2026 Value

DRUG LIST

(Formulary)

Capital

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

Rx-320 (06/10/25)

Capital Blue Cross Advantage Formulary

January 2026

Contents

Therapeutic Class Drug List

To search for a drug name within a PDF of this document, use the **Control** and **F** keys on your keyboard, or go to ***Edit*** in the drop-down menu and select ***Find/Search***. Type in the word or phrase you are looking for and click on ***Search***.

The Value Formulary

Capital Blue Cross created the Value Formulary to give members access to quality, affordable prescription drugs and to provide providers with a list of preferred drugs for cost-effective prescribing.

How the formulary was developed

The Value Formulary was developed and is maintained by the Capital Blue Cross Pharmacy and Therapeutics (P&T) Committee. This committee, composed of practicing providers from various medical specialties, practicing pharmacists, and other healthcare providers, reviews drugs in all therapeutic categories based on safety and effectiveness and designates the most effective agent(s) in each class. The P&T Committee regularly reviews new and existing drugs to ensure the Value Formulary remains responsive to the needs of our members and providers.

Request for reconsideration (for providers)

Providers may request a reconsideration of tier status for a drug on the Value Formulary by completing a Formulary Status Reconsiderations form or by writing a letter indicating the significant advantages of the specific drug and mailing it to the address below:

Pharmacy Services
Capital Blue Cross P&T Committee
P.O. Box 773735
Harrisburg, PA 17177-3735

The P&T Committee will review drug-specific requests and communicate the results of the review to the requesting provider. Review of requests concerning specific patients must follow the dispute and appeal process.

Coverage considerations

Coverage is limited to prescription drugs approved by the U.S. Food and Drug Administration (FDA) as evidenced by a New Drug Application (NDA), Abbreviated New Drug Application (ANDA), or Biologics License Application (BLA) on file. However, any legal requirements or group-specific benefits for coverage supersede this (for example, preventive drugs under the Patient Protection and Affordable Care Act (PPACA)). If your provider believes that a new drug is medically necessary before the P&T Committee's evaluation, your provider may submit a nonformulary exception request for coverage.

Additional coverage considerations

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. For example, drugs indicated for cosmetic purposes, such as Propecia for hair growth, may not be covered. Drugs that have not received FDA approval are not covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss.

Most prescription drug benefit plans provide coverage for up to a 30-day supply of drugs, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance drugs. Maintenance drugs are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes, or high cholesterol. Specialty drugs are limited to a 30-day supply.

Generic drugs

Generic drugs are typically the most affordable and offer a lower cost share than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient in the brand -name version. To help lower your out-of-pocket costs, choose generic drugs whenever possible. This can result in long-term savings, especially in the case of drugs taken daily and refilled frequently. Choosing a brand -name drug when the generic version is available could result in a reduced benefit and higher out -of-pocket cost.

Generic drug substitution

Capital Blue Cross encourages generic drug substitution if the U.S. Food and Drug Administration (FDA) has determined the generic drug is bioequivalent to the brand-name product. Depending on your prescription drug plan, one of the following generic substitution policies will be applied. What the member pays for a brand - name drug when a generic version is available varies depending on the member's generic substitution program. Check your plan documents to find which program applies to you.

- **Mandatory generic substitution:** If a generic drug is available, and the provider indicates "Dispense as Written" (DAW) or if you request the brand-name drug, then you must pay the cost difference between the brand-name drug and its generic cost. You also must pay the applicable brand copayment and/or coinsurance, up to the original cost of the brand-name drug.
- **Restricted generic substitution:** If a generic drug is available and you request the brand -name drug then you must pay the cost difference between the brand -name drug and its generic cost. You also must pay the applicable brand copayment and/or coinsurance, up to the original cost of the brand-name drug. If the provider indicates DAW, then you pay the applicable copayment and/or coinsurance for the brand product and need not pay the cost difference between the two drugs.
- **Voluntary generic substitution:** You pay only the applicable copayment and/or coinsurance for the brand-name drug.

Patient Protection and Affordable Care Act

Some drugs may have limited or $0 cost-sharing under the Patient Protection and Affordable Care Act (PPACA), including drugs in such categories as aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, iron supplements, statins, tobacco cessation, vaccines, vitamin D supplements, and some contraceptive drugs and devices.

Non-prescription drug policy[1]

Select over the counter (OTC) products may be covered as determined by Capital Blue Cross or mandated by the Patient Protection and Affordable Care Act (PPACA).

If a prescription drug has an available OTC equivalent, the prescription drug will not be covered. Providers and pharmacists should guide members to the OTC equivalent product, when appropriate.

Compound drug policy

Prescribed compound drug products are considered Brand Non-Preferred (BNP) and may require prior authorization. Not all pharmacies can compound drugs. You can find a pharmacy that compounds drugs by calling the Member Services number on the back of your ID card (TTY: 711).

1 As mandated by PPACA, select OTC drugs may be covered at $0 cost share for members with individual coverage or members of a nongrandfathered group health plan. Please consult your employer for questions about grandfathered status.

Benefit Exclusions/Limitations[2]: Depending on your prescription drug plan, some drugs listed may not be covered. Examples of contractual exclusions include:

- Appetite suppressants (weight loss).
- Drugs used for cosmetic purposes (wrinkles, hair loss, etc.).
- Erectile dysfunction drugs.
- Non self-administered injectable drugs.
- Experimental and investigational (including off -label use) use.
- Some types of vitamins (non-prenatal).
- Products with OTC equivalents.

Prescription drugs are a covered benefit as determined by your Certificate of Coverage, i.e., any FDA approved medication that, by federal or state law, may not be dispensed without a Prescription Order. Drugs that are not approved by the FDA are not covered by your benefit plan.

Specialty drugs: Specialty drugs are used in the treatment of medical conditions such as hepatitis, multiple sclerosis, and rheumatoid arthritis. Specialty drugs may be oral or injectable drugs that can either be self-administered or administered by a healthcare professional. Specialty drugs are distributed through your plan's specialty pharmacy, Accredo[3]. Some specialty drugs are only available via select pharmacies and are called Limited Distribution. Limited Distribution indicates if the drug is restricted, and which pharmacies can dispense them. This limits where the member may obtain the prescription. Members may be required to use another pharmacy for limited distribution prescription drugs. You or your provider can call 833.721.1626 (TTY: 711) or fax 888.302.1028 to receive information on starting service. Members can also set up service through Accredo4 by logging in to their secure account at **CapitalBlueCross.com**.

Injectable drug policy: Self-administered pharmacy injectable drugs are usually covered under the Capital Blue Cross prescription drug plan. Injectable drugs that are not routinely self-administered are not covered under the prescription drug plan but may be covered under your medical benefit. Select medical injectable drugs may be available from Accredo[3], Capital Blue Cross' specialty medical injectable provider, which will assist with distribution and billing of these drugs. You or your provider can call 833.721.1626 (TTY: 711) or fax 888.302.1028 to receive information on starting service. Members can also set up service through Accredo[3] by logging in to their secure account at **CapitalBlueCross.com**. Members can also set up service through Accredo[3] by logging in to their secure account at **CapitalBlueCross.com**.

Utilization management

Prior Authorization (PA): Your prescription drug plan may require prior authorization for certain drugs. This means that your provider will need to submit a request for coverage of these drugs, which will need to be approved before the drug will be covered under your plan. If a prior authorization is commonly required for a drug listed in this document, it will be noted with a dot in the prior authorization column next to that drug. Some plans may require prior authorization on additional drugs beyond those noted in this document. Refer to your prescription drug plan materials for details about your particular benefits.

2 The listing of a drug in this formulary or search result is not a guarantee of coverage or payment. Please check your Benefit Booklet (or Certificate of Coverage) to verify coverage of a drug (for example, weight loss, sexual function, and fertility drugs) and for details about your benefits. Drug benefits and claim payments are subject to your drug plan's specific terms and conditions, including eligibility and medical necessity determinations.

3 Accredo Health Group, Inc. is a specialty pharmacy that is contracted through Prime Therapeutics LLC to provide services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent benefit manager.

Step Therapy (ST): Your prescription drug plan may include a 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. Many brand drugs have less expensive generic or brand alternatives that might be an option for you. If a step therapy is commonly required for drugs in this document, they will be noted with a dot in the step therapy column next to that drug. Some plans may have step therapy programs on additional drugs beyond those noted in this document. Refer to your prescription drug plan materials for details about your particular benefits.

Quantity Level Limits (QLL): Certain drugs have a quantity level limit to support safety. These drugs will be noted with a dot in the quantity level limits column next to the drug. Limits may include quantity of covered drug per prescription, quantity of covered drug in a given time period, coverage only for members within a certain age range, and coverage only for members of a specific gender. If your provider prescribes a greater quantity of drug than what the quantity level limit allows, you can still get the drug; however, you will be responsible for the full cost of the prescription beyond what your coverage allows.

Special programs

Medication Synchronization: You may obtain a partial fill or refill of your maintenance prescription drugs at your option when you are taking two or more maintenance medications. This can help make it easier for you to take medications correctly as prescribed. You can work with your in -network retail* pharmacist to receive up to 28 days' worth of a maintenance medication, so that the refill syncs up with another maintenance medication. Additionally, we will prorate your applicable cost -share amounts (e.g., copay or coinsurance) to align with the reduced supply. You can initiate a synchronization up to three times per year. (This program does not apply to mail order prescriptions through Accredo[3].)

Nonformulary exception process

Prescription drugs that aren't listed on your formulary are not covered by your plan, unless approved through the nonformulary consideration (formulary exception) process. Your provider can submit a nonformulary consideration request on your behalf if they think you would benefit from a drug that's not on your formulary

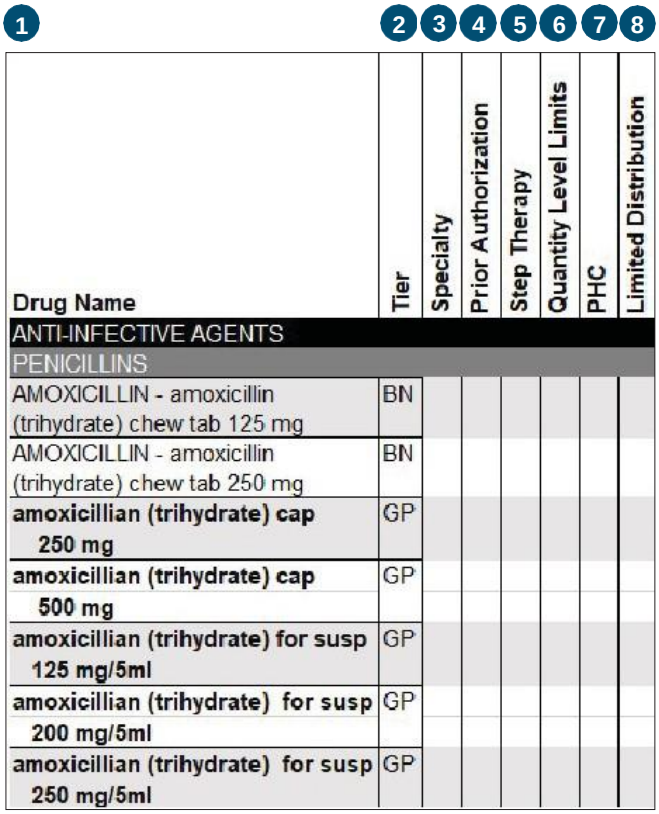
3 Accredo Health Group, Inc. is a specialty pharmacy that is contracted through Prime Therapeutics LLC to provide services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent benefit manager.

How to use this list

The easiest way to find a drug on the list is to use the search function:

Use the **Control** and **F** keys on your keyboard, or go to ***Edit*** in the drop-down menu and select ***Find/Search***. Type in the word or phrase you are looking for and click on ***Search***.

This list is organized into broad therapeutic categories. For example, Respiratory Agents is a broad category. Within most categories, drugs are sub-grouped based upon drug class, for example under Respiratory Agents you will find Antihistamines. All drugs listed, whether generic or brand, are formulary drugs. The graphic below shows the information provided in each column of the drug list and is an example only.



1. Column 1 (**Drug Name**): lists the drug name. Generic drugs are listed in lowercase **boldface**. Brand name drugs are CAPITALIZED. Separate drug entries are required for some dosage forms such as extended-release and delayed-release.

2. Column 2 (**Tier**[4]): indicates the Tier level.
   - Preventive Health Care Drugs are marked with a “PH”.
   - Generics Preferred are marked with a “GP”.
   - Generics Non-Preferred are marked with an “GN”.
   - Brands Preferred are marked with a “BP”.
   - Brands Non-Preferred are marked with an “BN.
   - Specialty Preferred Drugs are marked with a “SP.” These drugs are also marked with a dot in the Specialty column.
   - Specialty Non-Preferred Drugs are marked with a “SN.” These drugs are also marked with a dot in the Specialty column.

4 Some members’ employers may choose to purchase additional coverage for these drug classes, while other employers may choose to exclude these drug classes from their Capital Blue Cross prescription drug plan.

3 Column 3 (**Specialty**): indicates if the drug is a specialty drug and needs to be filled at a participating specialty pharmacy in our network.

4 5 6 Columns 4, 5, and 6 (**Prior Authorization, Step Therapy, Quantity Level Limits)**: indicate Utilization Management (UM) Program that apply to the prescription drug (e.g., Prior Authorization, Step Therapy, and Quantity Level Limits). If an indicator is present in a column, then the pharmacy program applies. Some plans may have UM on additional drugs beyond those noted in this document.

7 Column 7 (**PHC**): indicates Preventive Healthcare. Drugs that have been reviewed by the Capital Blue Cross P&T Committee and are mandated by PPACA to have $0 cost share for members with individual coverage or members of a group health plan that is not “grandfathered” under PPACA. Please consult your employer for questions relating to grandfathered status.

8 Column 8 (**Limited Distribution**): indicates if the drug is considered Limited Distribution, meaning there is a restriction on which pharmacies can dispense them. This limits where the member may obtain the prescription. Members may be required to use another pharmacy for limited distribution prescription drugs.

Abbreviation key

aer ..... aerosol
cap ..... capsules
chew ..... chewable
conc ..... concentrate
cr ..... controlled release
dr ..... delayed release
ec ..... enteric coated
equiv ..... equivalent
er ..... extended release
gm ..... gram
inhal ..... inhaler
inj ..... injection
liqd ..... liquid
mg ..... milligram
ml ..... milliliter
nebu ..... nebulizer
odt ..... orally disintegrating tabs
oint ..... ointment
ophth ..... ophthalmic
osm ..... osmotic release
pack ..... packets
powd ..... powder
pttw ..... twice-weekly patch
sl ..... sublingual
soln ..... solution
suppos ..... suppositories
susp ..... suspension
tab ..... tablets
td ..... transdermal
w/ ..... with