

Capital Blue Cross Value Formulary Update

Effective January 1, 2025

This document lists changes to the Value formulary (list of drugs eligible for coverage through your prescription drug benefit). It includes these updates:

- **Drugs that need prior authorization (PA)**—Some prescriptions require prior authorization to make sure they are medically appropriate and cost-effective. Prior authorization changes are effective January 1, 2025.
- **Drugs with a quantity level limit (QLL)**—Certain drugs have a QLL to support safety. Examples of a QLL include limits to the quantity of a drug per prescription or limits to the quantity of a drug in a given period of time. The QLL changes listed here are effective January 1, 2025.
- **Drugs that need step therapy (ST)**—Your prescription drug plan may include step therapy for certain drugs. This means you may need to try another proven, cost-effective drug before coverage may be available for the drug included in the program. Step therapy changes are effective January 1, 2025.

Prior Authorization (PA) Utilization Management Program changes or updates

Effective: January 1, 2025

| Drug class / Drug | Indication |
|---------------------------------------|--------------|
| adapalene 0.1% pads and 0.1% solution | Retinoids |
| AIMOVIG | Antimigraine |
| AJOVY | Antimigraine |
| CARAFATE | Antiulcer |
| DIFFERIN | Retinoids |
| EMGALITY | Antimigraine |
| EPIDUO | Retinoids |

Prior Authorization (PA) Utilization Management Program changes or updates—continued

Effective: January 1, 2025

| Drug class / Drug | Indication |
|---|---|
| EPIDUO FORTE | Retinoids |
| INDOMETHACIN SUPPOSITORIES | Nonsteroidal Anti-inflammatory Agents (NSAID) |
| INSULIN ASPART | Antidiabetic |
| INSULIN ASPART FLEXPEN | Antidiabetic |
| INSULIN ASPART PENFILL | Antidiabetic |
| INSULIN ASPART PROTAMINE / ASPART 70/30 MIX | Antidiabetic |
| JYLAMVO | Anticancer; Antarthritic; Antipsoriatic |
| NUEDEXTA | Pseudobulbar Affect |
| NURTEC | Antimigraine |
| NYMALIZE | Calcium Channel Blocker |
| PEGASYS ¹ | Hepatitis C, Hepatitis B |
| QULIPTA | Antimigraine |
| REZUROCK | Chronic Graft-Versus-Host Disease (cGvHD) |
| TAZORAC | Retinoids |
| TRETINOIN LOTION | Retinoids |
| UBRELVY | Antimigraine |
| VICTOZA | Antidiabetic |
| XATMEP | Anticancer; Antarthritic |
| ZAVZPRET | Antimigraine |

Quantity Level Limit (QLL) Program²

Effective: January 1, 2025

| Drug class / Drug | Dosage | Quantity limit |
|-------------------|--|---------------------|
| ABILIFY | 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet | 30 tablets/30 days |
| ABILIFY MYCITE | Starter kit: 2 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| | Starter kit: 5 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| | Starter kit: 10 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| | Starter kit: 15 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| | Starter kit: 20 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| | Starter kit: 30 mg tablet with sensor, strips and pod | 30 tablets/30 days |
| ABILIFY MYCITE | Maintenance Kit: 2 mg tablet with sensor and strips | 30 tablets/30 days |
| | Maintenance Kit: 5 mg tablet with sensor and strips | 30 tablets/30 days |
| | Maintenance Kit: 10 mg tablet with sensor and strips | 30 tablets/30 days |
| | Maintenance Kit: 15 mg tablet with sensor and strips | 30 tablets/30 days |
| | Maintenance Kit: 20 mg tablet with sensor and strips | 30 tablets/30 days |
| ABILIFY MYCITE | Maintenance Kit: 30 mg tablet with sensor and strips | 30 tablets/30 days |
| aripiprazole | 1 mg/mL oral solution | 900 mLs/30 days |
| | 10 mg orally disintegrating tablet | 60 tablets/30 days |
| | 15 mg orally disintegrating tablet | 60 tablets/30 days |
| CARAFATE | 1 gm/10mL | 1,200 mL/30 days |
| clozapine | 12.5 mg orally disintegrating tablet | 90 tablets/30 days |
| | 25 mg orally disintegrating tablet | 270 tablets/30 days |
| | 100 mg orally disintegrating tablet | 90 tablets/30 days |
| | 150 mg orally disintegrating tablet | 180 tablets/30 days |
| | 200 mg orally disintegrating tablet | 120 tablets/30 days |

²Impacted members will be notified prior to the change.

Quantity Level Limit (QLL) Program²—continued

Effective: January 1, 2025

| Drug class / Drug | Dosage | Quantity limit |
|----------------------------|---|--------------------------|
| CLOZARIL | 25 mg tablet | 90 tablets/30 days |
| | 50 mg tablet | 90 tablets/30 days |
| | 100 mg tablet | 270 tablets/30 days |
| | 200 mg tablet | 120 tablets/30 days |
| FANAPT | 1 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet | 60 tablets/30 days |
| | Titration pak | 1 pack/180 days |
| GEODON | 20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule | 60 capsules/30 days |
| INDOMETHACIN SUPPOSITORIES | 100 mg | 60 suppositories/30 days |
| INVEGA | 1.5 mg tablet, 3 mg tablet, 9 mg tablet | 30 tablets/30 days |
| JYLAMVO | 2 mg/mL | 180 mL/28 days |
| KISQALI | 200 mg Daily Dose | 21 tablets/28 days |
| | 400 mg Daily Dose | 42 tablets/28 days |
| KISQALI FEMARA | 200 mg Dose | 49 tablets/28 days |
| | 400 mg Dose | 70 tablets/28 days |
| MEKINIST | 2mg tablet | 30 tablets/30 days |
| MIEBO | 1.338 gm/mL | 1 bottle/30 days |
| MOUNJARO | 2.5 mg/0.5 mL pen | 4 pens/180 days |
| NUEDEXTA | 20-10 mg capsule | 60 capsules/30 days |
| NYMALIZE | 6 mg/mL | 1,260 mL/21 days |
| QUETIAPINE | 150 mg tablet | 30 tablets/30 days |
| REXULTI | 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet | 30 tablets/30 days |
| REZUROCK | 200 mg tablet | 30 tablets/30 days |

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Quantity Level Limit (QLL) Program²—continued

Effective: January 1, 2025

| Drug class / Drug | Dosage | Quantity limit |
|-------------------|--|---------------------|
| RISPERDAL | 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet | 60 tablets/30 days |
| | 4 mg tablet | 120 tablets/30 days |
| | 1 mg/mL oral solution | 480 mLs/30 days |
| risperidone | 0.25 mg orally disintegrating tablet, 0.5 mg orally disintegrating tablet, 1 mg orally disintegrating tablet, 2 mg orally disintegrating tablet, 3 mg orally disintegrating tablet | 60 tablets/30 days |
| | 4 mg orally disintegrating tablet | 120 tablets/30 days |
| SAPHRIS | 2.5 mg sublingual tablet, 5 mg sublingual tablet, 10 mg sublingual tablet | 60 tablets/30 days |
| SECUADO | 3.8 mg/ 24hr transdermal patch, 5.7 mg/ 24hr transdermal patch, 7.6 mg/ 24hr transdermal patch | 30 patches/30 days |
| SEROQUEL | 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet | 90 tablets/30 days |
| | 300 mg tablet, 400 mg tablet | 60 tablets/30 days |
| SEROQUEL XR | 150 mg extended-release tablet, 200 mg extended-release tablet | 30 tablets/30 days |
| VERSACLOZ | 50 mg/mL oral suspension | 540 mLs/30 days |

²Impacted members will be notified prior to the change.

Step Therapy (ST) Program changes or updates

Effective: January 1, 2025

| Drug class / Drug | Indication |
|-------------------|--|
| ADVAIR DISKUS | Asthma; Chronic Obstructive Pulmonary Disease (COPD) |
| ALVESCO | Asthma |

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