

Capital Blue Cross Elite Full & Exclusive Full Formulary Update

(2nd & 3rd Quarter 2023) Effective January 1, 2024

Newly Marketed Drugs

Effective: Immediately

Brand Name	Tier Status	Indication	Preferred Alternatives
ALTUVIIIIO ¹ (PA, QL)	NF	Hemophilia A	ADYNOVATE, AFSTYLA, ADVATE, HELIXATE
DAYBUE ¹ (PA, QL)	NF	Rett Syndrome	N/A
FILSPARI (PA, QL)	BNP	Proteinuria IgA	TARPEYO
INPEFA (ST, QL)	NF	Heart Failure	ENTRESTO, FARXIGA, JARDIANCE
JAYPIRCA ¹ (PA, QL)	BNP	Oncology	ibrutinib, acalabrutinib, or zanubrutinib
JOENJA ^{1, 3} (PA, QL)	BNP	APDS	N/A
ORSERDU ¹ (PA, QL)	BNP	Oncology	fulvestrant, IBRANCE, KISQALI, VERZENIO
PAXLOVID (QL)	BP	Covid-19	N/A
SKYCLARYS ¹ (PA, QL)	NF	Fridreich's Ataxia	N/A
SOGROYA ¹ (PA)	NF	Growth Hormone Deficiency	GENOTROPIN, HUMATROPE, NORDITROPIN
SUNLENCA ¹	BNP [^]	HIV	emtricitabine, tenofovir
VEOZAH (PA, QL)	NF	Menopause Symptoms	BRISDELLE/ paroxetine
VOWST ¹ (PA, QL)	BNP	C. Difficile	N/A
ZAVZPRET (ST, QL)	NF	Migraine	UBRELVY, NURTEC ODT

¹Indicates specialty medication

³Indicates limited distribution

Prior Authorization (PAR) Utilization Management Program Changes or Updates ²
 Effective: January 1, 2024

Drug Class/Drug	Indication
ABILIFY (PA, QL)	Atypical Antipsychotics
ABILIFY MYCITE (PA, QL)	Atypical Antipsychotics
aripiprazole (PA, QL)	Atypical Antipsychotics
CLOZAPINE (PA, QL)	Atypical Antipsychotics
CLOZARIL (PA, QL)	Atypical Antipsychotics
FANAPT (PA, QL)	Atypical Antipsychotics
GEODEN (PA, QL)	Atypical Antipsychotics
INVEGA (PA, QL)	Atypical Antipsychotics
PEGASYS (PA)	PCSK9 Inhibitors
PRALUENT (PA, QL)	PCSK9 Inhibitors
QUETIAPINE (PA, QL)	Atypical Antipsychotics
REPATHA (PA, QL)	PCSK9 Inhibitors
REXULTI (PA, QL)	Atypical Antipsychotics
REZUROCK (PA, QL)	Chronic GVHD
RISPERDAL (PA, QL)	Atypical Antipsychotics
risperidone (PA, QL)	Atypical Antipsychotics
SAPHRIS (PA, QL)	Atypical Antipsychotics
SECUADO (PA, QL)	Atypical Antipsychotics
SEROQUEL (PA, QL)	Atypical Antipsychotics
SEROQUEL XR (PA, QL)	Atypical Antipsychotics
VERSACLOZ (PA, QL)	Atypical Antipsychotics
VICTOZA (PA, QL)	GLP-1
ZIEXTENZO (PA)	Atypical Antipsychotics

¹Indicates specialty medication

²Impacted members will be notified prior to change.

Quantity Level Limit (QL) Program ²
 Effective January 1, 2024

Drug Class/Drug	Quantity Limits (per 30 days or as specified)	Elite (X = not included)	Exclusive (X = not included)
PRALUENT (PA, QL) 75 mg/mL subcutaneous solution auto-injector	2 syringes/28 days	January 1, 2024	January 1, 2024
REPATHA (PA, QL) 140 mg/mL subcutaneous solution auto-injector	2 pens/28 days	January 1, 2024	January 1, 2024
420 mg/3.5 mL subcutaneous solution cartridge/infusor	2 cartridges/28 days	January 1, 2024	January 1, 2024
REPATHA (PA, QL) 140 mg/mL subcutaneous solution prefilled syringe	2 syringes/28 days	January 1, 2024	January 1, 2024
VICTOZA (PA, QL) 18 MG/3ML (6 MG/ML) pen	No longer has COT*	January 1, 2024	January 1, 2024

¹Indicates specialty medication

²Impacted members will be notified prior to change.

*COT – Continuation of therapy

Step Therapy Program ²

Effective: January 1, 2024

Drug Class/Drug	Indication
ADVAIR DISKUS (ST, QL)	Oral Inhalers
ALVESCO (ST, QL)	Oral Inhalers
FLOVENT DISKUS (ST, QL)	Oral Inhalers
FLOVENT HFA (ST, QL)	Oral Inhalers

²Impacted members will be notified.

Specialty Drug Program ²

Effective: January 1, 2024

Brand Name	Tier Status	Indication
JOENJA ^{1, 3} (PA, QL)	BNP	10/1/2023
MEKINIST ¹ (PA, QL)	BP	1/1/2024
TAFINLAR ¹ (PA, QL)	BP	1/1/2024

TEZSPIRE ¹ (PA, QL)	BP	1/1/2024
VOWST ¹ (PA, QL)	BNP	10/1/2023

¹Indicates specialty medication

²Impacted members will be notified prior to change.

³Indicates Limited Distribution

Drugs Being Removed ²

Effective: January 1, 2024

Brand Name	Tier Status	Alternatives
EDARBI (ST)	NF	irbesartan, losartan, olmesartan
EDARBYCLOR (ST)	NF	losartan-hctz, valsartan-hctz
EPIPEN (PA)	NF	AUVI-Q. epinephrine
EPIPEN JR (PA)	NF	AUVI-Q. epinephrine
VICTOZA (PA, QL)	NF	MOUNJARO, OZEMPIC, RYBELSUS

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Value Plus Formulary excludes Brand Nonpreferred drugs (BNP)

The information contained on this page is not all encompassing and is subject to change. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions and limitations relating to your coverage.