Capital Blue Cross Value 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 Value 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.

The following medications have been **added** to the Quantity Level Limits (QL) program.

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

Drug Class/Drug	Strength	Quantity Level Limit
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
PULMICORT FLEXHALER (QL)	90 mcg/actuation	1 inhaler/30 days
QVAR (QL)	40 mcg/actuation	10.6 grams/30 days
TIGLUTIK (PA, QL)	50 mg/10 mL oral suspension	600 mLs/30 days

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

Drug Class/Drug	Purpose/Guidelines
ESBRIET (PA, QL)	Interstitial Lung Disease (ILD)
EXSERVAN (PA, QL)	Alternative Dosage Form
TIGLUTIK (PA, QL)	Alternative Dosage Form
ZIEXTENZO (PA)	Colony Stimulating Factors

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