49884090761	21404020101810	MEGESTROL ACETATE	Generic
CANCER	63739054972	21404020101810	MEGESTROL ACETATE	Generic
CANCER	63739054973	21404020101810	MEGESTROL ACETATE	Generic
CANCER	00121094500	21404020101810	MEGESTROL ACETATE	Generic
CANCER	00121094510	21404020101810	MEGESTROL ACETATE	Generic
CANCER	00121094540	21404020101810	MEGESTROL ACETATE	Generic
CANCER	69339016016	21404020101810	MEGESTROL ACETATE	Generic
CANCER	69339016017	21404020101810	MEGESTROL ACETATE	Generic
CANCER	69339016018	21404020101810	MEGESTROL ACETATE	Generic
CANCER	69339016019	21404020101810	MEGESTROL ACETATE	Generic
CANCER	66689002001	21404020101810	MEGESTROL ACETATE	Generic
CANCER	66689002050	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68094017459	21404020101810	MEGESTROL ACETATE	Generic
CANCER	68094017462	21404020101810	MEGESTROL ACETATE	Generic
CANCER	00555060602	21404020100305	MEGESTROL ACETATE	Generic

CANCER	64380015801	21404020100305	MEGESTROL ACETATE	Generic
CANCER	49884028901	21404020100305	MEGESTROL ACETATE	Generic
CANCER	00555060702	21404020100310	MEGESTROL ACETATE	Generic
CANCER	00904723661	21404020100310	MEGESTROL ACETATE	Generic
CANCER	64380015901	21404020100310	MEGESTROL ACETATE	Generic
CANCER	64380015902	21404020100310	MEGESTROL ACETATE	Generic
CANCER	64380015903	21404020100310	MEGESTROL ACETATE	Generic
CANCER	49884029001	21404020100310	MEGESTROL ACETATE	Generic
CANCER	49884029004	21404020100310	MEGESTROL ACETATE	Generic
CANCER	49884029005	21404020100310	MEGESTROL ACETATE	Generic
CANCER	60429043301	21404020100310	MEGESTROL ACETATE	Generic
CANCER	60429043305	21404020100310	MEGESTROL ACETATE	Generic
CANCER	00078116147	21533570102120	MEKINIST	Brand
CANCER	00078110515	21533570100310	MEKINIST	Brand
CANCER	00078111215	21533570100330	MEKINIST	Brand
CANCER	00078066815	21533570100330	MEKINIST	Brand
CANCER	70255001002	21533520000320	MEKTOVI	Brand
CANCER	47781020050	21101040000305	MELPHALAN	Brand
CANCER	25021025861	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	43598039248	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	45963068602	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	54288010601	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	54288010902	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	63323076020	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	67457019350	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	67457019501	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	67457021501	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	67457057750	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	71288013015	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	71288013290	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	72266012801	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	75907011111	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	75907011211	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	83634020261	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	43598002748	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	43598002950	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	70700027897	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	70860021461	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	23155035331	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
CANCER	23155035541	21101040102110	MELPHALAN HYDROCHLORIDE	Generic
FERTILITY & PREGNANCY	55566750102	30062050002175	MENOPUR	Brand
CANCER	00054458249	21300040001830	MERCAPTOPURINE	Generic
CANCER	00054087949	21300040001830	MERCAPTOPURINE	Generic
CANCER	00054458111	21300040000305	MERCAPTOPURINE	Generic
CANCER	00054458127	21300040000305	MERCAPTOPURINE	Generic
CANCER	00378354725	21300040000305	MERCAPTOPURINE	Generic
CANCER	00378354752	21300040000305	MERCAPTOPURINE	Generic
CANCER	69076091302	21300040000305	MERCAPTOPURINE	Generic
CANCER	69076091325	21300040000305	MERCAPTOPURINE	Generic
CANCER	00143926001	21758050002010	MESNA	Generic
CANCER	10019095105	21758050002010	MESNA	Generic
CANCER	10019095110	21758050002010	MESNA	Generic
CANCER	10019095301	21758050002010	MESNA	Generic
CANCER	10019095362	21758050002010	MESNA	Generic
CANCER	25021020110	21758050002010	MESNA	Generic
CANCER	25021020111	21758050002010	MESNA	Generic
CANCER	63323073301	21758050002010	MESNA	Generic
CANCER	63323073310	21758050002010	MESNA	Generic
CANCER	63323073311	21758050002010	MESNA	Generic
CANCER	50742035401	21758050000320	MESNA	Generic
CANCER	50742035410	21758050000320	MESNA	Generic
CANCER	00338130501	21758050002010	MESNEX	Brand
CANCER	67108356509	21758050000320	MESNEX	Brand
	73177016845	21300050002032	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	49452460102	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	49452460103	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	49452460105	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	49452460106	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	51927156500	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	62991120001	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	62991120002	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	62991120004	21300050002900	METHOTREXATE	Brand
OTHER NON-CATEGORIZED	62991120005	21300050002900	METHOTREXATE	Brand

OTHER NON-CATEGORIZED	00143951901	21300050102063	METHOTREXATE	Generic
OTHER NON-CATEGORIZED	00143951910	21300050102063	METHOTREXATE	Generic
OTHER NON-CATEGORIZED	00143936701	21300050102150	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00143983001	21300050102150	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	63323012250	21300050102150	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	63323012310	21300050102068	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703016102	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703016105	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703035009	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703035010	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703035037	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703035038	21300050102062	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703040825	21300050102075	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703040841	21300050102075	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	61703012440	21300050102075	METHOTREXATE SODIUM	Brand
OTHER NON-CATEGORIZED	00703367801	21300050102075	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	16729027735	21300050102075	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00703367881	21300050102075	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00703367501	21300050102069	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	63323012110	21300050102069	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	16729027703	21300050102069	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00703367101	21300050102063	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	16729027730	21300050102063	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00054455025	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00378001401	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00555057202	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00555057235	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00904714110	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	16729048601	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	42291050501	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	47335023583	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	47335023596	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50090029409	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50090234509	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50090341809	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50090545709	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	51407012101	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	58118001401	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	59651018201	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	62135077235	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	62332073031	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	62332073036	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	64850033001	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	68382077501	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	72162217401	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	82804013630	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00054455015	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	00054855025	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	47781048201	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	49999038024	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	49999038036	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50268052711	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	50268052715	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	52959024400	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	69238142301	21300050100310	METHOTREXATE SODIUM	Generic
OTHER NON-CATEGORIZED	76336045518	94200068000105	METOPIRONE	Brand
ENDOCRINE	00591439096	27304050000330	MIFEPRISTONE	Generic
ENDOCRINE	76346065403	27304050000330	MIFEPRISTONE	Generic
ENZYME DEFICIENCIES	10148020115	82700070000120	MIGLUSTAT	Generic
ENZYME DEFICIENCIES	10148020190	82700070000120	MIGLUSTAT	Generic
ENZYME DEFICIENCIES	43975031008	82700070000120	MIGLUSTAT	Generic
ENZYME DEFICIENCIES	43975031083	82700070000120	MIGLUSTAT	Generic
ENZYME DEFICIENCIES	42799070815	82700070000120	MIGLUSTAT	Generic
	72542012401	62000003200150	MIPLYFFA	Brand
	72542014701	62000003200120	MIPLYFFA	Brand
	72542016201	62000003200130	MIPLYFFA	Brand
	72542019301	62000003200140	MIPLYFFA	Brand
ESTROGENS & PROGESTINS	50419042301	25200050005320	MIRENA	Brand
CANCER	00143913501	21200050002110	MITOMYCIN	Generic
CANCER	00143927901	21200050002110	MITOMYCIN	Generic
CANCER	25021025150	21200050002110	MITOMYCIN	Generic
CANCER	65219056620	21200050002110	MITOMYCIN	Generic
CANCER	68001061677	21200050002110	MITOMYCIN	Generic

CANCER	71288013850	21200050002110	MITOMYCIN	Generic
CANCER	72819015302	21200050002110	MITOMYCIN	Generic
CANCER	16729010811	21200050002110	MITOMYCIN	Generic
CANCER	55150045101	21200050002110	MITOMYCIN	Generic
CANCER	68001039077	21200050002110	MITOMYCIN	Generic
CANCER	68001039078	21200050002110	MITOMYCIN	Generic
CANCER	00143913601	21200050002120	MITOMYCIN	Generic
CANCER	00143928001	21200050002120	MITOMYCIN	Generic
CANCER	16729011638	21200050002120	MITOMYCIN	Generic
CANCER	25021025251	21200050002120	MITOMYCIN	Generic
CANCER	65219056800	21200050002120	MITOMYCIN	Generic
CANCER	68001061779	21200050002120	MITOMYCIN	Generic
CANCER	71288013951	21200050002120	MITOMYCIN	Generic
CANCER	72819015404	21200050002120	MITOMYCIN	Generic
CANCER	55150045201	21200050002120	MITOMYCIN	Generic
CANCER	68001039179	21200050002120	MITOMYCIN	Generic
CANCER	68001039180	21200050002120	MITOMYCIN	Generic
CANCER	16729011505	21200050002105	MITOMYCIN	Generic
CANCER	25021025020	21200050002105	MITOMYCIN	Generic
CANCER	65219056420	21200050002105	MITOMYCIN	Generic
CANCER	68001038928	21200050002105	MITOMYCIN	Generic
CANCER	68001038936	21200050002105	MITOMYCIN	Generic
CANCER	68001061536	21200050002105	MITOMYCIN	Generic
CANCER	71288013720	21200050002105	MITOMYCIN	Generic
CANCER	72162246402	21200050002105	MITOMYCIN	Generic
CANCER	72819015205	21200050002105	MITOMYCIN	Generic
CANCER	72819015295	21200050002105	MITOMYCIN	Generic
CANCER	55150045001	21200050002105	MITOMYCIN	Generic
CANCER	71266641203	2120005000E540	MITOMYCIN	Brand
CANCER	61703034318	21200055001320	MITOXANTRONE HCL	Generic
CANCER	63323013210	21200055001320	MITOXANTRONE HCL	Generic
CANCER	00703468501	21200055001320	MITOXANTRONE HCL	Generic
CANCER	61703034365	21200055001325	MITOXANTRONE HCL	Generic
CANCER	63323013212	21200055001325	MITOXANTRONE HCL	Generic
CANCER	00703468001	21200055001325	MITOXANTRONE HCL	Generic
CANCER	61703034366	21200055001330	MITOXANTRONE HCL	Generic
CANCER	63323013215	21200055001330	MITOXANTRONE HCL	Generic
CANCER	00703468601	21200055001330	MITOXANTRONE HCL	Generic
CANCER	50881001303	21351467202120	MONJUVI	Brand
CANCER	73535020801	21351467202120	MONJUVI	Brand
BLOOD MODIFIERS	00024586201	82502060002020	MOZOBIL	Brand
BLOOD MODIFIERS	59630055107	82405045000320	MULPLETA	Brand
CANCER	69448000211	21200050002110	MUTAMYCIN	Generic
CANCER	69448000338	21200050002120	MUTAMYCIN	Generic
CANCER	69448000105	21200050002105	MUTAMYCIN	Generic
CANCER	55513020601	21335020202025	MVASI	Brand
CANCER	55513020701	21335020202030	MVASI	Brand
ENDOCRINE	69880012028	30170070106520	MYCAPSSA	Brand
CANCER	80725062025	21100010000305	MYLERAN	Brand
CANCER	00008451001	21353630202117	MYLOTARG	Brand
ENZYME DEFICIENCIES	68135002001	30907535002020	NAGLAZYME	Brand
CANCER	25021025950	21300052002020	NELARABINE	Generic
CANCER	25021025951	21300052002020	NELARABINE	Generic
CANCER	39822065001	21300052002020	NELARABINE	Generic
CANCER	39822065006	21300052002020	NELARABINE	Generic
CANCER	43598014206	21300052002020	NELARABINE	Generic
CANCER	43598014211	21300052002020	NELARABINE	Generic
CANCER	62332081350	21300052002020	NELARABINE	Generic
CANCER	62332081363	21300052002020	NELARABINE	Generic
CANCER	70121174301	21300052002020	NELARABINE	Generic
CANCER	70121174304	21300052002020	NELARABINE	Generic
CANCER	70710172601	21300052002020	NELARABINE	Generic
CANCER	70710172608	21300052002020	NELARABINE	Generic
CANCER	70710183901	21300052002020	NELARABINE	Generic
CANCER	70710183908	21300052002020	NELARABINE	Generic
CANCER	71288016552	21300052002020	NELARABINE	Generic
CANCER	71288016554	21300052002020	NELARABINE	Generic
CANCER	72205015401	21300052002020	NELARABINE	Generic
CANCER	72205015404	21300052002020	NELARABINE	Generic
CANCER	81927011101	21300052002020	NELARABINE	Generic
CANCER	81927011106	21300052002020	NELARABINE	Generic
CANCER	71288016553	21300052002020	NELARABINE	Generic
	00299622015	9079355510D420	NEMLUVIO	Brand

CANCER	70437024018	21533035100320	NERLYNX	Brand
CANCER	70437024033	21533035100320	NERLYNX	Brand
BLOOD MODIFIERS	55513019001	8240157000E520	NEULASTA	Brand
BLOOD MODIFIERS	55513019201	8240157000F820	NEULASTA ONPRO KIT	Brand
BLOOD MODIFIERS	55513053001	82401520002010	NEUPOGEN	Brand
BLOOD MODIFIERS	55513053010	82401520002010	NEUPOGEN	Brand
BLOOD MODIFIERS	55513054601	82401520002012	NEUPOGEN	Brand
BLOOD MODIFIERS	55513054610	82401520002012	NEUPOGEN	Brand
BLOOD MODIFIERS	55513092401	8240152000E545	NEUPOGEN	Brand
BLOOD MODIFIERS	55513092410	8240152000E545	NEUPOGEN	Brand
BLOOD MODIFIERS	55513092491	8240152000E545	NEUPOGEN	Brand
BLOOD MODIFIERS	55513020901	8240152000E550	NEUPOGEN	Brand
BLOOD MODIFIERS	55513020910	8240152000E550	NEUPOGEN	Brand
BLOOD MODIFIERS	55513020991	8240152000E550	NEUPOGEN	Brand
CANCER	50419048901	21533060400320	NEXAVAR	Brand
CANCER	50419048858	21533060400320	NEXAVAR	Brand
ENZYME DEFICIENCIES	58468042601	30907722552120	NEXVIAZYME	Brand
GROWTH HORMONES	00069050501	3010001500D220	NGENLA	Brand
GROWTH HORMONES	00069050502	3010001500D220	NGENLA	Brand
GROWTH HORMONES	00069052001	3010001500D240	NGENLA	Brand
GROWTH HORMONES	00069052002	3010001500D240	NGENLA	Brand
	50881002311	99392610102010	NIKTIMVO	Brand
	50881003412	99392610102003	NIKTIMVO	Brand
CANCER	59212011114	21402460000330	NILANDRON	Brand
CANCER	60505380102	21531860200115	NILOTINIB	Generic
CANCER	60505380103	21531860200115	NILOTINIB	Generic
CANCER	60505380202	21531860200125	NILOTINIB	Generic
CANCER	60505380203	21531860200125	NILOTINIB	Generic
CANCER	60505380307	21531860200110	NILOTINIB	Generic
CANCER	62559017331	21402460000330	NILUTAMIDE	Generic
CANCER	66993021238	21402460000330	NILUTAMIDE	Generic
CANCER	63020023001	21536045100120	NINLARO	Brand
CANCER	63020023002	21536045100120	NINLARO	Brand
CANCER	63020023003	21536045100120	NINLARO	Brand
CANCER	63020039001	21536045100130	NINLARO	Brand
CANCER	63020039002	21536045100130	NINLARO	Brand
CANCER	63020039003	21536045100130	NINLARO	Brand
CANCER	63020040003	21536045100140	NINLARO	Brand
CANCER	63020040001	21536045100140	NINLARO	Brand
CANCER	63020040002	21536045100140	NINLARO	Brand
CANCER	00409080101	21700045002120	NIPENT	Brand
ENZYME DEFICIENCIES	00254302202	30904045000130	NITISINONE	Generic
ENZYME DEFICIENCIES	63629223301	30904045000130	NITISINONE	Generic
ENZYME DEFICIENCIES	70505021060	30904045000130	NITISINONE	Generic
ENZYME DEFICIENCIES	71863012160	30904045000130	NITISINONE	Generic
ENZYME DEFICIENCIES	00254302002	30904045000110	NITISINONE	Generic
ENZYME DEFICIENCIES	63629223401	30904045000110	NITISINONE	Generic
ENZYME DEFICIENCIES	70505020260	30904045000110	NITISINONE	Generic
ENZYME DEFICIENCIES	71863011960	30904045000110	NITISINONE	Generic
ENZYME DEFICIENCIES	70505022060	30904045000140	NITISINONE	Generic
ENZYME DEFICIENCIES	71863012260	30904045000140	NITISINONE	Generic
ENZYME DEFICIENCIES	00254302102	30904045000120	NITISINONE	Generic
ENZYME DEFICIENCIES	63629223501	30904045000120	NITISINONE	Generic
ENZYME DEFICIENCIES	70505020560	30904045000120	NITISINONE	Generic
ENZYME DEFICIENCIES	71863012060	30904045000120	NITISINONE	Generic
ENZYME DEFICIENCIES	70709000060	30904045000330	NITYR	Brand
ENZYME DEFICIENCIES	70709000260	30904045000310	NITYR	Brand
ENZYME DEFICIENCIES	70709000560	30904045000320	NITYR	Brand
BLOOD MODIFIERS	00069029301	82401520102020	NIVESTYM	Brand
BLOOD MODIFIERS	00069029310	82401520102020	NIVESTYM	Brand
BLOOD MODIFIERS	00069029401	82401520102030	NIVESTYM	Brand
BLOOD MODIFIERS	00069029410	82401520102030	NIVESTYM	Brand
BLOOD MODIFIERS	00069029101	8240152010E520	NIVESTYM	Brand
BLOOD MODIFIERS	00069029110	8240152010E520	NIVESTYM	Brand
BLOOD MODIFIERS	00069029201	8240152010E530	NIVESTYM	Brand
BLOOD MODIFIERS	00069029210	8240152010E530	NIVESTYM	Brand
GROWTH HORMONES	00169770521	3010002000D230	NORDITROPIN FLEXPRO	Brand
GROWTH HORMONES	00169770821	3010002000D240	NORDITROPIN FLEXPRO	Brand
GROWTH HORMONES	00169770321	3010002000D260	NORDITROPIN FLEXPRO	Brand
GROWTH HORMONES	00169770421	3010002000D212	NORDITROPIN FLEXPRO	Brand
OTHER NON-CATEGORIZED	67386082019	38700030000130	NORTHERA	Brand
OTHER NON-CATEGORIZED	67386082119	38700030000140	NORTHERA	Brand
OTHER NON-CATEGORIZED	67386082219	38700030000150	NORTHERA	Brand

PARKINSON	42747060290	73401025000320	NOURIANZ	Brand
PARKINSON	42747060490	73401025000340	NOURIANZ	Brand
FERTILITY & PREGNANCY	55566150201	30062020002130	NOVAREL	Brand
HEMOPHILIA	00169781001	85100010332140	NOVOEIGHT	Brand
HEMOPHILIA	00169781501	85100010332150	NOVOEIGHT	Brand
HEMOPHILIA	00169782001	85100010332160	NOVOEIGHT	Brand
HEMOPHILIA	00169782501	85100010332120	NOVOEIGHT	Brand
HEMOPHILIA	00169783001	85100010332170	NOVOEIGHT	Brand
HEMOPHILIA	00169785001	85100010332130	NOVOEIGHT	Brand
HEMOPHILIA	00169720101	85100026202117	NOVOSEVEN RT	Brand
HEMOPHILIA	00169721111	85100026202117	NOVOSEVEN RT	Brand
HEMOPHILIA	00169720201	85100026202126	NOVOSEVEN RT	Brand
HEMOPHILIA	00169721211	85100026202126	NOVOSEVEN RT	Brand
HEMOPHILIA	00169720501	85100026202145	NOVOSEVEN RT	Brand
HEMOPHILIA	00169720801	85100026202160	NOVOSEVEN RT	Brand
BLOOD MODIFIERS	55513022301	82405060002110	NPLATE	Brand
BLOOD MODIFIERS	55513022101	82405060002120	NPLATE	Brand
BLOOD MODIFIERS	55513022201	82405060002130	NPLATE	Brand
CANCER	50419039501	21402425000320	NUBEQA	Brand
LUNG DISORDERS	00173088101	44604055002120	NUCALA	Brand
LUNG DISORDERS	00173088161	44604055002120	NUCALA	Brand
LUNG DISORDERS	00173089201	4460405500D530	NUCALA	Brand
LUNG DISORDERS	00173089261	4460405500D530	NUCALA	Brand
LUNG DISORDERS	00173089242	4460405500E530	NUCALA	Brand
LUNG DISORDERS	00173090442	4460405500E520	NUCALA	Brand
ENZYME DEFICIENCIES	42358029501	30906430202120	NULIBRY	Brand
ENZYME DEFICIENCIES	73129000199	30906430202120	NULIBRY	Brand
IMMUNOSUPPRESSANTS	00003037113	99408020002120	NULOJIX	Brand
ANTIPSYCHOTIC	63090034030	59400028200120	NUPLAZID	Brand
ANTIPSYCHOTIC	63090010030	59400028200310	NUPLAZID	Brand
GROWTH HORMONES	50242007401	3010002000D220	NUTROPIN AQ NUSPIN 10	Brand
GROWTH HORMONES	50242007601	3010002000D250	NUTROPIN AQ NUSPIN 20	Brand
GROWTH HORMONES	50242007501	3010002000D207	NUTROPIN AQ NUSPIN 5	Brand
HEMOPHILIA	68982013901	85100010226420	NUWIQ	Brand
HEMOPHILIA	68982014101	85100010226430	NUWIQ	Brand
HEMOPHILIA	68982014301	85100010226440	NUWIQ	Brand
HEMOPHILIA	68982015301	85100010226450	NUWIQ	Brand
HEMOPHILIA	68982014501	85100010226460	NUWIQ	Brand
HEMOPHILIA	68982014701	85100010226465	NUWIQ	Brand
HEMOPHILIA	68982014901	85100010226470	NUWIQ	Brand
HEMOPHILIA	68982015101	85100010226480	NUWIQ	Brand
HEMOPHILIA	68982014401	85100010222140	NUWIQ	Brand
HEMOPHILIA	68982015401	85100010222150	NUWIQ	Brand
HEMOPHILIA	68982014601	85100010222160	NUWIQ	Brand
HEMOPHILIA	68982014801	85100010222165	NUWIQ	Brand
HEMOPHILIA	68982015001	85100010222170	NUWIQ	Brand
HEMOPHILIA	68982015201	85100010222180	NUWIQ	Brand
HEMOPHILIA	68982014001	85100010222120	NUWIQ	Brand
HEMOPHILIA	68982014201	85100010222130	NUWIQ	Brand
ANTI-INFECTIVE	71715000101	04200050202120	NUZYRA	Brand
ANTI-INFECTIVE	71715000102	04200050202120	NUZYRA	Brand
ANTI-INFECTIVE	71715000221	04200050200320	NUZYRA	Brand
ANTI-INFECTIVE	71715000227	04200050200320	NUZYRA	Brand
	72374010101	8240152075E520	NYPOZI	Brand
	72374010110	8240152075E520	NYPOZI	Brand
	72374010201	8240152075E530	NYPOZI	Brand
	72374010210	8240152075E530	NYPOZI	Brand
BLOOD MODIFIERS	00069032401	8240157002E520	NYVEPRIA	Brand
HEMOPHILIA	00944500101	85100010502130	OBIZUR	Brand
GASTROINTESTINAL	69516001030	52750060000330	OCALIVA	Brand
GASTROINTESTINAL	69516000530	52750060000320	OCALIVA	Brand
MULTIPLE SCLEROSIS	50242015001	62405060002020	OCREVUS	Brand
	50242055401	62409902602040	OCREVUS ZUNOVO	Brand
IMMUNE GLOBULINS	00069840001	19100020102030	OCTAGAM	Brand
IMMUNE GLOBULINS	00069840002	19100020102030	OCTAGAM	Brand
IMMUNE GLOBULINS	68982084001	19100020102030	OCTAGAM	Brand
IMMUNE GLOBULINS	00069611101	19100020102072	OCTAGAM	Brand
IMMUNE GLOBULINS	00069611102	19100020102072	OCTAGAM	Brand
IMMUNE GLOBULINS	68982085003	19100020102072	OCTAGAM	Brand
IMMUNE GLOBULINS	00069847601	19100020102042	OCTAGAM	Brand
IMMUNE GLOBULINS	00069847602	19100020102042	OCTAGAM	Brand
IMMUNE GLOBULINS	68982084004	19100020102042	OCTAGAM	Brand
IMMUNE GLOBULINS	00069600201	19100020102063	OCTAGAM	Brand

IMMUNE GLOBULINS	00069600202	19100020102063	OCTAGAM	Brand
IMMUNE GLOBULINS	68982085001	19100020102063	OCTAGAM	Brand
IMMUNE GLOBULINS	00069842501	19100020102034	OCTAGAM	Brand
IMMUNE GLOBULINS	00069842502	19100020102034	OCTAGAM	Brand
IMMUNE GLOBULINS	68982084002	19100020102034	OCTAGAM	Brand
IMMUNE GLOBULINS	00069623701	19100020102076	OCTAGAM	Brand
IMMUNE GLOBULINS	00069623702	19100020102076	OCTAGAM	Brand
IMMUNE GLOBULINS	68982085004	19100020102076	OCTAGAM	Brand
IMMUNE GLOBULINS	00069633901	19100020102080	OCTAGAM	Brand
IMMUNE GLOBULINS	00069633902	19100020102080	OCTAGAM	Brand
IMMUNE GLOBULINS	68982085005	19100020102080	OCTAGAM	Brand
IMMUNE GLOBULINS	00069845101	19100020102038	OCTAGAM	Brand
IMMUNE GLOBULINS	00069845102	19100020102038	OCTAGAM	Brand
IMMUNE GLOBULINS	68982084003	19100020102038	OCTAGAM	Brand
IMMUNE GLOBULINS	00069655001	19100020102068	OCTAGAM	Brand
IMMUNE GLOBULINS	00069655002	19100020102068	OCTAGAM	Brand
IMMUNE GLOBULINS	68982085002	19100020102068	OCTAGAM	Brand
ENDOCRINE	00480925708	30170070106410	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00480925908	30170070106420	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00480926208	30170070106430	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617501	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617510	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068831	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068841	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	25021046401	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037600	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037601	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037604	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037641	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63629883101	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703331101	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703331104	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	68462089601	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	68462089610	30170070102010	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617801	30170070102030	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068631	30170070102030	OCTREOTIDE ACETATE	Generic
ENDOCRINE	25021046705	30170070102030	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037905	30170070102030	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703334301	30170070102030	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617701	30170070102015	OCTREOTIDE ACETATE	Generic
ENDOCRINE	25021046605	30170070102015	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037805	30170070102015	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703333301	30170070102015	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068531	30170070102015	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617401	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617410	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068731	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068741	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	25021046301	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703330101	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703330104	30170070102005	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617601	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00641617610	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068931	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	23155068941	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	25021046501	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037700	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037701	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037704	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	63323037741	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703332101	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	00703332104	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	68462089701	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	68462089710	30170070102020	OCTREOTIDE ACETATE	Generic
ENDOCRINE	67457024500	3017007010E510	OCTREOTIDE ACETATE	Brand
ENDOCRINE	67457024501	3017007010E510	OCTREOTIDE ACETATE	Brand
ENDOCRINE	67457023900	3017007010E505	OCTREOTIDE ACETATE	Brand
ENDOCRINE	67457023901	3017007010E505	OCTREOTIDE ACETATE	Brand
ENDOCRINE	67457024600	3017007010E520	OCTREOTIDE ACETATE	Brand
ENDOCRINE	67457024601	3017007010E520	OCTREOTIDE ACETATE	Brand
CANCER	47335030383	21370060200120	ODOMZO	Brand
LUNG DISORDERS	00597014360	45554050200120	OFEV	Brand
LUNG DISORDERS	00597014560	45554050200130	OFEV	Brand

CANCER	67457099115	21170070302108	OGIVRI	Brand
CANCER	83257000111	21170070302108	OGIVRI	Brand
CANCER	67457084550	21170070302120	OGIVRI	Brand
CANCER	67457084744	21170070302120	OGIVRI	Brand
CANCER	83257000311	21170070302120	OGIVRI	Brand
CANCER	83257000412	21170070302120	OGIVRI	Brand
CANCER	82448010014	21532350200330	OGSIVEO	Brand
CANCER	82448015014	21532350200340	OGSIVEO	Brand
CANCER	82448005018	21532350200320	OGSIVEO	Brand
	83034000301	44430020001820	OHTUVAYRE	Brand
	83034000360	44430020001820	OHTUVAYRE	Brand
CANCER	82950001201	21532075001920	OJEMDA	Brand
CANCER	82950011210	21532075001920	OJEMDA	Brand
CANCER	82950000116	21532075000320	OJEMDA	Brand
CANCER	82950000120	21532075000320	OJEMDA	Brand
CANCER	82950000124	21532075000320	OJEMDA	Brand
CANCER	81864010330	21537540300320	OJJAARA	Brand
CANCER	81864010230	21537540300330	OJJAARA	Brand
CANCER	81864010130	21537540300340	OJJAARA	Brand
ENZYME DEFICIENCIES	72542020002	3090806000B120	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542020009	3090806000B120	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542030002	3090806000B130	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542030009	3090806000B130	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542040002	3090806000B140	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542040018	3090806000B140	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542050002	3090806000B150	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542050018	3090806000B150	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542060002	3090806000B160	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542060018	3090806000B160	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542066702	3090806000B170	OLPRUVA	Brand
ENZYME DEFICIENCIES	72542066718	3090806000B170	OLPRUVA	Brand
AUTOIMMUNE	00002473230	66603010000310	OLUMIANT	Brand
AUTOIMMUNE	00002418230	66603010000320	OLUMIANT	Brand
AUTOIMMUNE	00002447930	66603010000340	OLUMIANT	Brand
CANCER	73441080004	21650850101820	OMISIRGE	Brand
GROWTH HORMONES	00781400436	30100020002123	OMNITROPE	Brand
GROWTH HORMONES	00781401471	30100020002123	OMNITROPE	Brand
GROWTH HORMONES	00781300407	3010002000E213	OMNITROPE	Brand
GROWTH HORMONES	00781300426	3010002000E213	OMNITROPE	Brand
GROWTH HORMONES	00781300107	3010002000E210	OMNITROPE	Brand
GROWTH HORMONES	00781300126	3010002000E210	OMNITROPE	Brand
AUTOIMMUNE	00002757501	52504050402030	OMVOH	Brand
	00002771711	5250405040D530	OMVOH	Brand
	00002772211	5250405040E530	OMVOH	Brand
AUTOIMMUNE	00002887001	5250405040E520	OMVOH	Brand
AUTOIMMUNE	00002887027	5250405040E520	OMVOH	Brand
AUTOIMMUNE	00002801101	5250405040D520	OMVOH	Brand
AUTOIMMUNE	00002801127	5250405040D520	OMVOH	Brand
CANCER	72694095401	21250060002020	ONCASPAR	Brand
NAUSEA & VOMITING	00054006447	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	16714067102	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	51672409103	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	65162069179	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	68094076359	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	68094076362	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	54838055550	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	71205010950	50250065052070	ONDANSETRON HCL	Generic
NAUSEA & VOMITING	55111015611	50250065050340	ONDANSETRON HCL	Brand
NAUSEA & VOMITING	00409000902	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00409000925	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00409475503	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00409475518	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641607801	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641607825	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641608001	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641608025	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054731	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054741	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054742	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054831	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054841	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054842	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	25021077702	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic

NAUSEA & VOMITING	36000001225	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	50090234200	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	50090493500	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	55150012502	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	60505613000	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	60505613005	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	63323037302	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	65219032300	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	65219032302	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	72266012301	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	72266012325	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	72572052001	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	72572052025	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	70860077602	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	70860077641	50250065052024	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00143989001	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00143989010	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00409475901	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641607901	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00641628601	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	16729029805	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155054931	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	23155055031	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	55150012620	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	63323037420	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	72266012401	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	70860077720	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	70860077721	50250065052030	ONDANSETRON HYDROCHLORIDE	Generic
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OTHER NON-CATEGORIZED	71336100001	62706060102020	ONPATTRO	Brand
CANCER	78206014701	21170070342120	ONTRUZANT	Brand
CANCER	78206014799	21170070342120	ONTRUZANT	Brand
CANCER	00006503301	21170070342120	ONTRUZANT	Brand
CANCER	00006503302	21170070342120	ONTRUZANT	Brand
CANCER	78206014801	21170070342140	ONTRUZANT	Brand
CANCER	78206014899	21170070342140	ONTRUZANT	Brand
CANCER	59572073007	21300003000320	ONUREG	Brand
CANCER	59572074007	21300003000330	ONUREG	Brand
CANCER	00003377412	21357941002030	OPDIVO	Brand
CANCER	00003375614	21357941002033	OPDIVO	Brand
CANCER	00003373413	21357941002050	OPDIVO	Brand
CANCER	00003377211	21357941002020	OPDIVO	Brand
	00003612001	21990002502020	OPDIVO QVANTIG	Brand
CANCER	00003712511	21993502502020	OPDUALAG	Brand
ENZYME DEFICIENCIES	71904030001	30907760000120	OPFOLDA	Brand
ENZYME DEFICIENCIES	71904030002	30907760000120	OPFOLDA	Brand
ENZYME DEFICIENCIES	71904030003	30907760000120	OPFOLDA	Brand
PULMONARY HYPERTENSION	66215050115	40160050000320	OPSUMIT	Brand
PULMONARY HYPERTENSION	66215050130	40160050000320	OPSUMIT	Brand
PULMONARY HYPERTENSION	66215081201	40995502500310	OPSYNVI	Brand
PULMONARY HYPERTENSION	66215081208	40995502500310	OPSYNVI	Brand
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AUTOIMMUNE	00003218713	66400010002120	ORENCIA	Brand
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AUTOIMMUNE	00003281411	6640001000E510	ORENCIA	Brand
AUTOIMMUNE	00003281811	6640001000E515	ORENCIA	Brand
AUTOIMMUNE	00003218851	6640001000D520	ORENCIA CLICKJECT	Brand
PULMONARY HYPERTENSION	66302030001	40170080050410	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302030002	40170080050410	ORENITRAM	Brand
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PULMONARY HYPERTENSION	66302030202	40170080050415	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302030210	40170080050415	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302031001	40170080050420	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302031002	40170080050420	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302031010	40170080050420	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302032501	40170080050425	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302032502	40170080050425	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302032510	40170080050425	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302035001	40170080050435	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302035002	40170080050435	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302035010	40170080050435	ORENITRAM	Brand
PULMONARY HYPERTENSION	66302036128	4017008005C110	ORENITRAM TITRATION KIT MONTH 1	Brand
PULMONARY HYPERTENSION	66302036256	4017008005C120	ORENITRAM TITRATION KIT MONTH 2	Brand

PULMONARY HYPERTENSION	66302036384	4017008005C130	ORENITRAM TITRATION KIT MONTH 3	Brand
ENZYME DEFICIENCIES	66658011060	30904045000130	ORFADIN	Brand
ENZYME DEFICIENCIES	66658010260	30904045000110	ORFADIN	Brand
ENZYME DEFICIENCIES	66658012060	30904045000140	ORFADIN	Brand
ENZYME DEFICIENCIES	66658010560	30904045000120	ORFADIN	Brand
ENZYME DEFICIENCIES	66658020490	30904045001820	ORFADIN	Brand
CANCER	72974012001	21405570000320	ORGOVYX	Brand
CYSTIC FIBROSIS	51167090001	45309902303010	ORKAMBI	Brand
CYSTIC FIBROSIS	51167050002	45309902303020	ORKAMBI	Brand
CYSTIC FIBROSIS	51167012201	45309902303005	ORKAMBI	Brand
CYSTIC FIBROSIS	51167070002	45309902300310	ORKAMBI	Brand
CYSTIC FIBROSIS	51167080901	45309902300320	ORKAMBI	Brand
HEMATOLOGICAL	72769010201	85840010200120	ORLADEYO	Brand
HEMATOLOGICAL	72769010101	85840010200130	ORLADEYO	Brand
ANTIHYPERTENSIVE	70709008510	37100020000305	ORMALVI	Generic
CANCER	72187010203	21403720100340	ORSERDU	Brand
CANCER	72187010103	21403720100320	ORSERDU	Brand
	55513049760	66700015000320	OTEZLA	Brand
AUTOIMMUNE	55513013760	66700015000330	OTEZLA	Brand
AUTOIMMUNE	55513036955	6670001500B720	OTEZLA	Brand
	55513050855	6670001500B710	OTEZLA	Brand
	44087115001	3006202205E520	OVIDREL	Brand
CANCER	47335017840	21100028002130	OXALIPLATIN	Generic
CANCER	79672082602	21100028002130	OXALIPLATIN	Generic
CANCER	45963061159	21100028002130	OXALIPLATIN	Generic
CANCER	47335017640	21100028002120	OXALIPLATIN	Generic
CANCER	79672082502	21100028002120	OXALIPLATIN	Generic
CANCER	45963061153	21100028002120	OXALIPLATIN	Generic
CANCER	00703398601	21100028002030	OXALIPLATIN	Generic
CANCER	00781331780	21100028002030	OXALIPLATIN	Generic
CANCER	00781931780	21100028002030	OXALIPLATIN	Generic
CANCER	16729033205	21100028002030	OXALIPLATIN	Generic
CANCER	25021023320	21100028002030	OXALIPLATIN	Generic
CANCER	47335004740	21100028002030	OXALIPLATIN	Generic
CANCER	50742040620	21100028002030	OXALIPLATIN	Generic
CANCER	55150033201	21100028002030	OXALIPLATIN	Generic
CANCER	60505613207	21100028002030	OXALIPLATIN	Generic
CANCER	60505628704	21100028002030	OXALIPLATIN	Generic
CANCER	61703036322	21100028002030	OXALIPLATIN	Generic
CANCER	63323075020	21100028002030	OXALIPLATIN	Generic
CANCER	67457044220	21100028002030	OXALIPLATIN	Generic
CANCER	68001046837	21100028002030	OXALIPLATIN	Generic
CANCER	71288017221	21100028002030	OXALIPLATIN	Generic
CANCER	71288017292	21100028002030	OXALIPLATIN	Generic
CANCER	72266016201	21100028002030	OXALIPLATIN	Generic
CANCER	72603010101	21100028002030	OXALIPLATIN	Generic
CANCER	72603032001	21100028002030	OXALIPLATIN	Generic
CANCER	00955172720	21100028002030	OXALIPLATIN	Generic
CANCER	00955173320	21100028002030	OXALIPLATIN	Generic
CANCER	43066001801	21100028002030	OXALIPLATIN	Generic
CANCER	71288010120	21100028002030	OXALIPLATIN	Generic
CANCER	71288014996	21100028002030	OXALIPLATIN	Generic
CANCER	72266012601	21100028002030	OXALIPLATIN	Generic
CANCER	72266012610	21100028002030	OXALIPLATIN	Generic
CANCER	60505613208	21100028002035	OXALIPLATIN	Brand
CANCER	00703398501	21100028002025	OXALIPLATIN	Generic
CANCER	00781331570	21100028002025	OXALIPLATIN	Generic
CANCER	00781931570	21100028002025	OXALIPLATIN	Generic
CANCER	16729033203	21100028002025	OXALIPLATIN	Generic
CANCER	25021023310	21100028002025	OXALIPLATIN	Generic
CANCER	47335004640	21100028002025	OXALIPLATIN	Generic
CANCER	50742040510	21100028002025	OXALIPLATIN	Generic
CANCER	55150033101	21100028002025	OXALIPLATIN	Generic
CANCER	60505613206	21100028002025	OXALIPLATIN	Generic
CANCER	60505628702	21100028002025	OXALIPLATIN	Generic
CANCER	61703036318	21100028002025	OXALIPLATIN	Generic
CANCER	63323075010	21100028002025	OXALIPLATIN	Generic
CANCER	67457046910	21100028002025	OXALIPLATIN	Generic
CANCER	68001046836	21100028002025	OXALIPLATIN	Generic
CANCER	71288014995	21100028002025	OXALIPLATIN	Generic
CANCER	72266016101	21100028002025	OXALIPLATIN	Generic
CANCER	72603030101	21100028002025	OXALIPLATIN	Generic
CANCER	72603042001	21100028002025	OXALIPLATIN	Generic

CANCER	00955172510	21100028002025	OXALIPLATIN	Generic
CANCER	00955173110	21100028002025	OXALIPLATIN	Generic
CANCER	43066001401	21100028002025	OXALIPLATIN	Generic
CANCER	71288010110	21100028002025	OXALIPLATIN	Generic
CANCER	72266012501	21100028002025	OXALIPLATIN	Generic
CANCER	72266012510	21100028002025	OXALIPLATIN	Generic
BLOOD MODIFIERS	72786010202	82805080000310	OXBRYTA	Brand
BLOOD MODIFIERS	72786010203	82805080000310	OXBRYTA	Brand
BLOOD MODIFIERS	72786010101	82805080000320	OXBRYTA	Brand
BLOOD MODIFIERS	72786011102	82805080007320	OXBRYTA	Brand
BLOOD MODIFIERS	72786011103	82805080007320	OXBRYTA	Brand
OPHTHALMIC	71981002007	86770020202020	OXERVATE	Brand
OTHER NON-CATEGORIZED	71336100201	56626040202020	OXLUMO	Brand
CANCER	00703321601	21500012001335	PACLITAXEL	Generic
CANCER	00703321681	21500012001335	PACLITAXEL	Generic
CANCER	25021025517	21500012001335	PACLITAXEL	Generic
CANCER	23155088331	21500012001335	PACLITAXEL	Generic
CANCER	61703034222	21500012001335	PACLITAXEL	Generic
CANCER	62332062117	21500012001335	PACLITAXEL	Generic
CANCER	63323076316	21500012001335	PACLITAXEL	Generic
CANCER	72205006201	21500012001335	PACLITAXEL	Generic
CANCER	70860020017	21500012001335	PACLITAXEL	Generic
CANCER	70860021567	21500012001335	PACLITAXEL	Generic
CANCER	00703321701	21500012001340	PACLITAXEL	Brand
CANCER	25021025505	21500012001325	PACLITAXEL	Generic
CANCER	72205006101	21500012001325	PACLITAXEL	Generic
CANCER	00703321301	21500012001325	PACLITAXEL	Generic
CANCER	00703321381	21500012001325	PACLITAXEL	Generic
CANCER	23155088231	21500012001325	PACLITAXEL	Generic
CANCER	61703001504	21500012001325	PACLITAXEL	Generic
CANCER	62332062005	21500012001325	PACLITAXEL	Generic
CANCER	61703034209	21500012001325	PACLITAXEL	Generic
CANCER	63323076305	21500012001325	PACLITAXEL	Generic
CANCER	70860020005	21500012001325	PACLITAXEL	Generic
CANCER	70860021566	21500012001325	PACLITAXEL	Generic
CANCER	25021025550	21500012001350	PACLITAXEL	Generic
CANCER	70860021568	21500012001350	PACLITAXEL	Generic
CANCER	00703321801	21500012001350	PACLITAXEL	Generic
CANCER	00703321881	21500012001350	PACLITAXEL	Generic
CANCER	16714013701	21500012001350	PACLITAXEL	Generic
CANCER	23155088431	21500012001350	PACLITAXEL	Generic
CANCER	61703034250	21500012001350	PACLITAXEL	Generic
CANCER	62332062250	21500012001350	PACLITAXEL	Generic
CANCER	63323076350	21500012001350	PACLITAXEL	Generic
CANCER	68001051627	21500012001350	PACLITAXEL	Generic
CANCER	72205006301	21500012001350	PACLITAXEL	Generic
CANCER	70860020050	21500012001350	PACLITAXEL	Generic
CANCER	00480329001	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Brand
CANCER	00517430001	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Brand
CANCER	00781353191	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Generic
CANCER	60505623004	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Generic
CANCER	68001065137	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Generic
CANCER	71288018350	21500012201920	PACLITAXEL PROTEIN-BOUND PARTICLES	Generic
CANCER	51144002001	21357026202120	PADCEV	Brand
CANCER	51144003001	21357026202130	PADCEV	Brand
OTHER NON-CATEGORIZED	71881011313	2010004020H510	PALFORZIA INITIAL DOSE ESCALATION	Brand
	22840011407	2010004020H505	PALFORZIA INITIAL DOSE ESCALATION 1-3 YEARS	Brand
OTHER NON-CATEGORIZED	22840011313	2010004020H510	PALFORZIA INITIAL DOSE ESCALATION 4-17 YEARS	Brand
	22840012615	2010004020H520	PALFORZIA LEVEL 0	Brand
OTHER NON-CATEGORIZED	22840012745	2010004020H525	PALFORZIA LEVEL 1	Brand
OTHER NON-CATEGORIZED	71881010145	2010004020H525	PALFORZIA LEVEL 1	Brand
OTHER NON-CATEGORIZED	22840011060	2010004020H570	PALFORZIA LEVEL 10	Brand
OTHER NON-CATEGORIZED	71881011060	2010004020H570	PALFORZIA LEVEL 10	Brand
OTHER NON-CATEGORIZED	22840011130	20100040203050	PALFORZIA LEVEL 11 (MAINTENANCE)	Brand
OTHER NON-CATEGORIZED	71881011130	20100040203050	PALFORZIA LEVEL 11 (MAINTENANCE)	Brand
OTHER NON-CATEGORIZED	22840011115	20100040203030	PALFORZIA LEVEL 11 (TITRATION)	Brand
OTHER NON-CATEGORIZED	71881011115	20100040203030	PALFORZIA LEVEL 11 (TITRATION)	Brand
OTHER NON-CATEGORIZED	22840010290	2010004020H530	PALFORZIA LEVEL 2	Brand
OTHER NON-CATEGORIZED	71881010290	2010004020H530	PALFORZIA LEVEL 2	Brand
OTHER NON-CATEGORIZED	22840010345	2010004020H535	PALFORZIA LEVEL 3	Brand
OTHER NON-CATEGORIZED	71881010345	2010004020H535	PALFORZIA LEVEL 3	Brand
OTHER NON-CATEGORIZED	22840010415	2010004020H540	PALFORZIA LEVEL 4	Brand
OTHER NON-CATEGORIZED	71881010415	2010004020H540	PALFORZIA LEVEL 4	Brand

OTHER NON-CATEGORIZED	22840010530	2010004020H545	PALFORZIA LEVEL 5	Brand
OTHER NON-CATEGORIZED	71881010530	2010004020H545	PALFORZIA LEVEL 5	Brand
OTHER NON-CATEGORIZED	22840010660	2010004020H550	PALFORZIA LEVEL 6	Brand
OTHER NON-CATEGORIZED	71881010660	2010004020H550	PALFORZIA LEVEL 6	Brand
OTHER NON-CATEGORIZED	22840010730	2010004020H555	PALFORZIA LEVEL 7	Brand
OTHER NON-CATEGORIZED	71881010730	2010004020H555	PALFORZIA LEVEL 7	Brand
OTHER NON-CATEGORIZED	22840010860	2010004020H560	PALFORZIA LEVEL 8	Brand
OTHER NON-CATEGORIZED	71881010860	2010004020H560	PALFORZIA LEVEL 8	Brand
OTHER NON-CATEGORIZED	22840010930	2010004020H565	PALFORZIA LEVEL 9	Brand
OTHER NON-CATEGORIZED	71881010930	2010004020H565	PALFORZIA LEVEL 9	Brand
NAUSEA & VOMITING	00143951301	50250070102030	PALONOSETRON HYDROCHLORIDE	Brand
NAUSEA & VOMITING	00703409401	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00781331275	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00781331295	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	00781341575	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	16714083401	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	25021078305	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	36000032601	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	36000032602	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	55111069407	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	55150018605	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	60505619301	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	63323067305	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	67457031725	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	68001035525	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	71288040905	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	83634077705	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	50742048505	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	69543037101	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	69543037110	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	70860078505	50250070102020	PALONOSETRON HYDROCHLORIDE	Generic
NAUSEA & VOMITING	63323067321	5025007010E520	PALONOSETRON HYDROCHLORIDE	Brand
NAUSEA & VOMITING	63323067389	5025007010E520	PALONOSETRON HYDROCHLORIDE	Brand
ENZYME DEFICIENCIES	68135075619	3090855040E520	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135075620	3090855040E520	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135005889	3090855040E510	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135005890	3090855040E510	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135067339	3090855040E530	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135067340	3090855040E530	PALYNZIQ	Brand
ENZYME DEFICIENCIES	68135067345	3090855040E530	PALYNZIQ	Brand
IMMUNE GLOBULINS	00069101101	19100020602020	PANZYGA	Brand
IMMUNE GLOBULINS	00069101102	19100020602020	PANZYGA	Brand
IMMUNE GLOBULINS	68982082201	19100020602020	PANZYGA	Brand
IMMUNE GLOBULINS	68982082281	19100020602020	PANZYGA	Brand
IMMUNE GLOBULINS	00069131201	19100020602035	PANZYGA	Brand
IMMUNE GLOBULINS	00069131202	19100020602035	PANZYGA	Brand
IMMUNE GLOBULINS	68982082204	19100020602035	PANZYGA	Brand
IMMUNE GLOBULINS	68982082284	19100020602035	PANZYGA	Brand
IMMUNE GLOBULINS	00069110901	19100020602025	PANZYGA	Brand
IMMUNE GLOBULINS	00069110902	19100020602025	PANZYGA	Brand
IMMUNE GLOBULINS	68982082202	19100020602025	PANZYGA	Brand
IMMUNE GLOBULINS	68982082282	19100020602025	PANZYGA	Brand
IMMUNE GLOBULINS	00069141501	19100020602040	PANZYGA	Brand
IMMUNE GLOBULINS	00069141502	19100020602040	PANZYGA	Brand
IMMUNE GLOBULINS	68982082205	19100020602040	PANZYGA	Brand
IMMUNE GLOBULINS	68982082285	19100020602040	PANZYGA	Brand
IMMUNE GLOBULINS	00069155801	19100020602045	PANZYGA	Brand
IMMUNE GLOBULINS	00069155802	19100020602045	PANZYGA	Brand
IMMUNE GLOBULINS	68982082206	19100020602045	PANZYGA	Brand
IMMUNE GLOBULINS	68982082286	19100020602045	PANZYGA	Brand
IMMUNE GLOBULINS	00069122401	19100020602030	PANZYGA	Brand
IMMUNE GLOBULINS	00069122402	19100020602030	PANZYGA	Brand
IMMUNE GLOBULINS	68982082203	19100020602030	PANZYGA	Brand
IMMUNE GLOBULINS	68982082283	19100020602030	PANZYGA	Brand
ESTROGENS & PROGESTINS	59365512801	25050010005320	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	Brand
ESTROGENS & PROGESTINS	59365512901	25050010005320	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	Brand
CANCER	69448000538	21100015002060	PARAPLATIN	Brand
CANCER	69448000534	21100015002040	PARAPLATIN	Generic
CANCER	69448000512	21100015002045	PARAPLATIN	Generic
	55513006501	86655010142020	PAVBLU	Brand
	55513005601	8665501014E520	PAVBLU	Brand
CANCER	00480418489	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	42291093912	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic

CANCER	51407087212	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	59651058208	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	60505477907	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	63304011613	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	82293002210	21533042100320	PAZOPANIB HYDROCHLORIDE	Generic
CANCER	73077001001	21757375602020	PEDMARK	Brand
HEPATITIS C	82154044901	12353060052020	PEGASYS	Brand
HEPATITIS C	82154045104	1235306005E540	PEGASYS	Brand
HEPATITIS C	82154045101	1235306005E540	PEGASYS	Brand
CANCER	50881002801	21532260000340	PEMAZYRE	Brand
CANCER	50881002601	21532260000320	PEMAZYRE	Brand
CANCER	50881002701	21532260000330	PEMAZYRE	Brand
	83831011101	21300053082110	PEMETREXED	Brand
	83831011201	21300053082120	PEMETREXED	Brand
CANCER	16729022903	21300053102110	PEMETREXED	Generic
CANCER	50742034001	21300053102110	PEMETREXED	Generic
CANCER	55150038101	21300053102110	PEMETREXED	Generic
CANCER	60505606500	21300053102110	PEMETREXED	Generic
CANCER	68001053541	21300053102110	PEMETREXED	Generic
CANCER	68001053841	21300053102110	PEMETREXED	Generic
CANCER	68001054341	21300053102110	PEMETREXED	Generic
CANCER	70069083401	21300053102110	PEMETREXED	Generic
CANCER	70710165401	21300053102110	PEMETREXED	Generic
CANCER	71288016610	21300053102110	PEMETREXED	Generic
CANCER	71288016691	21300053102110	PEMETREXED	Generic
CANCER	71288016692	21300053102110	PEMETREXED	Generic
CANCER	72603032501	21300053102110	PEMETREXED	Generic
CANCER	00338072001	21300053102110	PEMETREXED	Generic
CANCER	70860020210	21300053102110	PEMETREXED	Generic
CANCER	16729024438	21300053102140	PEMETREXED	Generic
CANCER	43598037074	21300053102140	PEMETREXED	Generic
CANCER	55150038301	21300053102140	PEMETREXED	Generic
CANCER	63323062200	21300053102140	PEMETREXED	Generic
CANCER	68001054641	21300053102140	PEMETREXED	Generic
CANCER	70710167401	21300053102140	PEMETREXED	Generic
CANCER	60505606700	21300053102140	PEMETREXED	Generic
CANCER	71288014851	21300053102140	PEMETREXED	Generic
CANCER	16729023011	21300053102120	PEMETREXED	Generic
CANCER	50742034101	21300053102120	PEMETREXED	Generic
CANCER	55150038201	21300053102120	PEMETREXED	Generic
CANCER	68001053641	21300053102120	PEMETREXED	Generic
CANCER	68001053941	21300053102120	PEMETREXED	Generic
CANCER	70069083501	21300053102120	PEMETREXED	Generic
CANCER	70710165501	21300053102120	PEMETREXED	Generic
CANCER	71288016750	21300053102120	PEMETREXED	Generic
CANCER	71288016795	21300053102120	PEMETREXED	Generic
CANCER	71288016796	21300053102120	PEMETREXED	Generic
CANCER	72603042501	21300053102120	PEMETREXED	Generic
CANCER	00338072201	21300053102120	PEMETREXED	Generic
CANCER	60505606600	21300053102120	PEMETREXED	Generic
CANCER	68001054441	21300053102120	PEMETREXED	Generic
CANCER	70860020350	21300053102120	PEMETREXED	Generic
CANCER	60505606800	21300053102125	PEMETREXED	Generic
CANCER	63323062100	21300053102125	PEMETREXED	Generic
CANCER	68001054541	21300053102125	PEMETREXED	Generic
CANCER	71288014750	21300053102125	PEMETREXED	Generic
CANCER	00409000404	21300053102040	PEMETREXED	Brand
CANCER	00409353201	21300053102040	PEMETREXED	Brand
CANCER	16729052235	21300053102040	PEMETREXED	Brand
CANCER	00409002002	21300053102020	PEMETREXED	Brand
CANCER	00409104501	21300053102020	PEMETREXED	Brand
CANCER	00781351876	21300053102020	PEMETREXED	Brand
CANCER	16729052264	21300053102020	PEMETREXED	Brand
CANCER	00409002103	21300053102030	PEMETREXED	Brand
CANCER	00409218801	21300053102030	PEMETREXED	Brand
CANCER	00781351990	21300053102030	PEMETREXED	Brand
CANCER	16729052205	21300053102030	PEMETREXED	Brand
CANCER	16729052228	21300053102037	PEMETREXED	Brand
CANCER	00409106001	21300053202110	PEMETREXED	Brand
CANCER	00409106101	21300053202120	PEMETREXED	Brand
CANCER	00480451501	21300053002040	PEMETREXED	Brand
CANCER	00480451601	21300053002020	PEMETREXED	Brand
CANCER	00480451401	21300053002030	PEMETREXED	Brand

CANCER	25021026010	21300053102110	PEMETREXED DISODIUM	Generic
CANCER	43547063201	21300053102110	PEMETREXED DISODIUM	Generic
CANCER	43598038662	21300053102110	PEMETREXED DISODIUM	Generic
CANCER	63323013410	21300053102110	PEMETREXED DISODIUM	Generic
CANCER	25021026150	21300053102120	PEMETREXED DISODIUM	Generic
CANCER	43598038711	21300053102120	PEMETREXED DISODIUM	Generic
CANCER	63323045050	21300053102120	PEMETREXED DISODIUM	Generic
CANCER	42367053133	21300053002030	PEMFEXY	Brand
CANCER	70121245301	21300053102021	PEMRYDI RTU	Brand
CANCER	70121246101	21300053102032	PEMRYDI RTU	Brand
CANCER	50242014501	21170054002020	PERJETA	Brand
ENZYME DEFICIENCIES	71770020010	30908060008920	PHEBURANE	Brand
CANCER	50242026001	21990003552020	PHESGO	Brand
CANCER	50242024501	21990003552030	PHESGO	Brand
OPHTHALMIC	48102005305	86502020102115	PHOSPHOLINE IODIDE	Brand
CANCER	76128015575	21707070102140	PHOTOFRIN	Brand
OPHTHALMIC	25357002501	8679990240E530	PHOTREXA/PHOTREXA VISCOUS KIT	Brand
OPHTHALMIC	25357002503	8679990240E530	PHOTREXA/PHOTREXA VISCOUS KIT	Brand
	50242011501	85805030302030	PIASKY	Brand
CANCER	00078070151	2153801000B720	PIQRAY 200MG DAILY DOSE	Brand
CANCER	00078070184	2153801000B720	PIQRAY 200MG DAILY DOSE	Brand
CANCER	00078071502	2153801000B725	PIQRAY 250MG DAILY DOSE	Brand
CANCER	00078071561	2153801000B725	PIQRAY 250MG DAILY DOSE	Brand
CANCER	00078070802	2153801000B730	PIQRAY 300MG DAILY DOSE	Brand
CANCER	00078070851	2153801000B730	PIQRAY 300MG DAILY DOSE	Brand
LUNG DISORDERS	00781215832	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	42291049027	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	42385092329	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	60219164207	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	69097094093	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	76282071527	45550060000120	PIRFENIDONE	Generic
LUNG DISORDERS	00480361087	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	00781808532	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	00904739753	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	00904739789	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	16729046785	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	31722087227	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	31722087290	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	42291049109	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	42291049127	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	42385092499	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	51407091327	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	60219164008	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	60219164009	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	60505468107	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	62332047964	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	62332047990	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	69097098793	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	70954086930	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72162246502	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72205018126	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72205018136	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72205018190	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72603025801	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72603025803	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	76282071727	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	72205018138	45550060000325	PIRFENIDONE	Generic
LUNG DISORDERS	42385092590	45550060000333	PIRFENIDONE	Brand
LUNG DISORDERS	00480361198	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	00781808692	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	00904739889	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	31722087390	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	42291049209	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	42385092690	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	51407091490	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	60219164109	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	60505468209	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	62332048090	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	69097098805	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	70954087010	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	72162246609	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	72205018290	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	72603025901	45550060000345	PIRFENIDONE	Generic

LUNG DISORDERS	76282071690	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	16729046815	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	72205018230	45550060000345	PIRFENIDONE	Generic
LUNG DISORDERS	72205018236	45550060000345	PIRFENIDONE	Generic
MULTIPLE SCLEROSIS	64406001701	6240307530E521	PLEGRIDY	Brand
MULTIPLE SCLEROSIS	64406001702	6240307530E521	PLEGRIDY	Brand
	64406001101	6240307530D520	PLEGRIDY	Brand
	64406001102	6240307530D520	PLEGRIDY	Brand
MULTIPLE SCLEROSIS	64406001501	6240307530E520	PLEGRIDY	Brand
MULTIPLE SCLEROSIS	64406001502	6240307530E520	PLEGRIDY	Brand
	64406001201	6240307530D550	PLEGRIDY STARTER PACK	Brand
MULTIPLE SCLEROSIS	64406001601	6240307530E550	PLEGRIDY STARTER PACK	Brand
BLOOD MODIFIERS	25021041601	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	43598030823	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	55150035601	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	65219028412	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	70121169402	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	70710120801	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	71288015501	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	72205024901	82502060002020	PLERIXAFOR	Generic
BLOOD MODIFIERS	00480432001	82502060002020	PLERIXAFOR	Generic
CANCER	69488001061	21600045802020	PLUVICTO	Brand
CANCER	50242010501	21354860302120	POLIVY	Brand
CANCER	50242010301	21354860302110	POLIVY	Brand
CANCER	59572050100	21450080000110	POMALYST	Brand
CANCER	59572050121	21450080000110	POMALYST	Brand
CANCER	59572050200	21450080000115	POMALYST	Brand
CANCER	59572050221	21450080000115	POMALYST	Brand
CANCER	59572050300	21450080000120	POMALYST	Brand
CANCER	59572050321	21450080000120	POMALYST	Brand
CANCER	59572050400	21450080000125	POMALYST	Brand
CANCER	59572050421	21450080000125	POMALYST	Brand
ENZYME DEFICIENCIES	71904020001	30907730052120	POMBILITI	Brand
ENZYME DEFICIENCIES	71904020002	30907730052120	POMBILITI	Brand
ENZYME DEFICIENCIES	71904020003	30907730052120	POMBILITI	Brand
MULTIPLE SCLEROSIS	43068062001	62407060000320	PONVORY	Brand
MULTIPLE SCLEROSIS	50458072030	62407060000320	PONVORY	Brand
MULTIPLE SCLEROSIS	43068061009	6240706000B720	PONVORY 14-DAY STARTER PACK	Brand
MULTIPLE SCLEROSIS	50458070714	6240706000B720	PONVORY 14-DAY STARTER PACK	Brand
CANCER	00002771601	21360054002020	PORTRAZZA	Brand
NAUSEA & VOMITING	83831010501	50250070102020	POSFREA	Brand
CANCER	42747076101	21351135202020	POTELIGEO	Brand
CANCER	65219055001	21300054002020	PRALATREXATE	Brand
CANCER	65219055202	21300054002025	PRALATREXATE	Brand
FERTILITY & PREGNANCY	50090708900	30062020002140	PREGNYL	Brand
FERTILITY & PREGNANCY	78206015001	30062020002140	PREGNYL	Brand
FERTILITY & PREGNANCY	78206015099	30062020002140	PREGNYL	Brand
FERTILITY & PREGNANCY	50090592300	30062020002140	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	Brand
FERTILITY & PREGNANCY	00052031510	30062020002140	PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	Brand
IMMUNE GLOBULINS	44206043710	19100020102072	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043791	19100020102072	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043820	19100020102076	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043892	19100020102076	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043940	19100020102090	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043993	19100020102090	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043605	19100020102068	PRIVIGEN	Brand
IMMUNE GLOBULINS	44206043690	19100020102068	PRIVIGEN	Brand
BLOOD MODIFIERS	59676031000	82401020002040	PROCRIT	Brand
BLOOD MODIFIERS	59676031001	82401020002040	PROCRIT	Brand
BLOOD MODIFIERS	59676031002	82401020002040	PROCRIT	Brand
BLOOD MODIFIERS	59676031200	82401020002040	PROCRIT	Brand
BLOOD MODIFIERS	59676031204	82401020002040	PROCRIT	Brand
BLOOD MODIFIERS	59676030200	82401020002010	PROCRIT	Brand
BLOOD MODIFIERS	59676030201	82401020002010	PROCRIT	Brand
BLOOD MODIFIERS	59676032000	82401020002050	PROCRIT	Brand
BLOOD MODIFIERS	59676032004	82401020002050	PROCRIT	Brand
BLOOD MODIFIERS	59676030300	82401020002015	PROCRIT	Brand
BLOOD MODIFIERS	59676030301	82401020002015	PROCRIT	Brand
BLOOD MODIFIERS	59676030400	82401020002020	PROCRIT	Brand
BLOOD MODIFIERS	59676030401	82401020002020	PROCRIT	Brand
BLOOD MODIFIERS	59676034000	82401020002060	PROCRIT	Brand
BLOOD MODIFIERS	59676034001	82401020002060	PROCRIT	Brand
OTHER NON-CATEGORIZED	75987010004	56400030106520	PROCYSBI	Brand

OTHER NON-CATEGORIZED	75987010108	56400030106530	PROCYSBI	Brand
OTHER NON-CATEGORIZED	75987014513	56400030103040	PROCYSBI	Brand
OTHER NON-CATEGORIZED	75987014013	56400030103020	PROCYSBI	Brand
HEMOPHILIA	68516320502	85100030002110	PROFILNINE	Brand
HEMOPHILIA	68516321102	85100030002110	PROFILNINE	Brand
HEMOPHILIA	68516320802	85100030002110	PROFILNINE	Brand
HEMOPHILIA	68516320602	85100030002115	PROFILNINE	Brand
HEMOPHILIA	68516321202	85100030002115	PROFILNINE	Brand
HEMOPHILIA	68516320401	85100030002105	PROFILNINE	Brand
HEMOPHILIA	68516321001	85100030002105	PROFILNINE	Brand
LUNG DISORDERS	13533070501	45100010102015	PROLASTIN-C	Brand
LUNG DISORDERS	13533070511	45100010102015	PROLASTIN-C	Brand
CANCER	73776002201	21703020002120	PROLEUKIN	Brand
CANCER	76310002201	21703020002120	PROLEUKIN	Brand
BLOOD MODIFIERS	00078097219	82405030103030	PROMACTA	Brand
BLOOD MODIFIERS	00078097223	82405030103030	PROMACTA	Brand
BLOOD MODIFIERS	00078097261	82405030103030	PROMACTA	Brand
BLOOD MODIFIERS	00078069719	82405030103020	PROMACTA	Brand
BLOOD MODIFIERS	00078069723	82405030103020	PROMACTA	Brand
BLOOD MODIFIERS	00078069761	82405030103020	PROMACTA	Brand
BLOOD MODIFIERS	00078068415	82405030100310	PROMACTA	Brand
BLOOD MODIFIERS	00078068515	82405030100320	PROMACTA	Brand
BLOOD MODIFIERS	00078068615	82405030100330	PROMACTA	Brand
BLOOD MODIFIERS	00078068655	82405030100330	PROMACTA	Brand
BLOOD MODIFIERS	00078068715	82405030100340	PROMACTA	Brand
CANCER	30237890006	21651070001820	PROVENGE	Brand
CYSTIC FIBROSIS	50242010039	45304020002010	PULMOZYME	Brand
CYSTIC FIBROSIS	50242010040	45304020002010	PULMOZYME	Brand
CANCER	62484002001	21300040001830	PURIXAN	Brand
CANCER	62484002002	21300040001830	PURIXAN	Brand
ANTI-INFECTIVE	00480372001	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	00480372056	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	43598067201	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	43598067230	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	59651059001	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	72603026201	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	72603026202	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	47781092501	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	47781092530	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	72647033001	13000040000310	PYRIMETHAMINE	Generic
ANTI-INFECTIVE	72647033003	13000040000310	PYRIMETHAMINE	Generic
HEMATOLOGICAL	71334021014	85870050700325	PYRUKYND	Brand
HEMATOLOGICAL	71334021020	85870050700325	PYRUKYND	Brand
HEMATOLOGICAL	71334020505	85870050700310	PYRUKYND	Brand
HEMATOLOGICAL	71334020514	85870050700310	PYRUKYND	Brand
HEMATOLOGICAL	71334021514	85870050700340	PYRUKYND	Brand
HEMATOLOGICAL	71334021550	85870050700340	PYRUKYND	Brand
HEMATOLOGICAL	71334022011	8587005070B710	PYRUKYND TAPER PACK	Brand
HEMATOLOGICAL	71334022512	8587005070B720	PYRUKYND TAPER PACK	Brand
HEMATOLOGICAL	71334023013	8587005070B735	PYRUKYND TAPER PACK	Brand
OTHER NON-CATEGORIZED	64406010901	74504080002020	QALSODY	Brand
CANCER	73207010130	21533053000320	QINLOCK	Brand
OTHER NON-CATEGORIZED	70510217101	74509030002010	RADICAVA	Brand
OTHER NON-CATEGORIZED	70510217102	74509030002010	RADICAVA	Brand
OTHER NON-CATEGORIZED	70510232201	74509030001820	RADICAVA ORS	Brand
OTHER NON-CATEGORIZED	70510232101	74509030001820	RADICAVA ORS STARTER KIT	Brand
OTHER NON-CATEGORIZED	70510232102	74509030001820	RADICAVA ORS STARTER KIT	Brand
ENZYME DEFICIENCIES	75987005006	30908030000920	RAVICTI	Brand
MULTIPLE SCLEROSIS	44087002203	6240306045E520	REBIF	Brand
MULTIPLE SCLEROSIS	44087002209	6240306045E520	REBIF	Brand
MULTIPLE SCLEROSIS	44087004403	6240306045E540	REBIF	Brand
MULTIPLE SCLEROSIS	44087004409	6240306045E540	REBIF	Brand
MULTIPLE SCLEROSIS	44087332201	6240306045D520	REBIF REBIDOSE	Brand
MULTIPLE SCLEROSIS	44087332209	6240306045D520	REBIF REBIDOSE	Brand
MULTIPLE SCLEROSIS	44087334401	6240306045D540	REBIF REBIDOSE	Brand
MULTIPLE SCLEROSIS	44087334409	6240306045D540	REBIF REBIDOSE	Brand
MULTIPLE SCLEROSIS	44087018801	6240306045D560	REBIF REBIDOSE TITRATION PACK	Brand
MULTIPLE SCLEROSIS	44087882201	6240306045E560	REBIF TITRATION PACK	Brand
BLOOD MODIFIERS	59572071101	82400540102120	REBLOZYL	Brand
BLOOD MODIFIERS	59572077501	82400540102140	REBLOZYL	Brand
GASTROINTESTINAL	55566980000	52522010301820	REBYOTA	Brand
GASTROINTESTINAL	55566980002	52522010301820	REBYOTA	Brand
HEMOPHILIA	00944284410	85100010202145	RECOMBINATE	Brand

HEMOPHILIA	00944284510	85100010202155	RECOMBINATE	Brand
HEMOPHILIA	00944284110	85100010202115	RECOMBINATE	Brand
HEMOPHILIA	00944284210	85100010202125	RECOMBINATE	Brand
HEMOPHILIA	00944284310	85100010202135	RECOMBINATE	Brand
ENDOCRINE	72065000301	30022040000320	RECORLEV	Brand
BLOOD MODIFIERS	70121156907	82401520152020	RELEUKO	Brand
BLOOD MODIFIERS	70121157107	82401520152030	RELEUKO	Brand
BLOOD MODIFIERS	70121156801	8240152015E520	RELEUKO	Brand
BLOOD MODIFIERS	70121156807	8240152015E520	RELEUKO	Brand
BLOOD MODIFIERS	70121157001	8240152015E530	RELEUKO	Brand
BLOOD MODIFIERS	70121157007	8240152015E530	RELEUKO	Brand
OTHER NON-CATEGORIZED	73063003503	74509902703020	RELYVRIO	Brand
OTHER NON-CATEGORIZED	73063003504	74509902703020	RELYVRIO	Brand
AUTOIMMUNE	57894003001	52505040002120	REMICADE	Brand
PULMONARY HYPERTENSION	66302010501	40170080002070	REMODULIN	Brand
PULMONARY HYPERTENSION	66302010101	40170080002050	REMODULIN	Brand
PULMONARY HYPERTENSION	66302011001	40170080002080	REMODULIN	Brand
PULMONARY HYPERTENSION	66302010201	40170080002060	REMODULIN	Brand
AUTOIMMUNE	78206016201	52505040102120	RENFLEXIS	Brand
AUTOIMMUNE	78206016299	52505040102120	RENFLEXIS	Brand
AUTOIMMUNE	00006430501	52505040102120	RENFLEXIS	Brand
AUTOIMMUNE	00006430502	52505040102120	RENFLEXIS	Brand
BLOOD MODIFIERS	00069130801	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	00069130810	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	59353001001	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	59353001010	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	00069131801	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	00069131810	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	59353022001	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	59353022010	82401020042040	RETACRIT	Brand
BLOOD MODIFIERS	00069130501	82401020042010	RETACRIT	Brand
BLOOD MODIFIERS	00069130510	82401020042010	RETACRIT	Brand
BLOOD MODIFIERS	59353000201	82401020042010	RETACRIT	Brand
BLOOD MODIFIERS	59353000210	82401020042010	RETACRIT	Brand
BLOOD MODIFIERS	00069131101	82401020042050	RETACRIT	Brand
BLOOD MODIFIERS	00069131110	82401020042050	RETACRIT	Brand
BLOOD MODIFIERS	59353012001	82401020042050	RETACRIT	Brand
BLOOD MODIFIERS	59353012010	82401020042050	RETACRIT	Brand
BLOOD MODIFIERS	00069130601	82401020042015	RETACRIT	Brand
BLOOD MODIFIERS	00069130610	82401020042015	RETACRIT	Brand
BLOOD MODIFIERS	59353000301	82401020042015	RETACRIT	Brand
BLOOD MODIFIERS	59353000310	82401020042015	RETACRIT	Brand
BLOOD MODIFIERS	00069130701	82401020042020	RETACRIT	Brand
BLOOD MODIFIERS	00069130710	82401020042020	RETACRIT	Brand
BLOOD MODIFIERS	59353000401	82401020042020	RETACRIT	Brand
BLOOD MODIFIERS	59353000410	82401020042020	RETACRIT	Brand
BLOOD MODIFIERS	00069130901	82401020042060	RETACRIT	Brand
BLOOD MODIFIERS	00069130904	82401020042060	RETACRIT	Brand
CANCER	00002397760	21535779000120	RETEVMO	Brand
CANCER	00002298026	21535779000140	RETEVMO	Brand
CANCER	00002298060	21535779000140	RETEVMO	Brand
	00002612060	21535779000340	RETEVMO	Brand
	00002556260	21535779000350	RETEVMO	Brand
	00002534060	21535779000320	RETEVMO	Brand
	00002608260	21535779000330	RETEVMO	Brand
PULMONARY HYPERTENSION	00069033621	40143060101920	REVATIO	Brand
PULMONARY HYPERTENSION	00069033801	40143060102020	REVATIO	Brand
PULMONARY HYPERTENSION	58151039531	40143060102020	REVATIO	Brand
PULMONARY HYPERTENSION	00069419068	40143060100320	REVATIO	Brand
ENZYME DEFICIENCIES	10122050201	30902030202020	REVCOVI	Brand
CANCER	59572041000	99394050000130	REVLIMID	Brand
CANCER	59572041028	99394050000130	REVLIMID	Brand
CANCER	59572041500	99394050000140	REVLIMID	Brand
CANCER	59572041521	99394050000140	REVLIMID	Brand
CANCER	59572042000	99394050000145	REVLIMID	Brand
CANCER	59572042021	99394050000145	REVLIMID	Brand
CANCER	59572042500	99394050000150	REVLIMID	Brand
CANCER	59572042521	99394050000150	REVLIMID	Brand
CANCER	59572040500	99394050000120	REVLIMID	Brand
CANCER	59572040528	99394050000120	REVLIMID	Brand
CANCER	59572040200	99394050000110	REVLIMID	Brand
CANCER	59572040228	99394050000110	REVLIMID	Brand
	73555050100	21480070200340	REVUFORJ	Brand

	73555050200	21480070200350	REVUFORJ	Brand
	73555050000	21480070200320	REVUFORJ	Brand
GASTROINTESTINAL	82576010030	52601060000340	REZDIFFRA	Brand
GASTROINTESTINAL	82576006030	52601060000320	REZDIFFRA	Brand
GASTROINTESTINAL	82576008030	52601060000330	REZDIFFRA	Brand
CANCER	71332000501	21534960000120	REZLIDHIA	Brand
OTHER NON-CATEGORIZED	79802020030	99398510500320	REZUROCK	Brand
CANCER	55513022401	21351860142020	RIABNI	Brand
CANCER	55513032601	21351860142040	RIABNI	Brand
HEMOPHILIA	63833089151	85100035002120	RIASTAP	Brand
HEMOPHILIA	63833089190	85100035002120	RIASTAP	Brand
HEPATITIS C	65862029018	12353070000120	RIBAVIRIN	Brand
HEPATITIS C	65862029042	12353070000120	RIBAVIRIN	Brand
HEPATITIS C	65862029056	12353070000120	RIBAVIRIN	Brand
HEPATITIS C	65862029070	12353070000120	RIBAVIRIN	Brand
HEPATITIS C	65862029084	12353070000120	RIBAVIRIN	Brand
HEPATITIS C	65862020768	12353070000320	RIBAVIRIN	Brand
AUTOIMMUNE	00074230630	66603072007520	RINVOQ	Brand
AUTOIMMUNE	00074230670	66603072007520	RINVOQ	Brand
AUTOIMMUNE	00074231030	66603072007530	RINVOQ	Brand
AUTOIMMUNE	00074104328	66603072007540	RINVOQ	Brand
	00074232001	66603072002020	RINVOQ LQ	Brand
CANCER	50242005121	21351860002020	RITUXAN	Brand
CANCER	50242005306	21351860002040	RITUXAN	Brand
CANCER	50242010801	21990002642020	RITUXAN HYCELA	Brand
CANCER	50242010901	21990002642040	RITUXAN HYCELA	Brand
OTHER NON-CATEGORIZED	00169530801	56626050602020	RIVFLOZA	Brand
OTHER NON-CATEGORIZED	00169530708	5662605060E520	RIVFLOZA	Brand
OTHER NON-CATEGORIZED	00169530610	5662605060E530	RIVFLOZA	Brand
HEMOPHILIA	00944303002	85100028202140	RIXUBIS	Brand
HEMOPHILIA	00944303202	85100028202150	RIXUBIS	Brand
HEMOPHILIA	00944302602	85100028202120	RIXUBIS	Brand
HEMOPHILIA	00944303402	85100028202160	RIXUBIS	Brand
HEMOPHILIA	00944302802	85100028202130	RIXUBIS	Brand
HEMOPHILIA	68135092701	85102585601820	ROCTAVIAN	Brand
HEMOPHILIA	68135092748	85102585601820	ROCTAVIAN	Brand
BLOOD MODIFIERS	76961010101	8240151880E520	ROLVEDON	Brand
CANCER	63323092517	21531560002120	ROMIDEPSIN	Generic
CANCER	63323092688	21531560002120	ROMIDEPSIN	Generic
	73207030240	21531780000120	ROMVIMZA	Brand
	73207030241	21531780000120	ROMVIMZA	Brand
	73207030340	21531780000130	ROMVIMZA	Brand
	73207030341	21531780000130	ROMVIMZA	Brand
	73207030440	21531780000140	ROMVIMZA	Brand
	73207030441	21531780000140	ROMVIMZA	Brand
CANCER	50242009130	21533820000120	ROZLYTREK	Brand
CANCER	50242009490	21533820000130	ROZLYTREK	Brand
CANCER	50242062301	21533820003020	ROZLYTREK	Brand
CANCER	50242062342	21533820003020	ROZLYTREK	Brand
CANCER	82154078301	21535570200320	RUBRACA	Brand
CANCER	69660020191	21535570200320	RUBRACA	Brand
CANCER	69660020291	21535570200325	RUBRACA	Brand
CANCER	82154078401	21535570200325	RUBRACA	Brand
CANCER	69660020391	21535570200330	RUBRACA	Brand
CANCER	82154078501	21535570200330	RUBRACA	Brand
CANCER	00069023801	21351860602020	RUXIENCE	Brand
CANCER	00069024901	21351860602040	RUXIENCE	Brand
CANCER	57894050101	21359710802020	RYBREVANT	Brand
CANCER	00078069802	21533030000130	RYDAPT	Brand
CANCER	00078069819	21533030000130	RYDAPT	Brand
CANCER	00078069851	21533030000130	RYDAPT	Brand
CANCER	00078069899	21533030000130	RYDAPT	Brand
CANCER	68727090001	21250010602020	RYLAZE	Brand
CANCER	68727090003	21250010602020	RYLAZE	Brand
	73648011101	99393670726410	RYONCIL	Brand
	73648011202	99393670726412	RYONCIL	Brand
	73648011303	99393670726414	RYONCIL	Brand
	73648011401	99393670726416	RYONCIL	Brand
	73648011502	99393670726418	RYONCIL	Brand
	73648011603	99393670726420	RYONCIL	Brand
	73648011704	99393670726422	RYONCIL	Brand
	73648011802	99393670726424	RYONCIL	Brand
HEMATOLOGICAL	70573009901	85400050702120	RYPLAZIM	Brand

HEMATOLOGICAL	70573009902	85400050702120	RYPLAZIM	Brand
OTHER NON-CATEGORIZED	50474098079	99398270552020	RYSTIGGO	Brand
	50474098183	99398270552030	RYSTIGGO	Brand
	50474098284	99398270552040	RYSTIGGO	Brand
	50474098386	99398270552060	RYSTIGGO	Brand
	82959011101	21535325602140	RYTELO	Brand
	82959011201	21535325602120	RYTELO	Brand
ANTICONVULSANT	67386021165	72170085003020	SABRIL	Brand
ANTICONVULSANT	67386011101	72170085000320	SABRIL	Brand
GROWTH HORMONES	44087100502	30100020102120	SAIZEN	Brand
GROWTH HORMONES	44087108801	30100020102130	SAIZEN	Brand
GROWTH HORMONES	44087001601	30100020102130	SAIZENPREP RECONSTITUTIONKIT	Brand
HEMATOLOGICAL	70709001301	8582004010E520	SAJAZIR	Generic
HEMATOLOGICAL	70709001303	8582004010E520	SAJAZIR	Generic
ENDOCRINE	59148002050	30454060000320	SAMSCA	Brand
ENDOCRINE	59148002150	30454060000330	SAMSCA	Brand
NAUSEA & VOMITING	66220063731	50250035005920	SANCUSO	Brand
NAUSEA & VOMITING	42747072601	50250035005920	SANCUSO	Brand
ENDOCRINE	00078018101	30170070102010	SANDOSTATIN	Brand
ENDOCRINE	00078018161	30170070102010	SANDOSTATIN	Brand
ENDOCRINE	00078018001	30170070102005	SANDOSTATIN	Brand
ENDOCRINE	00078018061	30170070102005	SANDOSTATIN	Brand
ENDOCRINE	00078018201	30170070102020	SANDOSTATIN	Brand
ENDOCRINE	00078018261	30170070102020	SANDOSTATIN	Brand
ENDOCRINE	00078079061	30170070106410	SANDOSTATIN LAR DEPOT	Brand
ENDOCRINE	00078081181	30170070106410	SANDOSTATIN LAR DEPOT	Brand
ENDOCRINE	00078079761	30170070106420	SANDOSTATIN LAR DEPOT	Brand
ENDOCRINE	00078081881	30170070106420	SANDOSTATIN LAR DEPOT	Brand
ENDOCRINE	00078080461	30170070106430	SANDOSTATIN LAR DEPOT	Brand
ENDOCRINE	00078082581	30170070106430	SANDOSTATIN LAR DEPOT	Brand
AUTOIMMUNE	00310304000	99427010252020	SAPHNELO	Brand
ENZYME DEFICIENCIES	31722004701	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	31722004730	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	49884094852	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	49884094872	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	72603019301	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	72603019330	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	43598047711	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	43598047730	30908565103020	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	31722004801	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	31722004830	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	49884087352	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	49884087372	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	72603019401	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	72603019430	30908565103040	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	31722004512	30908565100320	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	49884072008	30908565100320	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	72603019101	30908565100320	SAPROPTERIN DIHYDROCHLORIDE	Generic
ENZYME DEFICIENCIES	43598074904	30908565100320	SAPROPTERIN DIHYDROCHLORIDE	Generic
CANCER	00024065401	21354033202020	SARCLISA	Brand
CANCER	00024065601	21354033202030	SARCLISA	Brand
	00078119620	21531806100380	SCEMBLIX	Brand
CANCER	00078109120	21531806100320	SCEMBLIX	Brand
CANCER	00078109820	21531806100340	SCEMBLIX	Brand
OTHER NON-CATEGORIZED	73372011601	90922010102320	SCENESSE	Brand
GROWTH HORMONES	44087000407	30100020102118	SEROSTIM	Brand
GROWTH HORMONES	44087000507	30100020102121	SEROSTIM	Brand
GROWTH HORMONES	44087000607	30100020102125	SEROSTIM	Brand
HEMOPHILIA	71127100001	85100026402117	SEVENFACT	Brand
HEMOPHILIA	71127110001	85100026402117	SEVENFACT	Brand
	71127200001	85100026402120	SEVENFACT	Brand
HEMOPHILIA	71127500001	85100026402145	SEVENFACT	Brand
HEMOPHILIA	71127510001	85100026402145	SEVENFACT	Brand
ENDOCRINE	55292013160	30170075202020	SIGNIFOR	Brand
ENDOCRINE	00078063320	30170075202020	SIGNIFOR	Brand
ENDOCRINE	55292013260	30170075202030	SIGNIFOR	Brand
ENDOCRINE	00078063420	30170075202030	SIGNIFOR	Brand
ENDOCRINE	55292013360	30170075202040	SIGNIFOR	Brand
ENDOCRINE	00078063520	30170075202040	SIGNIFOR	Brand
ENDOCRINE	55292013901	3017007540G210	SIGNIFOR LAR	Brand
ENDOCRINE	00078074881	3017007540G210	SIGNIFOR LAR	Brand
ENDOCRINE	55292014001	3017007540G220	SIGNIFOR LAR	Brand
ENDOCRINE	00078064181	3017007540G220	SIGNIFOR LAR	Brand

ENDOCRINE	55292014101	3017007540G225	SIGNIFOR LAR	Brand
ENDOCRINE	00078074181	3017007540G225	SIGNIFOR LAR	Brand
ENDOCRINE	55292014201	3017007540G230	SIGNIFOR LAR	Brand
ENDOCRINE	00078064281	3017007540G230	SIGNIFOR LAR	Brand
ENDOCRINE	55292014301	3017007540G240	SIGNIFOR LAR	Brand
ENDOCRINE	00078064381	3017007540G240	SIGNIFOR LAR	Brand
PULMONARY HYPERTENSION	55150016613	40143060102020	SILDENAFIL	Generic
PULMONARY HYPERTENSION	00591405094	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	27241017529	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	31722013631	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	51672423108	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	59651042011	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	60219265101	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	69238157401	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	70710171604	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	70954016810	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72205003576	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72205005976	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	59762205801	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68180028301	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	69543041972	40143060101920	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	00093551798	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	00904667104	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	00904667106	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	13668018590	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	27241012403	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	27241012405	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	31722077605	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	31722077690	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	33342012110	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	33342053610	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	42291093790	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	43063066830	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	43063098210	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	43063098230	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090176600	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090176601	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090261800	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090261801	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090285801	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090308200	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090308201	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090390500	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090390501	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090523600	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50090523601	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50268071711	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	50268071715	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	52817029590	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	59762003301	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	59762003303	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	60687078811	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	60687078821	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	61919082620	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	61919082640	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	61919082650	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	61919082690	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	62135037290	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187061910	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187061920	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187061930	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187061990	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187078910	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187078920	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187078930	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187078950	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187078990	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187081330	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63187081350	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502901	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502902	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502903	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502904	40143060100320	SILDENAFIL CITRATE	Generic

PULMONARY HYPERTENSION	63629502905	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502906	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63629502907	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	63739007233	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	65162035109	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	65162035111	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	65862068890	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	65862068899	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68001059705	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68071207201	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68071207202	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68071207203	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68071207204	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68071207208	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788737903	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788737904	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788737906	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788737909	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788797403	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788797404	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788797406	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788797409	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71205030530	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71205050990	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71205062310	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71205062330	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71205062390	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71335100502	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	71335164902	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72162236309	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72189029815	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72189029820	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72189029830	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72189029890	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72888001800	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	72888001890	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	80425030401	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	80425030402	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	80425030403	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	80425030404	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	82009009490	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	82804018590	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	00378165777	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	52817029500	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	55700067730	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	55700067750	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	55700067790	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	60687041611	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	60687041621	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68001036305	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788768003	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788768004	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788768006	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	68788768009	40143060100320	SILDENAFIL CITRATE	Generic
PULMONARY HYPERTENSION	83008003850	40143060100320	SILDENAFIL CITRATE	Generic
AUTOIMMUNE	00187000400	9025052000E520	SILIQ	Brand
AUTOIMMUNE	00187000402	9025052000E520	SILIQ	Brand
	51759038622	6627001540F810	SIMLANDI	Brand
	51759041222	6627001540F820	SIMLANDI	Brand
	51759052321	6627001540F840	SIMLANDI	Brand
AUTOIMMUNE	51759040217	6627001540F520	SIMLANDI 1-PEN KIT	Brand
	51759027417	6627001540F540	SIMLANDI 1-PEN KIT	Brand
AUTOIMMUNE	51759040202	6627001540F520	SIMLANDI 2-PEN KIT	Brand
AUTOIMMUNE	57894007102	6627004000D540	SIMPONI	Brand
AUTOIMMUNE	57894007002	6627004000D520	SIMPONI	Brand
AUTOIMMUNE	57894007101	6627004000E540	SIMPONI	Brand
AUTOIMMUNE	57894007001	6627004000E520	SIMPONI	Brand
AUTOIMMUNE	57894035001	66270040002015	SIMPONI ARIA	Brand
ANTI-INFECTIVE	59676070101	09000015100320	SIRTURO	Brand
ANTI-INFECTIVE	59676070260	09000015100310	SIRTURO	Brand
OTHER NON-CATEGORIZED	73179025090	74135060000120	SKYCLARYS	Brand
ESTROGENS & PROGESTINS	50419042201	25200050005310	SKYLA	Brand
AUTOIMMUNE	00074501501	52504060702020	SKYRIZI	Brand

AUTOIMMUNE	00074105001	9025057070E540	SKYRIZI	Brand
AUTOIMMUNE	00074106501	5250406070E210	SKYRIZI	Brand
AUTOIMMUNE	00074106601	5250406070E210	SKYRIZI	Brand
AUTOIMMUNE	00074106901	5250406070E220	SKYRIZI	Brand
AUTOIMMUNE	00074107001	5250406070E220	SKYRIZI	Brand
AUTOIMMUNE	00074210001	9025057070D520	SKYRIZI PEN	Brand
OTHER NON-CATEGORIZED	73554211101	62084020101820	SKYSONA	Brand
GROWTH HORMONES	73362001101	3010000380E150	SKYTROFA	Brand
GROWTH HORMONES	73362001102	3010000380E150	SKYTROFA	Brand
GROWTH HORMONES	73362001001	3010000380E145	SKYTROFA	Brand
GROWTH HORMONES	73362001002	3010000380E145	SKYTROFA	Brand
GROWTH HORMONES	73362000301	3010000380E110	SKYTROFA	Brand
GROWTH HORMONES	73362000302	3010000380E110	SKYTROFA	Brand
GROWTH HORMONES	73362000401	3010000380E115	SKYTROFA	Brand
GROWTH HORMONES	73362000402	3010000380E115	SKYTROFA	Brand
GROWTH HORMONES	73362000501	3010000380E120	SKYTROFA	Brand
GROWTH HORMONES	73362000502	3010000380E120	SKYTROFA	Brand
GROWTH HORMONES	73362000601	3010000380E125	SKYTROFA	Brand
GROWTH HORMONES	73362000602	3010000380E125	SKYTROFA	Brand
GROWTH HORMONES	73362000701	3010000380E130	SKYTROFA	Brand
GROWTH HORMONES	73362000702	3010000380E130	SKYTROFA	Brand
GROWTH HORMONES	73362000801	3010000380E135	SKYTROFA	Brand
GROWTH HORMONES	73362000802	3010000380E135	SKYTROFA	Brand
GROWTH HORMONES	73362000901	3010000380E140	SKYTROFA	Brand
GROWTH HORMONES	73362000902	3010000380E140	SKYTROFA	Brand
SLEEP DISORDERS	00054962857	62450060202020	SODIUM OXYBATE	Brand
SLEEP DISORDERS	69238239101	62450060202020	SODIUM OXYBATE	Brand
ENZYME DEFICIENCIES	42794008614	30908060002950	SODIUM PHENYLBUTYRATE	Generic
ENZYME DEFICIENCIES	49884000604	30908060002950	SODIUM PHENYLBUTYRATE	Generic
ENZYME DEFICIENCIES	49884017004	30908060000320	SODIUM PHENYLBUTYRATE	Generic
ENZYME DEFICIENCIES	68462085320	30908060000320	SODIUM PHENYLBUTYRATE	Generic
HEPATITIS C	72626270101	12359902650330	SOFOSBUVIR/VELPATASVIR	Brand
GROWTH HORMONES	00169203011	3010000720D220	SOGROYA	Brand
GROWTH HORMONES	00169203711	3010000720D230	SOGROYA	Brand
GROWTH HORMONES	00169203511	3010000720D210	SOGROYA	Brand
OTHER NON-CATEGORIZED	15054001001	75886060000120	SOHONOS	Brand
OTHER NON-CATEGORIZED	15054001501	75886060000125	SOHONOS	Brand
OTHER NON-CATEGORIZED	15054010001	75886060000140	SOHONOS	Brand
OTHER NON-CATEGORIZED	15054002501	75886060000130	SOHONOS	Brand
OTHER NON-CATEGORIZED	15054005001	75886060000135	SOHONOS	Brand
HEMATOLOGICAL	25682000101	85805050002020	SOLIRIS	Brand
CANCER	51862068201	21402680102020	SOLTAMOX	Brand
ENDOCRINE	15054112004	30170050102040	SOMATULINE DEPOT	Brand
ENDOCRINE	15054106004	30170050102025	SOMATULINE DEPOT	Brand
ENDOCRINE	15054109004	30170050102030	SOMATULINE DEPOT	Brand
ENDOCRINE	00009716601	30180060002120	SOMAVERT	Brand
ENDOCRINE	00009716630	30180060002120	SOMAVERT	Brand
ENDOCRINE	00009716801	30180060002130	SOMAVERT	Brand
ENDOCRINE	00009716830	30180060002130	SOMAVERT	Brand
ENDOCRINE	00009718801	30180060002140	SOMAVERT	Brand
ENDOCRINE	00009718830	30180060002140	SOMAVERT	Brand
ENDOCRINE	00009719901	30180060002150	SOMAVERT	Brand
ENDOCRINE	00009719930	30180060002150	SOMAVERT	Brand
ENDOCRINE	00009720001	30180060002160	SOMAVERT	Brand
ENDOCRINE	00009720030	30180060002160	SOMAVERT	Brand
CANCER	00378120178	21533060400320	SORAFENIB	Generic
CANCER	00480542589	21533060400320	SORAFENIB	Generic
CANCER	13668068212	21533060400320	SORAFENIB TOSYLATE	Generic
CANCER	24979071544	21533060400320	SORAFENIB TOSYLATE	Generic
CANCER	43598045804	21533060400320	SORAFENIB TOSYLATE	Generic
CANCER	51407076012	21533060400320	SORAFENIB TOSYLATE	Generic
AUTOIMMUNE	00003089511	90250524000320	SOTYKTU	Brand
HEPATITIS C	61958150401	12353080003015	SOVALDI	Brand
HEPATITIS C	61958150501	12353080003020	SOVALDI	Brand
HEPATITIS C	61958150301	12353080000310	SOVALDI	Brand
HEPATITIS C	61958150101	12353080000320	SOVALDI	Brand
AUTOIMMUNE	00597003510	90250577702050	SPEVIGO	Brand
AUTOIMMUNE	00597062010	9025057770E530	SPEVIGO	Brand
AUTOIMMUNE	00597062020	9025057770E530	SPEVIGO	Brand
OTHER NON-CATEGORIZED	64406005801	74701050002020	SPINRAZA	Brand
DEPRESSION	50458002802	5811002010C520	SPRAVATO 56MG DOSE	Brand
DEPRESSION	50458002803	5811002010C530	SPRAVATO 84MG DOSE	Brand
CANCER	00003085222	21531820000360	SPRYCEL	Brand

CANCER	00003085722	21531820000380	SPRYCEL	Brand
CANCER	00003052711	21531820000320	SPRYCEL	Brand
CANCER	00003052811	21531820000340	SPRYCEL	Brand
CANCER	00003052411	21531820000350	SPRYCEL	Brand
CANCER	00003085522	21531820000354	SPRYCEL	Brand
AUTOIMMUNE	57894006002	90250585002020	STELARA	Brand
AUTOIMMUNE	57894005427	52504070002020	STELARA	Brand
AUTOIMMUNE	57894006003	9025058500E520	STELARA	Brand
AUTOIMMUNE	57894006103	9025058500E540	STELARA	Brand
	72606002901	52504070782020	STEQEYMA	Brand
	72606002701	9025058577E520	STEQEYMA	Brand
	72606002801	9025058577E530	STEQEYMA	Brand
BLOOD MODIFIERS	65219037110	8240157015E520	STIMUFEND	Brand
CANCER	50419017101	21533050000320	STIVARGA	Brand
CANCER	50419017103	21533050000320	STIVARGA	Brand
CANCER	50419017105	21533050000320	STIVARGA	Brand
CANCER	50419017106	21533050000320	STIVARGA	Brand
ENZYME DEFICIENCIES	25682001001	30905610002020	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001012	30905610002020	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001301	30905610002030	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001312	30905610002030	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001601	30905610002040	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001612	30905610002040	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001901	30905610002050	STRENSIQ	Brand
ENZYME DEFICIENCIES	25682001912	30905610002050	STRENSIQ	Brand
CANCER	72928008901	21600070002010	STRONTIUM CHLORIDE SR-89	Brand
ENZYME DEFICIENCIES	67871011104	51200060002030	SUCRAID	Brand
ENZYME DEFICIENCIES	67871011105	51200060002030	SUCRAID	Brand
ENZYME DEFICIENCIES	67871011106	51200060002030	SUCRAID	Brand
ENZYME DEFICIENCIES	67871011107	51200060002030	SUCRAID	Brand
ENZYME DEFICIENCIES	67871011101	51200060002030	SUCRAID	Brand
CANCER	00093819928	21533070300120	SUNITINIB MALATE	Generic
CANCER	00378667828	21533070300120	SUNITINIB MALATE	Generic
CANCER	16714067601	21533070300120	SUNITINIB MALATE	Generic
CANCER	42291090128	21533070300120	SUNITINIB MALATE	Generic
CANCER	43598004563	21533070300120	SUNITINIB MALATE	Generic
CANCER	59651046428	21533070300120	SUNITINIB MALATE	Generic
CANCER	63304009127	21533070300120	SUNITINIB MALATE	Generic
CANCER	82293001410	21533070300120	SUNITINIB MALATE	Generic
CANCER	00093822428	21533070300130	SUNITINIB MALATE	Generic
CANCER	00378667928	21533070300130	SUNITINIB MALATE	Generic
CANCER	16714067701	21533070300130	SUNITINIB MALATE	Generic
CANCER	42291090228	21533070300130	SUNITINIB MALATE	Generic
CANCER	43598004663	21533070300130	SUNITINIB MALATE	Generic
CANCER	59651046528	21533070300130	SUNITINIB MALATE	Generic
CANCER	63304009227	21533070300130	SUNITINIB MALATE	Generic
CANCER	82293001510	21533070300130	SUNITINIB MALATE	Generic
CANCER	00093822928	21533070300135	SUNITINIB MALATE	Generic
CANCER	00378668128	21533070300135	SUNITINIB MALATE	Generic
CANCER	16714067801	21533070300135	SUNITINIB MALATE	Generic
CANCER	42291090328	21533070300135	SUNITINIB MALATE	Generic
CANCER	43598004763	21533070300135	SUNITINIB MALATE	Generic
CANCER	59651046628	21533070300135	SUNITINIB MALATE	Generic
CANCER	63304009327	21533070300135	SUNITINIB MALATE	Generic
CANCER	82293001610	21533070300135	SUNITINIB MALATE	Generic
CANCER	00093823128	21533070300140	SUNITINIB MALATE	Generic
CANCER	00378668028	21533070300140	SUNITINIB MALATE	Generic
CANCER	16714067901	21533070300140	SUNITINIB MALATE	Generic
CANCER	42291090428	21533070300140	SUNITINIB MALATE	Generic
CANCER	43598004863	21533070300140	SUNITINIB MALATE	Generic
CANCER	59651046728	21533070300140	SUNITINIB MALATE	Generic
CANCER	63304009427	21533070300140	SUNITINIB MALATE	Generic
CANCER	82293001710	21533070300140	SUNITINIB MALATE	Generic
HIV	61958300201	12101555202030	SUNLENCA	Brand
HIV	61958300501	12101555202030	SUNLENCA	Brand
	61958300103	12101555200350	SUNLENCA	Brand
HIV	61958300101	1210155520B720	SUNLENCA	Brand
HIV	61958300102	1210155520B725	SUNLENCA	Brand
NAUSEA & VOMITING	47426010101	5025003500E420	SUSTOL	Brand
NAUSEA & VOMITING	47426010106	5025003500E420	SUSTOL	Brand
OPHTHALMIC	50242007855	86655060002040	SUSVIMO	Brand
OPHTHALMIC	50242007812	86655060002042	SUSVIMO	Brand
OPHTHALMIC	10042059005	97604040002340	SUSVIMO OCULAR IMPLANT	Brand

OPHTHALMIC	10042059001	97604040002340	SUSVIMO OCULAR IMPLANT	Brand
CANCER	00069055038	21533070300120	SUTENT	Brand
CANCER	00069077038	21533070300130	SUTENT	Brand
CANCER	00069083038	21533070300135	SUTENT	Brand
CANCER	00069098038	21533070300140	SUTENT	Brand
OPHTHALMIC	73606002001	86454065002020	SYFOVRE	Brand
CANCER	73090042001	99473080002120	SYLVANT	Brand
CANCER	73090042101	99473080002140	SYLVANT	Brand
CYSTIC FIBROSIS	51167066101	4530990280B720	SYMDEKO	Brand
CYSTIC FIBROSIS	51167011301	4530990280B710	SYMDEKO	Brand
LUNG DISORDERS	66658023101	19502060002020	SYNAGIS	Brand
LUNG DISORDERS	66658023001	19502060002015	SYNAGIS	Brand
CANCER	63459017714	21700040102120	SYNRIBO	Brand
CANCER	80725063025	21300060000305	TABLOID	Brand
CANCER	69784063025	21300060000305	TABLOID	Brand
CANCER	00078070956	21533716200320	TABRECTA	Brand
CANCER	00078071656	21533716200330	TABRECTA	Brand
PULMONARY HYPERTENSION	13668058130	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	27241012302	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	31722064730	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	33342027809	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	42291080460	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	43547099006	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	43598057860	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	50090424700	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	50090424701	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	65862088060	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	69097052603	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	82009008060	40143080000320	TADALAFIL	Generic
PULMONARY HYPERTENSION	46287004515	40143080001820	TADLIQ	Brand
CANCER	00078068266	21532025100120	TAFINLAR	Brand
CANCER	00078068166	21532025100130	TAFINLAR	Brand
CANCER	00078115421	21532025107320	TAFINLAR	Brand
CANCER	00310124830	21360068200320	TAGRISSO	Brand
CANCER	00310134930	21360068200320	TAGRISSO	Brand
CANCER	00310125130	21360068200330	TAGRISSO	Brand
CANCER	00310135030	21360068200330	TAGRISSO	Brand
AUTOIMMUNE	00002144501	9025055400D520	TALTZ	Brand
AUTOIMMUNE	00002144509	9025055400D520	TALTZ	Brand
AUTOIMMUNE	00002144511	9025055400D520	TALTZ	Brand
AUTOIMMUNE	00002144527	9025055400D520	TALTZ	Brand
	00002890011	9025055400E510	TALTZ	Brand
	00002890511	9025055400E515	TALTZ	Brand
AUTOIMMUNE	00002772401	9025055400E520	TALTZ	Brand
AUTOIMMUNE	00002772411	9025055400E520	TALTZ	Brand
CANCER	57894046901	21352076802020	TALVEY	Brand
CANCER	57894047001	21352076802040	TALVEY	Brand
CANCER	00069025230	21535580400105	TALZENNA	Brand
CANCER	00069103130	21535580400105	TALZENNA	Brand
CANCER	00069035330	21535580400110	TALZENNA	Brand
CANCER	00069029630	21535580400110	TALZENNA	Brand
CANCER	00069045430	21535580400112	TALZENNA	Brand
CANCER	00069123530	21535580400112	TALZENNA	Brand
CANCER	00069054630	21535580400114	TALZENNA	Brand
CANCER	00069150130	21535580400114	TALZENNA	Brand
CANCER	00069065530	21535580400118	TALZENNA	Brand
CANCER	00069175130	21535580400118	TALZENNA	Brand
CANCER	00069075730	21535580400120	TALZENNA	Brand
CANCER	00069119530	21535580400120	TALZENNA	Brand
CANCER	00378014491	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	00591247218	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	00591247260	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	50090048501	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	50090253301	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	51862064260	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	59651029960	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	72162220806	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	72162222506	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	75907005810	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	75907005860	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	51407043960	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	51862064210	21402680100310	TAMOXIFEN CITRATE	Generic
CANCER	63739014310	21402680100310	TAMOXIFEN CITRATE	Generic

CANCER	00378027493	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	00591247319	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	00591247330	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	50090094200	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	51862064310	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	51862064330	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	59651030030	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	59651030090	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	72162220903	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	75907005910	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	75907005930	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	51407044030	21402680100320	TAMOXIFEN CITRATE	Generic
CANCER	50242006301	21360025100330	TARCEVA	Brand
CANCER	00187552675	21708220000120	TARGRETIN	Brand
CANCER	00187552560	90376220004020	TARGRETIN	Brand
MULTIPLE SCLEROSIS	70709006230	62407025207220	TASCENSO ODT	Brand
MULTIPLE SCLEROSIS	70709006530	62407025207230	TASCENSO ODT	Brand
CANCER	00078059251	21531860200115	TASIGNA	Brand
CANCER	00078059287	21531860200115	TASIGNA	Brand
CANCER	00078052651	21531860200125	TASIGNA	Brand
CANCER	00078052687	21531860200125	TASIGNA	Brand
CANCER	00078095166	21531860200110	TASIGNA	Brand
SLEEP DISORDERS	00480449056	60250070000130	TASIMELTEON	Generic
SLEEP DISORDERS	60505466503	60250070000130	TASIMELTEON	Generic
SLEEP DISORDERS	69238254803	60250070000130	TASIMELTEON	Generic
BLOOD MODIFIERS	71332000101	85756040100310	TAVALISSE	Brand
BLOOD MODIFIERS	71332000201	85756040100320	TAVALISSE	Brand
HEMATOLOGICAL	73556016801	85805510000120	TAVNEOS	Brand
HEMATOLOGICAL	73556016802	85805510000120	TAVNEOS	Brand
CANCER	72607010000	21533675200320	TAZVERIK	Brand
CANCER	71287022001	21651020101810	TECARTUS	Brand
CANCER	71287021901	21651020101820	TECARTUS	Brand
	83205000102	21651006101820	TECELRA	Brand
CANCER	50242091701	21358215002020	TECENTRIQ	Brand
CANCER	50242091801	21358215002015	TECENTRIQ	Brand
	50242093301	21990002052020	TECENTRIQ HYBREZA	Brand
MULTIPLE SCLEROSIS	64406000501	62405525006520	TECFIDERA	Brand
MULTIPLE SCLEROSIS	64406000602	62405525006540	TECFIDERA	Brand
MULTIPLE SCLEROSIS	64406000703	6240552500B320	TECFIDERA STARTER PACK	Brand
CANCER	57894045001	21352084202040	TECVAYLI	Brand
CANCER	57894044901	21352084202020	TECVAYLI	Brand
OTHER NON-CATEGORIZED	70726030401	74503070001820	TEGLUTIK	Brand
OTHER NON-CATEGORIZED	70726030501	74503070001820	TEGLUTIK	Brand
OTHER NON-CATEGORIZED	70726030601	74503070001820	TEGLUTIK	Brand
OTHER NON-CATEGORIZED	72126000701	6270104010E520	TEGSEDI	Brand
CANCER	00085138101	21104070002120	TEMODAR	Brand
CANCER	16571081841	21104070000140	TEMOZOLOMIDE	Generic
CANCER	16571081851	21104070000140	TEMOZOLOMIDE	Generic
CANCER	16729005053	21104070000140	TEMOZOLOMIDE	Generic
CANCER	16729005054	21104070000140	TEMOZOLOMIDE	Generic
CANCER	31722041314	21104070000140	TEMOZOLOMIDE	Generic
CANCER	31722041331	21104070000140	TEMOZOLOMIDE	Generic
CANCER	47335089221	21104070000140	TEMOZOLOMIDE	Generic
CANCER	47335089272	21104070000140	TEMOZOLOMIDE	Generic
CANCER	47335089274	21104070000140	TEMOZOLOMIDE	Generic
CANCER	47335089280	21104070000140	TEMOZOLOMIDE	Generic
CANCER	59923070814	21104070000140	TEMOZOLOMIDE	Generic
CANCER	65162080314	21104070000140	TEMOZOLOMIDE	Generic
CANCER	65162080351	21104070000140	TEMOZOLOMIDE	Generic
CANCER	67877053907	21104070000140	TEMOZOLOMIDE	Generic
CANCER	67877053914	21104070000140	TEMOZOLOMIDE	Generic
CANCER	73043001305	21104070000140	TEMOZOLOMIDE	Generic
CANCER	73043001314	21104070000140	TEMOZOLOMIDE	Generic
CANCER	75834014305	21104070000140	TEMOZOLOMIDE	Generic
CANCER	75834014314	21104070000140	TEMOZOLOMIDE	Generic
CANCER	50268076211	21104070000140	TEMOZOLOMIDE	Generic
CANCER	50268076212	21104070000140	TEMOZOLOMIDE	Generic
CANCER	64980033505	21104070000140	TEMOZOLOMIDE	Generic
CANCER	64980033514	21104070000140	TEMOZOLOMIDE	Generic
CANCER	16571081941	21104070000143	TEMOZOLOMIDE	Generic
CANCER	16571081951	21104070000143	TEMOZOLOMIDE	Generic
CANCER	16729012953	21104070000143	TEMOZOLOMIDE	Generic
CANCER	16729012954	21104070000143	TEMOZOLOMIDE	Generic

CANCER	31722041414	21104070000143	TEMOZOLOMIDE	Generic
CANCER	31722041431	21104070000143	TEMOZOLOMIDE	Generic
CANCER	47335092921	21104070000143	TEMOZOLOMIDE	Generic
CANCER	47335092972	21104070000143	TEMOZOLOMIDE	Generic
CANCER	47335092974	21104070000143	TEMOZOLOMIDE	Generic
CANCER	47335092980	21104070000143	TEMOZOLOMIDE	Generic
CANCER	59923071014	21104070000143	TEMOZOLOMIDE	Generic
CANCER	65162080414	21104070000143	TEMOZOLOMIDE	Generic
CANCER	65162080451	21104070000143	TEMOZOLOMIDE	Generic
CANCER	67877054007	21104070000143	TEMOZOLOMIDE	Generic
CANCER	67877054014	21104070000143	TEMOZOLOMIDE	Generic
CANCER	73043001405	21104070000143	TEMOZOLOMIDE	Generic
CANCER	73043001414	21104070000143	TEMOZOLOMIDE	Generic
CANCER	75834014405	21104070000143	TEMOZOLOMIDE	Generic
CANCER	75834014414	21104070000143	TEMOZOLOMIDE	Generic
CANCER	64980033605	21104070000143	TEMOZOLOMIDE	Generic
CANCER	64980033614	21104070000143	TEMOZOLOMIDE	Generic
CANCER	16571082041	21104070000147	TEMOZOLOMIDE	Generic
CANCER	16571082051	21104070000147	TEMOZOLOMIDE	Generic
CANCER	16729013053	21104070000147	TEMOZOLOMIDE	Generic
CANCER	16729013054	21104070000147	TEMOZOLOMIDE	Generic
CANCER	31722041514	21104070000147	TEMOZOLOMIDE	Generic
CANCER	31722041531	21104070000147	TEMOZOLOMIDE	Generic
CANCER	47335093021	21104070000147	TEMOZOLOMIDE	Generic
CANCER	47335093072	21104070000147	TEMOZOLOMIDE	Generic
CANCER	47335093074	21104070000147	TEMOZOLOMIDE	Generic
CANCER	47335093080	21104070000147	TEMOZOLOMIDE	Generic
CANCER	65162080514	21104070000147	TEMOZOLOMIDE	Generic
CANCER	65162080551	21104070000147	TEMOZOLOMIDE	Generic
CANCER	67877054107	21104070000147	TEMOZOLOMIDE	Generic
CANCER	67877054114	21104070000147	TEMOZOLOMIDE	Generic
CANCER	73043001505	21104070000147	TEMOZOLOMIDE	Generic
CANCER	73043001514	21104070000147	TEMOZOLOMIDE	Generic
CANCER	75834014505	21104070000147	TEMOZOLOMIDE	Generic
CANCER	75834014514	21104070000147	TEMOZOLOMIDE	Generic
CANCER	64980033705	21104070000147	TEMOZOLOMIDE	Generic
CANCER	64980033714	21104070000147	TEMOZOLOMIDE	Generic
CANCER	16571081741	21104070000120	TEMOZOLOMIDE	Generic
CANCER	16571081751	21104070000120	TEMOZOLOMIDE	Generic
CANCER	16729004953	21104070000120	TEMOZOLOMIDE	Generic
CANCER	16729004954	21104070000120	TEMOZOLOMIDE	Generic
CANCER	31722041214	21104070000120	TEMOZOLOMIDE	Generic
CANCER	31722041231	21104070000120	TEMOZOLOMIDE	Generic
CANCER	47335089121	21104070000120	TEMOZOLOMIDE	Generic
CANCER	47335089172	21104070000120	TEMOZOLOMIDE	Generic
CANCER	47335089174	21104070000120	TEMOZOLOMIDE	Generic
CANCER	47335089180	21104070000120	TEMOZOLOMIDE	Generic
CANCER	59923070505	21104070000120	TEMOZOLOMIDE	Generic
CANCER	59923070614	21104070000120	TEMOZOLOMIDE	Generic
CANCER	65162080214	21104070000120	TEMOZOLOMIDE	Generic
CANCER	65162080251	21104070000120	TEMOZOLOMIDE	Generic
CANCER	67877053807	21104070000120	TEMOZOLOMIDE	Generic
CANCER	67877053814	21104070000120	TEMOZOLOMIDE	Generic
CANCER	73043001205	21104070000120	TEMOZOLOMIDE	Generic
CANCER	73043001214	21104070000120	TEMOZOLOMIDE	Generic
CANCER	75834014205	21104070000120	TEMOZOLOMIDE	Generic
CANCER	75834014214	21104070000120	TEMOZOLOMIDE	Generic
CANCER	50268076111	21104070000120	TEMOZOLOMIDE	Generic
CANCER	50268076112	21104070000120	TEMOZOLOMIDE	Generic
CANCER	64980033405	21104070000120	TEMOZOLOMIDE	Generic
CANCER	64980033414	21104070000120	TEMOZOLOMIDE	Generic
CANCER	16571082151	21104070000150	TEMOZOLOMIDE	Generic
CANCER	16729005153	21104070000150	TEMOZOLOMIDE	Generic
CANCER	31722041631	21104070000150	TEMOZOLOMIDE	Generic
CANCER	47335089374	21104070000150	TEMOZOLOMIDE	Generic
CANCER	47335089380	21104070000150	TEMOZOLOMIDE	Generic
CANCER	65162080651	21104070000150	TEMOZOLOMIDE	Generic
CANCER	67877054207	21104070000150	TEMOZOLOMIDE	Generic
CANCER	73043001605	21104070000150	TEMOZOLOMIDE	Generic
CANCER	75834014605	21104070000150	TEMOZOLOMIDE	Generic
CANCER	64980033805	21104070000150	TEMOZOLOMIDE	Generic
CANCER	16571081641	21104070000110	TEMOZOLOMIDE	Generic
CANCER	16571081651	21104070000110	TEMOZOLOMIDE	Generic

CANCER	16729004853	21104070000110	TEMOZOLOMIDE	Generic
CANCER	16729004854	21104070000110	TEMOZOLOMIDE	Generic
CANCER	31722041114	21104070000110	TEMOZOLOMIDE	Generic
CANCER	31722041131	21104070000110	TEMOZOLOMIDE	Generic
CANCER	47335089021	21104070000110	TEMOZOLOMIDE	Generic
CANCER	47335089072	21104070000110	TEMOZOLOMIDE	Generic
CANCER	47335089074	21104070000110	TEMOZOLOMIDE	Generic
CANCER	47335089080	21104070000110	TEMOZOLOMIDE	Generic
CANCER	59923070305	21104070000110	TEMOZOLOMIDE	Generic
CANCER	59923070414	21104070000110	TEMOZOLOMIDE	Generic
CANCER	65162080114	21104070000110	TEMOZOLOMIDE	Generic
CANCER	65162080151	21104070000110	TEMOZOLOMIDE	Generic
CANCER	67877053707	21104070000110	TEMOZOLOMIDE	Generic
CANCER	67877053714	21104070000110	TEMOZOLOMIDE	Generic
CANCER	73043001105	21104070000110	TEMOZOLOMIDE	Generic
CANCER	73043001114	21104070000110	TEMOZOLOMIDE	Generic
CANCER	75834013205	21104070000110	TEMOZOLOMIDE	Generic
CANCER	75834013214	21104070000110	TEMOZOLOMIDE	Generic
CANCER	64980033305	21104070000110	TEMOZOLOMIDE	Generic
CANCER	64980033314	21104070000110	TEMOZOLOMIDE	Generic
CANCER	16729022361	21532570002020	TEMSIROLIMUS	Generic
CANCER	65219020005	21532570002020	TEMSIROLIMUS	Generic
CANCER	72611078001	21532570002020	TEMSIROLIMUS	Generic
CANCER	72611078502	21532570002020	TEMSIROLIMUS	Generic
CANCER	70121163101	21100040002150	TEPADINA	Brand
CANCER	70121163001	21100040002105	TEPADINA	Brand
ENDOCRINE	75987013015	30192070402120	TEPEZZA	Brand
CANCER	44087500003	21533773100320	TEPMETKO	Brand
CANCER	44087500006	21533773100320	TEPMETKO	Brand
	81927010601	21100040002040	TEPYLUTE	Brand
	81927010501	21100040002020	TEPYLUTE	Brand
MULTIPLE SCLEROSIS	00480315656	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	00781575531	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	16729040010	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	31722024730	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	42291083130	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	59651005530	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	62332031430	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	68462042430	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70377001811	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70512085128	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70710111503	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	43598028130	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	60505447803	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	69238130406	62404070000330	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	00480315756	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	00781574731	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	16729039910	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	31722024630	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	42291083030	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	59651005430	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	62332031330	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	68462042330	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70377001711	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70512085028	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	70710111403	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	43598028230	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	60505447703	62404070000320	TERIFLUNOMIDE	Generic
MULTIPLE SCLEROSIS	69238130306	62404070000320	TERIFLUNOMIDE	Generic
	00093110616	3004407000D216	TERIPARATIDE	Generic
	60505618800	3004407000D216	TERIPARATIDE	Generic
	66993049528	3004407000D216	TERIPARATIDE	Generic
BONE DENSITY	47781065289	3004407000D221	TERIPARATIDE	Brand
	72579012101	21357967002020	TEVIMBRA	Brand
LUNG DISORDERS	55513012301	4460807525D520	TEZSPIRE	Brand
LUNG DISORDERS	55513011201	4460807525E520	TEZSPIRE	Brand
CANCER	59572021015	99392070000130	THALOMID	Brand
CANCER	59572021513	99392070000135	THALOMID	Brand
CANCER	59572022016	99392070000140	THALOMID	Brand
CANCER	59572020514	99392070000120	THALOMID	Brand
CANCER	59572020517	99392070000120	THALOMID	Brand
OTHER NON-CATEGORIZED	00178090001	56600050000310	THIOLA	Brand
OTHER NON-CATEGORIZED	00178090201	56600050000620	THIOLA EC	Brand

OTHER NON-CATEGORIZED	00178090190	56600050000630	THIOLA EC	Brand
CANCER	00143929201	21100040002150	THIOTEPA	Generic
CANCER	43598017111	21100040002150	THIOTEPA	Generic
CANCER	65219002920	21100040002150	THIOTEPA	Generic
CANCER	71288015710	21100040002150	THIOTEPA	Generic
CANCER	72205004601	21100040002150	THIOTEPA	Generic
CANCER	00143930901	21100040002105	THIOTEPA	Generic
CANCER	00143956501	21100040002105	THIOTEPA	Generic
CANCER	25021024602	21100040002105	THIOTEPA	Generic
CANCER	43598065011	21100040002105	THIOTEPA	Generic
CANCER	71288015605	21100040002105	THIOTEPA	Generic
CANCER	72205004501	21100040002105	THIOTEPA	Generic
CANCER	54879001413	21100040002105	THIOTEPA	Generic
OTHER NON-CATEGORIZED	13533060250	85400015102110	THROMBATE III	Brand
OTHER NON-CATEGORIZED	13533060612	85400015102110	THROMBATE III	Brand
CANCER	72694061760	21534940000320	TIBSOVO	Brand
CANCER	00052060201	21700013001930	TICE BCG	Brand
CANCER	00052060202	21700013001930	TICE BCG	Brand
OTHER NON-CATEGORIZED	70726030301	74503070001820	TIGLUTIK	Brand
OTHER NON-CATEGORIZED	00093790901	56600050000310	TIOPRONIN	Generic
OTHER NON-CATEGORIZED	00254303430	56600050000620	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	00480922755	56600050000620	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	13668069103	56600050000620	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	44523005401	56600050000620	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	00254303509	56600050000630	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	00480782498	56600050000630	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	13668069290	56600050000630	TIOPRONIN DR	Generic
OTHER NON-CATEGORIZED	44523005501	56600050000630	TIOPRONIN DR	Generic
CANCER	51144000301	21359280802120	TIVDAK	Brand
CYSTIC FIBROSIS	49502034573	07000070002520	TOBI	Brand
CYSTIC FIBROSIS	49502040124	07000070000120	TOBI PODHALER	Brand
CYSTIC FIBROSIS	49502040156	07000070000120	TOBI PODHALER	Brand
CYSTIC FIBROSIS	70756061756	07000070002530	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	72603063004	07000070002530	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	72603063056	07000070002530	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	70644089999	07000070002520	TOBRAMYCIN	Brand
CYSTIC FIBROSIS	00093408563	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	16714011902	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	16714011903	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	42571040819	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	42571040892	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	43598060504	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	43598060511	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	43598060556	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	43598060558	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	47335017148	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	47335017149	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	60687073179	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	60687073183	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	65162091446	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	67877067870	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	68180096204	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	68180096256	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	70756060456	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	72603043004	07000070002520	TOBRAMYCIN	Generic
CYSTIC FIBROSIS	72603043056	07000070002520	TOBRAMYCIN	Generic
AUTOIMMUNE	64406002201	66500070152035	TOFIDENCE	Brand
AUTOIMMUNE	64406002301	66500070152040	TOFIDENCE	Brand
AUTOIMMUNE	64406002401	66500070152030	TOFIDENCE	Brand
ENDOCRINE	31722086803	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	31722086831	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	49884076852	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	49884076854	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	60505431700	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	67877063502	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	67877063533	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	70748023806	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	72205013011	30454060000320	TOLVAPTAN	Generic
ENDOCRINE	31722086903	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	49884077052	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	49884077054	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	60505431800	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	67877063602	30454060000330	TOLVAPTAN	Generic

ENDOCRINE	67877063633	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	70748023906	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	72205013111	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	60505470500	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	60505470501	30454060000330	TOLVAPTAN	Generic
ENDOCRINE	70748024011	3045406000B710	TOLVAPTAN	Generic
ENDOCRINE	70748024013	3045406000B710	TOLVAPTAN	Generic
ENDOCRINE	70748024111	3045406000B720	TOLVAPTAN	Generic
ENDOCRINE	70748024113	3045406000B720	TOLVAPTAN	Generic
ENDOCRINE	70748024211	3045406000B725	TOLVAPTAN	Generic
ENDOCRINE	70748024213	3045406000B725	TOLVAPTAN	Generic
ENDOCRINE	70748024311	3045406000B735	TOLVAPTAN	Generic
ENDOCRINE	70748024313	3045406000B735	TOLVAPTAN	Generic
ENDOCRINE	70748024411	3045406000B745	TOLVAPTAN	Generic
ENDOCRINE	70748024413	3045406000B745	TOLVAPTAN	Generic
CANCER	00703565701	21500010002040	TOPOSAR	Generic
CANCER	00703565301	21500010002025	TOPOSAR	Generic
CANCER	00703565601	21500010002030	TOPOSAR	Generic
CANCER	16729015131	21550080102120	TOPOTECAN HCL	Generic
CANCER	45963061556	21550080102120	TOPOTECAN HCL	Generic
CANCER	63323076210	21550080102120	TOPOTECAN HCL	Generic
CANCER	63323076294	21550080102120	TOPOTECAN HCL	Generic
CANCER	00409030201	21550080102020	TOPOTECAN HCL	Brand
CANCER	00703471401	21550080102020	TOPOTECAN HCL	Brand
CANCER	16729024331	21550080102020	TOPOTECAN HYDROCHLORIDE	Generic
CANCER	64980040403	21402685100320	TOREMIFENE CITRATE	Generic
CANCER	72205005030	21402685100320	TOREMIFENE CITRATE	Generic
CANCER	00008117901	21532570002020	TORISEL	Brand
CANCER	00245082530	21532530000330	TORPENZ	Generic
CANCER	00245082230	21532530000310	TORPENZ	Generic
CANCER	00245082330	21532530000320	TORPENZ	Generic
CANCER	00245082430	21532530000325	TORPENZ	Generic
PULMONARY HYPERTENSION	66215010203	40160015000330	TRACLEER	Brand
PULMONARY HYPERTENSION	66215010206	40160015000330	TRACLEER	Brand
PULMONARY HYPERTENSION	66215010103	40160015000320	TRACLEER	Brand
PULMONARY HYPERTENSION	66215010106	40160015000320	TRACLEER	Brand
PULMONARY HYPERTENSION	66215010314	40160015007320	TRACLEER	Brand
PULMONARY HYPERTENSION	66215023214	40160015007320	TRACLEER	Brand
PULMONARY HYPERTENSION	66215023256	40160015007320	TRACLEER	Brand
PULMONARY HYPERTENSION	66215010356	40160015007320	TRACLEER	Brand
CANCER	00069030801	21170070652110	TRAZIMERA	Brand
CANCER	00069030501	21170070652120	TRAZIMERA	Brand
CANCER	00069030601	21170070652120	TRAZIMERA	Brand
CANCER	63459039120	21100009102120	TREANDA	Brand
CANCER	63459039008	21100009102110	TREANDA	Brand
CANCER	74676590400	21405050201930	TRELSTAR MIXJECT	Brand
CANCER	74676590401	21405050201930	TRELSTAR MIXJECT	Brand
CANCER	74676590600	21405050201940	TRELSTAR MIXJECT	Brand
CANCER	74676590601	21405050201940	TRELSTAR MIXJECT	Brand
CANCER	74676590200	21405050201920	TRELSTAR MIXJECT	Brand
CANCER	74676590201	21405050201920	TRELSTAR MIXJECT	Brand
	57894065001	52504025002030	TREMFYA	Brand
	57894065002	52504025002030	TREMFYA	Brand
	57894064011	9025054200D520	TREMFYA	Brand
	57894065101	5250402500D540	TREMFYA	Brand
	57894065102	5250402500D540	TREMFYA	Brand
AUTOIMMUNE	57894064001	9025054200E520	TREMFYA	Brand
	57894065111	5250402500E540	TREMFYA	Brand
	57894065122	5250402500E540	TREMFYA	Brand
	57894065104	5250402500D540	TREMFYA INDUCTION PACK FOR CROHNS DISEASE	Brand
	57894064003	9025054200D520	TREMFYA PEN	Brand
	57894064006	9025054200D520	TREMFYA PEN	Brand
PULMONARY HYPERTENSION	00703068601	40170080002070	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00781342780	40170080002070	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	43598064711	40170080002070	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	42023020801	40170080002070	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00703066601	40170080002050	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00781342080	40170080002050	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	43598064911	40170080002050	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	42023020601	40170080002050	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00703069601	40170080002080	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00781343080	40170080002080	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	43598064811	40170080002080	TREPROSTINIL	Generic

PULMONARY HYPERTENSION	42023020901	40170080002080	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00703067601	40170080002060	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	00781342580	40170080002060	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	43598064611	40170080002060	TREPROSTINIL	Generic
PULMONARY HYPERTENSION	42023020701	40170080002060	TREPROSTINIL	Generic
CANCER	00904686704	21708080000110	TRETINOIN	Generic
CANCER	10370026801	21708080000110	TRETINOIN	Generic
CANCER	42291087001	21708080000110	TRETINOIN	Generic
CANCER	68084007511	21708080000110	TRETINOIN	Generic
CANCER	68084007521	21708080000110	TRETINOIN	Generic
CANCER	68462079201	21708080000110	TRETINOIN	Generic
CANCER	72162122001	21708080000110	TRETINOIN	Generic
CANCER	72162122003	21708080000110	TRETINOIN	Generic
CANCER	00555080802	21708080000110	TRETINOIN	Generic
CANCER	63629228501	21708080000110	TRETINOIN	Generic
CANCER	63629875201	21708080000110	TRETINOIN	Generic
HEMOPHILIA	00169701301	85100032102130	TRETTEN	Brand
OTHER NON-CATEGORIZED	51285036801	21300050100340	TREXALL	Brand
OTHER NON-CATEGORIZED	51285036901	21300050100350	TREXALL	Brand
OTHER NON-CATEGORIZED	51285036601	21300050100320	TREXALL	Brand
OTHER NON-CATEGORIZED	51285036701	21300050100330	TREXALL	Brand
CYSTIC FIBROSIS	51167033101	4530990340B740	TRIKAFTA	Brand
CYSTIC FIBROSIS	51167044601	4530990340B140	TRIKAFTA	Brand
CYSTIC FIBROSIS	51167010602	4530990340B720	TRIKAFTA	Brand
CYSTIC FIBROSIS	51167044501	4530990340B120	TRIKAFTA	Brand
ENDOCRINE	24338015020	3008007040G240	TRIPTODUR	Brand
CANCER	63459060106	21700008102030	TRISENOX	Brand
CANCER	63459060111	21700008102030	TRISENOX	Brand
CANCER	55135013201	21551065402120	TRODELVY	Brand
CANCER	00310950001	21530320000320	TRUQAP	Brand
CANCER	00310950101	21530320000325	TRUQAP	Brand
	00310950002	2153032000B720	TRUQAP	Brand
	00310950102	2153032000B725	TRUQAP	Brand
	00310950196	2153032000B725	TRUQAP	Brand
CANCER	63459010310	21351860102020	TRUXIMA	Brand
CANCER	63459010450	21351860102040	TRUXIMA	Brand
	71860010101	3090626530D540	TRYNGOLZA	Brand
	80491801203	36180010000320	TRYVIO	Brand
CANCER	51144000212	21170080000340	TUKYSA	Brand
CANCER	51144000260	21170080000340	TUKYSA	Brand
CANCER	51144000160	21170080000320	TUKYSA	Brand
CANCER	65597040720	21533045010110	TURALIO	Brand
CANCER	65597040728	21533045010110	TURALIO	Brand
AUTOIMMUNE	65219059210	66500070172035	TYENNE	Brand
AUTOIMMUNE	65219059420	66500070172040	TYENNE	Brand
AUTOIMMUNE	65219059004	66500070172030	TYENNE	Brand
	65219058401	6650007017D520	TYENNE	Brand
	65219058604	6650007017E520	TYENNE	Brand
CANCER	00078067119	21533026100320	TYKERB	Brand
BONE DENSITY	70539000101	3004400500D230	TYMLOS	Brand
BONE DENSITY	70539000102	3004400500D230	TYMLOS	Brand
MULTIPLE SCLEROSIS	64406000801	62405050001320	TYSABRI	Brand
PULMONARY HYPERTENSION	66302020603	40170080002020	TYVASO	Brand
PULMONARY HYPERTENSION	66302071604	40170080002920	TYVASO DPI INSTITUTIONAL KIT	Brand
PULMONARY HYPERTENSION	66302073204	40170080002930	TYVASO DPI INSTITUTIONAL KIT	Brand
PULMONARY HYPERTENSION	66302074804	40170080002940	TYVASO DPI INSTITUTIONAL KIT	Brand
PULMONARY HYPERTENSION	66302076404	40170080002950	TYVASO DPI INSTITUTIONAL KIT	Brand
PULMONARY HYPERTENSION	66302061603	40170080002920	TYVASO DPI MAINTENANCE KIT	Brand
PULMONARY HYPERTENSION	66302063203	40170080002930	TYVASO DPI MAINTENANCE KIT	Brand
PULMONARY HYPERTENSION	66302064803	40170080002940	TYVASO DPI MAINTENANCE KIT	Brand
PULMONARY HYPERTENSION	66302066403	40170080002950	TYVASO DPI MAINTENANCE KIT	Brand
PULMONARY HYPERTENSION	66302061002	40170080002980	TYVASO DPI TITRATION KIT	Brand
PULMONARY HYPERTENSION	66302060002	40170080002970	TYVASO DPI TITRATION KIT	Brand
PULMONARY HYPERTENSION	66302020602	40170080002020	TYVASO REFILL KIT	Brand
PULMONARY HYPERTENSION	66302020601	40170080002020	TYVASO STARTER KIT	Brand
PULMONARY HYPERTENSION	66302020604	40170080002020	TYVASO STARTER KIT	Brand
DIABETES	73650031601	27521065202020	TZIELD	Brand
DIABETES	73650031610	27521065202020	TZIELD	Brand
DIABETES	73650031614	27521065202020	TZIELD	Brand
BLOOD MODIFIERS	70114012001	8240157010D520	UDENYCA	Brand
BLOOD MODIFIERS	70114010101	8240157010E520	UDENYCA	Brand
BLOOD MODIFIERS	70114013001	8240157010E525	UDENYCA ONBODY	Brand
HEMATOLOGICAL	25682002801	85805080202060	ULTOMIRIS	Brand

HEMATOLOGICAL	25682002501	85805080202045	ULTOMIRIS	Brand
CANCER	66302001401	21356028002020	UNITUXIN	Brand
OTHER NON-CATEGORIZED	75987015001	99405040202020	UPLIZNA	Brand
OTHER NON-CATEGORIZED	75987015003	99405040202020	UPLIZNA	Brand
PULMONARY HYPERTENSION	66215071801	40120070002120	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215061006	40120070000330	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215061206	40120070000335	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215061406	40120070000340	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215061606	40120070000345	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215060206	40120070000310	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215060214	40120070000310	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215060406	40120070000315	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215060606	40120070000320	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215060806	40120070000325	UPTRAVI	Brand
PULMONARY HYPERTENSION	66215062820	4012007000B720	UPTRAVI TITRATION PACK	Brand
	82009016394	52504070752020	USTEKINUMAB-TTWE	Brand
	82009016011	9025058575E520	USTEKINUMAB-TTWE	Brand
	82009016211	9025058575E540	USTEKINUMAB-TTWE	Brand
AUTOIMMUNE	64067021601	21707050002020	UVADEX	Brand
OPHTHALMIC	50242009601	86652522702020	VABYSMO	Brand
	50242009606	8665252270E520	VABYSMO	Brand
	59922064160	82402580000320	VAFSEO	Brand
	59922064260	82402580000330	VAFSEO	Brand
CANCER	69639012001	90371050204030	VALCHLOR	Brand
CANCER	24201010101	21200080002020	VALRUBICIN	Generic
CANCER	24201010104	21200080002020	VALRUBICIN	Generic
CANCER	67979000101	21200080002020	VALSTAR	Brand
ANTICONVULSANT	72252051005	72100030000930	VALTOCO 10 MG DOSE	Brand
ANTICONVULSANT	72252051002	72100030000930	VALTOCO 10 MG DOSE	Brand
ANTICONVULSANT	72252051510	7210003000C440	VALTOCO 15 MG DOSE	Brand
ANTICONVULSANT	72252051504	7210003000C440	VALTOCO 15 MG DOSE	Brand
ANTICONVULSANT	72252052010	7210003000C450	VALTOCO 20 MG DOSE	Brand
ANTICONVULSANT	72252052004	7210003000C450	VALTOCO 20 MG DOSE	Brand
ANTICONVULSANT	72252050505	72100030000920	VALTOCO 5 MG DOSE	Brand
ANTICONVULSANT	72252050502	72100030000920	VALTOCO 5 MG DOSE	Brand
CANCER	65597050404	21533047100320	VANFLYTA	Brand
CANCER	65597050428	21533047100320	VANFLYTA	Brand
CANCER	65597051104	21533047100325	VANFLYTA	Brand
CANCER	65597051128	21533047100325	VANFLYTA	Brand
NAUSEA & VOMITING	70720010102	5028005020B720	VARUBI	Brand
ANTIHYPERTENSIVE	69413055840	36600020100310	VECAMYL	Brand
ANTIHYPERTENSIVE	83649055801	36600020100310	VECAMYL	Brand
CANCER	55513095401	21360070002025	VECTIBIX	Brand
CANCER	55513095601	21360070002035	VECTIBIX	Brand
CANCER	72606001101	21335020102025	VEGZELMA	Brand
CANCER	72606001201	21335020102030	VEGZELMA	Brand
CANCER	63020004901	21536015002120	VELCADE	Brand
PULMONARY HYPERTENSION	66215040301	40170040102110	VELETRI	Brand
PULMONARY HYPERTENSION	66215040201	40170040102130	VELETRI	Brand
AUTOIMMUNE	00069027430	52504525100350	VELSIPITY	Brand
CANCER	00074056111	21470080000320	VENCLEXTA	Brand
CANCER	00074056114	21470080000320	VENCLEXTA	Brand
CANCER	00074057611	21470080000360	VENCLEXTA	Brand
CANCER	00074057622	21470080000360	VENCLEXTA	Brand
CANCER	00074057630	21470080000360	VENCLEXTA	Brand
CANCER	00074057634	21470080000360	VENCLEXTA	Brand
CANCER	00074056607	21470080000340	VENCLEXTA	Brand
CANCER	00074056611	21470080000340	VENCLEXTA	Brand
CANCER	00074057928	2147008000B720	VENCLEXTA STARTING PACK	Brand
PULMONARY HYPERTENSION	66215030200	40170060002020	VENTAVIS	Brand
PULMONARY HYPERTENSION	66215030230	40170060002020	VENTAVIS	Brand
PULMONARY HYPERTENSION	66215030300	40170060002040	VENTAVIS	Brand
PULMONARY HYPERTENSION	66215030330	40170060002040	VENTAVIS	Brand
OTHER NON-CATEGORIZED	61755001400	85805070152020	VEOPOZ	Brand
OTHER NON-CATEGORIZED	61755001401	85805070152020	VEOPOZ	Brand
CANCER	00002481554	21531010000310	VERZENIO	Brand
CANCER	00002533754	21531010000315	VERZENIO	Brand
CANCER	00002621654	21531010000320	VERZENIO	Brand
CANCER	00002448354	21531010000305	VERZENIO	Brand
CANCER	59572010201	21300003001920	VIDAZA	Brand
ANTICONVULSANT	60219142501	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	60219142505	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	31722000950	72170085003020	VIGABATRIN	Generic

ANTICONVULSANT	43598069711	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	43598069750	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	49884035803	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	49884035852	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	59651036650	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	67877067463	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	69097096453	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	69238142501	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	69238142505	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	00591395511	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	00591395550	72170085003020	VIGABATRIN	Generic
ANTICONVULSANT	00054065225	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	00591385101	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	42799095001	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	43598065101	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	59651036701	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	70710128701	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	69238142401	72170085000320	VIGABATRIN	Generic
ANTICONVULSANT	00245055650	72170085003020	VIGADRONE	Generic
ANTICONVULSANT	00245055689	72170085003020	VIGADRONE	Generic
ANTICONVULSANT	00245600111	72170085000320	VIGADRONE	Generic
	80789000315	72170085002020	VIGAFYDE	Brand
ANTICONVULSANT	80789011701	72170085003020	VIGPODER	Generic
ANTICONVULSANT	80789011750	72170085003020	VIGPODER	Generic
	00078117519	99486010003020	VIJOICE	Brand
	00078117551	99486010003020	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078103502	9948601000B740	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078103561	9948601000B740	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078102851	9948601000B730	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078102884	9948601000B730	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078102151	9948601000B720	VIJOICE	Brand
OTHER NON-CATEGORIZED	00078102184	9948601000B720	VIJOICE	Brand
OTHER NON-CATEGORIZED	73292001101	74600080002020	VILTEPSO	Brand
ENZYME DEFICIENCIES	68135010001	30907030052020	VIMIZIM	Brand
CANCER	63323027810	21500030102020	VINBLASTINE SULFATE	Brand
CANCER	00703440211	21500020102005	VINCASAR PFS	Generic
CANCER	00703441211	21500020102005	VINCASAR PFS	Generic
CANCER	61703030906	21500020102005	VINCRISTINE SULFATE	Brand
CANCER	61703030925	21500020102005	VINCRISTINE SULFATE	Brand
CANCER	61703030926	21500020102005	VINCRISTINE SULFATE	Brand
CANCER	61703030916	21500020102005	VINCRISTINE SULFATE	Brand
CANCER	25021020401	21500050802020	VINORELBINE TARTRATE	Generic
CANCER	45963060755	21500050802020	VINORELBINE TARTRATE	Generic
CANCER	63323014801	21500050802020	VINORELBINE TARTRATE	Generic
CANCER	25021020405	21500050802025	VINORELBINE TARTRATE	Generic
CANCER	45963060756	21500050802025	VINORELBINE TARTRATE	Generic
CANCER	63323014805	21500050802025	VINORELBINE TARTRATE	Generic
OTHER NON-CATEGORIZED	50633022004	93000084203040	VISTOGARD	Brand
OTHER NON-CATEGORIZED	50633022020	93000084203040	VISTOGARD	Brand
OTHER NON-CATEGORIZED	69468015104	93000084203040	VISTOGARD	Brand
OTHER NON-CATEGORIZED	69468015120	93000084203040	VISTOGARD	Brand
OPHTHALMIC	00187560015	86700065002120	VISUDYNE	Brand
CANCER	50419039101	21533835200150	VITRAKVI	Brand
CANCER	50419039001	21533835200120	VITRAKVI	Brand
CANCER	50419039201	21533835202020	VITRAKVI	Brand
CANCER	50419039302	21533835202020	VITRAKVI	Brand
CANCER	50419039303	21533835202020	VITRAKVI	Brand
CANCER	71777039201	21533835202020	VITRAKVI	Brand
CANCER	24338027001	21100009102005	VIVIMUSTA	Brand
CANCER	71225012001	21100009102005	VIVIMUSTA	Brand
OTHER NON-CATEGORIZED	65757030001	93400030001920	VIVITROL	Brand
CANCER	00069019730	21360019000320	VIZIMPRO	Brand
CANCER	00069119830	21360019000330	VIZIMPRO	Brand
CANCER	00069229930	21360019000340	VIZIMPRO	Brand
CANCER	72482010012	21537550100120	VONJO	Brand
HEMOPHILIA	00944755302	85100070202130	VONVENDI	Brand
HEMOPHILIA	00944755102	85100070202120	VONVENDI	Brand
	72694087910	21535180000320	VORANIGO	Brand
	72694072840	21535180000340	VORANIGO	Brand
CANCER	50633021011	21756030002120	VORAXAZE	Brand
HEPATITIS C	61958240101	12359903800330	VOSEVI	Brand
CANCER	00078107766	21533042100320	VOTRIENT	Brand
GASTROINTESTINAL	71881040012	52522020100120	VOWST	Brand

ENDOCRINE	68135008236	30950080002120	VOXZOGO	Brand
ENDOCRINE	68135011966	30950080002130	VOXZOGO	Brand
ENDOCRINE	68135018193	30950080002140	VOXZOGO	Brand
HEMATOLOGICAL	25682004392	85808520000320	VOYDEYA	Brand
HEMATOLOGICAL	25682004692	8580852000B720	VOYDEYA	Brand
ENZYME DEFICIENCIES	54092070104	82700085102120	VPRIV	Brand
MULTIPLE SCLEROSIS	64406002003	62405530006540	VUMERITY	Brand
	00074050101	73209902132020	VYALEV	Brand
MIGRAINE	67386013051	67702015202020	VYEPTI	Brand
DERMATOLOGICS	82194051002	90944520204020	VYJUVEK	Brand
OTHER NON-CATEGORIZED	80064014101	6217351510D520	VYLEESI	Brand
OTHER NON-CATEGORIZED	80064014104	6217351510D520	VYLEESI	Brand
	00469342510	21355190052120	VYLOY	Brand
	00469442530	21355190052140	VYLOY	Brand
OTHER NON-CATEGORIZED	00069873001	40550080000120	VYNDAMAX	Brand
OTHER NON-CATEGORIZED	00069873030	40550080000120	VYNDAMAX	Brand
OTHER NON-CATEGORIZED	00069197512	40550080200120	VYNDAQEL	Brand
OTHER NON-CATEGORIZED	00069197540	40550080200120	VYNDAQEL	Brand
OTHER NON-CATEGORIZED	60923046502	74600042002020	VYONDYS 53	Brand
OTHER NON-CATEGORIZED	73475304105	99398225302020	VYVGART	Brand
	73475122101	9939990215E520	VYVGART HYTRULO	Brand
	73475122104	9939990215E520	VYVGART HYTRULO	Brand
OTHER NON-CATEGORIZED	73475310203	99399902152020	VYVGART HYTRULO	Brand
CANCER	68727074501	21990002201930	VYXEOS	Brand
CANCER	68727074502	21990002201930	VYXEOS	Brand
OTHER NON-CATEGORIZED	00310940001	6270102510D520	WAINUA	Brand
SLEEP DISORDERS	72028017803	61450070100338	WAKIX	Brand
SLEEP DISORDERS	72028004503	61450070100318	WAKIX	Brand
CANCER	00006533101	21421020000320	WELIREG	Brand
	84612005501	90250585032020	WEZLANA	Brand
	84612085501	90250585032020	WEZLANA	Brand
	84612006601	52504070032020	WEZLANA	Brand
	84612007601	9025058503E520	WEZLANA	Brand
	84612087601	9025058503E520	WEZLANA	Brand
	84612008901	9025058503E540	WEZLANA	Brand
	84612088901	9025058503E540	WEZLANA	Brand
HEMOPHILIA	68982018202	85100015106440	WILATE	Brand
HEMOPHILIA	68982018201	85100015106430	WILATE	Brand
PULMONARY HYPERTENSION	00006508701	40110070206430	WINREVAIR	Brand
PULMONARY HYPERTENSION	00006508801	40110070206435	WINREVAIR	Brand
PULMONARY HYPERTENSION	00006509001	40110070206420	WINREVAIR	Brand
PULMONARY HYPERTENSION	00006509101	40110070206425	WINREVAIR	Brand
CANCER	00069814120	21530517000120	XALKORI	Brand
CANCER	00069814020	21530517000125	XALKORI	Brand
CANCER	00069150060	21530517006850	XALKORI	Brand
CANCER	00069025160	21530517006820	XALKORI	Brand
CANCER	00069050760	21530517006830	XALKORI	Brand
OTHER NON-CATEGORIZED	52652200101	21300050002080	XATMEP	Brand
OTHER NON-CATEGORIZED	52652200106	21300050002080	XATMEP	Brand
AUTOIMMUNE	00069102901	66603065102020	XELJANZ	Brand
AUTOIMMUNE	00069102902	66603065102020	XELJANZ	Brand
AUTOIMMUNE	00069100201	66603065100330	XELJANZ	Brand
AUTOIMMUNE	00069100101	66603065100320	XELJANZ	Brand
AUTOIMMUNE	00069050130	66603065107530	XELJANZ XR	Brand
AUTOIMMUNE	00069050230	66603065107550	XELJANZ XR	Brand
CANCER	00004110020	21300005000320	XELODA	Brand
CANCER	61269047060	21300005000320	XELODA	Brand
CANCER	00004110150	21300005000350	XELODA	Brand
CANCER	61269047512	21300005000350	XELODA	Brand
IMMUNE GLOBULINS	13533081005	19100020642020	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081006	19100020642020	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081050	19100020642040	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081051	19100020642040	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081010	19100020642025	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081011	19100020642025	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081020	19100020642030	XEMBIFY	Brand
IMMUNE GLOBULINS	13533081021	19100020642030	XEMBIFY	Brand
OTHER NON-CATEGORIZED	72000012001	16240040102020	XENLETA	Brand
OTHER NON-CATEGORIZED	72000012006	16240040102020	XENLETA	Brand
OTHER NON-CATEGORIZED	72000011010	16240040100320	XENLETA	Brand
OTHER NON-CATEGORIZED	72000011030	16240040100320	XENLETA	Brand
ENZYME DEFICIENCIES	58468005001	30901560302120	XENPOZYME	Brand
ENZYME DEFICIENCIES	58468005101	30901560302105	XENPOZYME	Brand

GASTROINTESTINAL	70720012585	52570075100330	XERMELO	Brand
BONE DENSITY	55513073001	30044530002030	XGEVA	Brand
OTHER NON-CATEGORIZED	66887000301	99350035002120	XIAFLEX	Brand
CANCER	50419020801	21600055002025	XOFIGO	Brand
LUNG DISORDERS	50242004062	44603060002120	XOLAIR	Brand
LUNG DISORDERS	50242004086	44603060002120	XOLAIR	Brand
LUNG DISORDERS	50242021555	4460306000D520	XOLAIR	Brand
LUNG DISORDERS	50242022755	4460306000D530	XOLAIR	Brand
LUNG DISORDERS	50242021455	4460306000D510	XOLAIR	Brand
LUNG DISORDERS	50242021501	4460306000E520	XOLAIR	Brand
LUNG DISORDERS	50242021503	4460306000E520	XOLAIR	Brand
LUNG DISORDERS	50242021586	4460306000E520	XOLAIR	Brand
LUNG DISORDERS	50242022701	4460306000E530	XOLAIR	Brand
LUNG DISORDERS	50242021401	4460306000E510	XOLAIR	Brand
LUNG DISORDERS	50242021403	4460306000E510	XOLAIR	Brand
BLOOD MODIFIERS	83296010012	82502046000120	XOLREMDI	Brand
BLOOD MODIFIERS	83296010060	82502046000120	XOLREMDI	Brand
BLOOD MODIFIERS	83296010090	82502046000120	XOLREMDI	Brand
CANCER	00469142590	21533020200320	XOSPATA	Brand
	72237010601	2156006000B708	XPOVIO	Brand
	72237010611	2156006000B708	XPOVIO	Brand
CANCER	72237010207	2156006000B760	XPOVIO	Brand
CANCER	72237010217	2156006000B760	XPOVIO	Brand
CANCER	72237010206	2156006000B765	XPOVIO	Brand
CANCER	72237010216	2156006000B765	XPOVIO	Brand
CANCER	72237010202	2156006000B770	XPOVIO	Brand
CANCER	72237010212	2156006000B770	XPOVIO	Brand
CANCER	72237010305	2156006000B775	XPOVIO	Brand
CANCER	72237010315	2156006000B775	XPOVIO	Brand
CANCER	72237010401	2156006000B780	XPOVIO	Brand
CANCER	72237010411	2156006000B780	XPOVIO	Brand
CANCER	72237010103	2156006000B755	XPOVIO 60 MG TWICE WEEKLY	Brand
CANCER	72237010113	2156006000B755	XPOVIO 60 MG TWICE WEEKLY	Brand
CANCER	72237010104	2156006000B720	XPOVIO 80 MG TWICE WEEKLY	Brand
CANCER	72237010114	2156006000B720	XPOVIO 80 MG TWICE WEEKLY	Brand
CANCER	00469012599	21402430000120	XTANDI	Brand
CANCER	00469062599	21402430000320	XTANDI	Brand
CANCER	00469072560	21402430000340	XTANDI	Brand
ENDOCRINE	50633033002	30903875203020	XURIDEN	Brand
ENDOCRINE	50633033030	30903875203020	XURIDEN	Brand
ENDOCRINE	69468015202	30903875203020	XURIDEN	Brand
ENDOCRINE	69468015230	30903875203020	XURIDEN	Brand
HEMOPHILIA	58394001201	85100010266420	XYNTHA	Brand
HEMOPHILIA	58394001202	85100010266420	XYNTHA	Brand
HEMOPHILIA	58394001301	85100010266430	XYNTHA	Brand
HEMOPHILIA	58394001302	85100010266430	XYNTHA	Brand
HEMOPHILIA	58394001401	85100010266440	XYNTHA	Brand
HEMOPHILIA	58394001402	85100010266440	XYNTHA	Brand
HEMOPHILIA	58394001501	85100010266460	XYNTHA	Brand
HEMOPHILIA	58394001502	85100010266460	XYNTHA	Brand
HEMOPHILIA	58394002203	85100010266420	XYNTHA SOLOFUSE	Brand
HEMOPHILIA	58394002303	85100010266430	XYNTHA SOLOFUSE	Brand
HEMOPHILIA	58394002403	85100010266440	XYNTHA SOLOFUSE	Brand
HEMOPHILIA	58394002503	85100010266460	XYNTHA SOLOFUSE	Brand
HEMOPHILIA	58394001603	85100010266470	XYNTHA SOLOFUSE	Brand
SLEEP DISORDERS	68727010001	62450060202020	XYREM	Brand
SLEEP DISORDERS	68727015001	62459904202020	XYWAV	Brand
ENZYME DEFICIENCIES	42799070915	82700070000120	YARGESA	Generic
CANCER	00003232822	21355232002040	YERVOY	Brand
CANCER	00003232711	21355232002020	YERVOY	Brand
CANCER	71287011901	21651010101820	YESCARTA	Brand
CANCER	71287011902	21651010101820	YESCARTA	Brand
	83257002611	52504070792020	YESINTEK	Brand
	83257002341	9025058578E520	YESINTEK	Brand
	83257002541	9025058578E540	YESINTEK	Brand
	83257002411	90250585782020	YESINTEK	Brand
CANCER	59676061001	21107075002140	YONDELIS	Brand
CANCER	47335040181	21406010250310	YONSA	Brand
	73362010001	3090516000D220	YORVIPATH	Brand
	73362010003	3090516000D220	YORVIPATH	Brand
	73362010101	3090516000D230	YORVIPATH	Brand
	73362010103	3090516000D230	YORVIPATH	Brand
	73362010201	3090516000D240	YORVIPATH	Brand

	73362010203	3090516000D240	YORVIPATH	Brand
AUTOIMMUNE	72606003009	6627001503F530	YUFLYMA 1-PEN KIT	Brand
AUTOIMMUNE	72606002304	6627001503F560	YUFLYMA 1-PEN KIT	Brand
AUTOIMMUNE	72606003010	6627001503F530	YUFLYMA 2-PEN KIT	Brand
AUTOIMMUNE	72606002401	6627001503F820	YUFLYMA 2-SYRINGE KIT	Brand
AUTOIMMUNE	72606003006	6627001503F830	YUFLYMA 2-SYRINGE KIT	Brand
AUTOIMMUNE	72606002307	6627001503F560	YUFLYMA CD/UC/HS STARTER	Brand
	70114022002	6627001509D520	YUSIMRY	Brand
CANCER	00024584001	21335010102020	ZALTRAP	Brand
CANCER	00024584101	21335010102030	ZALTRAP	Brand
CANCER	00703463601	21102030002105	ZANOSAR	Brand
BLOOD MODIFIERS	61314031801	8240152060E530	ZARXIO	Brand
BLOOD MODIFIERS	61314031805	8240152060E530	ZARXIO	Brand
BLOOD MODIFIERS	61314031810	8240152060E530	ZARXIO	Brand
BLOOD MODIFIERS	61314032601	8240152060E540	ZARXIO	Brand
BLOOD MODIFIERS	61314032605	8240152060E540	ZARXIO	Brand
BLOOD MODIFIERS	61314032610	8240152060E540	ZARXIO	Brand
ENZYME DEFICIENCIES	66215020115	82700070000120	ZAVESCA	Brand
ENZYME DEFICIENCIES	66215020190	82700070000120	ZAVESCA	Brand
ENZYME DEFICIENCIES	66215020118	82700070000120	ZAVESCA	Brand
CANCER	69656010330	21535550200120	ZEJULA	Brand
CANCER	00173090913	21535550200320	ZEJULA	Brand
CANCER	00173091213	21535550200330	ZEJULA	Brand
CANCER	00173091513	21535550200340	ZEJULA	Brand
CANCER	50242009002	21532080000320	ZELBORAF	Brand
LUNG DISORDERS	00053720102	45100010102120	ZEMAIRA	Brand
LUNG DISORDERS	00053720202	45100010102140	ZEMAIRA	Brand
LUNG DISORDERS	00053721201	45100010102140	ZEMAIRA	Brand
LUNG DISORDERS	00053720302	45100010102150	ZEMAIRA	Brand
LUNG DISORDERS	00053721301	45100010102150	ZEMAIRA	Brand
HEPATITIS C	00006307401	12359902300320	ZEPATIER	Brand
HEPATITIS C	00006307402	12359902300320	ZEPATIER	Brand
MULTIPLE SCLEROSIS	59572082030	62407050200120	ZEPOSIA	Brand
MULTIPLE SCLEROSIS	59572081007	6240705020B210	ZEPOSIA 7-DAY STARTER PACK	Brand
MULTIPLE SCLEROSIS	59572089028	6240705020B215	ZEPOSIA STARTER KIT	Brand
MULTIPLE SCLEROSIS	59572089091	6240705020B220	ZEPOSIA STARTER KIT	Brand
CANCER	68727071201	21100024002120	ZEPZELCA	Brand
CANCER	72893000704	21358035406420	ZEVALIN Y-90	Brand
BLOOD MODIFIERS	61314086602	8240157005E520	ZIEXTENZO	Brand
BLOOD MODIFIERS	61314086601	8240157005E520	ZIEXTENZO	Brand
	68727095001	21170090012120	ZIIHERA	Brand
	68727095002	21170090012120	ZIIHERA	Brand
OTHER NON-CATEGORIZED	50474099080	8580509520E520	ZILBRYSQ	Brand
OTHER NON-CATEGORIZED	50474099180	8580509520E530	ZILBRYSQ	Brand
OTHER NON-CATEGORIZED	50474099280	8580509520E540	ZILBRYSQ	Brand
CANCER	00069031501	21335020302025	ZIRABEV	Brand
CANCER	00069034201	21335020302030	ZIRABEV	Brand
OTHER NON-CATEGORIZED	73079005030	99463045000120	ZOKINVY	Brand
OTHER NON-CATEGORIZED	73079007530	99463045000130	ZOKINVY	Brand
CANCER	70720095130	21405005102330	ZOLADEX	Brand
CANCER	50090346600	21405005102310	ZOLADEX	Brand
CANCER	70720095036	21405005102310	ZOLADEX	Brand
BONE DENSITY	16714081501	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	16729024231	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	23155017031	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	43598023311	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	43598033011	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	54288010001	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	55111068507	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	55150026605	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	63323096198	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	67457039054	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	68001061025	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	69367019050	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	72603019801	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	83634080105	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	25021080166	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	50742041605	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	68001043725	30042090001320	ZOLEDRONIC ACID	Generic
BONE DENSITY	25021082667	30042090002016	ZOLEDRONIC ACID	Brand
BONE DENSITY	25021082682	30042090002016	ZOLEDRONIC ACID	Brand
BONE DENSITY	70860021051	30042090002016	ZOLEDRONIC ACID	Brand
BONE DENSITY	68001061133	30042090002020	ZOLEDRONIC ACID	Generic

BONE DENSITY	71288080651	30042090002020	ZOLEDRONIC ACID	Generic
BONE DENSITY	72266015201	30042090002020	ZOLEDRONIC ACID	Generic
CANCER	00006056840	21531575000120	ZOLINZA	Brand
GROWTH HORMONES	55566190101	30100020002140	ZOMACTON	Brand
GROWTH HORMONES	55566180101	30100020002121	ZOMACTON	Brand
GROWTH HORMONES	44087338807	30100020102132	ZORBTIVE	Brand
CANCER	61958170101	21538040000320	ZYDELIG	Brand
CANCER	61958170201	21538040000330	ZYDELIG	Brand
CANCER	00078069484	21530514000330	ZYKADIA	Brand
AUTOIMMUNE	72606002501	5250504020F530	ZYMFENTRA 1-PEN	Brand
AUTOIMMUNE	72606002502	5250504020F530	ZYMFENTRA 2-PEN	Brand
AUTOIMMUNE	72606002510	5250504020F830	ZYMFENTRA 2-SYRINGE	Brand
CANCER	79952011001	21351640502120	ZYNLONTA	Brand
BLOOD MODIFIERS	73554311101	82372015101810	ZYNTEGLO	Brand
CANCER	50881000603	21357960202020	ZYNYZ	Brand
CANCER	57894015012	21406010200320	ZYTIGA	Brand
CANCER	57894019506	21406010200330	ZYTIGA	Brand

February 5, 2025

DRUG LIST DURATIONS

Split Fill: Oral Oncology

Overview

Listed are the associated split fills for patients identified as new to therapy and the corresponding max day supply per fill. Drugs are subject to split fill requirements for health plans who have chosen to implement drugs in multiple therapeutic categories ***in addition to*** the core oral oncology Split Fill program.

NOTE: This document contains proprietary and confidential information. No part of this document may be disclosed in any manner to a third party without express consent from Prime Therapeutics, LLC.

Oral Oncology

Drug Name (generic)	NTT Fills	Max Day Supply (per fill)
Afinitor® (everolimus)	4 (2 months)	14
Akeega™ (niraparib and abiraterone acetate)	6 (3 months)	15
Ayvakit (avapritinib)	6 (3 months)	15
Balversa® (erdafitinib)	6 (3 months)	14
Bosulif® (bosutinib)	4 (2 months)	15
Cabometyx® (cabozantinib)	4 (2 months)	15
Calquence® (Acalabrutinib)	6 (3 months)	15
Cometriq® (cabozantinib)	4 (2 months)	15
Copiktra® (duvelisib)	6 (3 months)	14
Danziten™ (nilotinib)	6 (3 months)	14
Daurismo™ (glasdegib)	6 (3 months)	15
Erivedge® (vismodegib)	6 (3 months)	14
Exkivity™ (mobocertinib)	4 (2 months)	15
Gavreto® (pralsetinib)	6 (3 months)	15
Gleevec® (imatinib)	4 (2 months)	15
Iclusig® (ponatinib)	4 (2 months)	15
Inlyta® (axitinib)	2 (1 month)	15

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Inrebic® (fedratinib)	4 (2 months)	15
Iressa® (gefitinib)	4 (2 months)	15
Jakafi® (ruxolitinib)	2 (1 month)	15
Jaypirca™ (pirtobrutinib)	6 (3 months)	15
Krazati® (adagrasib)	6 (3 months)	15
Lazcluze (lazertinib)	6 (3 months)	15
Lenvima® (lenvatinib)	4 (2 months)	15
Lorbrena® (lorlatinib)	4 (2 months)	15
Lumakras™ (sotorasib)	6 (3 months)	15
Lynparza® (olaparib)	2 (1 month)	15
Lytgobi® (futibatinib)	6 (3 months)	15
Nerlynx® (neratinib)	6 (3 months)	15
Nexavar® (sorafenib)	4 (2 months)	15
Nubeqa® (darolutamide)	6 (3 months)	15
Odomzo® (sonidegib)	6 (3 months)	15
Ogsiveo® (nirogacestat)	6 (3 months)	15
Retevmo™ (selpercatinib)	4 (2 months)	15
Rezlidhia™ (olutasidenib)	6 (3 months)	15
Rozlytrek® (entrectinib)	6 (3 months)	15
Rubraca® (rucaparib)	2 (1 month)	15
Sprycel® (dasatinib)	4 (2 months)	15
Sutent® (sunitinib)	4 (2 months)	14
Tagrisso® (osimertinib)	4 (2 months)	15
Talzenna® (talazoparib)	2 (1 month)	15
Tarceva® (erlotinib)	4 (2 months)	15
Targretin® (bexarotene)	4 (2 months)	15
Tasigna® (nilotinib)	4 (2 months)	14/15
Tepmetko® (tepotinib)	4 (2 months)	15
Tibsovo® (ivosidenib)	6 (3 months)	15
Torpenz (everolimus)	4 (2 months)	15

Verzenio® (abemaciclib)	4 (2 months)	14
Vitrakvi® (larotrectinib)	6 (3 months)	15
Vizimpro® (dacomitinib)	4 (2 months)	15
Votrient® (pazopanib)	2 (1 month)	15
Welireg™ (belzutifan)	6 (3 months)	15
Xalkori® (crizotinib)	4 (2 months)	15
Xospata® (gilteritinib)	6 (3months)	15
Xpovio® (selinexor)	6 (3 months)	14
Xtandi® (enzalutamide)	4 (2 months)	15
Yonsa® (abiraterone)	4 (2 months)	15
Zejula® (niraparib)	2 (1 month)	15
Zolinza® (vorinostat)	4 (2 months)	15
Zykadia® (ceritinib)	4 (2 months)	15
Zytiga® (abiraterone)	4 (2 months)	15

Deloitte.

Blue Cross Blue Shield of Nebraska, Inc. (BCBSNE)

Health Insurance Portability and Accountability Act (HIPAA) Privacy Program Risk Assessment

August 30th, 2024

This document is intended solely for the informational purposes and internal use of Blue Cross Blue Shield of Nebraska (BCBSNE) and is not intended to be and should not be used by any other person or entity. No other person or entity is entitled to rely, in any manner or for any purpose, on this document.

Table of Contents

Internal Audit (IA) Canvas	3
Broad Point of View (POV)	4
POV | Enhancement Opportunities, Highlighted Risks, and Recommendations	5

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INTERNAL AUDIT CANVAS | Privacy Program Risk Assessment

1| Value Proposition

- **Internal Audit (IA):** The objective of this audit is to evaluate BlueCross BlueShield Nebraska's (BCBSNE) Health Insurance Portability and Accountability Act (HIPAA) privacy program and its ability to fulfill regulatory requirements, effectively mitigate privacy risks, and monitor for changes in regulatory environment.

2| Project Drivers

- Based on a Federal Employee Program audit finding, BCBSNE would like to get an objective evaluation of their HIPAA privacy risk management program and its effectiveness in mitigating privacy risks including monitoring of the privacy regulatory landscape to make appropriate program enhancements
- Periodic assessments of the privacy risk management program's risk posture are essential for the effectiveness of a privacy risk management strategy that aligns with the broader organizational risk tolerances.

3| Cross-Functional Impact

Relevant Applications

- N/A

Relevant business segments / processes

- Privacy/Legal
- IT
- Risk Management

4| Key Stakeholders

- Kerry Kremke, Vice President, Enterprise Risk, Information Security and Privacy
- Jeff Morrissette, CISO, Director of Information Security and Privacy
- Philip Kosloske, Privacy and Compliance Analyst

5| Internal Audit Team

- Lauren Shaw: Principal
- Kat Czarnecki: Manager
- Eric Bowlin: SME – Partner
- Jimmy Firth: SME – Manager

6| Use of Analytics

- N/A

7| Project Objectives & Scope

- Review of up to thirty (30) documents (e.g., policies, standards, procedures, training) and conduct up to ten (10) interviews to assess BCBSNE HIPAA privacy risk posture and practices including:
    - Regulatory monitoring capabilities
    - HIPAA privacy rule alignment
    - Adoption of HIPAA privacy procedures across the BCBSNE organization
    - Incorporation of periodic privacy risk assessment results into privacy program strategy
- Assess HIPAA privacy risk management capabilities through interviews, documentation reviews, and privacy risk assessment framework
- Identify areas for enhancement within the BCBSNE privacy risk management program to inform future strategic planning

8| Risk & Control Backlog

N/A

9| Audit Timeline

- Audit timeline – Q3/Q4 2024

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COST Proposal Response for RFP 122436 O5

Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans

Self-Funded Medical Administration

Effective Date July 1, 2026

Submitted Online To:
State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB)

COST PROPOSAL

Table of Contents

SECTION	Description
COST SHEET.....	• Self-Funded Administrative Services Fees
Net Savings Guarantee.....	• **See PROPRIETARY RESPONSE**
PBM Pricing Guarantees.....	• **See PROPRIETARY RESPONSE** *(Originally Included within COST SHEET File)*
Pharmacy Guarantees.....	• **See PROPRIETARY RESPONSE** *(BCBSNE's Exhibit with Criteria)*
Pharmacy Repricing File.....	• **See PROPRIETARY RESPONSE**

COST SHEET

SOLICITATION NUMBER 122436 O5

Pharmacy Benefit Management Services Fees

Bidder: Blue Cross and Blue Shield of Nebraska / Prime

Financial Proposal Work Sheet: Enter the per Member per Month (PMPM) fees for Section I - Standard Services below for the plan designs currently in place.
Fees on any other basis, (i.e., as a percentage of claims, on a per claim basis or a combination) will NOT be considered. The ASO Fees are to be guaranteed for the three (3) year contract period. Any ancillary service relating to the administration of the health plan not specifically identified in bidder's proposal is assumed to be included in the ASO fee. All services covered under the fee should be listed. **IF THE FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.** Enrollment figures represent estimated counts.

	Initial Contract Term			1st Option Year	2nd Option Year
Section I - Pharmacy Benefit Management Services Fees	Year 1	Year 2	Year 3	Year 4	Year 5
	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees	Estimated Number of Enrolled Employees
Number of Enrolled Members =>	28,386	28,386	28,386	28,386	28,386
PBM Fees per Member per Month (PMPM)	$0.72	$0.72	$0.72	$0.72	$0.72
Pharmacy Benefit Management and Administration Fee					
Toll Free Phone Lines					
Monthly Data Feeds to Fund or Designee(s)					
Prospective /Concurrent/Retro DUR					
Standard Reports					
Ad Hoc Reports					
COB Program					
First Level Appeals					
Second Level Appeals					
Urgent Appeals					
Formulary and Rebate Administration					
Prior Authorization Program					
Fraud and Abuse Program					
Step Therapy Program					
Quantity Limitations					
Dose Optimization					
Medication Management					
Custom System Overrides					
Manual Claim Processing					
Annual EOB Statements					
Retro Termination Letters					
Member-submit Claims					
Drug Notification Letters					
Member Formulary Guides					
Member ID Cards					
Member Mailing Postage					
Enrollment Packet Mailing					
Audit Recovery Fees					
E-Prescribing					
Vaccine Services					
Section I - Standard Services MONTHLY TOTAL	$20,437.92	$20,437.92	$20,437.92	$20,437.92	$20,437.92

		Initial Contract Term			1st Option Year	2nd Option Year
Section II - Credits/Allowances		Year 1	Year 2	Year 3	Year 4	Year 5
Indicate your willingness to offer the listed credits/allowances ("Y/N"). If "Y", then indicate the annual dollar amount of the credit/allowance for each plan year.		Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population
Description	Y/N	28,386	28,386	28,386	28,386	28,386
One-time Implementation Credit	Y	$150,000.00	$0.00	$0.00	$0.00	$0.00
General Pharmacy Program Management - including communication expenses, clinical programs, consulting fees or be used as a credit against claim invoices.	Y	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00
Other . . .						
Section II - Credits/Allowances ANNUAL TOTAL		$300,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00

		Initial Contract Term			1st Option Year	2nd Option Year
Section III - Additional and/or Optional Programs/Services		Year 1	Year 2	Year 3	Year 4	Year 5
List and describe any additional and/or optional services proposed, the associated administration charges, and the average expected monthly total for each service. Add lines, as needed to accommodate all fees. ***Note: This section will not count toward Evaluation Scoring.***		Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population	Self-Funded Population
Service Description	Service Fee and Structure (PSPM, PMPM, X% of Savings, etc.)	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total	Estimated Monthly Total
FlexAccess	20% of Savings	$51,079.87	$51,079.87	$51,079.87	$51,079.87	$51,079.87
HighTouchRx	$0.20 PMPM	$68,126.40	$68,126.40	$68,126.40	$68,126.40	$68,126.40
GuidedHealth	$0.50 PEPM	$80,694.00	$80,694.00	$80,694.00	$80,694.00	$80,694.00
Formulary Management Services	$150,000 per year	$150,000.00	$150,000.00	$150,000.00	$150,000.00	$150,000.00
Custom Pharmacy Network	$10,000 per network per year	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00
Section III - Additional/Optional Services MONTHLY TOTAL		$359,900.27	$359,900.27	$359,900.27	$359,900.27	$359,900.27

BlueCross BlueShield Nebraska

PROPRIETARY Response
RFP 122436 O5

Administrative Support Services for the State of Nebraska Employee Health Care Prescription Drug Benefit Plans

Self-Funded Pharmacy Administration

Effective Date July 1, 2026

Submitted Online To:
State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB)

PROPRIETARY RESPONSE

Table of Contents

SECTION	Description
Net Savings Guarantee.....	• Savings Guarantee with PDL25 Formulary
PBM Pricing Guarantees.....	• Originally Included on COST SHEET File
Pharmacy Guarantees.....	• BCBSNE's Exhibit with Criteria
Pharmacy Repricing File.....	• Full Repriced Pharmacy Data File

PROPRIETARY DOCUMENT	Description
Net Savings Guarantee	Savings Guarantee with PDL25 Formulary
BCBSNE will accept this document being changed from proprietary to non-proprietary.	

PBM Pricing Guarantees	Guaranteed Pharmacy Discounts and Minimum Rebates *(State of Nebraska Form)*
These materials contain information that constitute a trade secret and contains proprietary and confidential commercial information under Nebraska Revised Statute 84-712.05(3), which if released would give advantage to business competitors and serves no public purpose, in addition to BCBSNE owing confidentiality obligations to its Pharmacy Benefit Manager, Prime Therapeutics, which owns the information and materials at issue. Specifically, disclosing these discount guarantees offered by BCBSNE and Prime Therapeutics would serve no public purpose, and would inform BCBSNE and Prime's direct, national competitors (such as UHC, Aetna, Medica, etc.) of the precise guarantees it has proposed to the State, which would allow them an unfair business advantage as BCBSNE and Prime seeks to responds to Requests for Proposals for other plans.	

Pharmacy Guarantees	Guaranteed Pharmacy Discounts and Minimum Rebates *(BCBSNE Form with Criteria)*
These materials contain information that constitute a trade secret and contains proprietary and confidential commercial information under Nebraska Revised Statute 84-712.05(3), which if released would give advantage to business competitors and serves no public purpose, in addition to BCBSNE owing confidentiality obligations to its Pharmacy Benefit Manager, Prime Therapeutics, which owns the information and materials at issue. Specifically, disclosing these discount guarantees offered by BCBSNE and Prime Therapeutics would serve no public purpose, and would inform BCBSNE and Prime's direct, national competitors (such as UHC, Aetna, Medica, etc.) of the precise guarantees it has proposed to the State, which would allow them an unfair business advantage as BCBSNE and Prime seeks to responds to Requests for Proposals for other plans.	

Pharmacy Repricing File	Full Repriced Pharmacy Data File

These materials contain information that constitute a trade secret and contains proprietary and confidential commercial information under Nebraska Revised Statute 84-712.05(3), which if released would give advantage to business competitors and serves no public purpose, in addition to BCBSNE owing confidentiality obligations to its Pharmacy Benefit Manager, Prime Therapeutics, which owns the information and materials at issue. Specifically, disclosing these discount guarantees offered by BCBSNE and Prime Therapeutics would serve no public purpose, and would inform BCBSNE and Prime's direct, national competitors (such as UHC, Aetna, Medica, etc.) of the precise guarantees it has proposed to the State, which would allow them an unfair business advantage as BCBSNE and Prime seeks to responds to Requests for Proposals for other plans.

This information is proprietary as we are communicating our Prime pharmacy discounts on a LINE-BY-LINE BASIS, which provides full details on prescription contracted discounts. Discounts are based on our contractual agreements with pharmaceutical providers, which are confidential and would be detrimental to our business if our competitors were able to view these confidential discounts, as outlined above.

Net Savings Guarantee

A combination of pharmacy solutions that work together to help you achieve lowest net drug cost

Prime has developed a market-competitive PMPM cost containment guarantee aimed at providing greater cost predictability and an extra layer of protection beyond traditional discount and rebate guarantees. Prime's Net Savings Guarantee offering combines high performing clinical and trend management programs that work together to help clients achieve true lowest net drug cost, cutting through vulnerabilities of typical discount and rebate terms.

Our market-leading tools are powered by data-centric models and transparent methodologies to identify client specific opportunities and project savings. Through our Net Savings Guarantee offerings we demonstrate how our innovative products/services, available only through Prime+Blue, focus on mitigating true cost drivers for our clients. This guarantee puts real dollars at risk against achieving positive results.

We are pleased to offer State of Nebraska a Net Savings Guarantee of **$8.00 per member per month** for one year beginning July 2026. The implementation of the following products are required:

PDL25 Formulary
Standard Utilization Management
FlexAccess™
GuidedHealth®
MedsYourWay - Retail
IntegratedRx Oncology
Advanced Fraud Waste & Abuse
HighTouchRx

Within 180 days after the guaranteed plan year, actual savings performance for the programs included will be reported and reconciled against this guarantee. Prime will pay a penalty to State of Nebraska for a shortfall against this guarantee **up to $1,000,000** based on the payout tiering below. State of Nebraska will retain any overperformance realized above the target guarantee.

Target Savings	**$ 8.00**
	Penalty $
Actual Savings Realized >=$8.00 PMPM	No Penalty
Actual Savings Realized between $6.00 - $7.99 PMPM	$ 100,000
Actual Savings Realized between $4.00 - $5.99 PMPM	$ 300,000
Actual Savings Realized between $2.00 - $3.99 PMPM	$ 600,000
Actual Savings Realized <=$1.99 PMPM	$ 1,000,000

$8.00 PMPM

Guaranteed Savings From (7/1/26 - 6/30/27)

Additional Requirements & Stipulations

Guarantees will be calculated as described in this Addendum and the PBM Exhibit to the Administrative Services Agreement. If Net Savings Guarantee is adopted by client, any other product specific guarantees no longer apply.
Minimum 3-tier plan design with incentivized cost share required.
90-day co-pay must be a minimum of 2.5x or greater than 30-day.
Specialty drug utilization management cannot be carved out to a 3rd party.
30-day supply limit on specialty medication required.
Net Savings Guarantee performance measurement starts after Transition Fills, where applicable.

State of Nebraska must provide baseline data & eligibility (performance period year -1).

BCBSNE reserves the right to void or adjust Net Savings Guarantee in the event of:

- Client initiated changes to plan design, formulary or pharmacy benefits;
- The client failing to implement, maintain, or satisfy the terms and conditions of the Net Savings Guarantee offering;
- Less than 60% of eligible members opt in, or less than 60% of eligible claims adjudicate with FlexAccess;
- A 10% or greater change from the baseline year (7/1/2025 - 6/30/2026) to the guarantee performance year (7/1/2026 - 6/30/2027), in State of Nebraska drug mix, channel mix, total membership, or claim volume;
- A government imposed or industry wide change that impacts the ability to receive rebates or discounts from pharmaceutical manufacturers;
- An external event or industry change impacting performance, any change in law or regulation, change in the interpretation of any law or regulation, government action, or any action by a pharmaceutical manufacturer that has an adverse effect on the economics of the Net Savings Guarantee offering;
- A change in market dynamics impacting manufacturer coupon programs or manufacturer changes to the value available through these programs.

Claim savings resulting from PDL25 Formulary (formulary drug list) and UM utilization shifts based on persistent membership between the baseline and measurement periods.

FlexAccess:

- Implementation of Prime standard FlexAccess program drug list is required
- Savings are based on claim data provided in the RFP.
- FlexAccess program and associated savings are applicable to non-HDHP and HDHP designs.

COST SHEET
SOLICITATION NUMBER 122436 O5
PBM Pricing Guarantees

Bidder: **BCBS Nebraska**

Prescription Drug Pricing and Rebates:
AWP Reimbursement Basis—Complete the following table using the drug reimbursement that your organization is willing to guarantee, on a dollar-for-dollar basis, for each year of the contract. Columns marked "AWP Discount" are to be completed using a discount from 100% AWP and dispensing fee logic. All guarantees must be based on the AWP unit cost dispensed at the point of sale, and post September 26, 2009 AWP rollback, including usual & customary and zero-balance claims prior to the impact of member cost sharing. Generic discount guarantee must include all single-source as well as multi-source generic drugs.

The aggregate brand discount guarantee for specialty drugs should include biosimilar specialty drugs. In addition to the aggregate specialty drug discount and rebate guarantees, please provide separately a list of all specialty drugs and their individual discount guarantees.

Specialty drug pricing must be based on an open (non-exclusive) basis.

	Self-Funded Population		
	Pharmacy Network		
Guaranteed Pricing for Non-Specialty Medications			
Channel	**Retail**	**Retail**	**Mail**
Day Supply (DS)	**</=30 DS**	**31 - 90 DS**	**>0 DS**
AWP Discount for All Brands			
Year 1	20.70%	25.25%	22.50%
Year 2	20.75%	25.30%	22.50%
Year 3	20.80%	25.35%	22.50%
Year 4	20.80%	25.35%	22.50%
Year 5	20.80%	25.35%	22.50%
AWP Discount for All Generics Including Single-Source			
Year 1	85.55%	89.45%	90.85%
Year 2	85.65%	89.55%	90.95%
Year 3	85.75%	89.65%	91.05%
Year 4	85.75%	89.65%	91.05%
Year 5	85.75%	89.65%	91.05%
Dispensing Fee/Rx			
Year 1	$0.15	$0.00	$0.00
Year 2	$0.15	$0.00	$0.00
Year 3	$0.15	$0.00	$0.00
Year 4	$0.15	$0.00	$0.00
Year 5	$0.15	$0.00	$0.00

	Specialty Pharmacy		
Guarantee Pricing for Specialty Medications			
Channel	**Retail**	**Retail**	**Mail**
Day Supply (DS)	**</=30 DS**	**31 - 90 DS**	**>0 DS**
AWP Discount for All Brands			
Year 1	26.00%	26.00%	26.00%
Year 2	26.00%	26.00%	26.00%
Year 3	26.00%	26.00%	26.00%
Year 4	26.00%	26.00%	26.00%
Year 5	26.00%	26.00%	26.00%
AWP Discount for All Generics			
Year 1	26.00%	26.00%	26.00%
Year 2	26.00%	26.00%	26.00%
Year 3	26.00%	26.00%	26.00%
Year 4	26.00%	26.00%	26.00%
Year 5	26.00%	26.00%	26.00%
Dispensing Fee/Rx			
Year 1	$0.00	$0.00	$0.00
Year 2	$0.00	$0.00	$0.00
Year 3	$0.00	$0.00	$0.00
Year 4	$0.00	$0.00	$0.00
Year 5	$0.00	$0.00	$0.00
Rebates & Other Manufacturer Revenue			
%-Share	**100%**		
Guaranteed Minimum Per Brand Claim Rebate Guarantees -- PDL 10			
Non-Specialty Medications			
Year 1	$381.44	$617.65	$569.86
Year 2	$414.31	$665.95	$617.46
Year 3	$444.05	$709.40	$656.11
Year 4	$474.10	$756.40	$698.51

Year 5	$500.60	$795.04	$735.12
Specialty Medications			
Year 1	$3,543.56	$3,543.56	$3,543.56
Year 2	$3,633.22	$3,633.22	$3,633.22
Year 3	$3,695.75	$3,695.75	$3,695.75
Year 4	$3,760.68	$3,760.68	$3,760.68
Year 5	$3,847.75	$3,847.75	$3,847.75

Guaranteed Minimum Per Brand Claim Rebate Guarantees -- PDL 25			
Non-Specialty Medications			
Year 1	$414.98	$701.42	$637.47
Year 2	$450.30	$758.82	$689.30
Year 3	$481.96	$808.94	$730.79
Year 4	$511.84	$854.54	$772.82
Year 5	$539.15	$896.99	$812.38
Specialty Medications			
Year 1	$2,324.22	$2,324.22	$2,324.22
Year 2	$2,534.80	$2,534.80	$2,534.80
Year 3	$2,698.97	$2,698.97	$2,698.97
Year 4	$2,862.89	$2,862.89	$2,862.89
Year 5	$3,043.42	$3,043.42	$3,043.42