

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Select Drug Program®**

<b>Drug Name</b>	<b>Current (tier and edit)</b>	<b>New Tier and Edit</b>	<b>Formulary Alternatives</b>	<b>Tier Change</b>	<b>Edit Change</b>	<b>Effective Date</b>
<b>Abirtega™ Tab 250mg</b>	G/SP* + PA	No Change (New Drug)		No Change	No Change	09/08/25
amphetamine tab 3.1mg ER, 6.3mg ER, 9.4mg ER, 12.5mg ER, 15.7mg ER, 18.8mg ER <b>(Brand: Adzenys XR®)</b>	NPD + PA + QL (1 per day)	No Change (Authorized Generic)	2 generic ADHD stimulants (e.g., methylphenidate, amphetamines, etc.)	No Change	No Change	09/02/25
<b>Anzupgo® Cre 2%</b>	NPD + PA + QL (60 grams per 30 days)	No Change (New Drug)		No Change	No Change	08/04/25
<b>Blujepa® Tab 750mg</b>	NPD + PA + QL (20 per 5 days)	NPD + PA + QL (20 per 5 days, Max Daily Dose of 4, Day Supply Limit of 10 day supply per 180 days)		No Change	QL Change	04/01/26
bosentan tab 32mg <b>(Brand: Tracleer®)</b>	G/SP* + PA	No Change (New Generic)		No Change	No Change	08/25/25
<b>Brekiya® Inj 1mg/ml</b>	NPD + PA + QL (24 syringes/28 days)	No Change (New Drug)		No Change	No Change	09/15/25
<b>Brinsupri® Tab 10mg, 25mg</b>	NPD/SP* + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	04/01/26
<b>Brukinsa® Tab 160mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/25/25

\*= for Specialty plans

*(continued)*

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Brynovin™ Sol 25mg/ml</b>	NPD + PA	No Change (New Drug)		No Change	No Change	08/18/25
<b>Dawnzera™ Inj 80/0.8ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/02/25
<b>Dexcom G7 Mis 15 Day</b>	PB + PA + QL (Max Daily Dose 0.07)	No Change (New Drug)		No Change	No Change	09/02/25
dicyclomine tab 40mg <b>(Brand: Bentyl®)</b>	NPD + PA	No Change (New Generic)	2 of the following: dicyclomine 10mg capsule, dicyclomine 10mg oral solution, or dicyclomine 20mg tablet	No Change	No Change	07/28/25
<b>Doptelet® Spr Cap 10mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/29/25
econazole aer 1% <b>(Brand: Ecoza®)</b>	NPD + PA	No Change (Authorized Generic)	2 generic, prescription strength, topical antifungals (e.g., ketoconazole, ciclopirox, etc.)	No Change	No Change	09/22/25
<b>Eliquis® Cap 0.15mg, 0.5mg, 1.5mg, 2mg</b>	PB	No Change (New Drug)		No Change	No Change	09/22/25
Ery Pad 2% External	G	NPD		Brand Uptier	No Change	01/01/26
escitalopram cap 15mg <b>(Brand: Lexapro®)</b>	NPD + PA	No Change (New Generic)	3 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.)	No Change	No Change	09/29/25
<b>Exxua Titrat Tab 18.2mg</b>	NPD + PA	No Change (New Drug)	2 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.) OR continuous therapy with requested agent for a minimum of 2 weeks	No Change	No Change	09/29/25

*(continued)*

\*= for Specialty plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Fanapt® Pak Pack B, Pack C</b>	NPD + PA	No Change (New Drug)		No Change	No Change	07/07/25
fidaxomicin tab 200mg <b>(Brand: Difidic®)</b>	G + QL (20 per 10 days)	No Change (New Generic)		No Change	No Change	07/21/25
flourouracil cream 0.5% <b>(Brand: Carac®)</b>	NPD + PA	NPD		No Change	PA Removal	04/01/26
fluticasone inh 50mcg, 100mcg, 200mcg <b>(Brand: Arnuity Elpt®)</b>	NPD + PA	No Change (Authorized Generic)	Two of the following: <b>Arnuity Ellipta®</b> and <b>Pulmicort Flexhaler®</b>	No Change	No Change	07/28/25
Glucagon Kit 1mg	G	No Change (New Generic)		No Change	No Change	08/04/25
<b>Harliku™ Tab 2mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/14/25
<b>Hernexeos® Tab 60mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/18/25
hydrocort ac cre 2.5% <b>(Brand: Micort™ HC)</b>	NPD	No Change (New Generic)		No Change	No Change	08/11/25
ibuprofen tab 300mg	NPD + PA	No Change (New Drug)	3 generic prescription strength NSAIDS (e.g., ibuprofen (200mg, 400mg, 600mg, 800mg), naproxen, diclofenac, celecoxib, meloxicam caps/tabs, etc.)	No Change	No Change	07/14/25
<b>Jaythari™ Tab 6mg, 18mg, 30mg, 36mg</b>	G/SP* + PA			No Change	No Change	08/18/25
<b>Kerendia® Tab 40mg</b>	NPD + PA			No Change	No Change	07/21/25
<b>Kirsty™ Inj 100u/ml</b>	NPD + PA + QL (Max daily dose of 2)			No Change	No Change	08/25/25

*(continued)*

\*= for Specialty plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
liraglutide inj 18mg/3ml (Brand: Saxenda® Inj)	G + PA + QL (Max daily dose of 0.5)			No Change	No Change	09/08/25
Lopressor® Sol 10mg/ml	NPD + PA	No Change (New Drug)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	04/01/26
Modeyso™ Cap 125mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/18/25
Orlynvah™ Tab 500-500	NPD + PA + QL (10 per 5 days)	NPD + PA + QL (10 per 5 days, Max Daily Dose 2, Day Supply Limit 10 days supply per 180 days)		No Change	QL Change	04/01/26
Otezla/XR Tab 28 Day	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/26
Otezla/XR Tab 25mg	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/01/26
Otulf® Inj 45mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/22/25
P2i™ Prenatal Cap Choline	NPD + PA	No Change (New Drug)	3 generic prenatal vitamins (various)	No Change	No Change	09/29/25
pilocarpine sol 1.25% (Brand: Vuity® Sol)	G + PA	No Change (New Generic)		No Change	No Change	08/11/25
progesterone sup 100mg (Brand: Endometrin® Sup)	G	No Change (New Generic)		No Change	No Change	09/29/25
Pyquvi™ sus 22.75mg	G/SP* + PA	No Change (New Generic)		No Change	No Change	09/15/25

\*= for Specialty plans

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Pyzchiva® Inj 45/0.5ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/07/25
<b>Pyzchiva® Auto-Injector 45/0.5ml, 90mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/11/25
rivaroxaban sus 1mg/ml (Brand: Xarelto®)	G	No Change (New Generic)		No Change	No Change	07/07/25
<b>Sephience® Pow 250mg, 1000mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/04/25
sertraline cap 150mg, 200mg (Brand: Zoloft®)	NPD + PA	No Change (New Generic)	3 generic antidepressants (e.g., citalopram tablet, venlafaxine, bupropion, sertraline tablet, etc.)	No Change	No Change	07/28/25
<b>Skytrofa® Inj 0.7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/22/25
<b>Spevigo® Inj 300/2ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/04/25
topiramate sol 25mg/ml (Brand: EPRONTIA®)	G + PA	No Change (New Generic)	Generic topiramate	No Change	No Change	07/14/25
<b>Tryptyr® Sol 0.003%</b>	NPD + PA	No Change (New Drug)	Both of the following: <b>Restasis and Xiidra</b>	No Change	No Change	07/07/25
valsartan sol 20mg/5ml (Brand: Prexxartan®)	NPD + PA	No Change (New Generic)	Oral solid dosage formulation (tablet or capsule) of the drug requested OR one of the following: drug will be administered via nasogastric or gastronomy tube; or member is unable to swallow an intact capsule or tablet	No Change	No Change	07/07/25

(continued)

\*= for Specialty plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Vizz™ Sol 1.44% Op	NPD + PA	No Change (New Drug)		No Change	No Change	08/11/25
Wayrilz™ Tab 400mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/08/25
Zanaflex® Cap 8mg	NPD + PA	No Change (New Drug)	2 generic skeletal muscle relaxants (e.g., carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc.)	No Change	No Change	09/29/25
Zelvysia™ pow 100mg, 500mg	G/SP* + PA	No Change (New Drug)		No Change	No Change	09/15/25
Zurnai™ Inj 1.5/0.5	NPD + PA + QL (6 units per 30 days)	NPD + QL (6 units per 30 days)		No Change	PA Removal	04/01/26

\*= for Specialty plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/26 version)

**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>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.

[www.ibx.com](http://www.ibx.com)

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.