

GUIDE TO PRESCRIPTION DRUG BENEFITS

Capital BLUE 

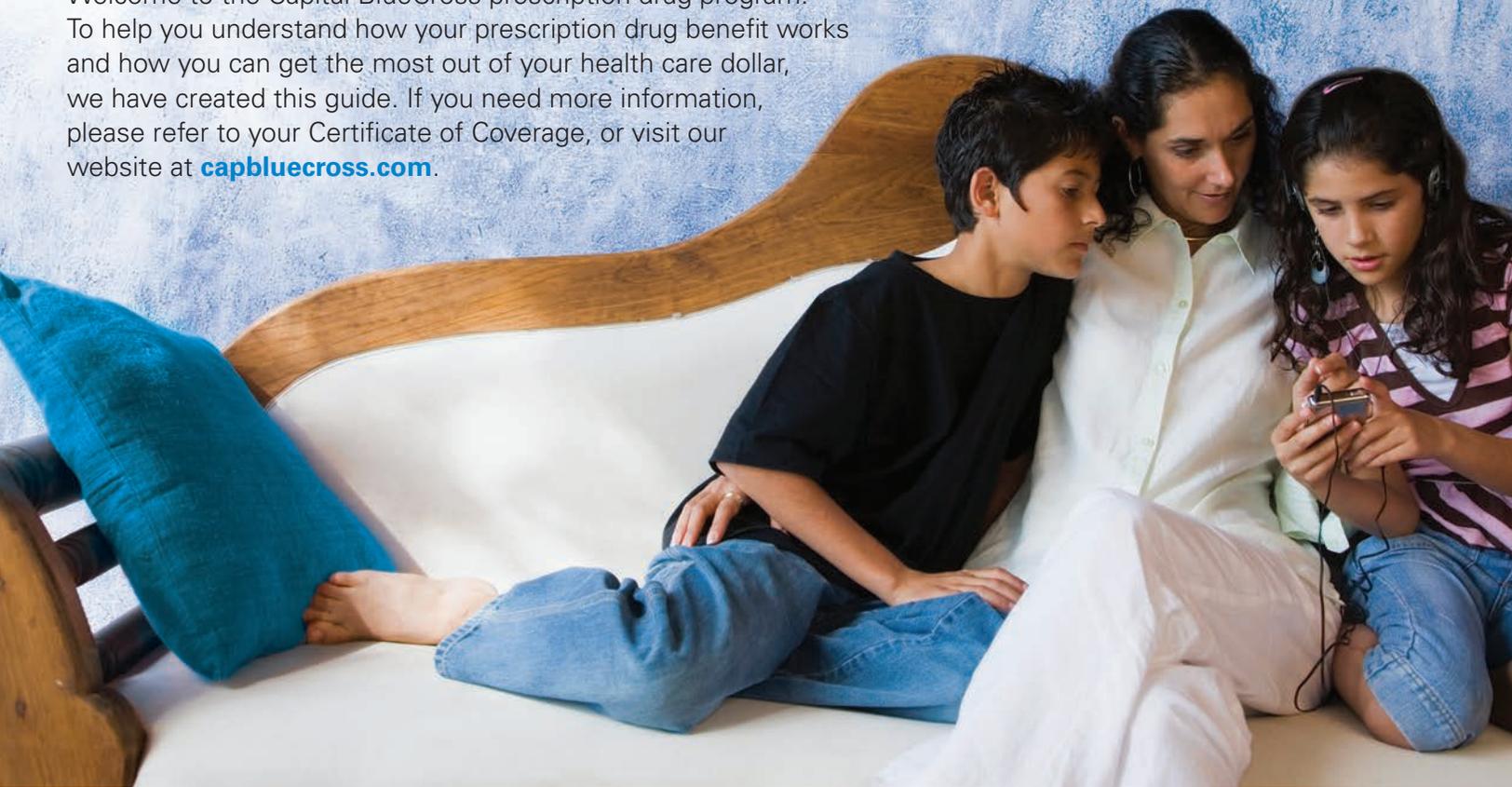


TABLE OF CONTENTS

1	Contact Us
	— Phone Number
	— Website
2-3	Using Your Prescription Drug Benefit
	— Retail, Mail Order, and Specialty Pharmacy
4	Be a Wise Health Care Consumer/Know Your Formulary Options
	— Generic Preferred
	— Generic Non-preferred
	— Brand Preferred
	— Brand Non-preferred
5	Accessing Your Prescription Drug Information
	— Website Information
6	Online Tools
7-9	Preferred Medication List
10-11	Prior Authorization
12-13	Enhanced Prior Authorization (Step Therapy)
14-17	Drug Quantity Management Program
17	Generic Substitution Program
18-19	Accredo® Health Group, Inc./Specialty Medications (self-administered)
	— Getting Started
	— Specialty Medication List
20	Capital BlueCross Pharmacy Network
21	Drug Watch for 2014
	— Generic
	— Specialty

Guide to Prescription Drug Benefits

Welcome to the Capital BlueCross prescription drug program. To help you understand how your prescription drug benefit works and how you can get the most out of your health care dollar, we have created this guide. If you need more information, please refer to your Certificate of Coverage, or visit our website at capbluecross.com.



Contact Information

Customer Service

If you have questions about your prescription drug benefit, contact CVS Caremark customer service at **800.585.5794** (TTY: 866.236.1069). CVS Caremark pharmacists and customer service representatives are available any time of the day, seven days a week. The CVS Caremark customer service team also offers interpretive services in 140 languages, including in-house, Spanish-speaking representatives.

¹These documents are subject to change.

On behalf of Capital BlueCross, CVS Caremark assists in the administration of our prescription drug program. CVS Caremark is an independent pharmacy benefit manager.

Visit the Web

Visit the Capital BlueCross website at capbluecross.com to learn more about your prescription drug benefit. There you can:

- Download the most up-to-date versions of the *Formulary*, *Preferred Medication List*, *Prior Authorization Program*, the *Drug Quantity Management Program*, and other useful information.¹
- Download mail order forms and prescription claim forms, or locate participating pharmacies.
- Link to CVS Caremark from the Capital BlueCross website (see “Accessing your Prescription Drug Information” section found in this booklet to learn how to get started).

Using Your Prescription Drug Benefit

Capital BlueCross makes it easy for you to fill your prescriptions.

Retail (local neighborhood or chain store pharmacy)

Present your Capital BlueCross ID card at any participating retail pharmacy when you have a prescription to fill and your applicable cost share will be applied.²

- If you need to submit a prescription drug claim form for a covered prescription, please send a completed claim form and your receipts to: CVS Caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Claim forms can be downloaded from our website.
- When refilling a prescription at a retail pharmacy, 75 percent of the previous supply of medication must be used prior to filling the medication again.

Specialty

Accredo will deliver your specialty medications right to your doorstep. Specially trained staff are ready to assist you with managing your treatment and to answer questions about your unique health needs.² (See pages 18-19)

For additional information or to begin service, call 877.595.3707 or your doctor can fax your prescription to 888.302.1028. You can download a patient enrollment form from the pharmacy page of our website at capbluecross.com.

Mail Order

You can have medications that you take regularly delivered to your home by completing a mail service order form; be sure to include your doctor's prescription, and mail to CVS Caremark at: CVS Caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110. You can download a mail service order form from our website.²

Mail Order Refills

Telephone

Getting a mail order refill is easy—call CVS Caremark at the toll-free Rx Member Services number found on your ID card to request a refill. (Please remember that you will need to supply a method of payment when placing your order.) You can also check on the status of a prescription or locate a participating pharmacy.

Website

Once you have registered, mail order prescription refills can be requested online. Link to CVS Caremark from the Capital BlueCross website (see page 5) to submit a prescription refill. And, check out the various payment options offered by CVS Caremark.

U.S. Mail

You can also mail your refill slip to CVS Caremark at: CVS Caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

For additional information on using mail order, visit capbluecross.com.

² The amount of medication you can obtain at a retail or mail order pharmacy depends on your drug benefit. Please refer to your Certificate of Coverage.



TIPS AND REMINDERS FOR USING MAIL ORDER

When ordering medication through the mail service, 60 percent of the previous supply must be used prior to refilling the medication.

When ordering prescriptions through the mail service pharmacy, please allow up to 14 days for delivery and have at least two weeks of medication on hand when ordering.

Please be sure to include your payment when placing your order at the mail service pharmacy. If payment is not received, your order may be delayed.

Orders totaling less than \$250 will be shipped and charged to the authorized payment type on file. Orders greater than \$250 require your authorization for payment before the order will be shipped. *(The mail order pharmacy will make three attempts to contact you to receive authorization. If they are unable to reach you or you do not return their call after three attempts, the order is canceled.)*

When selecting the auto-refill feature for mail order, please note that your medications will be automatically sent to you until you have either used all of your refills or your prescription expires, whichever occurs first. Please note that you will need to sign up for the auto-refill feature each time you send a prescription from your physician to the mail service pharmacy, even if you have previously ordered the same medication.

Be a Wise Health Care Consumer

Know Your Formulary Options

The Capital BlueCross formulary is a reference list that includes generic and brand-name prescription drugs that have been approved by the U.S. Food and Drug Administration (FDA). The formulary is updated on a quarterly basis or when new generic or brand-name medications become available and as discontinued drugs are removed from the marketplace.

While you cannot control drug prices, there are some things you can do to lower your out-of-pocket costs. You can use information in the formulary to help you identify the tier status of medication you are taking and discuss less expensive alternatives with your doctor.

The Capital BlueCross formulary includes four tiers³ of medications: generic preferred (tier 1), generic non-preferred (tier 2), brand preferred (tier 3), and brand non-preferred (tier 4) drugs. Your cost share for your prescription medication is based on which tier your drug falls into.

- **Generic**⁴ drugs are typically the most affordable and offer you a lower cost share than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. To help lower your out-of-pocket costs, we encourage you to choose a generic medication whenever possible.

Please note that not all strengths and formulations of generic drugs have the same tier status. For example, metformin er 500mg is generic preferred (tier 1) and metformin er 750mg is generic non-preferred (tier 2).

- Preferred generic drugs⁴ (tier 1) usually have the lowest cost share.
- Non-preferred generic drugs⁴ (tier 2) usually have a slightly higher cost share than generic preferred drugs and a lower cost share than brand name drugs.
- **Brand-name**⁴ drugs are marketed under a specific trade name and are protected by a patent. Brand-name drugs can be either preferred or non-preferred.
 - Preferred brand-name drugs (tier 3) are usually available at a slightly higher cost share than generic drugs. These drugs are designated preferred brand because they are more cost effective compared to other brand drugs that treat the same condition.
 - Non-preferred brand-name drugs (tier 4) usually have the highest cost share. These drugs are listed as non-preferred because they have not been found to be any more cost effective than available generics, preferred brands, or over-the-counter drugs.

Non-preferred brand medications are not covered under a closed formulary benefit plan. You or your physician may request coverage for medically necessary non-preferred drugs through the *Non-formulary Consideration Process*.

³All plans do not include a two-tier generic benefit. For plans that do not have a two-tier generic benefit, the generic copayment will be applied to both generic preferred and generic non-preferred drugs. Refer to your Certificate of Coverage for specific information about your prescription benefit. You can visit our website to view the formulary and formulary status of your drugs.

⁴Drugs sold in the United States are approved by the Food and Drug Administration (FDA) whether they are brand-name or generic.

Accessing Your Prescription Drug Information Online

Web access gives you an opportunity to explore health information, reference your benefits, and estimate the price of drugs you are taking.

You can access your prescription drug information by logging in to mycapbluecross.com — your personal benefits website.

To get started:

1. Go to capbluecross.com.
2. Enter your **Username** and **Password** to log in to your personal web page. If you are not registered, you will need to complete the registration process first.
3. Once you are logged in, you can access your prescription drug information by clicking on the **Rx Information** tab located in the gray bar at the top of your personal web page.

CONGRATULATIONS!

You can now begin to explore the many tools and information that can help you and your family better manage your prescription drug benefits.



Online Tools

Once you access your prescription drug information, some of the features available include:

- Online prescription services—place mail order refill requests and track prescription orders.
- Drug cost—get the estimated cost of your medication and find out about possible generic alternatives, mail order options, and savings opportunities.
- Personal reminders—create and schedule refill reminders and order status alerts for mail service prescriptions.
- Drug information and interactions—check drug interactions and side effects.
- Pharmacy locator—find a participating pharmacy.
- Coverage exception requests—initiate a request for prior authorization or Non-formulary Consideration by following the instructions provided.
- Methods of payment—pay by credit card, check, or money order.
- Family access—Change your settings to view pharmacy information for members of your family over 18 years old.
- Prescription history—track your prescription spending and print a report for your records.
- Account balance and payment—view account balance, as well as open and pending orders.



Preferred Medication List

The Preferred Medication List is an abbreviated version of the Formulary, containing the names of some of the most commonly prescribed drugs (pages 8-9).

The Capital BlueCross formulary serves as a reference for all prescription drug benefit designs ranging from an *open* formulary to a *closed* formulary.

- An open formulary provides access to generic preferred (tier 1), generic non-preferred (tier 2), brand preferred (tier 3), and brand non-preferred (tier 4) drugs.
- A closed formulary provides access to generic preferred (tier 1), generic non-preferred (tier 2), and brand preferred (tier 3) drugs. You or your physician may request coverage for medically necessary non-preferred drugs through the Non-formulary Consideration Process.

You can easily identify generic preferred (tier 1), generic non-preferred (tier 2), brand preferred (tier 3), and brand non-preferred (tier 4) drugs on the Preferred Medication List as they will have the following symbols next to them:

Generic Preferred—listed in bold lower case print	GP
Generic Non-preferred—listed in bold lower case print	GNP
Brand Preferred—listed in all UPPER CASE PRINT	BP
Brand Non-preferred—listed in all UPPER CASE PRINT	BNP

Members are encouraged to use generic or preferred brand drugs which are typically less expensive than non-preferred brand drugs.

To help maximize the value of your prescription drug benefit, the names of formulary alternatives are provided.

Drug Name	Alternatives (please discuss with your physician)
ABILIFY	BNP risperidone, quetiapine
ACCU-CHECK (PAR)	BNP ASCENSIA, ONETOUCH
ACEON (EPA)	BNP perindopril
ACIPHEX (EPA, QLL)	BNP rabeprazole (QLL)
ACTONEL (EPA, QLL)	BNP alendronate (QLL)
ACTOS	BNP pioglitazone
ADCIRCA (PAR)	BP
ADDERALL, -XR	BNP amphetamine salt combo
ADVAIR (QLL)	BP
AFINITOR	BP
alendronate 35mg, 75mg (QLL)	GP
ALPHAGAN-P	BP
AMBIEN CR (EPA, QLL)	BNP zolpidem ER (QLL)
amlodipine	GP
AMPYRA (PAR, QLL)	BP
ARICEPT, -ODT (EPA)	BNP donepezil, -ODT
atorvastatin (QLL)	GNP
ASCENSIA	BP
ASMANEX (QLL)	BP
ASTELIN	BNP azelastine
AVALIDE (EPA), AVAPRO (EPA)	BNP losartan/-hctz, irbesartan/-hctz
AVANDIA	BP
AVELOX	BP
AVODART	BP
azithromycin	GNP
AZOR	BP
BENZACLIN	BNP clindamycin/benzoyl peroxide
BONIVA tabs (EPA, QLL)	BNP ibandronate (QLL)
bupropion, -sr, -xl	GNP
BYETTA (EPA)	BP
BYSTOLIC (EPA)	BP
carbidopa/levodopa	GNP
carvedilol	GP
CELEBREX (EPA)	BNP
CIALIS (QLL)	BNP LEVITRA (QLL)
CIMZIA (PAR, QLL)	BNP ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
citalopram tablet (QLL)	GP
citalopram solution (QLL)	GNP
CLARINEX	BNP levocetirizine, desloratadine
clopidogrel	GNP
COMBIVENT	BP
CONCERTA	BNP methylphenidate er
COREG CR	BNP carvedilol, metoprolol xl
COSOPT	BNP dorzolamide/timolol
COUMADIN	BNP warfarin
COZAAR (EPA)	BNP losartan
CRESTOR (QLL)	BP
CYMBALTA (EPA)	BNP venlafaxine er (QLL)
DETROL, -LA	BNP oxybutynin, -er
DEXILANT (EPA, QLL)	BP
DILANTIN	BNP phenytoin
DIOVAN	BP
DIOVAN HCT	BNP valsartan/hctz
donepezil	GNP
DULERA (QLL)	BP
EDARBI (EPA)	BNP losartan
EFFEXOR XR (EPA, QLL)	BNP venlafaxine er (QLL)
EFFIENT	BP
ELIDEL	BP

Drug Name	Alternatives (please discuss with your physician)
enalapril/-hctz	GP
EPIPEN, -JR	BP
escitalopram (QLL)	GNP
estradiol tablet	GP
EVISTA	BP
EXELON (EPA)	BNP rivastigmine
EXFORGE	BP
FEMHRT	BNP ethinyl estradiol/norethindrone
fenofibrate	GNP
FLECTOR PATCH (EPA)	BNP meloxicam, naproxen
FLOMAX	BNP tamsulosin
FLOVENT HFA (QLL)	BP
fluoxetine 10mg, 20mg (QLL)	GP
fluoxetine 40mg, 90mg, suspension	GNP
fluoxetine PMDD (QLL)	GNP
fluticasone nasal spray (QLL)	GNP
fluvastatin	GNP
gabapentin 100mg	GP
gabapentin 300mg, 400mg, 600mg, 800mg, solution	GNP
galantamine/-ER	GP
gemfibrozil	GNP
GEODON	BNP ziprasidone
glimepiride	GP
glipizide	GP
glipizide er 2.5mg, 5mg	GP
glipizide er 10mg	GNP
glyburide 5mg	GNP
glyburide 1.25mg, 1.5mg, 2.5mg, 3mg, 6mg	GP
HUMULIN/HUMALOG	BP
IMITREX (EPA, QLL)	BNP sumatriptan (QLL)
INTUNIV	BNP methylphenidate
JALYN	BP
JANUVIA/JANUMET	BP
KADIAN (QLL)	BNP morphine sulfate (QLL)
KEPPRA, -XR	BNP levetiracetam
LAMICTAL	BNP lamotrigine
LANTUS	BP
LANTUS SOLOSTAR	BNP LANTUS
LEVEMIR	BP
levetiracetam	GP
LEVITRA (QLL)	BP
levothyroxine	GP
LEXAPRO (EPA, QLL)	BNP citalopram (QLL), escitalopram (QLL)
LIPITOR (EPA, QLL)	BNP atorvastatin (QLL), simvastatin (QLL)
lisinopril/-hctz	GP
LIVALO (EPA, QLL)	BNP atorvastatin (QLL), simvastatin (QLL)
lovastatin (QLL)	GP
LUMIGAN	BP
LUNESTA (EPA, QLL)	BNP zaleplon (QLL), zolpidem (QLL)
LYRICA (EPA)	BP
MAXALT, -MLT (EPA, QLL)	BNP rizatriptan (QLL)
meloxicam tablet	GP
meloxicam suspension	GNP
metformin, metformin er 500mg	GP
metformin er 750mg	GNP
metformin er osmotic	GNP

Drug Name	Alternatives (please discuss with your physician)	
metoprolol	GP	
metoprolol xl	GNP	
MIRAPEX	BNP	pramipexole
montelukast	GNP	
MULTAQ	BNP	amiodarone
NAMENDA	BP	
NASACORT AQ (EPA)	BNP	fluticasone nasal spray (QLL)
NASONEX (EPA)	BNP	fluticasone nasal spray (QLL)
NEXIUM (EPA, QLL)	BNP	lansoprazole (QLL), omeprazole (QLL), pantoprazole (QLL)
NIASPAN	BNP	niacin er
NOVOLIN/NOVOLOG	BP	
olanzapine (QLL)	GNP	
omeprazole	GNP	
OMNARIS (EPA)	BNP	fluticasone (QLL)
ondansetron ODT 4mg (QLL)	GP	
ondansetron 4mg, 8mg (QLL)	GNP	
ondansetron ODT 8mg, solution (QLL)	GNP	
ONETOUCH	BP	
ONGLYZA (PAR)	BNP	JANUVIA, TRADJENTA
ORTHO EVRA	BNP	tri-sprintec
ORTHO TRI-CYCLEN LO	BNP	tri-sprintec
oxybutynin	GP	
oxybutynin er	GNP	
OXYCONTIN (QLL)	BNP	morphine er (QLL), oxycodone (QLL), KADIAN (QLL)
pantoprazole (QLL)	GNP	
paroxetine (QLL)	GP	
paroxetine er (QLL)	GNP	
PATANOL, PATADAY	BNP	Zaditor OTC (not covered)
PAXIL, -CR (EPA, QLL)	BNP	paroxetine, -cr (QLL)
pioglitazone	GNP	
PLAVIX	BNP	clopidogrel
PRADAXA (PAR)	BNP	warfarin
PRANDIN	BP	
pravastatin 10mg, 20mg,40mg (QLL)	GP	
pravastatin 80mg (QLL)	GNP	
PREMARIN, PREMPRO	BP	
PREVACID (EPA, QLL)	BNP	lansoprazole (QLL)
PRISTIQ (EPA, QLL)	BNP	venlafaxine er (QLL)
PROAIR HFA	BP	
PROVENTIL HFA	BNP	PROAIR HFA, VENTOLIN HFA
PULMICORT INHALER (QLL)	BNP	ASMANEX (QLL), FLOVENT HFA (QLL)
quetiapine (QLL)	GNP	
rabeprazole (QLL)	GNP	
ramipril 1.25mg, 2.5mg, 5mg	GP	
ramipril 10mg	GNP	
RANEXA (PAR)	BP	
RELPAK (EPA, QLL)	BNP	naratriptan (QLL), sumatriptan (QLL), MAXALT/-MLT (EPA, QLL)
RHINOCORT AQUA (EPA)	BNP	fluticasone (QLL)
risperidone	GP	
ropinirole	GP	
ROZEREM	BP	
SABRIL	BNP	carbamazepine, gabapentin
SANCUSO PATCH (QLL)	BNP	granisetron (QLL), ondansetron (QLL)
SAVELLA (EPA)	BP	
SEREVENT DISKUS	BP	
SEROQUEL	BNP	quetiapine

Drug Name	Alternatives (please discuss with your physician)	
SEROQUEL XR (QLL)	BNP	quetiapine
sertraline tablet	GP	
sertraline suspension	GNP	
SIMCOR (EPA)	BP	
SIMPONI (EPA, QLL)	BNP	ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
simvastatin (QLL)	GP	
SINGULAIR (EPA)	BNP	montelukast (EPA)
SKELAXIN	BNP	metaxalone
SPIRIVA	BP	
STAXYN (QLL)	BNP	LEVITRA (QLL)
STRATTERA	BNP	methylphenidate er
sumatriptan (QLL)	GNP	
SYMBICORT (QLL)	BP	
SYMLIN (EPA)	BP	
SYNTHROID	BNP	levothyroxine
tacrolimus	GNP	
TEKTURN/-HCT	BP	
TOBRADEX	BNP	tobramycin/dexamethasone
TRADJENTA	BP	
tramadol 50mg (QLL)	GP	
tramadol er (QLL)	GNP	
TRAVATAN Z	BP	
TREXIMET (EPA, QLL)	BNP	sumatriptan (QLL) + naproxen
triamterene/-hctz	GP	
TRICOR	BNP	fenofibrate
venlafaxine	GNP	
VENTOLIN HFA	BP	
VERAMYST (EPA, QLL)	BNP	fluticasone (QLL)
VESICARE	BP	
VIAGRA (QLL)	BNP	LEVITRA (QLL)
VICTOZA (EPA)	BNP	BYETTA (EPA)
VOTRIENT	BP	
VYTORIN (QLL)	BP	
VYVANSE	BP	
warfarin	GP	
XALATAN	BNP	latanoprost
XOPENEX HFA	BNP	PROAIR HFA, VENTOLIN HFA
XYZAL	BNP	levocetirizine
YASMIN	BNP	ocella
zaleplon (QLL)	GNP	
ZETIA	BP	
ziprasidone	GNP	
zolpidem (QLL)	GP	
zolpidem er (QLL)	GNP	
ZOMIG/-ZMT (EPA, QLL)	BNP	zolmitriptan (QLL)
ZYPREXA (QLL)	BNP	olanzapine (QLL)

GP: Generic Preferred
GNP: Generic Non-preferred
BP: Brand Preferred
BNP: Brand Non-preferred
QLL: Quantity Level Limit
PAR: Prior Authorization Required
EPA: Enhanced Prior Authorization

This list is not all-inclusive and does not guarantee coverage. Please check your Certificate of Coverage for detailed information regarding individual drug coverage, pharmaceutical management procedures, benefit limitations and exclusions.

The preferred medication list does not apply to Medicare Advantage or Medicare part D programs.

Current as of July 2014.

Prior Authorization⁵

The prior authorization process helps to ensure that certain drugs are prescribed appropriately and in keeping with FDA guidelines. You can easily identify these drugs on our formulary list as they will have a **PAR** symbol next to them (*visit our website at capbluecross.com to view the formulary*).

To help prevent possible delays in filling your prescription, you, your physician, or your authorized representative should request a prior authorization before your prescriptions are filled. Medications that require prior authorization will not be covered if authorization is not obtained prior to dispensing. Your physician can direct prior authorization requests to CVS Caremark by calling **800.294.5979** (fax: 888.836.0730).

You can also initiate a prior authorization request or start the Non-formulary Consideration Process by phone or online. Please be prepared to provide the following information:

- Your name (as it appears on your ID card)
- Your member ID number
- Your date of birth
- Name of the drug
- Name of the physician who prescribed the drug
- Physician phone number with area code
- Physician fax number with area code (if available)

Be sure to select "*prior authorization*" or "*non-formulary consideration*" when making your request.

⁵The following list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

Prior authorization requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Prior Authorization applies to all applicable generic equivalents of the brand-name products listed in the following list.

Your doctor can direct prior authorization requests to CVS Caremark by calling **800.294.5979**.



If you are initiating the request by phone, please follow the prompts and select the option to speak to a customer service representative. Be sure to tell the representative who answers the phone that you are calling to request prior authorization for a drug or to start the Non-formulary Consideration Process.

— If authorization is approved, your prescription will be filled and the appropriate cost share will be applied.

— If authorization is not approved, you have the following choices:

1. You may still have the prescription filled but you will pay the entire cost of the drug.
2. You may ask your physician to prescribe an alternative drug that is covered by your prescription drug benefit.
3. You may initiate an appeal of the decision.

The following list of prescription medications requires prior authorization.⁶

Classification	Product Name (s)		
Antifungal Agents	• Onmel	• Sporanox	
Cardiovascular Vasodilators	• Adcirca • Adempas • Letairis	• Opsumit • Orenitram • Revatio	• Tracleer • Tyvaso • Ventavis
Chelating Agent	• Exjade	• Ferriprox	
Erythroid Stimulants	• Aranesp	• Epogen	• Procrit
Growth Hormones	All products, examples include:		
	• Genotropin • Humatrope • Increlex	• Norditropin • Nutropin, -AQ, -Depot • Omnitrope	• Saizen • Serostim • Tev-tropin
Hepatitis C Agents	• Incivek	• Victrelis	
Injectable Biologicals	• Actemra • Cimzia • Enbrel	• Humira • Kineret • Orencia SC	• Stelara • Simponi
Miscellaneous Agents	• Acthar • Bosulif • Cometriq • Cystagon • Egrifta • Eliquis • Erivedge • Forteo • Fycompa • Gattex • Gilotrif • Hetlioz • Iclusig • Imbruvica • Inlyta	• Jakafi • Juxtapid • Kalydeco • Korlym • Kynamro • Mekinist • Mozobil • Myalept • Nesina/Kazano/Oseni • Olysio • Onglyza/Kombiglyze XR • Pomalyst • Pradaxa • Procysbi • Ranexa	• Roche and Abbott insulin test strips • Sirturo • Signifor • Somatuline Depot • Sovaldi • Stivarga • Sylatron • Tafinlar • V-go • Xeljanz • Xenazine • Xtandi • Zytiga
Multiple Sclerosis – Oral Agents	• Ampyra • Aubagio	• Gilenya • Tecfidera	
Narcolepsy Agents	• Nuvigil	• Provigil	• Xyrem
Overactive Bladder Agents	• Detrol/LA • Ditropan/-XL • Enablex • Myrbetriq	• Oxytrol • Sanctura XR • Toviaz	
Topical Acne Products (> age 25)	• Altinac • Avita • Retin-A • Retin-A Micro	• Tazorac • Tretin-X	
<i>NOTE: Renova and Avage are benefit exclusions across all prescription drug plans since their indications are considered cosmetic.</i>			
Weight Loss Drugs	All products, examples include:		
	• Bontril • Desoxyn	• Didrex • Ionamin	• Tenuate • Xenical
Wound Healing Agents	• Regranex		

⁶ Current as of July 2014.

Enhanced Prior Authorization (step therapy)⁷

Certain medications are subject to enhanced prior authorization (or step therapy). In order to have these medications covered under your prescription drug benefit, you may be required to first try a formulary alternative or complete the authorization process. To obtain authorization, your physician or pharmacist should call or fax a request with supporting clinical information to CVS Caremark at **800.294.5979** (fax: 888.836.0730). You may initiate an authorization by calling CVS Caremark at **800.585.5794**, or by visiting our website at **capbluecross.com**.

The following list of prescription medications requires enhanced prior authorization.⁸

Classification	Product Name (s)
Alzheimer's Disease Agents <i>NOTE: For most conditions, a generic cholinesterase inhibitor must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Aricept, -ODT • Exelon • Razadyne, -ER
Antidepressant Agents (Brand-name) <i>NOTE: For most conditions, a generic antidepressant agent must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Aplenzin ER • Brintellix • Cymbalta • Effexor XR • Emsam • Fetzima • Forfivo XL • Lexapro • Paxil • Paxil CR • Pexeva • Pristiq • Prozac Weekly • Sarafem • Viibryd • Wellbutrin, -SR, -XL • Zoloft
Antidiabetic Agents <i>NOTE: For most conditions, one (1) oral diabetes drug must be utilized before receiving prior authorization for Bydureon, Byetta, and Victoza, and either one (1) oral diabetes drug or insulin must be utilized before receiving prior authorization for Symlin.</i>	<ul style="list-style-type: none"> • Bydureon • Byetta • Symlin • Victoza
Antidiarrheal Agents <i>NOTE: For most conditions, HIV medications and either diphenoxylate/astropine or an over-the-counter (OTC) antidiarrheal agent must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Fulyzaq
Anti-Inflammatory Agents <i>NOTE: For most conditions, two (2) generic non-steroidal anti-inflammatory drugs (NSAID) must be utilized before receiving prior authorization for Celebrex and one (1) generic NSAID for Flector Patch.</i>	<ul style="list-style-type: none"> • Celebrex • Flector Patch
Beta-Blockers <i>NOTE: For most conditions, a generic beta-blocker must be utilized before receiving prior authorization for Bystolic</i>	<ul style="list-style-type: none"> • Bystolic
Cholesterol Lowering Agents <i>NOTE: For most conditions, a generic statin must be utilized before receiving prior authorization for the medications in this program. For Simvastatin 80mg or Vytorin 10mg/80mg, medications must be utilized for 12 months before receiving prior authorization.</i>	All brand-name products, examples include: <ul style="list-style-type: none"> • Altoprev • Lescol/XL • Lipitor • Livalo • Simvastatin 80mg • Vytorin 10mg/80mg
Gout Agents <i>NOTE: For most conditions, allopurinol must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Uloric
Hepatitis Agents <i>NOTE: For most conditions, Pegasys must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Peg-intron
Migraine Therapy <i>NOTE: For most conditions, sumatriptan or naratriptan must be utilized before receiving prior authorization for medications in this program.</i>	<ul style="list-style-type: none"> • Alsuma • Amerge • Axert • Frova • Imitrex • Maxalt, -MLT • Relpax • Sumavel • Treximet • Zomig, -ZMT

Classification	Product Name (s)
Miscellaneous Anticonvulsants <i>NOTE: For most conditions, gabapentin must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Lyrica • Savella
Multiple Sclerosis Agents <i>NOTE: For most conditions, Avonex and Copaxone must be utilized before receiving prior authorization for the medications in this program. In addition, Betaseron must be utilized before receiving Extavia.</i>	<ul style="list-style-type: none"> • Betaseron • Extavia • Rebif
Nasal Corticosteroids <i>NOTE: For most conditions, fluticasone, flunisolide, or triamcinolone nasal spray must be utilized before receiving prior authorization for the medications in this program.</i>	All brand-name products, examples include: <ul style="list-style-type: none"> • Beconase AQ • Dymista • Nasacort • Nasonex • Omnaris • Qnasl • Rhinocort Aqua • Veramyst • Zetonna
Osteoporosis Agents <i>NOTE: For most conditions, alendronate or ibandronate must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Actonel • Atelvia • Binosto • Boniva • Fosamax • Fosamax +D
Parkinson's Disease <i>NOTE: For most conditions, one (1) oral drug to treat Parkinson's disease must be utilized before receiving prior authorization for the medication(s) in this program.</i>	<ul style="list-style-type: none"> • Neupro
Proton Pump Inhibitors (PPI) <i>NOTE: For most conditions, a generic PPI (lansoprazole, omeprazole/-sodium bicarbonate, pantoprazole, rabeprazole) must be utilized before receiving prior authorization for the medications in this program.</i>	LEVEL 2 <ul style="list-style-type: none"> • Aciphex • Esomezol • Nexium • Prevacid/-Solutabs • Prilosec • Protonix • Zegerid
Renin-Angiotensin System Antagonists (Brand-name) <i>NOTE: For most conditions, a generic ACE inhibitor /- combination or a generic ARB /- combination must be utilized before receiving prior authorization for the medications in this program.</i>	Brand-name products, examples include: <ul style="list-style-type: none"> • Atacand/-HCT • Avapro/Avalide • Cozaar/Hyzaar • Edarbi • Micardis/-HCT • Teveten/-HCT • Twynsta
Sedatives/Hypnotics <i>NOTE: For most conditions, zaleplon or zolpidem/-CR must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> • Ambien, -CR • Lunesta • Sonata
Short-Acting Fentanyl Products <i>NOTE: For most conditions, a long-acting narcotic agent must be used in combination with Actiq or Fentora.</i>	<ul style="list-style-type: none"> • Abstral • Actiq • Fentanyl citrate • Fentora • Lazanda • Onsolis • Subsys
Topical Acne Product <i>NOTE: For most conditions, a topical anti-acne product must be utilized before receiving prior authorization for Aczone.</i>	<ul style="list-style-type: none"> • Aczone

⁷ This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

Prior authorization requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

⁸ Current as of July 2014.

Drug Quantity Management Program⁹

Quantity limits help to promote appropriate use of selected medications and enhance patient safety. If your prescription is written for more than the allowed quantity, your prescription will only be filled up to the allowed quantity. You can easily identify these drugs on our formulary and Preferred Medication List as they will have a **QLL** symbol next to them (*visit our website at capbluecross.com to view the formulary*).

Your physician can direct Drug Quantity Management (DQM) override requests to CVS Caremark by calling or faxing the request with supporting clinical information to **800.294.5979** (fax: 888.836.0730).

Classification/ Drug Name	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
ANTIDEPRESSANT THERAPY		
• Brintellix tablets	• 30 tablets of 5mg, 10mg, 15mg, 20mg	• 90 tablets of 5mg, 10mg, 15mg, 20mg
• Celexa tablets	• 30 tablets of 10mg, 40mg; 60 tablets of 20mg	• 90 tablets of 10mg, 40mg; 180 tablets of 20mg
• Effexor XR tablets (venlafaxine ER)	• 30 tablets of 225mg; 60 tablets of 150mg; 90 tablets of 37.5mg, 75mg	• 90 tablets of 225mg; 180 tablets of 150mg; 270 tablets of 37.5mg, 75mg
• Fetzima tablets	• 30 tablets of 20mg, 40mg, 80mg, 120mg	• 90 tablets of 20mg, 40mg, 80mg, 120mg
• Lexapro suspension	• 3 bottles (720ml)	• 9 bottles (2160ml)
• Lexapro tablets	• 30 tablets of 5mg, 10mg, 20mg	• 90 tablets of 5mg, 10mg, 20mg
• Paxil, Pexeva tablets	• 60 tablets of 10mg, 20mg, 30mg; 30 tablets of 40mg	• 180 tablets of 10mg, 20mg, 30mg; 90 tablets of 40mg
• Paxil CR tablets	• 30 tablets of 12.5mg, 25mg	• 90 tablets of 12.5mg, 25mg
• Pristiq tablets	• 30 tablets of 50mg, 100mg	• 90 tablets of 50mg, 100mg
• Prozac capsules/tablets	• 90 capsules/tablets of 10mg, 20mg	• 270 capsules/tablets of 10mg, 20mg
• Prozac Weekly	• 4 capsules of 90mg	• 12 capsules of 90mg
ANTIEMETIC THERAPY (nausea/vomiting)		
• Anzemet tablets	• 5 tablets of 50mg, 100mg per prescription	• 15 tablets of 50mg, 100mg per prescription
• Cesamet capsules	• 6 capsules of 1mg per prescription	• 18 capsules of 1mg per prescription
• Emend capsules	• 8 capsules of 40mg, 80mg; 4 capsules of 125mg; 4 packs per prescription	• 24 capsules of 40mg, 80mg; 12 capsules of 125mg; 12 packs per prescription
• Granisol suspension	• 2 bottles (60ml) per prescription	• 6 bottles (60ml) per prescription
• Kytril tablets	• 8 tablets of 1mg per prescription	• 24 tablets of 1mg per prescription
• Sancuso patch	• 2 patches	• 6 patches
• Zofran suspension	• 5 bottles (250ml) per prescription	• 15 bottles (250ml) per prescription
• Zofran/-ODT tablets	• 24 tablets of 4mg, 8mg; 4 tablets of 24mg per prescription	• 72 tablets of 4mg, 8mg; 12 tablets of 24mg per prescription
• Zuplenz film	• 24 films per prescription	• 72 films per prescription
ANTI-FLU THERAPY		
• Relenza inhalations	• 1 kit per prescription; max of 2 prescriptions per year	
• Tamiflu capsules	• 10 capsules of 45mg, 75mg per prescription, 20 capsules of 30mg per prescription; max of 2 prescriptions per year	• N/A
• Tamiflu suspension	• 3 bottles (75 mL) of 12mg/ml per prescription; 4 bottles (240 mL) of 6mg/ml per prescription; maximum of 2 prescriptions per 365 days	
BISPHOSPHONATE THERAPY (osteoporosis)		
• Actonel tablets	• 4 tablets of 35mg	• 12 tablets of 35mg
• Atelvia tablets	• 4 tablets of 35mg per 28-day period	• 12 tablets of 35mg per 84-day period
• Binosto	• 4 tablets of 70mg per 28-day period	• 12 tablets of 70mg per 84-day period
• Boniva tablets	• 1 tablet of 150mg per 28-day period	• 3 tablet of 150mg per 84-day period
• Fosamax tablets	• 4 tablets of 35mg, 70mg per 28-day period	• 12 tablets of 35mg, 70mg per 84-day period
• Fosamax+D tablets	• 4 tablets per 28-day period	• 12 tablets per 84-day period

Classification/ Drug Name	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
CHOLESTEROL-LOWERING THERAPY		
• Altoprev tablets	• 30 tablets of 20mg	• 90 tablets of 20mg
• Crestor tablets	• 30 tablets of 5mg, 10mg, 20mg, 40mg	• 90 tablets of 5mg, 10mg, 20mg, 40mg
• Lescol XL tablets	• 30 tablets of 80mg	• 90 tablets of 80mg
• Lipitor tablets	• 30 tablets of 10mg, 20mg, 40mg	• 90 tablets of 10mg, 20mg, 40mg
• Liptruzet tablets	• 30 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	• 90 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg
• Livalo tablets	• 30 tablets of 1mg, 2mg, 4mg	• 90 tablets of 1mg, 2mg, 4mg
• Mevacor tablets	• 30 tablets of 20mg; 60 tablets of 40mg	• 90 tablets of 20mg; 180 tablets of 40mg
• Pravachol tablets	• 30 tablets of 10mg, 20mg, 40mg	• 90 tablets of 10mg, 20mg, 40mg
• Simcor tablets	• 60 tablets of 500/20mg, 750/20mg, 1,000/20mg	• 180 tablets of 500/20mg, 750/20mg, 1,000/20mg
• Vytorin tablets	• 30 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg	• 90 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg
• Zocor tablets	• 30 tablets of 5mg, 10mg, 40mg	• 90 tablets of 5mg, 10mg, 40mg
DISEASE MODIFYING ANTI-RHEUMATIC DRUG (DMARD) INJECTABLE BIOLOGICALS		
• Actemra	• 4 syringes of 162mg	
• Cimzia	• 8 syringes of 200mg	
• Enbrel	• 4 syringes of 50mg; 8 syringes of 25mg	
• Humira	• 2 syringes of 40mg	
• Orencia SC	• 4 syringes of 125mg	• N/A
• Simponi	• 1 syringe of 50mg	
• Stelara	• 1 syringe of 45mg, 90mg per 90 days	
• Xeljanz tablets	• 60 tablets	
ERECTILE DYSFUNCTION THERAPY		
• Caverject injection		
• Cialis tablets		
• Edex injection		
• Levitra tablets	• Therapy class allows 6 units (any combination of products)	• Therapy class allows 18 units (any combination of products)
• Muse inserts		
• Staxyn tablets		
• Stendra tablets		
• Viagra tablets		
MIGRAINE THERAPY		
• Alsuma injection	• 4 kits (8 autoinjectors) per prescription	• 12 kits (8 autoinjectors) per prescription
• Amerge tablets	• 9 tablets of 2.5mg; 20 tablets of 1mg per prescription	• 27 tablets of 2.5mg; 60 tablets of 1mg per prescription
• Axert tablets	• 8 tablets of 12.5mg; 18 tablets of 6.25mg per prescription	• 24 tablets of 12.5mg; 54 tablets of 6.25mg per prescription
• Frova tablets	• 9 tablets of 2.5mg per prescription	• 27 tablets of 2.5mg per prescription
• Imitrex injection	• 4 kits (8 syringes or vials) per prescription	• 12 kits (24 syringes or vials) per prescription
• Imitrex nasal spray	• 8 nasal sprays of 20mg; 32 nasal sprays of 5mg per prescription	• 24 nasal sprays of 20mg; 96 nasal sprays of 5mg per prescription
• Imitrex tablets	• 9 tablets of 100mg; 18 tablets of 50mg; 36 tablets of 25mg per prescription	• 27 tablets of 100mg; 54 tablets of 50mg; 108 tablets of 25mg per prescription
• Maxalt/-MLT tabs	• 12 tablets of 10mg; 24 tablets of 5mg per prescription	• 36 tablets of 10mg; 72 tablets of 5mg per prescription
• Migranal NS spray	• 1 kit (8 ampules) per prescription	• 3 kits (24 ampules) per prescription
• Relpax tablets	• 6 tablets of 40mg; 12 tablets of 20mg per prescription	• 18 tablets of 40mg; 36 tablets of 20mg per prescription
• Stadol NS spray	• 4 spray pumps of 2.5ml per prescription	• 12 spray pumps of 2.5ml per prescription
• Sumavel injection	• 4 kits (8 syringes or vials) per prescription	• 12 kits (24 syringes or vials) per prescription
• Treximet tablets	• 9 tablets per prescription	• 27 tablets per prescription
• Zomig nasal spray	• 8 nasal sprays of 5mg per prescription	• 24 nasal sprays of 5mg per prescription
• Zomig/-ZMT tablets	• 9 tablets of 5mg; 18 tablets of 2.5mg per prescription	• 27 tablets of 5mg; 54 tablets of 2.5mg per prescription

Classification/ Drug Name	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
NARCOTIC PAIN RELIEVER THERAPY		
• Abstral tablets	• 120 tablets	• 360 tablets
• Actiq lozenges	• 120 lozenges	• 360 lozenges
• Avinza capsules	• 60 capsules	• 180 capsules
• Butrans patch	• 4 patches per 28-day period	• 12 patches per 84-day period
• codeine with acetaminophen (e.g., TYLENOL w/CODEINE #2, 3, and 4)	• 4500 mls of 12/120mg per 5ml soln • 400 tablets of 15/300mg • 360 tablets of 30/300mg • 180 tablets of 60/300mg	• 13500 mls of 12/120mg per 5ml soln • 1200 tablets of 15/300mg • 1080 tablets of 30/300mg • 540 tablets of 60/300mg
• codeine with aspirin	• 360 tablets of 15/325mg and 30/325mg • 180 tablets of 60/325mg	• 1080 tablets of 15/325mg and 30/325mg • 540 tablets of 60/325mg
• Duragesic patches	• 15 patches	• 45 patches
• Exalgo tablets	• 60 tablets	• 180 tablets
• Fentora lozenges	• 120 lozenges	• 360 lozenges
• hydrocodone with acetaminophen (e.g., LORCET, LORTAB, VICODIN)	• 360 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg • 240 tablets of 2.5/500mg, 5/500mg, and 7.5/500mg • 180 tablets of 7.5/650mg, 10/500mg, 10/650mg, and 10/660mg • 160 tablets of 7.5/750mg and 10/750mg	• 1080 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg • 720 tablets of 2.5/500mg, 5/500mg, and 7.5/500mg • 540 tablets of 7.5/650mg, 10/500mg, 10/650mg, and 10/660mg • 480 tablets of 7.5/750mg and 10/750mg
• hydrocodone with ibuprofen (e.g., VICOPROFEN)	• 150 tablets or capsules	• 450 tablets or capsules
• Kadian capsules	• 60 capsules	• 180 capsules
• Lazanda spray	• 30 bottles	• 90 bottles
• MS Contin tablets	• 90 tablets	• 270 tablets
• Nucynta ER tablets	• 60 tablets	• 180 tablets
• Nucynta tablets	• 360 tablets of 50mg; 240 tablets of 75mg; • 180 tablets of 100mg	• 1080 tablets of 50mg; 720 tablets of 75mg; • 540 tablets of 100mg
• Onsolis soluble films	• 120 films	• 360 films
• Opana ER tablets	• 90 tablets	• 270 tablets
• oxycodone with acetaminophen (e.g., PERCOCET, ENDOCET, ROXICET)	• 360 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg • 240 tablets of 5/500mg, 7.5/500mg, and 10/500mg • 180 tablets of 10/650mg	• 1080 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg • 720 tablets of 5/500mg, 7.5/500mg, and 10/500mg • 540 tablets of 10/650mg
• oxycodone with aspirin (e.g., PERCODAN tablets)	• 360 tablets of 4.5/325mg	• 1080 tablets of 4.5/325mg
• oxycodone with ibuprofen (e.g., COMBUNOX tablets)	• 120 tablets of 5/400mg	• 360 tablets of 5/400mg
• Oxycontin tablets	• 90 tablets	• 270 tablets
• Ryzolt ER tablets	• 30 tablets	• 90 tablets
• Subsys spray	• 120 spray units	• 360 spray units
• tramadol extended release (e.g., ULTRAM ER)	• 90 tablets of 100mg • 30 tablets of 200mg • 30 tablets of 300mg	• 270 tablets of 100mg • 90 tablets of 200mg • 90 tablets of 300mg
• Ultram/Ultracet, Rybix ODT	• 240 tablets	• 720 tablets
• Xartemis XR tablets	• 120 tablets	• 360 tablets
PROTON PUMP INHIBITOR THERAPY (stomach acid)		
• Aciphex tablets		
• Dexilant capsules		
• Esomezol tablets		
• Nexium capsules	• 30 tablets/capsules (all products in therapy class)	• 90 tablets/capsules (all products in therapy class)
• Prevacid		
• Prilosec capsules		
• Protonix tablets		
RESPIRATORY MEDICATIONS (inhalers)		
• Advair	• 1 inhaler	• 3 inhalers
• Aerospan	• 1 inhaler	• 3 inhalers
• Alvesco	• 2 inhalers	• 6 inhalers
• Asmanex	• 1 inhaler (all products in therapy class, unless indicated)	• 3 inhalers (all products in therapy class, unless indicated)

Classification/ Drug Name	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
• Breo Ellipta	• 1 inhaler	• 3 inhalers
• Dulera		
• Flovent/- HFA		
• Pulmicort	• 1 inhaler (all products in therapy class, unless indicated)	• 3 inhalers (all products in therapy class, unless indicated)
• Qvar		
• Symbicort		
SEDATIVE/HYPNOTIC THERAPY (sleep aids)		
• Ambien tablets		
• Ambien CR tablets	• Therapy class allows 30 units (any combination of products)	• Therapy class allows 90 units (any combination of products)
• Lunesta tablets		
• Sonata capsules		
MISCELLANEOUS MEDICATIONS		
• Ampyra tablets	• 60 tablets	• 180 tablets
• Flonase nasal spray	• 1 nasal spray per prescription	• 3 nasal spray per prescription
• Invega tablets	• 60 tablets	• 180 tablets
• Seroquel XR tablets	• 60 tablets	• 180 tablets
• Suboxone 2/0.5mg, 4/1mg, 8/2mg	• 90 tablets	• 180 tablets
• Suboxone 12/3mg	• 60 tablets	• 120 tablets
• Veramyst nasal spray	• 1 nasal spray per prescription	• 3 nasal spray per prescription
• Zubsolv	• 90 tablets	• 180 tablets
• Zyprexa tablets	• 30 tablets of all strengths	• 90 tablets of all strengths
• Zyprexa Zydys tablets	• 30 tablets of 5mg, 10mg, 15mg, 20mg	• 90 tablets of 5mg, 10mg, 15mg, 20mg

⁹This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

DQM override requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If DQM override request is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Drug quantity level limits apply to all applicable generic equivalents of the brand-name products listed in this document.

Applicable mail service quantity levels are two to three times the retail quantity level limits, depending on the prescription drug benefit design chosen by the member or employer group.

Current as of July 2014.

Generic Substitution Program

Generic substitution programs help to reduce out-of-pocket expenses and help to contain the rising costs of providing prescription drug benefits. Capital BlueCross offers two types of generic substitution programs— mandatory and restrictive:

- **Mandatory Generic Substitution Program** is when a generic drug is substituted for a brand-name product. If a generic drug is available and you obtain a brand-name drug, even if *your doctor* has requested brand necessary, you will be charged the brand-name cost share *plus* the cost difference between the generic and brand-name medication.
- **Restrictive Generic Substitution Program** allows *your doctor* to specify that a brand-name drug be dispensed by indicating “*No Generic Substitution Permissible*” on the written prescription. In this case, you will only be charged the brand-name cost share. But, *if you* request a brand-name drug when a generic is available, you will be charged the brand-name cost share *plus* the cost difference between the generic and brand-name medication.

Accredo Health Group, Inc./ Specialty Medications (self-administered)

Through a special arrangement with Accredo, Capital BlueCross makes it easy for you to get the patient care you deserve and the speciality medications (self-administered) you need to help manage your unique health conditions.

A patient care advocate at Accredo will work on your behalf with a team of pharmacists, nurses, your doctor, and Capital BlueCross to help provide you with high touch personalized care.

Services include:

- A **patient care advocate** who will work with you and your physician to answer questions, obtain prior authorizations, and much more. Your patient care advocate will even contact you when it's time to refill your prescription.
- A **complete specialty pharmacy** that offers many products and services which aren't usually available from your local retail pharmacy. You get the convenience of having your specialty medications delivered directly to your home at no additional cost.
- Access to **necessary supplies** that you need to administer your injectable medications (like free needles, syringes, and disposal containers for used medical supplies).
- You will also have access to **detailed personal instructions** and educational materials to ensure you get the training, education, and support you need to administer your medications. These services are offered at no additional cost to you.
- **Care management programs** that help you achieve the best results from your prescribed drug therapy. These programs are designed to help you get the most benefit from your specialty medications.

On behalf of Capital BlueCross, Accredo Health Group, Inc. assists in the delivery of specialty medications directly to our Members. Accredo Health Group, Inc. is an independent company.

For additional information or to begin service, call **877.595.3707**. Or your doctor can fax your prescription to 888.302.1028. You can download a patient enrollment form at **capbluecross.com**.



To get started:

- Call Accredo at **877.595.3707**, Monday through Friday, 8 a.m. to 11 p.m., and Saturday 8 a.m. to 5 p.m. EST, and a representative will contact your doctor to get your prescription if necessary. **Or**, your doctor can fax your prescription to 888.302.1028.
- A patient care advocate will contact you to schedule delivery of your medication.

Visit the Accredo website at **accredo.com** to learn more about Accredo Health Group, Inc. and the products and services they offer.

Please refer to your certificate of coverage for specific terms, conditions, exclusions, and limitations relative to our coverage.

The following self-administered specialty medications are available through Accredo Health Group, Inc.:

ACTEMRA* (PAR, QLL)	FERRIPROX* (PAR)	MONOCLATE-P*	SEROSTIM (PAR)
ACTHAR HP* (PAR)	FIRAZYR	MONONINE*	SIGNIFOR* (PAR)
ACTIMMUNE*	FIRMAGON*	MOZOBI* (PAR)	SILDENAFIL* (PAR)
ADCIRCA* (PAR)	FOLLISTIM, -AQ	MYALEPT (PAR)	SIMPONI* (PAR, QLL)
ADEMPAS* (PAR)	FONDAPARINUX*	NEULASTA	SOMATULINE* (PAR)
ADVATE*	FORTEO (PAR)	NEUMEGA	SOMAVERT*
AFINITOR*	FRAGMIN*	NEUPOGEN	SOVALDI* (PAR)
ALPHANATE*	FUZEON	NEXAVAR	SPRYCEL
ALPHANINE SD*	GANIRELIX	NORDITROPIN (PAR)	STELARA
ALPROLIX*	GATTEX* (PAR)	NOVAREL	STIMATE*
AMPYRA* (PAR, QLL)	GENOTROPIN (PAR)	NOVOSEVEN*	STIVARGA* (PAR)
APOKYN*	GILENYA* (PAR)	NUTROPIN, -AQ (PAR)	SUTENT
ARANESP	GILOTRIF* (PAR)	OCTREOTIDE*	SYLATRON* (PAR)
ARCALYST*	GLEEVEC*	OLYSIO* (PAR)	SYNAREL*
ARIXTRA*	GONAL-F, -RFF	OMNITROPE* (PAR)	TAFINLAR* (PAR)
AUBAGIO* (PAR)	GRANIX*	ONDANSETRON* (QLL)	TARCEVA (PAR)
AVONEX	HELIXATE FS*	OPSUMIT* (PAR)	TARGETIN*
BEBULIN VH*	HEMOFIL-M*	ORENCIA 125MG/ML* (PAR, QLL)	TASIGNA
BENEFIX*	HETLIOZ (PAR)	ORENITRAM (PAR)	TECFIDERA* (PAR)
BERINERT*	HIZENTRA*	ORFADIN*	TEMODAR
BETASERON (EPA)	HUMATE-P*	OVIDREL	TEV-TROPIN*
BETHKIS*	HUMATROPE (PAR)	PEGASYS	THALOMID
BOSULIF* (PAR)	HUMIRA (PAR, QLL)	PEG-INTRON (EPA)	TIKOSYN*
BRAVELLE	HYCANTIN*	POMALYST* (PAR)	TOBI*
CAPECITABINE	ICLUSIG* (PAR)	PREGNYL	TOBI, - PODHALER*
CAPRELSA*	IMBRUVICA* (PAR)	PROCRIT (PAR)	TOBRAMYCIN INHALATION SOLUTION*
CARBAGLU*	INCIVEK* (PAR)	PROCYSBI* (PAR)	
CETROTIDE	INCRELEX (PAR)	PROFILNINE SD*	TRACLEER* (PAR)
CHORIONIC GONADOTROPIN*	INFERGEN	PROMACTA*	TRETTEN
CIMZIA* (PAR, QLL)	INLYTA* (PAR)	PULMOZYME*	TYKERB
COMETRIQ* (PAR)	INTRON A	RAVICTI*	TYVASO* (PAR)
COPAXONE	JAKAFI* (PAR)	REBETOL	VALCHLOR*
COPEGUS	JUXTAPID* (PAR)	REBIF (EPA)	VENTAVIS* (PAR)
CORIFACT*	KALYDECO* (PAR)	RECOMBIMATE*	VICTRELIS* (PAR)
CYSTADANE*	KINERET (PAR)	REFACTO*	VOTRIENT*
CYSTAGON* (PAR)	KOATE-DVI*	REMODULIN*	WILATE*
CYSTARAN*	KOGENATE FS*	REPRONEX	XALKORI*
DDAVP	KORLYM (PAR)	REVATIO* (PAR)	XELJANZ* (PAR, QLL)
DESMOPRESSIN ACETATE SPRAY*	KUVAN*	REVLIMID	XELODA
EGRIFTA* (PAR)	KYNAMRO* (PAR)	RIBAPAK*	XENAZINE* (PAR)
ELIGARD*	LETAIRIS*	RIBASPHERE*	XTANDI* (PAR)
ENBREL (PAR, QLL)	LEUKINE	RIBATAB*	XYNTHA*
ENOXAPARIN*	LEUPROLIDE ACETATE	RIBAVIRIN	ZELBORAF*
EPOGEN (PAR)	LOVENOX*	RIXUBIS*	ZOFRAN* (QLL)
ERIVEDGE* (PAR)	LUPRON DEPOT	SABRIL*	ZOLINZA
EXJADE* (PAR)	LUVERIS*	SAIZEN (PAR)	ZORBIVE
EXTAVIA* (EPA)	MATULANE*	SAMSCA*	ZYTIGA* (PAR)
FEIBA NF*	MEKINIST* (PAR)	SANDOSTATIN*	
FEIBA VH*	MENOPUR*	SENSIPAR*	

Key: Bold medications are available exclusively through Accredo Health Group, Inc. Medications with an asterisk (*) may also be obtained at network pharmacies.

Current as of July 2014.

Capital BlueCross Pharmacy Network

As a Capital BlueCross member, you have access to the CVS Caremark National Pharmacy Network. This network provides access to many chain and independent pharmacies nationwide, with convenient locations in the Capital BlueCross service area and across the country. Mail service is provided by the CVS Caremark Mail Service Pharmacy and specialty medications are available through Accredo Health Group, Inc.

To find out if your pharmacy participates, you can:

- Check with the pharmacy.
- Visit [capbluecross.com](https://www.capbluecross.com) to use the pharmacy search tool or to view the pharmacy directory.
- Contact CVS Caremark Member Services at [800.585.5794](tel:8005855794).





Generic Drug Watch for 2014

The generic drugs listed below are expected to become available in 2014.
bold lowercase print = generic; UPPERCASE PRINT = BRAND

BRAND NAME	GENERIC COUNTERPART	COMMON INDICATION
ACTONEL	risedronate	osteoporosis
ADVICOR	lovastatin/niacin	high cholesterol
INTUNIV	guanfacine	ADHD
LAMICTAL XR	lamotrigine	seizures
NEXIUM	esomeprazole	GERD
PATANASE	olopatadine	allergies
RENAGEL	sevelamer	kidney disease
TAZORAC GEL	tazarotene	acne
VIRACEPT	nelfinavir	HIV

Specialty Drug Watch for 2014

The following drugs are expected to be reviewed by the Food and Drug Administration for approval in 2014 and will be designated as specialty medications.
bold lowercase print = generic; UPPERCASE PRINT = BRAND

EXPECTED NAME	
afatinib (TOVOK)	mannitol (BRONCHITOL)
ataluren	masitinib
baricitinib	migalastat (AMIGAL)
cholbam	neratinib
daclatasvir	palbociclib
eliglustat	perifosine
entinostat	ritonavir/ombitasvir/dasabuvir
faldaprevir	talactoferrin alfa
idelalisib	taribavirin hydrochloride
laquinimod	toremifene (ACAPODENE)
ledipasvir/sofosbuvir	zibotentan
lumacaftor	

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