

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Formulary
April 1, 2019 Updates

Drug Name	Current (tier and edit)	As of 4/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
dorzolamide/timolol sol 22.3-6.8 (Brand = Cosopt® PF Sol)	G	No Change		Generic Addition	No Change	8/6/18
dexamethasone tab 13-day, 10-day, 6-day (Brand = Dexpak®)	G	No Change		Generic Addition	No Change	8/6/18
tadalafil tab 20mg (Brand = Adcirca®)	G/SP* + PA	No Change		Generic Addition	No Change	8/20/18
dalfampridin tab 10mg ER (Brand = Ampyra®)	G/SP* + PA + QL (2 per day)	No Change		Generic Addition	No Change	9/3/18
itraconazole soln 10mg/ml (Brand = Sporanox®)	G	No Change		Generic Addition	No Change	9/24/18
albendazole tab 200mg (Brand = Albenza®)	G	No Change		Generic Addition	No Change	10/1/18
lactulose pak 10gm (Brand = Kristalose®)	G	No Change		Generic Addition	No Change	10/1/18
morphine sul cap ER 40mg (Brand = Kadian® ER)	G + PA + QL + MME (2 per day)	No Change		Generic Addition	No Change	10/1/18
amphetamine tab 5mg (Brand = Evekeo®)	G + QL (3 per day)	No Change		Generic Addition	No Change	10/8/18
amphetamine tab 10mg (Brand = Evekeo®)	G + QL (4 per day)	No Change		Generic Addition	No Change	10/8/18
testosterone gel 1.62% (Brand = Androgel® Gel)	G + PA	No Change		Generic Addition	No Change	10/22/18
clobazam 10mg, 20mg (Brand = Onfi® tablet)	G	No Change		Generic Addition	No Change	10/29/18

*= for Specialty plans

(continued)

Drug Name	Current (tier and edit)	As of 4/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
clobazam susp 2.5mg/ml (Brand = Onfi® susp)	G	No Change		No Change	No Change	10/29/18
metformin HCl 500mg/5ml soln (Brand = Riomet®)	NPD	No Change		No Change	No Change	8/6/18
imiquimod cream 3.75% pump (Brand = Zyclara® pump)	NPD	No Change		No Change	No Change	8/27/18
bupropion tab 450mg ER (Brand = Forfivo® XL)	NPD	No Change		No Change	No Change	9/24/18
Lokelma® Pak 5gm, 10gm	NPD	No Change		No Change	No Change	8/6/18
Plenvu® Soln	NPD	No Change		No Change	No Change	8/13/18
Galafold™ cap 123mg	NPD/SP* + PA	No Change		No Change	No Change	8/20/18
adapalene soln 0.1%	G + AL (Max Age 25 years)	No Change		No Change	No Change	8/27/18
Mulpleta® tab 3mg	NPD/SP* + PA	No Change		No Change	No Change	8/27/18
Plixda™ Pad Swab 0.1%	G + AL (Max Age 25 years)	No Change		No Change	No Change	9/3/18
Qbrexza™ Pad 2.4%	NPD + PA	No Change		No Change	No Change	9/3/18
Jivi® Inj 1000 unit, 2000 unit, 3000 unit, 500 unit	NPD/SP* + PA	No Change		No Change	No Change	9/10/18
Nivestym™ Inj 300/0.5, 480/0.8	NPD/SP*	No Change		No Change	No Change	9/10/18
Pifeltro™ tab	NPD	No Change		No Change	No Change	9/24/18
Delstrigo™ tab	NPD	No Change		No Change	No Change	9/24/18
Ztlido™ Pad 1.8%	NPD + PA + QL (3 per day)	No Change		No Change	No Change	9/24/18
Ajovy™ Inj 225/1.5	NPD + PA	No Change		No Change	No Change	9/24/18

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Drug Name	Current (tier and edit)	As of 4/1/19 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Copiktra™ cap 15mg, 25mg	NPD/SP* + PA	No Change		No Change	No Change	10/1/18
Minolira™ tab 105mg, 135mg	NPD + PA + QL (Max 84 day supply in 180 days)	No Change	generic tetracyclines	No Change	No Change	10/1/18
Tiglutik™ Susp 50/10ml	NPD	No Change		No Change	No Change	10/1/18
Altreno™ Lot 0.05%	NPD + PA + AL (Max Age 25 years)	No Change		No Change	No Change	10/8/18
Arikayce® Susp	NPD/SP* + PA	No Change		No Change	No Change	10/8/18
Epidiolex® Sol 100mg/ml	NPD + PA	No Change		No Change	No Change	10/8/18
Vizimpro® 15mg, 30mg, 45mg	NPD/SP* + PA	No Change		No Change	No Change	10/8/18
Xepi™ Cream	NPD + PA	No Change	mupirocin ointment	No Change	No Change	10/8/18
Emgality™ Inj 120mg/ml	NPD + PA	No Change		No Change	No Change	10/8/18
Nocdurna® Sub 27.7mcg, 55.3mcg	NPD	No Change		No Change	No Change	10/15/18
Talzenna™ cap 0.25mg, 1mg	NPD/SP* + PA	No Change		No Change	No Change	10/22/18
Inveltys™ susp 1%	NPD	No Change		No Change	No Change	10/29/18
Xofluza™ Therapy Pak 20mg, 40mg	NPD + QL (2 per 28 days)	No Change		No Change	No Change	10/29/18
Tegsedi™ Inj 284/1.5	NPD/SP* + PA	No Change		No Change	No Change	10/29/18
Fycompa™	NPD + AL (Min Age 12)	NPD		No Change	AL Removed	4/1/19

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Abbreviation Key

G	Generic
LCG	Low Cost Generic
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 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 drug.
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/Generic Deletion	Coverage was removed from this drug. Formulary alternatives are available.
PA Criteria Change	New prior authorization criteria apply to drug.

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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.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

Chinese: 注意：如果您讲中文，您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

French Creole: ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnitusch Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh. T'áá shqoqdí hódíílnih koji'Áká'anídaalwo'jii éi binumber naaltsoos nítl'izgo nantinígíí bine'déé' bikáá'.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ کے پیچھے دئیے گئے صارف خدمات نمبر پر برائے کرم کال کریں۔

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.