

PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
abacavir sulfate/lamivudine	Epzicom [®]	Chapter 1. Antibiotics & Other Drugs Used for Infection	October 10, 2016
amlodipine besylate/ olmesartan	Azor [®]	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 31, 2016
drospire/eth/estra/levomefol	Beyaz [™]	Chapter 10. Female, Hormone Replacement, & Birth Control	October 17, 2016
erythrom eth susp 200/5 ml	E.E.S. 200 [®]	Chapter 5. Skin Medications	September 26, 2016
flurandrenol lot 0.5%	Cordran [®]	Chapter 5. Skin Medications	October 10, 2016
levalbuterol 45 mcg/act aer	Xopenex [®] HFA	Chapter 12. Allergy, Cough & Cold, Lung Meds	October 10, 2016
mesalamine dr 800 mg	Asacol [®] HD	Chapter 8. Stomach, Ulcer, & Bowel Meds	August 8, 2016
metoprolol succinate/hctz 25-12.5 mg	Dutoprol [™]	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 17, 2016
nitroglycerin sub 0.3 mg, 0.4 mg, 0.6 mg	Nitrostat [®]	Chapter 4. Heart, Blood Pressure, & Cholesterol	September 5, 2016
olmesartan/amlodipine/hctz	Tribenzor [™]	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 31, 2016
olmesartan/hctz	Benicar HCT [®]	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 31, 2016
olmesartan medoxomil	Benicar [®]	Chapter 4. Heart, Blood Pressure, & Cholesterol	October 31, 2016
valganciclov sol 50 mg/ml	Valcyte [®]	Chapter 1. Antibiotics & Other Drugs Used for Infection	September 5, 2016
yuvafem	Vagifem [®]	Chapter 10. Female, Hormone Replacement, & Birth Control	October 17, 2016

Brand Additions

These brand drugs were added to the formulary as of the date indicated below and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Jardiance [®]	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2017
Lantus [®]	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2017
Synjardy [®]	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2017
Toujeo [®] Solostar	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2017
Tresiba [®]	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	February 1, 2017
Triumeq [®]	Chapter 1. Antibiotics & Other Drugs Used for Infection	January 1, 2017
Viagra [®]	Chapter 13. Urinary & Prostate Meds	February 1, 2017

Brand Deletions

These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing:
Effective April 1, 2017

Brand drug	Generic drug	Formulary chapter
Androgel [®] 1%	testosterone 1% gel	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Azor [®]	amlodipine besylate/olmesartan	Chapter 4. Heart, Blood Pressure, & Cholesterol
Benicar [®]	olmesartan medoxomil	Chapter 4. Heart, Blood Pressure, & Cholesterol
Benicar HCT [®]	olmesartan/hctz	Chapter 4. Heart, Blood Pressure, & Cholesterol

Brand Deletions

**These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing:
Effective April 1, 2017**

Brand drug	Generic drug	Formulary chapter
Epzicom® tab 600-300	abacavir sulfate/lamvudine	Chapter 1. Antibiotics & Other Drugs Used for Infection
Nitrostat® tab	nitroglycerin sub tab	Chapter 4. Heart, Blood Pressure, & Cholesterol
Tribenzor™	olmesartan/amlodipine/hctz	Chapter 4. Heart, Blood Pressure, & Cholesterol

The generics for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

Brand Deletions

**This brand drug will be covered at the appropriate non-preferred level of cost-sharing:
Effective April 1, 2017**

Brand drug	Formulary Therapeutic Alternatives	Formulary chapter
Axiron®	testosterone gel	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones

There is no generic equivalent for the above brand drug; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing. Contact your doctor to discuss formulary alternatives.

Generic Deletions

**These generic drugs will be covered at the appropriate non-preferred drug level of cost-sharing:
Effective April 1, 2017**

Generic drug	Formulary Therapeutic Alternatives	Formulary chapter
diclofenac 1.5% sol	ibuprofen, indomethacin, flurbiprofen	Chapter 9. Bone, Joint, & Muscle
metaxolone	cyclobenzaprine, chlorzoxazone	Chapter 9. Bone, Joint, & Muscle
naproxen sodium CR	ibuprofen, indomethacin, flurbiprofen	Chapter 9. Bone, Joint, & Muscle
naproxen sodium ER	ibuprofen, indomethacin, flurbiprofen	Chapter 9. Bone, Joint, & Muscle

Drugs Requiring Prior Authorization

**The prior authorization requirement for the following drugs was effective
at the time the drugs became available in the marketplace:**

Brand drug	Generic drug	Formulary chapter	Effective date
Basaglar®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	November 23, 2016
Yosprala™ 325/40 mg, 81/40 mg	N/A	Chapter 4. Heart, Blood Pressure, & Cholesterol	August 29, 2016
Zurampic® 200 mg	N/A	Chapter 9. Bone, Joint, & Muscle	August 29, 2016

Drugs Requiring Prior Authorization

**The following non-preferred drugs will be added to the list of drugs requiring prior authorization:
Effective April 1, 2017**

Brand drug	Generic drug	Formulary chapter
Anaprox® DS	naproxen sodium	Chapter 9. Bone, Joint, & Muscle
Colcrys®	colchicine	Chapter 9. Bone, Joint, & Muscle
EC-Naprosyn®	naproxen sodium	Chapter 9. Bone, Joint, & Muscle
Lidoderm®	lidocaine	Chapter 5. Skin Medications
Mitigare®	colchicine	Chapter 9. Bone, Joint, & Muscle
Naprelan®	naproxen sodium	Chapter 9. Bone, Joint, & Muscle
Naprosyn®	naproxen sodium	Chapter 9. Bone, Joint, & Muscle
Targadox™	N/A	Chapter 1. Antibiotics & Other Drugs Used for Infection
Thiola®	N/A	Chapter 12. Allergy, Cough & Cold, Lung Meds
Uloric®	N/A	Chapter 9. Bone, Joint, & Muscle

Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drugs:
Effective February 1, 2017

Brand drug	Generic drug	Formulary chapter
Glyxambi®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Jardiance®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Lantus®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Novarel®	chorionic gonadotropin	Chapter 15. Diagnostics & Miscellaneous Agents
Pregnyl®	chorionic gonadotropin	Chapter 15. Diagnostics & Miscellaneous Agents
Synjardy®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Voltaren® gel	diclofenac sodium	Chapter 3. Pain, Nervous System, & Psych

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.