

Capital Blue Cross Advantage & Value Plus 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,
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

³ Indicates Limited Distribution

[^]Sunlenca will be covered at Brand Preferred (BP) for Value Plus
Value Plus Formulary excludes Brand Nonpreferred drugs (BNP)

Prior Authorization (PAR) Utilization Management Program ² Changes or Updates

Effective: January 1, 2024

Drug Class/Drug	Indications
PEGASYS ¹ (PA)	PCSK9 Inhibitors
REZUROCK ³ (PA, QL)	Chronic GVHD
VICTOZA (PA)	GLP-1
ZIEXTENZO (PA)	Colony Stimulating Factors

¹Indicates specialty medication

²Impacted members will be notified prior to change.

³Indicates Limited Distribution

Quantity Level Limit (QL) Program ²

Effective January 1, 2024

Drug Class/Drug	Strength	Quantity Level Limit
ABILIFY (PA, QL)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg tablet	30 tablets/30 days
ABILIFY MYCITE (PA, QL)	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg tablet	30 tablets/30 days
	Starter Kit: tablet with sensor, strips and pod	30 tablets/30 days
	Maintenance Kit: tablet with sensor and strips	30 tablets/30 days
FANAPT (PA, QL)	1 mg, 2 mg, 4 mg, 8 mg, 10 mg, 12 mg tablet	60 tablets/30 days
	Titration pak	1 pak/180 days
aripiprazole (PA, QL)	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
CLOZAPINE (PA, QL)	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

Quantity Level Limit (QL) Program ² continued

Effective: January 1, 2024

Drug Class/Drug	Strength	Quantity Level Limit
CLOZARIL (PA, QL)	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
INVEGA (PA, QL)	1.5 mg, 3 mg, 9mg tablet	30 tablets/30 days
QUETIAPINE (PA, QL)	150 mg tablet	30 tablets/ 30 days
REXULTI (PA, QL)	0.25 mg, 0.5 mg, 1 mg, 2mg, 3 mg, 4 mg tablet	30 tablets/30 days
REZUROCK ³ (PA, QL)	200 mg tablet	30 tablets/30 days
RISPERDAL (PA, QL)	0.25 mg, 0.5 mg, 1 mg, 2mg,	60 tablets/30 days
	1 mg/mL oral solution	480 mLs/30 days
RISPERIDONE (PA, QL)	0.25 mg, 0.5 mg, 1 mg, 2mg, 3 mg tablet	60 tablets/30 days
	4 mg tablet	120 tablets/30 days
SAPHRIS (PA, QL)	2.5 mg, 5 mg, 10 mg sublingual tablet	60 tablets/30 days
SECUADO (PA, QL)	3.8 mg/ 24hr transdermal patch	30 patches/30 days
	5.7 mg/ 24hr transdermal patch	30 patches/30 days
	7.6 mg/ 24hr transdermal patch	30 patches/30 days
SEROQUEL (PA, QL)	25 mg, 50 mg, 100 mg, 200 mg tablet	90 tablets/30 days
	300 mg, 400 mg tablet	60 tablets/30 days
SEROQUEL XR (PA, QL)	150 mg extended-release tablet	30 tablets/30 days
VERSACLOZ (PA, QL)	50 mg/mL oral suspension	540 mLs/30 days

²Impacted members will be notified prior to change.

³ Indicates Limited Distribution

Specialty Drug Program ²

Effective: January 1, 2024

Brand Name	Tier Status	Effective Date
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

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³ Indicates Limited Distribution

Value Plus Formulary excludes Brand Nonpreferred drugs (BNP)

Step Therapy Program ²

Effective: January 1, 2024

Brand Name	Tier Status	Indication
ADVAIR DISKUS (ST, QL)	GNP	Oral Inhaler
ALVESCO (ST, QL)	BNP	Oral Inhaler
FLOVENT DISKUS (ST, QL)	BP	Oral Inhaler
FLOVENT HFA (ST, QL)	BP	Oral Inhaler

²Impacted members will be notified prior to change.
Value Plus Formulary excludes Brand Nonpreferred drugs (BNP)

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)

Brand nonpreferred (BNP) drugs are excluded from the Value Plus formulary.

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.