

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®
April 1, 2022 Updates

Drug Name	Current (tier and edit)	As of 04/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
sunitinib cap (Brand: Sutent®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	08/23/21
enalapril sol 1mg/ml (Brand: Epaned®)	G + AL (Max Age 12)	No Change (New Generic)		Generic Addition	No Change	08/23/21
dextroamphetamine tab 15mg, 20mg (Brand: Zenzedi®)	G + QL + MME (3 tabs per day)	No Change (New Generic)		Generic Addition	No Change	08/23/21
dextroamphetamine tab 30mg (Brand: Zenzedi®)	G + QL + MME (2 tabs per day)	No Change (New Generic)		Generic Addition	No Change	08/23/21
nebivolol tab (Brand: Bystolic®)	G	No Change (New Generic)		Generic Addition	No Change	09/13/21
paroxetine sus 10mg/5ml (Brand: Paxil™)	G	No Change (New Generic)		Generic Addition	No Change	09/20/21
difluprednat emu 0.05% (Brand: Durezol®)	G	No Change (New Generic)		Generic Addition	No Change	09/20/21
varenicline tab 0.5mg, 1mg (Brand: Chantix®)	G/ACA + QL (2 tabs per day)	No Change (New Generic)		Generic Addition	No Change	09/27/21
Ursodiol 200mg, 400mg (Co-licensed Brand: Reltone™)	NPD + PA	No Change	Generic ursodiol capsule	No Change	No Change	08/23/21
sajazir inj 30mg/3ml	G/SP* + PA + QL (27 ml per 30 days)	No Change		No Change	No Change	08/23/21
Thalitone® 15mg Tab	NPD	No Change		No Change	No Change	09/27/21
Kloxxado™ Liq	NPD + PA + QL (6 per 30 days)	No Change (New Drug)		No Change	No Change	07/12/21

*= for Specialty plans

Drug Name	Current (tier and edit)	As of 04/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Tirosint®-SOL Solution 37.5mcg/ml, 44mcg/ml, 62.5mcg/ml	NPD + PA	No Change (New Drug)	generic levothyroxine	No Change	No Change	07/19/21
Kerendia® 10mg, 20mg Tab	NPD + PA	No Change (New Drug)		No Change	No Change	07/19/21
Dupixent® Inj 200mg	PB/SP* + PA	No Change (New Drug)		No Change	No Change	07/26/21
Xofluza® 40mg, 80mg Tab	NPD + QL (1 tab per 28 days)	No Change (New Drug)		No Change	No Change	07/26/21
Bylvay™ 400mcg, 1200mcg Cap	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/02/21
Bylvay™ Pellets Sprinkle 200mcg, 600mcg Cap	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/02/21
Myrbetriq® 8mg/ml Sus	PB	No Change (New Drug)		No Change	No Change	08/09/21
Welireg™ 40mg Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/06/21
hydroxychloroquine sulfate tab 100mg, 300mg, 400mg	G	No Change (New Drug)		No Change	No Change	09/06/21
Loreev XR™ 1mg, 2mg, 3mg Cap	NPD + PA	No Change (New Drug)		No Change	No Change	09/13/21
Exkivity™ 40mg Cap	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/27/21
Lybalvi® 5-10mg, 10-10mg, 15-10mg, 20-10mg Tab	NPD + PA	No Change (New Drug)	generic antipsychotics (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.)	No Change	No Change	09/27/21
Trudhesa™ AER 0.725mg	NPD + PA + QL (12 ml per 28 days)	No Change (New Drug)		No Change	No Change	09/27/21
Armour® Thyroid Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
NP thyroid tab	Excluded	G		Generic Addition	No Change	04/01/22
Nature-Throid® Tab	Excluded	NPD		Brand Addition	No Change	04/01/22

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 04/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
WP Thyroid® Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
Westroid® Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
Anaspaz® 0.125mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
ED-Spaz 0.125mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
hyoscyamine tab/drops/elx	Excluded	G		Generic Addition	No Change	04/01/22
hyosyne drops/elx	Excluded	G		Generic Addition	No Change	04/01/22
Symax-SL Sub 0.125mg	Excluded	NPD		Brand Addition	No Change	04/01/22
Symax-SR 0.375mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
Symax Duotab Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
oscimin 0.125mg tab	Excluded	G		Generic Addition	No Change	04/01/22
oscimin SR 0.375mg tab	Excluded	G		Generic Addition	No Change	04/01/22
oscimin sub 0.125mg tab	Excluded	G		Generic Addition	No Change	04/01/22
Levsin® 0.125mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
Levsin®/SL SUB 0.125mg	Excluded	NPD		Brand Addition	No Change	04/01/22
Levbid® ER 0.375mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
Nulev® 0.125mg Tab	Excluded	NPD		Brand Addition	No Change	04/01/22
hyoscyamine sub 0.125mg	Excluded	G		Generic Addition	No Change	04/01/22

*= for Specialty plans

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.

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.