



Capital Blue Cross Chip Formulary Update

(2ND & 3RD Quarter 2023) Effective January 1, 2024

The Capital BlueCross formulary is a reference list of prescription drugs that contains a wide range of generic and brand drugs that have been approved by the U.S. Food and Drug Administration (FDA). The formulary is updated on a quarterly basis or when new generic or brand-name medications become available and as discontinued drugs are removed from the marketplace.

The Capital BlueCross Closed formulary serves as a reference for Exchange/Marketplace prescription drug benefit designs.

- A CHIP formulary provides access to generic, brand preferred and select brand non-preferred medications. Under a Closed formulary, only select brand non-preferred drugs (non-formulary drugs) are covered unless approved via a Non-Formulary Consideration Process. The provider may request that coverage be granted when medically necessary. The Non-Formulary Consideration Process may require the trial and failure of 2 formulary alternatives (if 2 are available) prior to approval of the non-formulary medication. Approvals will be member-and drug-specific. Each unique non-formulary drug exception must be reviewed and approved separately.

Prior Authorization (PAR) utilization Management New Additions Effective January 1, 2024

Drug Class/Drug	Indication
ESBRIET ¹ (PA, QL)	Interstitial Lung Disease (ILD)
EXSERVAN (PA, QL)	Alternative Dosage Form
PRALUENT (PA, QL)	PCSK9 Inhibitors
REPATHA (PA, QL)	PCSK9 Inhibitors
TIGLUTIK (PA, QL)	Alternative Dosage Form
ZIEXTENZO (PA)	Colony Stimulating Factors

Quantity Level Limit Program Effective January 1, 2024

Drug Class/Drug	Strength	Quantity Level Limit (per 30 days or as specified)
ALVESCO (QL)	80 mcg/actuation inhaler	6.1 grams/30 days
ASMANEX (QL)	110 mcg/actuation inhaler	1 inhaler/30 days
ESBRIET (PA, QL)	267mg capsule	90 capsules/30 days
EXSERVAN (PA, QL)	50 mg oral film	60 films/30 days

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Drug Class/Drug	Strength	Quantity Level Limit (per 30 days or as specified)
LYRICA CR (ST, QL)	Pregabalin Tab ER 24HR 82.5 MG	30 tablets/30 days
	Pregabalin Tab ER 24HR 165 MG	30 tablets/30 days
	Pregabalin Tab ER 24HR 330 MG	60 tablets/30 days
QVAR (QL)	40 mcg/actuation	10.6 grams/30 days
PRALUENT (PA, QL)	75 mg/mL subcutaneous solution auto-injector	2 syringes/28 days
	150 mg/mL subcutaneous solution auto-injector	2 syringes/28 days
PULMICORT FLEXHALER (QL)	90 mcg/actuation	1 inhaler/30 days
REPATHA (PA, QL)	140 mg/mL subcutaneous soln auto-injector	2 pens/28 days
	420 mg/3.5 mL subcutaneous soln cartridge/infusor	7 mLs/28 days
	140 mg/mL subcutaneous soln prefilled syringe	2 syringes/28 days
TIGLUTIK (PA, QL)	50 mg/10 mL oral suspension	600 mLs/30 days

Step Therapy Program
Effective January 1, 2024

Drug Class/Drug	Indication
PREGABALIN (ST, QL)	FIBROMYALGIA

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