2025 Oral Chemotherapy

DRUG LIST

(Formulary)

Capital

Effective July 1, 2025

This drug list includes drugs on our Commercial Formulary. For drugs included in the Value, Value Plus, Elite, or Exclusive formularies, please refer to the online formulary at **CapitalBlueCross.com**.

Please note that the drugs listed below must meet the Prior Authorization (PA) criteria in order for the drug to be available at $0 member cost sharing for where indicated.

Those drugs with an "*" after their name are designated as Specialty and are only available for a 30-day supply (which is **not** available by mail order).

This list is not a complete list. Refer to your respective formulary for a complete list at CapitalBlueCross.com.

lowercase bold print = generic; UPPERCASE PRINT = BRAND

Drug Name

abiraterone acetate *	**everolimus tablet for oral suspension ***	JAKAFI *
AKEEGA	**everolimus tab 2mg ***	JAYPIRCA *
ALECENSA *	**everolimus tab 2mg ***	KISQALI *
ALKERAN	**everolimus 2.5mg ***	KISQALI FEMARA PAK *
ALUNBRIG *^	**everolimus tab 3mg ***	KOSELUGO *^
anastrozole	**everolimus tab 5mg ***	KRAZATI *^
ARIMIDEX	**everolimus tab 5mg ***	**lapatinib ditosylate ***
AROMASIN	**everolimus tab 7.5mg ***	LAZCLUZE *^
AUGTYRO *	**everolimus tab 10mg ***	**lenalidomide *^**
AYVAKIT *^	**exemestane**	LENVIMA *
BALVERSA *^	FARESTON	**letrozole**
bexarotene *	FEMARA TAB 2.5MG	**leucovorin calcium**
bicalutamide	FOTIVDA *^	LEUKERAN
BOSULIF *	FRUZAQLA *^	LONSURF *
BRAFTOVI *	GAVRETO *^	LORBRENA *
BRUKINSA *^	**gefitinib ***	LUMAKRAS *
CABOMETYX *	GILOTRIF *	LYNPARZA *
CALQUENCE *^	GLEOSTINE	LYSODREN
capecitabine *	HYCAMTIN *	LYTGOBI *^
CAPRELSA *^	HYDREA	MATULANE *^
CASODEX	**hydroxyurea**	**megestrol acetate**
COMETRIQ *	IBRANCE *	MEKINIST *
COPIKTRA *^	ICLUSIG *^	MEKTOVI *
COTELLIC *	IDHIFA *	MELPHALAN
cyclophosphamide cap	**imatinib mesylate ***	**mercaptopurine**
cyclophosphamide tab	IMBRUVICA *^	**mesna**
dasatinib *	INLYTA *	MESNEX
DAURISMO *	INQOVI *	**methotrexate sodium**
EMCYT	INREBIC *	MYLERAN
ERIVEDGE *	IRESSA *	NERLYNX *
erlotinib hcl *	ITOVEBI *	NEXAVAR *

*=Specialty
^=Limited Distribution

NILANDRON	**sorafenib tosylate ***	TYKERB *
nilutamide	STIVARGA *	VANFLYTA *^
NINLARO *	**sunitinib malate ***	VENCLEXTA *^
NUBEQA *	TABLOID	VERZENIO *
ODOMZO *	TABRECTA *	VITRAKVI *
OJEMDA *^	TAFINLAR *	VIZIMPRO *
ONUREG *	TAGRISSO *	VORANIGO *^
ORGOVYX *^	TALZENNA *	VOTRIENT *
ORSERDU *^	**tamoxifen citrate**	WELIREG *^
pazopanib hcl *	TARGRETIN *	XALKORI *
PEMAZYRE *^	TASIGNA *	XATMEP
PIQRAY *	TAZVERIK *^	XOSPATA *^
POMALYST *	**temozolomide ***	XPOVIO *^
PURIXAN	TEPMETKO *^	XTANDI *
QINLOCK *^	THALOMID *	ZELBORAF *
RETEVMO *	TIBSOVO *^	ZOLINZA *
REVUFORJ *^	TOPOSAR	ZEJULA *
REZLIDHIA *^	**toremifene citrate**	ZYDELIG *
ROZLYTREK *	TORPENZ *^	ZYKADIA *
RUBRACA *	**tretinoin**	
RYDAPT *	TREXALL	
SCEMBLIX *^	TRUQAP *^	
SOLTAMOX	TUKYSA *^	
sorafenib *	TURALIO *^	

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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).