

**PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES**  
**Select Drug Program®**

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Aczone® Gel</b> 5%, 7.5%	NPD + PA + AL (Min Age 12)	NPD + PA	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
<b>Adbry® Inj</b> 300/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
allopurinol tab 200mg	NPD + PA	No Change (New Generic)	Generic allopurinol 100mg tablet	No Change	No Change	09/16/24
<b>Austedo® XR Tab</b> 18mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
<b>Austedo® XR Tab</b> Titr Kit	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/15/24
<b>Clobetasol Sus</b> 0.05%	NPD + PA	No Change (New Drug)	One generic ophthalmic steroid suspension (e.g., Prednisolone ophthalmic suspension, fluorometholone ophthalmic suspension, dexamethasone ophthalmic suspension)	No Change	No Change	07/15/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

*(continued)*

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Crexont® Cap</b>	NPD + PA	No Change (New Drug)	Generic carbidopa/levodopa	No Change	No Change	08/19/24
dabigatran cap <b>(Brand: Pradaxa®)</b>	G	No Change (New Generic)		No Change	No Change	09/16/24
<b>Dapsone® Gel</b> 5%, 7.5%	NPD + PA + AL (Min Age 12)	NPD + PA	Three of the following generics: adapalene cream/gel, adapalene/benzoyl peroxide, clindamycin gel/lotion/solution, clindamycin/tretinoin, erythromycin/benzoyl peroxide, tretinoin cream/gel	No Change	AL Removal	04/01/25
dasatinib tab <b>(Brand: Sprycel®)</b>	G/SP* + PA	No Change (New Generic)		No Change	No Change	09/09/24
<b>Ebglyss™ Inj</b> 250/2ml Auto-Injector	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/23/24
<b>Ebglyss™ Inj</b> 250/2ml Prefilled Syringe	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	11/11/24
<b>Entresto® Cap</b> 6-6mg, 15-16mg	PB + QL (4 caps per day)	No Change (New Drug)		No Change	No Change	07/08/24
<b>Femlyv™ Tab</b> 1/0.02mg	NPD	No Change (New Drug)		No Change	No Change	09/23/24
glimepiride tab 3mg	G	No Change (New Drug)		No Change	No Change	09/09/24
ivabradine tab 5mg, 7.5mg <b>(Brand: Corlanor®)</b>	G + PA	No Change (New Generic)		No Change	No Change	07/15/24
<b>Lazcluze® Tab</b> 80mg, 240mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/02/24
l-glutamine pow 5gm <b>(Brand: Endari®)</b>	G + PA	No Change (New Generic)		No Change	No Change	07/22/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Livdelzi® Cap 10mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
<b>Livmarli® Sol 19mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
lofexidine tab 0.18mg <b>(Brand: Lucemyra®)</b>	G + QL + PA (16 tabs per day)	No Change (New Generic)	Generic clonidine	No Change	No Change	09/02/24
<b>Miplyffa™ Cap</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/30/24
<b>Nemluvio® Inj 30mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
<b>Ohtuvayre™ Sus 3/2.5ml</b>	NPD + PA + QL (5ml per day)	No Change (New Drug)		No Change	No Change	07/08/24
<b>Omvoh® Solution Auto-Injector 100mg/ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>Omvoh® Solution Prefilled Syringe 100mg/ml</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
ondansetron tab 16mg ODT	G	No Change (New Drug)		No Change	No Change	07/8/24
<b>Onyda™ XR Sus 0.1mg/ml</b>	NPD + PA + QL (4ml per day)	No Change (New Drug)	ONE of the following: generic atomoxetine, generic guanfacine ER, generic clonidine ER	No Change	No Change	09/09/24
<b>Otezla® 20mg Tab</b>	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
<b>Otezla® Tab Starter Therapy Pack 4 X 10mg &amp; 51 X 20mg</b>	PB/SP* + PA	No Change (New Drug)		No Change	No Change	08/05/24
oxcarbazepin tab ER <b>(Brand: Oxtellar XR®)</b>	G + PA	No Change (New Generic)	Generic oxcarbazepine tablet	No Change	No Change	09/09/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
pot chloride tab 15meq ER	G	No Change (New Drug)		No Change	No Change	09/16/24
<b>Retevmo® Tab</b> 40mg, 80mg, 120mg, 160mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/12/24
<b>Scemblix® Tab</b> 100mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
<b>Sofdra™ Gel</b> 12.45%	NPD + PA	No Change (New Drug)		No Change	No Change	07/08/24
<b>Sotyktu® Tab 6mg</b>	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>Taltz® Inj</b> 20/0.25ml, 40/0.5ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>Taltz® Solution</b> Auto-Injector 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>Taltz® Solution</b> Prefilled Syringe 80mg/ml	NPD/SP* + PA	PB/SP* + PA		Brand Downtier	No Change	01/20/25
<b>Tanlor® Tab</b> 1000mg	Excluded	No Change (New Drug)		No Change	No Change	08/05/24
tazarotene cre 0.05% <b>(Brand: Tazorac® Cream)</b>	G + AL (Max Age 25)	No Change (New Generic)		No Change	No Change	09/16/24
<b>Tremfya® Inj</b> 200/2ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	09/23/24
<b>Tryvio™ Tab</b> 12.5mg	NPD + PA	No Change (New Drug)		No Change	No Change	09/09/24
<b>Tyenne® Inj</b> 162mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/01/24
<b>Vafseo® Tab</b> 150mg, 300mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	07/22/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

(continued)

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/25 version)

Drug Name	Current (tier and edit)	New Tier and Edit	Formulary Alternatives	Tier Change	Edit Change	Effective Date
<b>Veltassa® Pow 1gm</b>	NPD	No Change (New Drug)		No Change	No Change	09/16/24
<b>Vigafyde™ Sol 100mg/ml</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/12/24
<b>Voranigo® Tab 10mg, 40mg</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	08/19/24
<b>Yorvipath® Inj</b>	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	09/09/24
<b>Zepbound® Inj 2.5mg, 5/0.5ml</b>	NPD + PA + QL (0.08ml per day)	No Change (New Drug)		No Change	No Change	08/12/24
<b>Zoryve® Cream 0.15%</b>	NPD + PA	No Change (New Drug)	ALL of the following: generic topical steroid (e.g., triamcinolone, clobetasol, halobetasol, etc.), generic tacrolimus ointment/ Pimecrolimus cream, <b>Eucrisa®</b> (crisaborole) ointment.	No Change	No Change	07/15/24

\*= for Specialty plans

\*\* = May be available as generic for certain plans

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage.

(4/25 version)

**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>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.

[www.ibx.com](http://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.