

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Value Formulary**  
**July 1, 2022 Updates**

Drug Name	Current (tier and edit)	As of 07/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
adapal/ben p gel 0.3-2.5% <b>(Brand: Epiduo® Forte)</b>	G + AL (Max Age 25)	No Change (New Generic)		Generic Addition	No Change	12/02/21
azathioprine tab 75mg, 100mg <b>(Brand: Azasan®)</b>	G	No Change (New Generic)		Generic Addition	No Change	10/18/21
carglumic tab 200mg <b>(Brand: Carbaglu®)</b>	G/SP* + PA	No Change		Generic Addition	No Change	12/06/21
everolimus tab 10mg <b>(Brand: Afinitor®)</b>	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	10/11/21
everolimus tab 1mg <b>(Brand: Zortress®)</b>	G	No Change (New Generic)		Generic Addition	No Change	10/29/21
everolimus tab for oral susp 2mg, 3mg, 5mg <b>(Brand: Afinitor®)</b>	G/SP* + PA	No Change (New Generic)		Generic Addition	No Change	10/11/21
naloxone hcl spr <b>(Brand: Narcan®)</b>	G + QL (6 per 30 days)	No Change (New Generic)		Generic Addition	No Change	12/27/21
zolmitriptan spr 5mg <b>(Brand: Zomig®)</b>	G + PA + QL + AL (9 per 30 days and Min Age 12)	No Change (New Generic)		Generic Addition	No Change	11/01/21
dexlansoprazole cap 30mg, 60mg DR <b>(Brand: Dexilant®) DR</b>	NPD + PA + QL (2 per day)	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	12/27/21
ezetimibe-rosuvastatin tab <b>(Brand: Roszet®)</b>	NF	No Change (New Authorized Generic)	Generic HMG coa reductase inhibitors	Authorized Generic Addition	No Change	10/04/21

\*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 07/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
fenofibrate micronized cap 30mg, 90mg (Brand: Antara®)	NPD	No Change (New Authorized Generic)		Authorized Generic Addition	No Change	11/01/21
<b>LymePak™ Tab 100mg</b>	NF	No Change (New Drug)	Generic alternatives (doxycycline, minocycline, tetracycline)	No Change	No Change	11/01/21
<b>Oxy-Acetamin Tab 7.5-300mg</b>	NF + QL + MME (6 per day)	No Change (New Drug)	Generic oxycodone/APAP	No Change	No Change	12/06/21
<b>Besremi® Sol 500mcg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/29/21
<b>Epclusa® Pak 150-37.5mg</b>	PB/SP* + PA + QL + D/S (1 per day; 84-day supply per 180 days)	No Change (New Drug)		No Change	No Change	11/01/21
<b>Epclusa® Pak 200-500mg</b>	PB/SP* + PA + QL + D/S (2 per day; 84-day supply per 180 days)	No Change (New Drug)		No Change	No Change	11/01/21
<b>Eprontia™ Sol 25mg/ml</b>	NF	No Change (New Drug)		No Change	No Change	11/15/21
<b>Insulin Glar Sol/Inj 100u/ml</b>	NF + QL (2ml per day)	No Change (New Drug)	<b>Lantus® or Toujeo®</b>	No Change	No Change	10/04/21
<b>Livmarli™ Sol 9.5mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/04/21
<b>Mavyret® Pak 50-20mg</b>	PB/SP* + PA + QL + D/S (5 per day; 56-days supply per 180 days)	No Change (New Drug)		No Change	No Change	11/01/21
<b>Qulipta™ Tab</b>	NF + QL (1 per day)	No Change (New Drug)		No Change	No Change	11/01/21
<b>Scemblix® Tab 40mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/08/21

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Semglee® Sol/Inj 100u/ml	NF + QL (2ml per day)	No Change (New Drug)	Lantus® or Toujeo®	No Change	No Change	10/04/21
Sertraline Cap 150mg, 200mg	NF	No Change (New Drug)	Generic antidepressants	No Change	No Change	10/18/21
Skytrofa® Inj	NF/SP*	No Change (New Drug)		No Change	No Change	10/18/21
Tavneos™ Cap 10mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	10/18/21
Voxzogo™ Inj	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	12/06/21
Vuity™ Sol 1.25% OP	NPD + PA	No Change (New Drug)		No Change	No Change	11/22/21
Ajovy® Solution Auto-Injector/ Prefilled Syringe 225mg/1.5ml SC	NF	PB + PA		Brand Addition	No Change	07/01/22
Depen® Titratabs Tab 250mg	NPD/SP*	PB/SP*		Brand Downtier	No Change	07/01/22
Oriahnn® Cap Therapy Pack 300-1-0.5 & 300mg	NPD + PA	PB + PA		Brand Downtier	No Change	07/01/22
Orilissa® Tab 150mg	NPD + PA + QL (1 per day)	PB + PA + QL (1 per day)		Brand Downtier	No Change	07/01/22
Orilissa® Tab 200mg	NPD + PA + QL (2 per day)	PB + PA + QL (2 per day)		Brand Downtier	No Change	07/01/22
Imvexxy® Maintenance Pack Insert Vaginal	NF	PB		Brand Addition	No Change	07/01/22
Imvexxy® Starter Pack Insert Vaginal	NF	PB		Brand Addition	No Change	07/01/22
Myfembree® Tab 40-1-0.5mg	NF	PB + PA		Brand Addition	No Change	07/01/22
Kloxxado™ Liquid 8mg/0.1ml Nasal	NF + QL (6 per 30 days)	PB/ACA + QL (6 per 30 days)		Brand Addition	PA Removal	07/01/22
Zegalogue® Solution Auto-Injector/Prefilled Syringe 0.6mg/0.6ml	NF	PB		Brand Addition	PA Removal	07/01/22

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Drug Name	Current (tier and edit)	As of 07/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Tyrvaya™ Sol 0.03mg</b>	NF + QL (8.4ml per 30 days)	NPD + QL + PA (8.4ml per 30 days)	<b>Restasis® multidose and Xiidra®</b>	Brand Addition	No Change	07/01/22
<b>Annovera® Ring 0.013-0.15mg/24hr Vaginal</b>	NF + QL (1 per 365 days)	NPD + QL (1 per 365 days)		Brand Addition	No Change	07/01/22
<b>Banzel™ Suspension 40mg/ml</b>	NF + AL (Max Age 12)	NF		No Change	AL Removal	07/01/22
rufinamide suspension 40mg/ml	G + PA + AL (Max Age 12)	G + PA		No Change	AL Removal	07/01/22
<b>Emgality® Solution Prefilled Syringe/Auto-Injector</b>	PB + PA	NPD + PA		Brand Uptier	No Change	07/01/22
<b>Afinitor® Tab</b>	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/22
<b>Azasan® Tab</b>	NPD	NF		Brand Deletion	No Change	07/01/22
<b>Bystolic® Tab</b>	PB	NF		Brand Deletion	No Change	07/01/22
<b>Carbaglu® Tab 200mg</b>	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/22
<b>Chantix® Tab 0.5mg, 1mg</b>	NPD/ACA + QL (2 per day)	NF + QL (2 per day)		Brand Deletion	No Change	07/01/22
<b>Durezol® Emu 0.05%</b>	NPD	NF		Brand Deletion	No Change	07/01/22
<b>Gvoke HypoPen® 2-Pack Solution Auto-Injector Subcutaneous</b>	PB	NF	One of the following: <b>Glucagon (Fresenius), Baqsimi®, Zegalogue®</b>	Brand Deletion	No Change	07/01/22
<b>Gvoke® Kit Inj 1mg/0.2ml</b>	PB	NF	One of the following: <b>Glucagon (Fresenius), Baqsimi®, Zegalogue®</b>	Brand Deletion	No Change	07/01/22
<b>Gvoke® Kit Solution 1mg/0.2ml Subcutaneous</b>	PB	NF	One of the following: <b>Glucagon (Fresenius), Baqsimi®, Zegalogue®</b>	Brand Deletion	No Change	07/01/22
<b>Gvoke® PFS Solution Prefilled Syringe Subcutaneous</b>	PB	NF	One of the following: <b>Glucagon (Fresenius), Baqsimi®, Zegalogue®</b>	Brand Deletion	No Change	07/01/22
<b>Paxil® Sus 10mg/5ml</b>	NPD	NF		Brand Deletion	No Change	07/01/22
<b>Sutent® Cap</b>	NPD/SP* + PA	NF/SP*		Brand Deletion	No Change	07/01/22

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<b>Zortress® Tab</b>	NPD	NF		Brand Deletion	No Change	07/01/22
<b>Alocril™ Solution 2% Ophthalmic</b>	NPD	NPD + PA	Following generics: azelastine, cromolyn sodium, epinastine, olopatadine	No Change	PA Addition	07/01/22
<b>Alrex® Suspension 0.2 % Ophthalmic</b>	NPD	NPD + PA	Generics: azelastine, cromolyn sodium, epinastine, olopatadine	No Change	PA Addition	07/01/22
<b>Angeliq® Tab</b>	NPD	NPD + PA	Generic estrogen-progestin combination (e.g., estradiol-norethindrone acetate, <b>Jinteli®</b> , <b>Mimvey®</b> )	No Change	PA Addition	07/01/22
<b>Betoptic-S® Suspension 0.25% ophthalmic</b>	NPD	NPD + PA	Generic ophthalmic beta blockers (e.g., timolol, betaxolol, levobunolol)	No Change	PA Addition	07/01/22
<b>Cardura® [XL] Tab</b>	NPD	NPD + PA	Generic alpha blockers (e.g., alfuzosin, doxazosin, tamsulosin, prazosin, terazosin)	No Change	PA Addition	07/01/22
<b>Lucemyra™ Tab 0.18mg</b>	NPD + QL + D/S (16 per day; max two- 14 day fills per 365 days)	NPD + QL + D/S + PA (16 per day; max two- 14 day fills per 365 days)	Generic clonidine	No Change	PA Addition	07/01/22
<b>Millipred™ Tab 5mg</b>	NPD	NPD + PA	Generic oral corticosteroid (e.g., hydrocortisone, methylprednisolone)	No Change	PA Addition	07/01/22
<b>Neupro® Patch Transdermal</b>	NPD	NPD + PA	Generic pramipexole and ropinirole	No Change	PA Addition	07/01/22
<b>Oxytrol® Patch Twice Weekly 3.9mg/24hr Transdermal</b>	NPD	NPD + PA	Generic alternatives (e.g., solifenacin, oxybutynin, tolterodine, etc.)	No Change	PA Addition	07/01/22
<b>Phoslyra® Solution 667mg/5ml</b>	NPD	NPD + PA	Generic calcium acetate	No Change	PA Addition	07/01/22
<b>Pramosone® Cream/Lotion</b>	NPD	NPD + PA	Prescription strength generic topical steroids	No Change	PA Addition	07/01/22

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<b>Texacort® Solution 2.5%</b>	NPD	NPD + PA	Prescription strength generic topical steroids	No Change	PA Addition	07/01/22
clemastine fumarate syrup 0.67mg/5ml	G	NPD + PA	Both of the following: 2 second-generation generic antihistamine and generic clemastine fumarate tablet	Generic Uptier	PA Addition	07/01/22
<b>Novolin® 70/30 FlexPen Relion™ Suspension Pen-Injector (70-30) 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolin® 70/30 Relion™ Suspension (70-30) 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolin® N FlexPen Relion™ Suspension Pen-Injector 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolin® N Relion™ Suspension 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolin® R FlexPen Relion™ Solution Pen-Injector 100 unit/ml Injection</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolin® R Relion™ Solution 100 unit/ml Injection</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolog® 70/30 FlexPen Relion™ Suspension Pen-Injector (70-30) 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolog® FlexPen Relion™ Solution Pen-Injector 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Novolog® Mix 70/30 Relion™ Suspension (70-30) 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22

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<b>Novolog® Relion™ Solution 100 unit/ml Subcutaneous</b>	PB + QL (2ml per day)	NPD + QL + PA (2ml per day)	One of the following: <b>Novolog®</b> or <b>Novolin®</b>	Brand Uptier	PA Addition	07/01/22
<b>Brexafemme® Tab 150mg</b>	NF	NPD + QL + PA (4 per 28 days)	Generic fluconazole	Brand Addition	QL Addition	07/01/22
<b>Livtency™ Tab 200mg</b>	NF	NPD + PA + QL + D/S (4 per day; 56 days per 180 days)	Minimum 2 weeks duration or inability to tolerate one of the following: ganciclovir, valganciclovir, foscarnet, cidofovir	No Change	QL Addition D/S Addition	07/01/22
<b>Elyxyb™ Sol 120mg/4.8ml</b>	NF	NF + QL (4.8ml per day)	Generic prescription strength NSAIDs	No Change	QL Addition	07/01/22
<b>Opzelura™ Cream 1.5%</b>	NF/SP*	NF/SP* + QL (240g per 28 days)		No Change	QL Addition	07/01/22
<b>Rezurock™ Tab 200mg</b>	NPD/SP* + PA	NPD/SP* + PA + QL (1 per day)		No Change	QL Addition	07/01/22
<b>Scemblix® Tab 20mg</b>	NPD/SP* + PA	NPD/SP* + PA + QL (2 per day)		No Change	QL Addition	07/01/22
<b>Azstarys™ Cap</b>	NF + QL (1 per day)	NF + QL (1 per day; cumulative stimulant limit 53.3mg per day)	Generic ADHD stimulants (e.g., methylphenidate, amphetamine, etc)	No Change	Cumulative Stimulant Limit Addition	07/01/22
diclofenac tab 25mg	G + PA	Excluded	Generic NSAID	Generic Deletion	No Change	07/01/22
<b>Lofena™ Tab 25mg</b>	NPD + PA	Excluded	Generic NSAID	Brand Deletion	No Change	07/01/22

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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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