

Capital Blue Cross Elite Full and Exclusive Full Formulary Update

This document lists changes to the Elite Full and Exclusive Full formularies (list of drugs eligible for coverage through your prescription drug benefit). It includes these updates:

- **Newly marketed drugs**—These are drugs that were approved by the U.S. Food and Drug Administration starting in the second and third quarter of 2024. Effective immediately, the newly marketed drugs listed here are included in the Elite Full and Exclusive Full formularies.
- **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.

Newly marketed drugs

Effective: Immediately

Brand name	Tier status	Indication
FILSUVEZ ¹ (PA)	BNP	Wounds due to Dystrophic and Junctional Epidermolysis Bullosa
IWILFIN ¹ (PA, QL)	BNP	High Risk Neuroblastoma
OJEMDA ¹ (PA, QL)	BNP	Relapsed or Refractory Low-Grade Gliomas
WAINUA ¹ (PA, QL)	BNP	Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis
WINREVAIR ¹ (PA, QL)	BNP	Pulmonary Arterial Hypertension (PAH)
XOLREMDI ¹ (PA, QL)	BNP	WHIM Syndrome (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis)

¹Indicates specialty medication.

Prior Authorization (PA) Utilization Management Program² changes or updates

Effective: January 1, 2025

Drug class / Drug	Indication	Included in Elite (Unless otherwise noted.)	Included in Exclusive (Unless otherwise noted.)
CARAFATE	Antiulcer	1/1/2025	1/1/2025
EYSUVIS	Ophthalmic Corticosteroid	Not applicable	1/1/2025
INDOMETHACIN	Nonsteroidal Anti-inflammatory Agents (NSAID)	1/1/2025	1/1/2025
JYLAMVO	Anticancer; Antarthritic; Antipsoriatic	1/1/2025	1/1/2025
NYMALIZE	Calcium Channel Blocker	1/1/2025	1/1/2025
XATMEP	Anticancer; Antarthritic	1/1/2025	1/1/2025

²Impacted members will be notified prior to the change.

Quantity Level Limit (QLL) Program²

Effective: January 1, 2025

Drug class / Drug	Dosage	Quantity limit
CARAFATE	1 gm/10mL	1,200 mL/30 days
JYLAMVO	2 mg/mL	180 mL/28 days
INDOMETHACIN	100 mg	60 suppositories/30 days
MIEBO	1.338 gm/mL	1 bottle/30 days
MOUNJARO	2.5 mg/0.5mL pen	4 pens/180 days
NYMALIZE	6 mg/mL	1,260 mL/21 days
ZUBSOLV	11.4-2.9 mg tablet	30 tablets/30 days

²Impacted members will be notified prior to the change.

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