

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Aczone® Gel 5%, 7.5%	NPD + PA + AL (Min Age 12)	NPD + PA	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
Adbry® Inj 300/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
allopurinol tab 200mg	NPD + PA	No Change (New Generic)	Generic allopurinol 100mg tablet	No Change	No Change	09/16/24
Austedo® XR Tab 18mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
Austedo® XR Tab Titr Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
Clobetasol Sus 0.05%	NPD + PA	No Change (New Drug)	One generic ophthalmic steroid suspension (e.g., Prednisolone ophthalmic suspension, fluorometholone ophthalmic suspension, dexamethasone ophthalmic suspension)	No Change	No Change	07/15/24

*= for Specialty plans

** = May be available as generic for certain plans

(continued)

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(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Crexont® Cap	NPD + PA	No Change (New Drug)	Generic carbidopa/levodopa	No Change	No Change	08/19/24
dabigatran cap (Brand: Pradaxa®)	G	No Change (New Generic)		No Change	No Change	09/16/24
Dapsone® Gel 5%, 7.5%	NPD + PA + AL (Min Age 12)	NPD + PA	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
dasatinib tab (Brand: Sprycel®)	G/SP* + PA	No Change (New Generic)		No Change	No Change	09/09/24
Ebglyss™ Inj 250/2ml Auto-Injector	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/23/24
Ebglyss™ Inj 250/2ml Prefilled Syringe	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/11/24
Entresto® Cap 6-6mg, 15-16mg	PB + QL (4 caps per day)	No Change (New Drug)		No Change	No Change	07/08/24
Femlyv™ Tab 1/0.02mg	NPD	No Change (New Drug)		No Change	No Change	09/23/24
glimepiride tab 3mg	G	No Change (New Drug)		No Change	No Change	09/09/24
ivabradine tab 5mg, 7.5mg (Brand: Corlanor®)	G + PA	No Change (New Generic)		No Change	No Change	07/15/24
Lazcluze® Tab 80mg, 240mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/02/24
l-glutamine pow 5gm (Brand: Endari®)	G + PA	No Change (New Generic)		No Change	No Change	07/22/24

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Livdelzi® Cap 10mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
Livmarli® Sol 19mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
lofexidine tab 0.18mg (Brand: Lucemyra®)	G + QL + PA (16 tabs per day)	No Change (New Generic)	Generic clonidine	No Change	No Change	09/02/24
Miplyffa™ Cap	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/30/24
Nemluvio® Inj 30mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
Ohtuvayre™ Sus 3/2.5ml	NPD + PA + QL (5ml per day)	No Change (New Drug)		No Change	No Change	07/08/24
Omvoh® Solution Auto-Injector 100mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Omvoh® Solution Prefilled Syringe 100mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
ondansetron tab 16mg ODT	G	No Change (New Drug)		No Change	No Change	07/8/24
Onyda™ XR Sus 0.1mg/ml	NPD + PA + QL (4ml per day)	No Change (New Drug)	ONE of the following: generic atomoxetine, generic guanfacine ER, generic clonidine ER	No Change	No Change	09/09/24
Otezla® 20mg Tab	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
Otezla® Tab Starter Therapy Pack 4 X 10mg & 51 X 20mg	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
oxcarbazepin tab ER (Brand: Oxtellar XR®)	G + PA	No Change (New Generic)	Generic oxcarbazepine tablet	No Change	No Change	09/09/24

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pot chloride tab 15meq ER	G	No Change (New Drug)		No Change	No Change	09/16/24
Retevmo® Tab 40mg, 80mg, 120mg, 160mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/12/24
Scemblix® Tab 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
Sofdra™ Gel 12.45%	NPD + PA	No Change (New Drug)		No Change	No Change	07/08/24
Sotyktu® Tab 6mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Inj 20/0.25ml, 40/0.5ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Solution Auto-Injector 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Taltz® Solution Prefilled Syringe 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
Tanlor® Tab 1000mg	Excluded	No Change (New Drug)		No Change	No Change	08/05/24
tazarotene cre 0.05% (Brand: Tazorac® Cream)	G + AL (Max Age 25)	No Change (New Generic)		No Change	No Change	09/16/24
Tremfya® Inj 200/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	09/23/24
Tryvio™ Tab 12.5mg	NPD + PA	No Change (New Drug)		No Change	No Change	09/09/24
Tyenne® Inj 162mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
Vafseo® Tab 150mg, 300mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/22/24

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Veltassa® Pow 1gm	NPD	No Change (New Drug)		No Change	No Change	09/16/24
Vigafyde™ Sol 100mg/ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/12/24
Voranigo® Tab 10mg, 40mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
Yorvipath® Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/09/24
Zepbound® Inj 2.5mg, 5/0.5ml	NPD + PA + QL (0.08ml per day)	No Change (New Drug)		No Change	No Change	08/12/24
Zoryve® Cream 0.15%	NPD + PA	No Change (New Drug)	ALL of the following: generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.), generic tacrolimus ointment/ Pimecrolimus cream, Eucrisa® (crisaborole) ointment.	No Change	No Change	07/15/24

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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.