

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Value Formulary**  
**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 <b>(Brand: Tiazac®)</b>	G/LCG	No Change (New Generic)		Generic Addition	No Change	02/03/20
oxycodone-apap tab 2.5-300mg <b>(Brand: Nalocet®)</b>	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% <b>(Brand: Moxexa™)</b>	G	No Change (New Generic)		Generic Addition	No Change	02/24/20
albuterol aer HFA <b>(Brand: ProAir® HFA)</b>	G + QL (2 per 30 days)	No Change (New Generic)		Generic Addition	No Change	03/02/20
naproxen-esomeprazole tab 375-20mg, 500-20mg <b>(Brand: Vimovo®)</b>	Excluded	No Change (New Generic)		No Change	No Change	07/09/20
azelastine/fluticasone spray 137-50 <b>(Brand: Dymista®)</b>	G + PA	No Change (New Generic)		Generic Addition	No Change	03/09/20
everolimus tab 0.25mg, 0.5mg, 0.75mg <b>(Brand: Zortress®)</b>	G	No Change (New Generic)		Generic Addition	No Change	03/16/20
pyrimethamin tab 25mg <b>(Brand: Daraprim®)</b>	G/SP*	No Change (New Generic)		Generic Addition	No Change	03/23/20
diazoxide suspension 50mg/ml <b>(Brand: Proglycem®)</b>	G	No Change (New Generic)		Generic Addition	No Change	03/30/20
buprenorphin dis 7.5/hr <b>(Brand: Butrans®)</b>	G + PA + QL (4 per 28 days)	No Change (New Generic)		Generic Addition	No Change	04/27/20

\*= for Specialty plans

Drug Name	Current (tier and edit)	As of 10/01/20 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
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®)	NF + 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®)	NF	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	03/23/20
insulin lisp 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 lisp 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
<b>Asmanex® HFA AER 50mcg</b>	NF	No Change (New Drug)		No Change	No Change	02/03/20
<b>Dulera® AER 50-5mcg</b>	NF	No Change (New Drug)		No Change	No Change	02/03/20
<b>Tazverik™ 200mg tab</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/03/20
<b>Palforzia™ cap</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/17/20
<b>Palforzia™ powder</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/17/20
<b>Prenatvite® tab Complete</b>	NF	No Change (New Drug)		No Change	No Change	02/24/20
<b>Procysbi® granules 300mg, 75mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/24/20
<b>Prolate™ tab 10-300mg, 7.5-300mg</b>	NF + QL + D/S + MME (6 per day, two 5-day supply in 60 days)	No Change (New Drug)		No Change	No Change	03/02/20

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(continued)

Drug Name	Current (tier and edit)	As of 10/01/20 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Prolate™ tab 5-300mg</b>	NF + QL + D/S + MME (12 per day, two 5-day supply in 60 days)	No Change (New Drug)		No Change	No Change	03/02/20
<b>Ibrance® tab 75mg, 100mg, 125mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/09/20
<b>Trijardy® XR tab</b>	PB	No Change (New Drug)		No Change	No Change	03/16/20
<b>Ajovy® injection 225mg/1.5ml</b>	PB + PA	No Change (New Drug)		No Change	No Change	03/30/20
<b>Arazlo™ lotion 0.045%</b>	NF	No Change (New Drug)		No Change	No Change	03/30/20
<b>Xcopri® pak/tab</b>	NF	No Change (New Drug)		No Change	No Change	03/30/20
<b>Teriparatide® injection</b>	NPD/SP* + PA + D/S (720 day supply per lifetime)	No Change (New Drug)		No Change	No Change	03/30/20
<b>Dexabliss® tab 1.5mg</b>	NF	No Change (New Drug)		No Change	No Change	03/30/20
<b>Promacta® pak 25mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/06/20
<b>Isturisa® tab 1mg, 5mg, 10mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/20/20
<b>Koselugo™ cap 10mg, 25mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/20/20
<b>Dayvigo™ tab 5mg, 10mg</b>	NF + QL (1 per day)	No Change (New Drug)		No Change	No Change	04/27/20
<b>Pemazyre™ tab 4.5mg, 9mg, 13.5mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/27/20
<b>Tukysa™ tab 50mg, 150mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/27/20
<b>Gvoke™ hypo injection</b>	PB	No Change (New Drug)		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
<b>Nurtec™ CHW 75mg ODT</b>	NF + QL (8 per 30 days)	NF + QL (15 per 30 days)		No Change	QL Update	10/01/20
<b>Nexletol™ tab 180mg</b>	NF	NPD + PA		Brand Addition	No Change	10/01/20
<b>Hysingla® ER tab</b>	NF + QL + MME (1 per day)	NPD + PA + QL + MME (1 per day)		Brand Addition	No Change	10/01/20
<b>Nexlizet™ tab 180/10mg</b>	NF	NPD + PA		Brand Addition	No Chage	10/01/20

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## Abbreviation Key

<b>G</b>	Generic
<b>LCG</b>	Low Cost Generic. Benefit may vary; not all plans provide this incentive.
<b>ACA</b>	Affordable Care Act preventative drugs
<b>PB</b>	Preferred Brand
<b>NPD</b>	Non-Preferred Drug
<b>SP</b>	Specialty Drug. Specialty Tier cost-share will apply for those benefits that have a prescription drug specialty tier.
<b>NF</b>	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
<b>PA</b>	Prior Authorization is required.
<b>MME</b>	Morphine Milligram Equivalent
<b>D/S</b>	Days Supply Limit
<b>QL</b>	Quantity Limit
<b>AL</b>	Age Limit
<b>Generic Addition</b>	A generic drug that recently became available in the marketplace
<b>Generic Downtier</b>	This generic drug will be covered at the appropriate preferred drug level of cost-sharing.
<b>Generic Uptier</b>	This generic drug will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Authorized Generic Addition</b>	An authorized generic drug that recently became available in the marketplace
<b>Authorized Generic Uptier</b>	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.
<b>Brand Downtier</b>	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.
<b>Brand Uptier</b>	These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing.
<b>Brand Addition</b>	Coverage was added to this drug.
<b>Brand/Authorized Generic/ Generic Deletion</b>	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.