

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Value Formulary**  
**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 <b>(Brand: Sutent®)</b>	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	08/23/21
enalapril sol 1mg/ml <b>(Brand: Epaned®)</b>	G + AL (Max Age 12)	No Change (New Generic)		Generic Addition	No Change	08/23/21
dextroamphetamine tab 15mg, 20mg <b>(Brand: Zenzedi®)</b>	G + QL + MME (3 tabs per day)	No Change (New Generic)		Generic Addition	No Change	08/23/21
dextroamphetamine tab 30mg <b>(Brand: Zenzedi®)</b>	G + QL + MME (2 tabs per day)	No Change (New Generic)		Generic Addition	No Change	08/23/21
nebivolol tab <b>(Brand: Bystolic®)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/13/21
paroxetine sus 10mg/5ml <b>(Brand: Paxil™)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/20/21
difluprednat emu 0.05% <b>(Brand: Durezol®)</b>	G	No Change (New Generic)		Generic Addition	No Change	09/20/21
varenicline tab 0.5mg, 1mg <b>(Brand: Chantix®)</b>	G/ACA + QL (2 tabs per day)	No Change		Generic Addition	No Change	09/27/21
Ursodiol 200mg, 400mg <b>(Co-licensed Brand: Reltone™)</b>	NF	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
<b>Thalitone® 15mg Tab</b>	NF	No Change		No Change	No Change	09/27/21
<b>Kloxxado™ Liq</b>	NF + QL (6 per 30 days)	No Change (New Drug)		No Change	No Change	07/12/21

\*= 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
<b>Tirosint®-SOL Solution</b> 37.5mcg/ml, 44mcg/ml, 62.5mcg/ml	NPD + PA	No Change	generic levothyroxine	No Change	No Change	07/19/21
<b>Dupixent® Inj</b> 200mg	PB/SP* + PA	No Change (New Drug)		No Change	No Change	07/26/21
<b>Xofluza®</b> 40mg, 80mg Tab	NPD + QL (1 tab per 28 days)	No Change (New Drug)		No Change	No Change	07/26/21
<b>Bylvay™</b> 400mcg, 1200mcg Cap	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/02/21
<b>Bylvay™ Pellets Sprinkle</b> 200mcg, 600mcg Cap	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/02/21
<b>Myrbetriq®</b> 8mg/ml Sus	PB	No Change (New Drug)		No Change	No Change	08/09/21
<b>Welireg™</b> 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
<b>Loreev XR™</b> 1mg, 2mg, 3mg Cap	NF	No Change (New Drug)		No Change	No Change	09/13/21
<b>Exkivity™</b> 40mg Cap	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/27/21
<b>Lybalvi®</b> 5-10mg, 10-10mg, 15-10mg, 20-10mg Tab	NF	No Change (New Drug)	generic antipsychotics (e.g., aripiprazole, paliperidone, quetiapine, risperidone, etc.)	No Change	No Change	09/27/21
<b>Trudhesa™ AER</b> 0.725mg	NF + QL (12 ml per 28 days)	No Change (New Drug)		No Change	No Change	09/27/21
<b>Kerendia® 10mg, 20mg Tab</b>	NF	NPD + PA		Brand Addition	No Change	04/01/22
<b>Armour® Thyroid Tab</b>	Excluded	NPD		Brand Addition	No Change	04/01/22
NP thyroid tab	Excluded	G		Generic Addition	No Change	04/01/22
<b>Nature-Throid® Tab</b>	Excluded	NPD		Brand Addition	No Change	04/01/22
<b>WP Thyroid® Tab</b>	Excluded	NPD		Brand Addition	No Change	04/01/22

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(continued)

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

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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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