

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program
October 1, 2020 Updates

Drug Name	Current (tier and edit)	As of 10/01/20 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tiadylt cap (Brand: Tiazac®)	G/LCG	No Change (New Generic)		Generic Addition	No Change	02/03/20
oxycodone-apap tab 2.5-300mg (Brand: Nalocet®)	G + QL + D/S + MME (12 tabs per day, two 5-day supply in 60 days)	No Change (New Generic)		Generic Addition	No Change	02/10/20
moxifloxacin sol 0.5% (Brand: Moxexa™)	G	No Change (New Generic)		Generic Addition	No Change	02/24/20
albuterol aer HFA (Brand: ProAir® HFA)	G + QL (2 per 30 days)	No Change (New Generic)		Generic Addition	No Change	03/02/20
naproxen-esomeprazole tab 375-20mg, 500-20mg (Brand: Vimovo®)	Excluded	No Change (New Generic)		No Change	No Change	03/02/20
azelastine/fluticasone spray 137-50 (Brand: Dymista®)	G + PA	No Change (New Generic)		Generic Addition	No Change	03/09/20
everolimus tab 0.25mg, 0.5mg, 0.75mg (Brand: Zortress®)	G	No Change (New Generic)		Generic Addition	No Change	03/16/20
pyrimethamin tab 25mg (Brand: Daraprim®)	G/SP*	No Change (New Generic)		Generic Addition	No Change	03/23/20
diazoxide suspension 50mg/ml (Brand: Proglycem®)	G	No Change (New Generic)		Generic Addition	No Change	03/30/20

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buprenorphine dis 7.5/hr (Brand: Butrans®)	G + PA + QL (4 per 28 days)	No Change (New Generic)		Generic Addition	No Change	04/27/20
albuterol aer HFA (Brand: Proventil® HFA)	G + QL (2 per 30 days)	No Change (New Generic)		Generic Addition	No Change	04/27/20
ketorolac sol tromethamine (Brand: Sprix®)	NPD + QL (5 per 23 days)	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	02/10/20
minocycline cap ER 45mg, 90mg, 135mg (Brand: Ximino®)	NPD + PA	No Change (New Authorized Generic)	Doxycycline, minocycline, tetracycline	Authorized Generic Addition	No Change	03/23/20
insulin lispro inj junior (Brand: Humalog® JR)	NPD + PA + QL (2ml per day)	No Change (New Authorized Generic)	Novolin®, Novolog®	Authorized Generic Addition	No Change	04/06/20
insulin lispro inj protamin (Brand: Humalog® Mix KWP)	NPD + PA + QL (2ml per day)	No Change (New Authorized Generic)	Novolin®, Novolog®	Authorized Generic Addition	No Change	04/06/20
Asmanex® HFA AER 50mcg	NPD + PA	No Change (New Drug)		No Change	No Change	02/03/20
Dulera® AER 50-5mcg	NPD + PA	No Change (New Drug)		No Change	No Change	02/03/20
Tazverik™ 200mg tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/03/20
Palforzia™ cap	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/17/20
Palforzia™ powder	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/17/20
Prenatvite® tab Complete	NPD + PA	No Change (New Drug)	Generic prenatal vitamins	No Change	No Change	02/24/20
Procysbi® granules 300mg, 75mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/24/20
Prolate™ tab 10-300mg, 7.5-300mg	NPD + PA + QL + D/S + MME (6 per day, two 5-day supply in 60 days)	No Change (New Drug)	Generic oxycodone/APAP	No Change	No Change	03/02/20

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Drug Name	Current (tier and edit)	As of 10/01/20 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Prolate™ tab 5-300mg	NPD + PA + QL + D/S + MME (12 per day, two 5-day supply in 60 days)	No Change (New Drug)	Generic oxycodone/APAP	No Change	No Change	03/02/20
Ibrance® tab 75mg, 100mg, 125mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/09/20
Nexletol™ tab 180mg	NPD + PA	No Change (New Drug)		No Change	No Change	03/09/20
Trijardy® XR tab	PB	No Change (New Drug)		No Change	No Change	03/16/20
Arazlo™ lotion 0.045%	NPD + PA	No Change (New Drug)	Generic topical vitamin A derivative products	No Change	No Change	03/30/20
Ajovy® inj 225mg/1.5ml	PB + PA	No Change (New Drug)		No Change	No Change	03/30/20
Xcopri® pak/tab	NPD + PA	No Change (New Drug)	Generic anticonvulsants	No Change	No Change	03/30/20
Teriparatide® inj	NPD/SP* + PA + D/S (720 day supply per lifetime)	No Change (New Drug)		No Change	No Change	03/30/20
Dexabliss® tab 1.5mg	NPD	No Change (New Drug)		No Change	No Change	03/30/20
Promacta® pak 25mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/06/20
Isturisa® tab 1mg, 5mg, 10mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/20/20
Koselugo™ cap 10mg, 25mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/20/20
Dayvigo™ tab 5mg, 10mg	NPD + PA + QL (1 per day)	No Change (New Drug)	Eszopiclone, zaleplon, zolpidem	No Change	No Change	04/27/20

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Drug Name	Current (tier and edit)	As of 10/01/20 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Pemazyre™ tab 4.5mg, 9mg, 13.5mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/27/20
Tukysa™ tab 50mg, 150mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/27/20
Gvoke™ hypo inj	PB	No Change (New Drug)		No Change	No Change	04/27/20
Nexlizet™ tab 180/10mg	NPD + PA	No Change (New Drug)		No Change	No Change	06/01/20
Nurtec™ chw 75mg ODT	NPD + PA + QL (8 per 30 days)	NPD + PA + QL (15 per 30 days)		No Change	QL Update	10/01/20

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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.
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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Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.