

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES
Select Drug Program®
January 1, 2022 Updates

Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
pregabalin ER tab 82.5mg, 165mg, 330mg (Brand: Lyrica® CR)	G + PA	No Change (New Generic)		Generic Addition	No Change	04/19/21
isotretinoin cap 25mg, 35mg (Brand: Absorica®)	G	No Change (New Generic)		Generic Addition	No Change	05/10/21
calcitonin inj 200/ml (Brand: Miacalcin®)	G	No Change (New Generic)		Generic Addition	No Change	05/24/21
tiopronin tab 100mg (Brand: Thiola®)	G/SP*	No Change (New Generic)		Generic Addition	No Change	05/24/21
arformoterol neb 15/2ml (Brand: Brovana®)	G	No Change (New Generic)		Generic Addition	No Change	05/31/21
rufinamide tab 200mg, 400mg (Brand: Banzel™)	G + PA	No Change (New Generic)		Generic Addition	No Change	06/07/21
bepotastine dro 1.5% (Brand: Bepreve®)	G	No Change (New Generic)		Generic Addition	No Change	06/07/21
lopin/riton tab 100-25mg, 200-50mg (Brand: Kaletra®)	G	No Change (New Generic)		Generic Addition	No Change	06/13/21
etravirine tab 100mg, 200mg (Brand: Intelence®)	G	No Change (New Generic)		Generic Addition	No Change	06/21/21
formoterol neb 20/2ml (Brand: Perforomist®)	G	No Change (New Generic)		Generic Addition	No Change	06/28/21
clemastine syp 0.5/5ml	G	No Change		No Change	No Change	05/10/21
desrx gel 0.05%	G	No Change		No Change	No Change	05/10/21

*= for Specialty plans

Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Tritocin™ Oint 0.05%	NPD + PA	No Change		No Change	No Change	05/10/21
Humatin™ Cap 250mg	NPD	No Change		No Change	No Change	05/31/21
Elepsia™ XR Tab 1000mg, 1500mg	NPD + PA	No Change (New Drug)	generic levetiracetam	No Change	No Change	04/05/21
Fotivda® Cap 0.89mg, 1.34mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/05/21
Roszet® Tab 5-10mg, 40-10mg, 20-10mg, 10-10mg	NPD + PA	No Change (New Drug)	3 generic HMG CoA reductase inhibitors	No Change	No Change	04/12/21
Zegalogue® Inj 0.6/0.6	NPD + PA	No Change (New Drug)	One of the following: Glucagon®, Baqsimi®, Gvoke®	No Change	No Change	04/19/21
Xpovio® Tab 40mg, 50mg, 60mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	04/26/21
Nextstellis® Tab 3-14.2mg	NPD	No Change (New Drug)		No Change	No Change	04/26/21
Ingrezza® Cap 60mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/10/21
Xcopri® Tab	NPD + PA	No Change (New Drug)	Lamotrigene IR or continuation of therapy with Xcopri®	No Change	No Change	05/10/21
Accrufer® Cap 30mg	NPD	No Change (New Drug)		No Change	No Change	05/17/21
Exservan™ Mis 50mg	NPD	No Change (New Drug)		No Change	No Change	05/17/21
Skyrizi® Inj 150mg/ml	PB/SP* + PA	No Change (New Drug)		No Change	No Change	05/17/21
Empaveli™ Inj 1080mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	05/24/21
Lumakras™ Tab 120mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/07/21
Myfembree® Tab	NPD + PA	No Change (New Drug)		No Change	No Change	06/07/21

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Truseltiq™ Cap 125mg, 100mg, 75mg, 50mg	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/07/21
Cosentyx® Inj 75mg/0.5ml	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/07/21
Trikafta® Tab	NPD/SP* + PA	No Change (New Drug)		No Change	No Change	06/13/21
Wegovy™ Inj 2.4mg, 1.7mg, 1mg, 0.5mg, 0.25mg	NPD + PA	No Change (New Drug)		No Change	No Change	06/13/21
Pancreaze® Cap 37000	NPD + PA	No Change (New Drug)		No Change	No Change	06/21/21
Ayvakit™ Tab 25mg, 50mg	NPD/SP* + PA + QL (1 per day)	No Change (New Drug)		No Change	No Change	06/28/21
Rasuvo® Solution Auto-Injector	NPD + PA	PB + PA		Brand Downtier	No Change	01/01/22
acyclovir cap 200mg	G	LCG		Generic Downtier	No Change	01/01/22
atorvastatin calcium tab 10mg, 20mg, 40mg, 80mg	G	LCG		Generic Downtier	No Change	01/01/22
furosemide solution 10mg/ml, 8mg/ml	G	LCG		Generic Downtier	No Change	01/01/22
glimepiride tab 1mg, 2mg, 4mg	G	LCG		Generic Downtier	No Change	01/01/22
montelukast sodium tab chewable 4mg, 5mg	G	LCG		Generic Downtier	No Change	01/01/22
quetiapine fumarate tab 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	G	LCG		Generic Downtier	No Change	01/01/22
terbinafine HCL tab 250mg	G	LCG		Generic Downtier	No Change	01/01/22
tobramycin solution 0.3% ophthalmic	G	LCG		Generic Downtier	No Change	01/01/22
tropicamide solution 0.5%, 1% ophthalmic	G	LCG		Generic Downtier	No Change	01/01/22
nitrofurantoin monohydrate macrocrystalline cap 100mg	G	LCG		Generic Downtier	No Change	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Follistim® AQ Solution 300 Unit/0.36ML Subcutaneous	NPD/SP* + QL + PA (15 per 30 days)	PB/SP* + QL (15 per 30 days)		Brand Downtier	PA Removal	01/01/22
Follistim® AQ Solution 600 Unit/0.72ML Subcutaneous	NPD/SP* + QL + PA (8 per 30 days)	PB/SP* + QL (8 per 30 days)		Brand Downtier	PA Removal	01/01/22
Follistim® AQ Solution 900 Unit/1.08ML Subcutaneous	NPD/SP* + QL + PA (5 per 30 days)	PB/SP* + QL (5 per 30 days)		Brand Downtier	PA Removal	01/01/22
Sutab® Tab 1479-225-188mg	NPD + PA	NPD		No Change	PA Removal	01/01/22
Eysuvis™ Suspension 0.25% Ophthalmic	NPD + PA	NPD		No Change	PA Removal	01/01/22
Enstilar® Foam 0.005-0.064%	NPD + PA	NPD		No Change	PA Removal	01/01/22
Taclonex® Ointment 0.005-0.064%	NPD + PA	NPD		No Change	PA Removal	01/01/22
Taclonex® Suspension 0.005-0.064%	NPD + PA	NPD		No Change	PA Removal	01/01/22
donepezil HCL tablet 5mg, 10mg, 23mg	LCG + AL (Min Age 50)	G + AL (Min Age 50)		Generic Uptier	No Change	01/01/22
gentamicin sulfate solution 0.3% ophthalmic	LCG	G		Generic Uptier	No Change	01/01/22
guaifenesin-codeine solution 100-10mg/5ml	LCG + QL + AL + D/S (60ml per day; Min Age 18; Max 5 D/S)	G + QL + AL + D/S (60ml per day; Min Age 18; Max 5 D/S)		Generic Uptier	No Change	01/01/22
levofloxacin tab 250mg, 500mg, 750mg	LCG	G		Generic Uptier	No Change	01/01/22
m-clear wc solution 100-6.3mg/5ml	LCG + QL + AL + D/S (90ml per day; Min Age 18; Max 5 D/S)	G + QL + AL + D/S (90ml per day; Min Age 18; Max 5 D/S)		Generic Uptier	No Change	01/01/22
methylprednisolone tab therapy pack 4mg	LCG	G		Generic Uptier	No Change	01/01/22
oxybutynin chloride syrup 5mg/5ml	LCG	G		Generic Uptier	No Change	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
penicillin v potassium tab 250mg, 500mg	LCG	G		Generic Uptier	No Change	01/01/22
promethazine hcl solution 6.25mg/5ml	LCG	G		Generic Uptier	No Change	01/01/22
promethazine hcl syrup 6.25mg/5ml	LCG	G		Generic Uptier	No Change	01/01/22
promethazine-dm syrup 6.25-15mg/5ml	LCG	G		Generic Uptier	No Change	01/01/22
virtussin ac w/alc liquid 100-10mg/5ml	LCG + QL (60ml per day)	G + QL (60ml per day)		Generic Uptier	No Change	01/01/22
metoclopramide HCL tab dispersible 5mg, 10mg	G	NPD		Generic Uptier	No Change	01/01/22
Glucagon Emergency Kit 1mg Injection	PB	NPD		Brand Uptier	No Change	01/01/22
Truvada® Tab 100-150, 133-200, 167-250	PB	NPD		Brand Uptier	No Change	01/01/22
Azopt® Sus 1% Ophthalmic	PB	NPD		Brand Uptier	No Change	01/01/22
Moxeza™ Solution 0.5% Ophthalmic	PB	NPD		Brand Uptier	No Change	01/01/22
Kaletra® Tab 100-25mg, 200-50mg	PB	NPD		Brand Uptier	No Change	01/01/22
ProAir® HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	PB + QL (2 per 30 days)	NPD + QL (2 per 30 days)		Brand Uptier	No Change	01/01/22
ProAir® RespiClick® Aerosol Powder Breath Activated 108 (90 Base) MCG/ACT Inhalation	PB + QL (2 per 30 days)	NPD + QL (2 per 30 days)		Brand Uptier	No Change	01/01/22
Praluent® Solution Auto-Injector 150mg/ml, 75mg/ml	PB + PA	NPD + PA		Brand Uptier	No Change	01/01/22
Ajovy® Solution Auto-Injector/ Prefilled Syringe 225mg/1.5ml Subcutaneous	PB + PA	NPD + PA		Brand Uptier	No Change	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Accupril® Tab 5mg, 10mg, 20mg, 40mg	NPD	NPD + PA	3 generic angiotensin-converting enzyme (ACE) inhibitors (e.g. lisinopril, enalapril)	No Change	PA Addition	01/01/22
Altace® Cap 1.25mg, 2.5mg, 5mg, 10mg	NPD	NPD + PA	3 generic angiotensin-converting enzyme (ACE) inhibitors (e.g. lisinopril, enalapril)	No Change	PA Addition	01/01/22
Lotrel® Cap 5-10mg, 5-20mg, 10-20mg, 10-40mg	NPD	NPD + PA	generic equivalent	No Change	PA Addition	01/01/22
Niaspan® ER Tab 500mg, 750mg, 1000mg	NPD	NPD + PA	generic equivalent	No Change	PA Addition	01/01/22
Norvasc® Tab 2.5mg, 5mg, 10mg	NPD	NPD + PA	3 generic calcium channel blockers (e.g., amlodipine, diltiazem, nifedipine, verapamil, etc)	No Change	PA Addition	01/01/22
Zocor® Tab 10mg, 20mg, 40mg, 80mg	NPD	NPD + PA	3 generic HMG COA reductase inhibitors (e.g., simvastatin, atorvastatin, rosuvastatin, pravastatin, etc)	No Change	PA Addition	01/01/22
metaxalone® tab 400mg, 800mg	NPD	NPD + PA	2 generic skeletal muscle relaxants (e.g. carisoprodol, tizanidine, cyclobenzaprine, chlorzoxazone 500mg, etc)	No Change	PA Addition	01/01/22
Bepreve® Solution 1.5% Ophthalmic	NPD	NPD + PA	Two of the following generics: azelastine, cromolyn sodium, epinastine, olopatadine	No Change	PA Addition	01/01/22
Duetact™ Tab 30-2mg, 30-4mg	NPD	NPD + PA	generic pioglitazone-glimepiride	No Change	PA Addition	01/01/22
Sensipar® Tab 30mg, 60mg, 90mg	NPD	NPD + PA	generic cinacalcet	No Change	PA Addition	01/01/22
imiquimod cream 3.75%	G	G + PA		No Change	PA Addition	01/01/22
Imiquimod Pump Cream 3.75%	NPD	NPD + PA		No Change	PA Addition	01/01/22
Zyclara™ Cream/Pump 3.75%	NPD	NPD + PA		No Change	PA Addition	01/01/22
Zyclara™ Cream Pump 2.5%	NPD	NPD + PA		No Change	PA Addition	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Bupropion HCl ER (XL) Tab 24 Hour 450mg	NPD	NPD + PA	3 generic antidepressants (e.g., citalopram, venlafaxine, bupropion, sertraline, etc)	No Change	PA Addition	01/01/22
Forfivo® XL Tab 24 Hour 450mg	NPD	NPD + PA	3 generic antidepressants (e.g., citalopram, venlafaxine, bupropion, sertraline, etc)	No Change	PA Addition	01/01/22
Solosec® Granules 2gm	NPD	NPD + PA	generic metronidazole	No Change	PA Addition	01/01/22
Cleocin® Cream 2% Vaginal	NPD	NPD + PA	One of the following: generic metronidazole gel or generic clindamycin cream	No Change	PA Addition	01/01/22
Cleocin® Suppository 100mg Vaginal	NPD	NPD + PA	One of the following: generic metronidazole gel or generic clindamycin cream	No Change	PA Addition	01/01/22
Nuessa™ Gel 1.3% Vaginal	NPD	NPD + PA	One of the following: generic metronidazole gel or generic clindamycin cream	No Change	PA Addition	01/01/22
Bethkis® Nebulization Solution 300mg/4ml Inhalation	NPD/SP*	NPD/SP* + PA	generic tobramycin nebulizer	No Change	PA Addition	01/01/22
Kitabis® Pak Nebulization Solution 300mg/5ml Inhalation	NPD/SP*	NPD/SP* + PA	generic tobramycin nebulizer	No Change	PA Addition	01/01/22
Tobi® Nebulization Solution 300mg/5ml Inhalation	NPD/SP*	NPD/SP* + PA	generic tobramycin nebulizer	No Change	PA Addition	01/01/22
Lyrica® Cap 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	NPD	NPD + PA		No Change	PA Addition	01/01/22
Lyrica® Solution 20mg/ml	NPD	NPD + PA		No Change	PA Addition	01/01/22
Nityr® Tab 10mg, 5mg, 2mg	NPD/SP*	NPD/SP* + PA		No Change	PA Addition	01/01/22
Fuzeon® Solution Reconstituted 90mg Subcutaneous	NPD	NPD + PA		No Change	PA Addition	01/01/22
Lastacaft® Solution 0.25% Ophthalmic	NPD	NPD + PA	Two of the following generics: azelastine, cromolyn sodium, epinastine, olopatadine	No Change	PA Addition	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Gonal-f® RFF Rediject™ Solution 300 Unit/0.5ml Subcutaneous	PB/SP* + QL (15 per 30 days)	NPD/SP* + PA + QL (15 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
Gonal-f® RFF Rediject™ Solution 450 Unit/0.75ml Subcutaneous	PB/SP* + QL (10 per 30 days)	NPD/SP* + PA + QL (10 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
Gonal-f® RFF Rediject™ Solution 900 Unit/1.5ml Subcutaneous	PB/SP* + QL (5 per 30 days)	NPD/SP* + PA + QL (5 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
Gonal-f® RFF Solution Reconstituted 75 Unit Subcutaneous	PB/SP* + QL (60 per 30 days)	NPD/SP* + PA + QL (60 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
Gonal-f® Solution Reconstituted 1050 Unit Injection	PB/SP* + QL (5 per 30 days)	NPD/SP* + PA + QL (5 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
Gonal-f® Solution Reconstituted 450 Unit Injection	PB/SP* + QL (10 per 30 days)	NPD/SP* + PA + QL(10 per 30 days)	Follistim® AQ	Brand Uptier	PA Addition	01/01/22
DermacinRx® Pretrate Tab	NPD + PA	Excluded		Brand Deletion		01/01/22
Thyquidity™ Sol 100mcg	NPD + PA	NPD + PA + AL (Max Age 12)	generic levothyroxine	No Change	AL Addition	01/01/22
nitazoxanide tab 500mg	G	G + QL (12 per 6 days)		No Change	AL Addition	01/01/22
Alinia® Suspension Reconstituted 100mg/5ml	NPD	NPD + QL (300ml per 6 days)		No Change	QL Addition	01/01/22
Alinia® Tab 500mg	NPD	NPD + QL (12 per 6 days)		No Change	QL Addition	01/01/22
Lupkynis™ Cap 7.9mg	NPD/SP* + PA	NPD/SP* + PA + QL (6 per day)		No Change	QL Addition	01/01/22
Verquvo® Tab 2.5mg, 5mg, 10mg	NPD + PA	NPD + PA + QL (1 per day)		No Change	QL Addition	01/01/22
Qelbree™ Cap ER 100mg	NPD + PA	NPD + PA + QL (1 per day)	One of the following: generic atomoxetine, generic guanfacine ER, generic clonidine ER	No Change	QL Addition	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Qelbree™ Cap ER 150mg, 200mg	NPD + PA	NPD + PA + QL (2 per day)	One of the following: generic atomoxetine, generic guanfacine ER, generic clonidine ER	No Change	QL Addition	01/01/22
FreeStyle Libre™ 14 Day Reader Device	PB	PB + QL (2 per year)		No Change	QL Addition	01/01/22
FreeStyle Libre™ 14 Day Sensor	PB	PB + QL (2 per 28 days)		No Change	QL Addition	01/01/22
FreeStyle Libre™ 2 Reader Device	PB	PB + QL (2 per year)		No Change	QL Addition	01/01/22
FreeStyle Libre™ 2 Sensor	PB	PB + QL (2 per 28 days)		No Change	QL Addition	01/01/22
FreeStyle Libre™ Reader Device	PB	PB + QL (2 per year)		No Change	QL Addition	01/01/22
FreeStyle Libre™ 10 Day Sensor	PB	PB + QL (3 per 28 days)		No Change	QL Addition	01/01/22
Dexcom G4® Plat Ped Receiver Device	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Dexcom G4® Platinum Receiver Device	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Dexcom G4® Platinum Transmitter	NPD + PA	NPD + PA + QL (4 per year)		No Change	QL Addition	01/01/22
Dexcom G4® Sensor	NPD + PA	NPD + PA + QL (4 per 28 days)		No Change	QL Addition	01/01/22
Dexcom G5® Mob/G4 Plat Sensor	NPD + PA	NPD + PA + QL (4 per 28 days)		No Change	QL Addition	01/01/22
Dexcom G5® Mobile Receiver Device	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Dexcom G5® Mobile Transmitter	NPD + PA	NPD + PA + QL (4 per year)		No Change	QL Addition	01/01/22
Dexcom G5® Receiver Kit Device	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22

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Drug Name	Current (tier and edit)	As of 01/01/22 (tier and edit)	Formulary Alternatives	Tier Change	Edit Change	Effective Date
Dexcom G6® Receiver Device	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Dexcom G6® Sensor	NPD + PA	NPD + PA + QL (4 per 28 days)		No Change	QL Addition	01/01/22
Dexcom G6® Transmitter	NPD + PA	NPD + PA + QL (4 per year)		No Change	QL Addition	01/01/22
Enlite® Glucose Sensor	NPD + PA	NPD + PA + QL (5 per 30 days)		No Change	QL Addition	01/01/22
Guardian™ Connect Transmitter	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Guardian™ Link 3 Transmitter	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Guardian™ Sensor (3)	NPD + PA	NPD + PA + QL (5 per 30 days)		No Change	QL Addition	01/01/22
G4 Platinum Mis RCV/SHAR	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
G4 Plat Ped Mis RVC/SHAR	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
MiniMed™ 630G Mis Transmit	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Guardian™ RT Mis Repl Ped	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
MiniLink™ RT Mis Transmit	NPD + PA	NPD + PA + QL (2 per year)		No Change	QL Addition	01/01/22
Nurtec® Tablet Dispersible 75mg	PB + PA + QL (15 per 30 days)	PB + PA + QL (18/30 days)		No Change	QL Update	01/01/22

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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.
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.