



Capital Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association

Capital BlueCross Advantage & Value Plus Formulary Update

(4th Quarter 2022 & 1st Quarter 2023) Effective July 1, 2023

Newly Marketed Drugs

Effective: Immediately

Brand Name	Tier Status	Indication	Preferred Alternatives
KRAZATI * (PA, QLL)	BNP	Oncology	LUMAKRAS *
LYTGOBI * (PA, QLL)	BNP	Oncology	PEMAZYRE, TRUSELTIQ ^ *
RELYVRIO * (PA, QLL)	BNP	Amyotrophic lateral sclerosis (ALS)	RADICAVA *, riluzole
REZLIDHIA * (PA, QLL)	BNP	Oncology	TIBSOVO ^ *
SOTYKTU (QLL)	Exclude	Plaque Psoriasis	cyclosporine , ENBREL *, COSENTYX *, OTEZLA
VIVJOA * (PA, QLL)	Exclude	Anti-fungal	fluconazole
ZORYVE (PA)	Exclude	Plaque Psoriasis	corticosteroids

*Indicates specialty medication

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Prior Authorization # (PAR) Utilization Management New Additions and Updates to the PAR Programs

Effective: July 1, 2023

Drug Class/Drug	Purpose/Guidelines
DEXEDRINE (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
EVEKEO (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
EXSERVAN * (PA, QLL)	Alternative Dosage Form

Impacted members will be notified

*Indicates specialty medication

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Prior Authorization # (PAR) Utilization Management New Additions and Updates to the PAR Programs - *continued*

Effective: July 1, 2023

Drug Class/Drug	Purpose/Guidelines
METHYLPHENIDATE (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
QUILLICHEW (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
QUILLIVANT (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
ROLVEDON (PA)	Colony Stimulating Factors
TIGLUTIK (PA, QLL)	Alternative Dosage Form
VYVANSE (PA)	Attention Deficit Hyperactivity Disorder (ADHD)
ZENZEDI (PA)	Attention Deficit Hyperactivity Disorder (ADHD)

Impacted members will be notified

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^Limited Distribution

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Product exclusions – products being **excluded** from the formulary.

Drug Class/Drug	Purpose/Guidelines
AUVELITY 45-105 MG	Antidepressant
AZECHEW CHEW 13-1	Major Depressive Disorder
AZESCO 13-1 TAB (PA)	Prenatal Vitamins
colesevelam hcl 3.75 gm	Antihyperlipidemics
DERMACINRX TAB PRETRATE	Prenatal Vitamins
DEXILANT 30MG DR, 60MG DR (ST, QLL)	Gastroesophageal Reflux Disease (GERD)
EZETIMIBE/ATORVASTATIN 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ST, QLL)	Antihyperlipidemics
FUROSCIX 80 MG/10ML	Fluid Overload
FYLNETRA 6 MG/0.6ML	Neutropenia
JENLIVA CAP JENLIVA CAP	Prenatal Vitamins
leuprolide acetate * 22.5mg	Anticancer
minocycline hcl er 105 mg, 135 mg (PA)	Tetracyclines

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Product exclusions – products being **excluded** from the formulary - continued

Drug Class/Drug	Purpose/Guidelines
MULTI-MAC TAB,	Prenatal Vitamins
NITROMIST 400 MCG/SPRAY	Acute Anginal
NOXAFIL 300MG (PA) Value Plus only	Antifungals
PHEBURANE 483 MG/GM	Adjunctive Care
PNV TAB 20-1 (PA)	Prenatal Vitamins
PREGEN DHA CAP (PA)	Prenatal Vitamins
PREGENNA TAB (PA)	Prenatal Vitamins
PRENARA CAP PRENATAL	Prenatal Vitamins
PRENATRIX TAB (PA)	Prenatal Vitamins
PRENATRYL TAB	Prenatal Vitamins
RELEXXII 45 MG, 63 MG (PA)	Attention Deficit Hyperactivity Disorder (ADHD)/Anti-Narcolepsy/ Anti-obesity/Anorexants
RELYVRIO 3-1 GM	Amyotrophic Lateral Sclerosis (ALS)
STIMUFEND 6 MG/0.6ML	Leukocyte Growth Factor
SYPRINE 250MG	Assorted classes
TASCENSO ODT 0.25 MG, 0.5 MG	Attention Deficit Hyperactivity Disorder (ADHD)
TRINAZ 12-1 TAB	Prenatal Vitamins
XELSTRYM 4.5 MG/9HR, 9 MG/9HR, 13.5 MG/9HR, 18 MG/9HR	Attention Deficit Hyperactivity Disorder (ADHD)
XYOSTED 50MG/0.5ML, 75MG/0.5ML, 100/0.5ML, (PA, QLL)	Androgen
ZALVIT 13-1 TAB	Prenatal Vitamins
ZIPHEX 13-1	Prenatal Vitamins
ZONISADE 100 MG/5ML	Partial Onset Seizures

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Specialty Drug Program #

Effective: July 1, 2023

Drug	Tier Status	Indication
FUROSCIX * (PA, QLL)	NC	Cardiovascular
FYLNETRA * (PA)	NC	Colony Stimulating Factor (CSF)
KRAZATI * ^ (PA, QLL)	BNP	Oncology
LYTGOBI * ^ (PA, QLL)	BNP	Oncology
RELYVRIO * (PA, QLL)	NC	Amyotrophic lateral sclerosis (ALS)
REZLIDHIA * ^ (PA, QLL)	BNP	Oncology
STIMUFEND * (PA)	NC	Neutropenia
SOTYKTU * (QLL)	NC	Plaque Psoriasis
TASCENSO * ^ (PA, QLL)	NC	Multiple Sclerosis

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