



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

## Capital BlueCross Elite Full & Exclusive Full Formulary Update

(4<sup>th</sup> Quarter 2022 & 1<sup>st</sup> Quarter 2023) Effective July 1, 2023

### Newly Marketed Drugs

Effective: Immediately

Brand Name	Tier Status	Indication	Preferred Alternatives
KRAZATI * (PA, QLL)	BNP	Antineoplastic	LUMAKRAS *
LYTGOBI * (PA, QLL)	BNP	Antineoplastic	PEMAZYRE, TRUSELTIQ ^ *
RELYVRIO * (PA, QLL)	BNP	ALS	RADICAVA *, riluzole
REZLIDHIA * (PA, QLL)	BNP	Antineoplastic	TIBSOVO ^ *
SOTYKTU (QLL)	Exclude	Plaque Psoriasis	cyclosporine, METHOTREXATE, OTEZLA
VIVJOA * (PA, QLL)	Exclude	Anti-fungal	clotrimazole, miconazole, terconazole
ZORYVE (PA)	Exclude	Plaque Psoriasis	calcipotriene, calcitriol, tazarotene

\*Indicates specialty medication

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.

## Prior Authorization # (PA) Program

Drug Class/Drug	Indication	Elite (X = not included)	Exclusive (X = not included)
ESBRIET * (PA, QLL)	Interstitial Lung Disease (ILD)		

# Impacted members will be notified

\*Indicates specialty medication

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## Quantity Level Limit # (QLL) Program

Effective July 1, 2023

Drug Class/Drug	Quantity Limits (per 30 days or as specified)	Elite (X = not included)	Exclusive (X = not included)
ESTRACE (QLL)	0.1 MG/GM vaginal cream 6 Tubes/365 Days		

# Impacted members will be notified

\*Indicates specialty medication

^Limited Distribution

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