

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Value Formulary

October 1, 2022 Updates

Drug Name	Current (tier and edit)	As of 10/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
apomorphine inj 30mg/3ml (Brand: Apokyn®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	03/07/22
betaine anhydrous pow (Brand: Cystadane®)	G/SP*	No Change (New Generic)		Generic Addition	No Change	02/07/22
brimo/timolo sol 0.2/0.5% (Brand: Combigan®)	G	No Change (New Generic)		Generic Addition	No Change	01/24/22
carbidopa-levodopa-entacapone tab (Brand: Stalevo®)	G	No Change (New Generic)		Generic Addition	No Change	03/07/22
cyclosporine emu 0.05% (Brand: Restasis®)	G + QL (2 per day)	No Change		Generic Addition	No Change	02/14/22
deferiprone tab 1000mg (Brand: Ferriprox®)	G + PA	No Change (New Generic)		Generic Addition	No Change	02/21/22
diclofenac cap 25mg (Brand: Zipsor®)	G + PA + QL (4 caps per day)	No Change (New Generic)	Generic prescription strength NSAIDs	Generic Addition	No Change	03/21/22
digoxin tab 62.5mcg (Brand: Lanoxin™)	G	No Change (New Generic)		Generic Addition	No Change	02/21/22
glycopyrrolate sol 1mg/5ml (Brand: Cuvposa®)	G	No Change (New Generic)		Generic Addition	No Change	01/10/22
lacosamide tab (Brand: Vimpat®)	G	No Change (New Generic)		Generic Addition	No Change	03/21/22
lenalidomide cap (Brand: Revlimid®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	03/07/22
maraviroc tab 150mg, 300mg (Brand: Selzentry®)	G	No Change (New Generic)		Generic Addition	No Change	02/14/22

*= for Specialty plans

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Drug Name	Current (tier and edit)	As of 10/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
tolvaptan tab 15mg (Brand: Samsca®)	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	03/21/22
baclofen sol 5mg/5ml (Brand: Ozobax™)	NF	No Change (New Authorized Generic)	Generic baclofen tablet	Authorized Generic Addition	No Change	02/28/22
tramadol sol 5mg/ml (Brand: Qdolo®)	NF + QL + AL (80ml per day; Min Age 18)	No Change (New Authorized Generic)	Generic tramadol products	Authorized Generic Addition	No Change	02/21/22
Nexiclon™ XR Tab 0.17mg	NF	No Change (New Drug)	clonidine tablet and clonidine patches	No Change	No Change	03/14/22
Citalopram Cap 30mg	NF	No Change (New Drug)	Generic antidepressants	No Change	No Change	02/28/22
Descovy® Tab 120-15mg	NPD	No Change (New Drug)		No Change	No Change	03/07/22
Fleqsuvy™ Sus 25mg/5ml	NF + QL (16ml per day)	No Change (New Drug)	Generic baclofen tablet	No Change	No Change	02/14/22
Ibsrela® Tab 50mg	NF	No Change (New Drug)	lactose solution and Linzess®	No Change	No Change	03/14/22
Loreev XR™ Cap 1.5mg	NF	No Change (New Drug)	Generic benzodiazepines	No Change	No Change	03/21/22
Mayzent® Pak Starter	NPD/SP*	No Change (New Drug)		No Change	No Change	03/21/22
Mayzent® Tab 1mg	NPD/SP*	No Change (New Drug)		No Change	No Change	03/21/22
Multi-Mac Tab	NF	No Change (New Drug)	Generic prenatal vitamins (various)	No Change	No Change	02/07/22
Nuwiq® Inj/Kit 1500unit	PB/SP* + PA	No Change (New Drug)		No Change	No Change	02/14/22
Oxbryta® Tab 300mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	01/03/22
Pyrukynd® Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/07/22

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Drug Name	Current (tier and edit)	As of 10/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Rinvoq® Tab 30mg	PB/SP* + PA	No Change (New Drug)		No Change	No Change	01/24/22
Rinvoq® ER Tab 45mg	PB/SP* + PA	No Change (New Drug)		No Change	No Change	03/28/22
Seglentis® Tab 56-44mg	NF + QL (4 tabs per day)	No Change (New Drug)	Generic alternatives indicated for acute pain (e.g., hydrocodone/APAP, tramadol, APAP, oxycodone/APAP, etc)	No Change	No Change	02/07/22
Soaanz® Tab 40mg, 60mg	NF	No Change (New Drug)	Generic loop diuretics (e.g., torsemide, furosemide)	No Change	No Change	01/17/22
Takhzyro® Inj 300/2ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/28/22
Talzenna® Cap 0.5mg, 0.75mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	02/07/22
Twynéo® Cre 0.1-3%	NF + AL (Max Age 25)	No Change (New Drug)	Epiduo® Forte or Onexton®	No Change	No Change	02/28/22
Vonjo™ Cap 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	03/14/22
Xarelto® Sus 1mg/ml	PB	No Change (New Drug)		No Change	No Change	01/10/22
Zimhi™ Sol	NF + QL (6 units per 30 days)	No Change (New Drug)		No Change	No Change	02/07/22
Adbry™ Inj 150mg/ml	NF	NPD/SP* + PA		Brand Addition	No Change	10/01/22
Cibinqo™ Tab	NF	NPD/SP* + PA		Brand Addition	No Change	10/01/22
Camzyos™ Cap	NF	NPD/SP* + PA		Brand Addition	No Change	10/01/22
Recorlev® Tab 150mg	NF	NPD/SP* + PA		Brand Addition	No Change	10/01/22
quinine cap 324mg	G + PA	G		No Change	PA Removal	10/01/22

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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.
NF	Non-Formulary. Non-Formulary refers to drugs not covered on the formulary. A formulary exception is available upon request.
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.