

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Value Formulary

July 1, 2022 Updates

| Drug Name | Current (tier and edit) | As of 07/01/22 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|---|---|---|--------------------------------|--------------------|---------------------------|
| adapal/ben p gel 0.3-2.5% (Brand: Epiduo® Forte) | G + AL (Max Age 25) | No Change (New Generic) | | Generic Addition | No Change | 12/02/21 |
| azathioprine tab 75mg, 100mg (Brand: Azasan®) | G | No Change (New Generic) | | Generic Addition | No Change | 10/18/21 |
| carglumic tab 200mg (Brand: Carbaglu®) | G/SP* + PA | No Change | | Generic Addition | No Change | 12/06/21 |
| everolimus tab 10mg (Brand: Afinitor®) | G/SP* + PA | No Change (New Generic) | | Generic Addition | No Change | 10/11/21 |
| everolimus tab 1mg (Brand: Zortress®) | G | No Change (New Generic) | | Generic Addition | No Change | 10/29/21 |
| everolimus tab for oral susp 2mg, 3mg, 5mg (Brand: Afinitor®) | G/SP* + PA | No Change (New Generic) | | Generic Addition | No Change | 10/11/21 |
| naloxone hcl spr (Brand: Narcan®) | G + QL (6 per 30 days) | No Change (New Generic) | | Generic Addition | No Change | 12/27/21 |
| zolmitriptan spr 5mg (Brand: Zomig®) | G + PA + QL + AL (9 per 30 days and Min Age 12) | No Change (New Generic) | | Generic Addition | No Change | 11/01/21 |
| dexlansoprazole cap 30mg, 60mg DR (Brand: Dexilant®) DR | NPD + PA + QL (2 per day) | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 12/27/21 |
| ezetimibe-rosuvastatin tab (Brand: Roszet®) | NF | No Change (New Authorized Generic) | Generic HMG coa reductase inhibitors | Authorized Generic Addition | No Change | 10/04/21 |

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| Drug Name | Current (tier and edit) | As of 07/01/22 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|--|--|--|--|--------------------------------|-------------|----------------|
| fenofibrate micronized cap 30mg, 90mg (Brand: Antara®) | NPD | No Change (New Authorized Generic) | | Authorized Generic Addition | No Change | 11/01/21 |
| LymePak™ Tab 100mg | NF | No Change (New Drug) | Generic alternatives (doxycycline, minocycline, tetracycline) | No Change | No Change | 11/01/21 |
| Oxy-Acetamin Tab 7.5-300mg | NF + QL + MME (6 per day) | No Change (New Drug) | Generic oxycodone/APAP | No Change | No Change | 12/06/21 |
| Besremi® Sol 500mcg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 11/29/21 |
| Epclusa® Pak 150-37.5mg | PB/SP* + PA + QL + D/S (1 per day; 84-day supply per 180 days) | No Change (New Drug) | | No Change | No Change | 11/01/21 |
| Epclusa® Pak 200-500mg | PB/SP* + PA + QL + D/S (2 per day; 84-day supply per 180 days) | No Change (New Drug) | | No Change | No Change | 11/01/21 |
| Eprontia™ Sol 25mg/ml | NF | No Change (New Drug) | | No Change | No Change | 11/15/21 |
| Insulin Glar Sol/Inj 100u/ml | NF + QL (2ml per day) | No Change (New Drug) | Lantus® or Toujeo® | No Change | No Change | 10/04/21 |
| Livmarli™ Sol 9.5mg/ml | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 10/04/21 |
| Mavyret® Pak 50-20mg | PB/SP* + PA + QL + D/S (5 per day; 56-days supply per 180 days) | No Change (New Drug) | | No Change | No Change | 11/01/21 |
| Qulipta™ Tab | NF + QL (1 per day) | No Change (New Drug) | | No Change | No Change | 11/01/21 |
| Scemblix® Tab 40mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 11/08/21 |

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| Drug Name | Current (tier and edit) | As of 07/01/22 (tier and edit) | Formulary Alternatives | Tier Change | Edit Change | Effective Date |
|---|------------------------------|-----------------------------------|---------------------------|----------------|-------------|-------------------|
| Semglee® Sol/Inj 100u/ml | NF + QL (2ml per day) | No Change (New Drug) | Lantus® or Toujeo® | No Change | No Change | 10/04/21 |
| Sertraline Cap 150mg, 200mg | NF | No Change (New Drug) | Generic antidepressants | No Change | No Change | 10/18/21 |
| Skytrofa® Inj | NF/SP* | No Change (New Drug) | | No Change | No Change | 10/18/21 |
| Tavneos™ Cap 10mg | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 10/18/21 |
| Voxzogo™ Inj | NPD/SP* + PA | No Change (New Drug) | | No Change | No Change | 12/06/21 |
| Vuity™ Sol 1.25% OP | NPD + PA | No Change (New Drug) | | No Change | No Change | 11/22/21 |
| Ajovy® Solution Auto-Injector/ Prefilled Syringe 225mg/1.5ml SC | NF | PB + PA | | Brand Addition | No Change | 07/01/22 |
| Depen® Titratabs Tab 250mg | NPD/SP* | PB/SP* | | Brand Downtier | No Change | 07/01/22 |
| Oriahnn® Cap Therapy Pack 300-1-0.5 & 300mg | NPD + PA | PB + PA | | Brand Downtier | No Change | 07/01/22 |
| Orilissa® Tab 150mg | NPD + PA + QL (1 per day) | PB + PA + QL (1 per day) | | Brand Downtier | No Change | 07/01/22 |
| Orilissa® Tab 200mg | NPD + PA + QL (2 per day) | PB + PA + QL (2 per day) | | Brand Downtier | No Change | 07/01/22 |
| Imvexxy® Maintenance Pack Insert Vaginal | NF | PB | | Brand Addition | No Change | 07/01/22 |
| Imvexxy® Starter Pack Insert Vaginal | NF | PB | | Brand Addition | No Change | 07/01/22 |
| Myfembree® Tab 40-1-0.5mg | NF | PB + PA | | Brand Addition | No Change | 07/01/22 |
| Kloxxado™ Liquid 8mg/0.1ml Nasal | NF + QL (6 per 30 days) | PB/ACA + QL (6 per 30 days) | | Brand Addition | PA Removal | 07/01/22 |
| Zegalogue® Solution Auto-Injector/Prefilled Syringe 0.6mg/0.6ml | NF | PB | | Brand Addition | PA Removal | 07/01/22 |

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|--|--------------------------------|--------------------------------------|--|----------------|-------------|-------------------|
| Tyrvaya™ Sol 0.03mg | NF + QL (8.4ml per 30 days) | NPD + QL + PA (8.4ml per 30 days) | Restasis® multidose and Xiidra® | Brand Addition | No Change | 07/01/22 |
| Annovera® Ring 0.013-0.15mg/24hr Vaginal | NF + QL (1 per 365 days) | NPD + QL (1 per 365 days) | | Brand Addition | No Change | 07/01/22 |
| Banzel™ Suspension 40mg/ml | NF + AL (Max Age 12) | NF | | No Change | AL Removal | 07/01/22 |
| rufinamide suspension 40mg/ml | G + PA + AL (Max Age 12) | G + PA | | No Change | AL Removal | 07/01/22 |
| Emgality® Solution Prefilled Syringe/Auto-Injector | PB + PA | NPD + PA | | Brand Uptier | No Change | 07/01/22 |
| Afinitor® Tab | NPD/SP* + PA | NF/SP* | | Brand Deletion | No Change | 07/01/22 |
| Azasan® Tab | NPD | NF | | Brand Deletion | No Change | 07/01/22 |
| Bystolic® Tab | PB | NF | | Brand Deletion | No Change | 07/01/22 |
| Carbaglu® Tab 200mg | NPD/SP* + PA | NF/SP* | | Brand Deletion | No Change | 07/01/22 |
| Chantix® Tab 0.5mg, 1mg | NPD/ACA + QL (2 per day) | NF + QL (2 per day) | | Brand Deletion | No Change | 07/01/22 |
| Durezol® Emu 0.05% | NPD | NF | | Brand Deletion | No Change | 07/01/22 |
| Gvoke HypoPen® 2-Pack Solution Auto-Injector Subcutaneous | PB | NF | One of the following: Glucagon (Fresenius), Baqsimi®, Zegalogue® | Brand Deletion | No Change | 07/01/22 |
| Gvoke® Kit Inj 1mg/0.2ml | PB | NF | One of the following: Glucagon (Fresenius), Baqsimi®, Zegalogue® | Brand Deletion | No Change | 07/01/22 |
| Gvoke® Kit Solution 1mg/0.2ml Subcutaneous | PB | NF | One of the following: Glucagon (Fresenius), Baqsimi®, Zegalogue® | Brand Deletion | No Change | 07/01/22 |
| Gvoke® PFS Solution Prefilled Syringe Subcutaneous | PB | NF | One of the following: Glucagon (Fresenius), Baqsimi®, Zegalogue® | Brand Deletion | No Change | 07/01/22 |
| Paxil® Sus 10mg/5ml | NPD | NF | | Brand Deletion | No Change | 07/01/22 |
| Sutent® Cap | NPD/SP* + PA | NF/SP* | | Brand Deletion | No Change | 07/01/22 |

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| Zortress® Tab | NPD | NF | | Brand Deletion | No Change | 07/01/22 |
| Alocril™ Solution 2% Ophthalmic | NPD | NPD + PA | Following generics: azelastine, cromolyn sodium, epinastine, olopatadine | No Change | PA Addition | 07/01/22 |
| Alrex® Suspension 0.2 % Ophthalmic | NPD | NPD + PA | Generics: azelastine, cromolyn sodium, epinastine, olopatadine | No Change | PA Addition | 07/01/22 |
| Angeliq® Tab | NPD | NPD + PA | Generic estrogen-progestin combination (e.g., estradiol-norethindrone acetate, Jinteli® , Mimvey®) | No Change | PA Addition | 07/01/22 |
| Betoptic-S® Suspension 0.25% ophthalmic | NPD | NPD + PA | Generic ophthalmic beta blockers (e.g., timolol, betaxolol, levobunolol) | No Change | PA Addition | 07/01/22 |
| Cardura® [XL] Tab | NPD | NPD + PA | Generic alpha blockers (e.g., alfuzosin, doxazosin, tamsulosin, prazosin, terazosin) | No Change | PA Addition | 07/01/22 |
| Lucemyra™ Tab 0.18mg | NPD + QL + D/S (16 per day; max two- 14 day fills per 365 days) | NPD + QL + D/S + PA (16 per day; max two- 14 day fills per 365 days) | Generic clonidine | No Change | PA Addition | 07/01/22 |
| Millipred™ Tab 5mg | NPD | NPD + PA | Generic oral corticosteroid (e.g., hydrocortisone, methylprednisolone) | No Change | PA Addition | 07/01/22 |
| Neupro® Patch Transdermal | NPD | NPD + PA | Generic pramipexole and ropinirole | No Change | PA Addition | 07/01/22 |
| Oxytrol® Patch Twice Weekly 3.9mg/24hr Transdermal | NPD | NPD + PA | Generic alternatives (e.g., solifenacin, oxybutynin, tolterodine, etc.) | No Change | PA Addition | 07/01/22 |
| Phoslyra® Solution 667mg/5ml | NPD | NPD + PA | Generic calcium acetate | No Change | PA Addition | 07/01/22 |
| Pramosone® Cream/Lotion | NPD | NPD + PA | Prescription strength generic topical steroids | No Change | PA Addition | 07/01/22 |

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| Texacort® Solution 2.5% | NPD | NPD + PA | Prescription strength generic topical steroids | No Change | PA Addition | 07/01/22 |
| clemastine fumarate syrup 0.67mg/5ml | G | NPD + PA | Both of the following: 2 second-generation generic antihistamine and generic clemastine fumarate tablet | Generic Uptier | PA Addition | 07/01/22 |
| Novolin® 70/30 FlexPen Relion™ Suspension Pen-Injector (70-30) 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolin® 70/30 Relion™ Suspension (70-30) 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolin® N FlexPen Relion™ Suspension Pen-Injector 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolin® N Relion™ Suspension 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolin® R FlexPen Relion™ Solution Pen-Injector 100 unit/ml Injection | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolin® R Relion™ Solution 100 unit/ml Injection | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolog® 70/30 FlexPen Relion™ Suspension Pen-Injector (70-30) 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolog® FlexPen Relion™ Solution Pen-Injector 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Novolog® Mix 70/30 Relion™ Suspension (70-30) 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |

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| Novolog® Relion™ Solution 100 unit/ml Subcutaneous | PB + QL (2ml per day) | NPD + QL + PA (2ml per day) | One of the following: Novolog® or Novolin® | Brand Uptier | PA Addition | 07/01/22 |
| Brexafemme® Tab 150mg | NF | NPD + QL + PA (4 per 28 days) | Generic fluconazole | Brand Addition | QL Addition | 07/01/22 |
| Livtency™ Tab 200mg | NF | NPD + PA + QL + D/S (4 per day; 56 days per 180 days) | Minimum 2 weeks duration or inability to tolerate one of the following: ganciclovir, valganciclovir, foscarnet, cidofovir | No Change | QL Addition D/S Addition | 07/01/22 |
| Elyxyb™ Sol 120mg/4.8ml | NF | NF + QL (4.8ml per day) | Generic prescription strength NSAIDs | No Change | QL Addition | 07/01/22 |
| Opzelura™ Cream 1.5% | NF/SP* | NF/SP* + QL (240g per 28 days) | | No Change | QL Addition | 07/01/22 |
| Rezurock™ Tab 200mg | NPD/SP* + PA | NPD/SP* + PA + QL (1 per day) | | No Change | QL Addition | 07/01/22 |
| Scemblix® Tab 20mg | NPD/SP* + PA | NPD/SP* + PA + QL (2 per day) | | No Change | QL Addition | 07/01/22 |
| Azstarys™ Cap | NF + QL (1 per day) | NF + QL (1 per day; cumulative stimulant limit 53.3mg per day) | Generic ADHD stimulants (e.g., methylphenidate, amphetamine, etc) | No Change | Cumulative Stimulant Limit Addition | 07/01/22 |
| diclofenac tab 25mg | G + PA | Excluded | Generic NSAID | Generic Deletion | No Change | 07/01/22 |
| Lofena™ Tab 25mg | NPD + PA | Excluded | Generic NSAID | Brand Deletion | No Change | 07/01/22 |

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Abbreviation Key

| | |
|---|--|
| G | Generic |
| LCG | Low Cost Generic. Benefit may vary; not all plans provide this incentive. |
| ACA | Affordable Care Act preventative drugs |
| PB | Preferred Brand |
| NPD | Non-Preferred Drug |
| SP | Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier. |
| NF | Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request. |
| PA | Prior Authorization is required. |
| MME | Morphine Milligram Equivalent |
| D/S | Days Supply Limit |
| QL | Quantity Limit |
| AL | Age Limit |
| Generic Addition | A generic drug that recently became available in the marketplace |
| Generic Downtier | This generic drug will be covered at the appropriate preferred drug level of cost-sharing. |
| Generic Uptier | This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Authorized Generic Addition | An authorized generic drug that recently became available in the marketplace |
| Authorized Generic Uptier | Authorized generics are brand drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand name drug company, or another company with the brand company's permission. Unlike a standard generic drug, the authorized generic is not approved by the Food and Drug Administration (FDA) abbreviated new drug application process (ANDA). This authorized generic drug will be covered at a higher level of cost-sharing similar to other brand name drugs. |
| Brand Downtier | These brand drugs were added to the formulary as of the date indicated and are covered at the appropriate preferred brand formulary level of cost-sharing. |
| Brand Uptier | These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing. |
| Brand Addition | Coverage was added to this drug. |
| Brand/Authorized Generic/ Generic Deletion | Coverage was removed from this drug. Formulary alternatives are available. |

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