

HealthyBenefits
SELECTIVELY CLOSED FORMULARY

GUIDE TO PRESCRIPTION DRUG BENEFITS



Capital BLUE 

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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 24 hours a day, seven days a week, and offer interpretive services in 140 languages, including in-house, Spanish-speaking representatives.

Visit **capbluecross.com** to:

- Access the most up-to-date versions of the Formulary, Preferred Medication List, Prior Authorization Program, Drug Quantity Management Program, and other useful information¹
- Download mail order forms and prescription claim forms
- Locate participating pharmacies
- Link to CVS/caremark

Guide to Prescription Drug Benefits

A trusted partner for nearly 80 years, Capital BlueCross offers more than health insurance to help you live healthy. Our prescription drug program allows you to access the medicine you need—in a convenient, affordable way—so you can live life to the fullest.

Manage Your Prescription Drug Plan Online

Register for or log in to your secure member page at **capbluecross.com** and click on the “Your Rx” link to:

- Find a participating pharmacy
- Estimate prescription drug costs
- Learn about savings opportunities, such as generic alternatives to name-brand drugs and mail order options
- Check drug interactions and side effects
- Make a request for prior authorization or nonformulary consideration
- View pharmacy information for members of your family
- Review prescription history and print a report for your records
- Schedule refill reminders and order status alerts for mail service prescriptions
- Pay for medications with a credit card, check, or money order
- Access your account balance and check pending orders

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.



Using Your Benefits

Capital BlueCross makes it easy to fill your prescriptions.

Retail²

Present your Capital BlueCross ID card at any participating retail pharmacy when filling a prescription. Your share of the cost will be applied at the time of purchase.

- If you need to submit a prescription drug claim form for a covered prescription, please send it and your receipts to: CVS/caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Claim forms can be downloaded at capbluecross.com under the Healthy Benefits heading. Your completed claim form must be received within 90 days from the date of service.
- When refilling a prescription at a retail pharmacy, 75 percent of the previous supply must be used before the prescription can be filled.

Mail Order²

Maintenance medications (ones you take regularly) can be delivered to you conveniently by mail. You can download a mail service order form at capbluecross.com under the Healthy Benefits heading.

- When ordering a 90-day supply of medication through mail service, be sure your doctor indicates “90-day supply with three refills” on your written prescription.
- When ordering medication through the mail, 60 percent of the previous supply must be used before the prescription can be filled.
- Please allow up to 14 days for delivery and have at least two weeks of medication on hand when ordering.

- Be sure to include your payment when placing your mail order. If payment is not received, your order may be delayed.
- Orders 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 they 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 will be canceled.
- When selecting the mail order auto-refill feature, your medications will be automatically sent to you until you have either used all of your refills or your prescription expires. 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.

Mail Order Refills

Telephone — Call CVS/caremark at the Rx Member Services number on your ID card. You will need to provide a method of payment when placing your order.

Online — Log in or register at capbluecross.com to order prescription refills online.

U.S. Mail — You can also mail your refill slip to CVS/caremark at: CVS/caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

² The amount of medication you can obtain at a retail or mail order pharmacy depends on your drug benefit. You can fill your 90-day supplies of maintenance medications through mail order or at a CVS/pharmacy (see “Maintenance Choice” section found on page 4 for additional details).

Advanced Choice Pharmacy Network

Capital BlueCross members enrolled in individual coverage have nationwide access to over 51,000 participating retail pharmacies within the Advanced Choice pharmacy network. This network includes many chain pharmacies, including CVS pharmacies® (includes locations inside Target stores now operating as CVS/pharmacies), Kmart and Walmart, as well as various grocers and independent pharmacies. Mail service is provided by the CVS/caremark Mail Service Pharmacy, and specialty medications are available through Accredo Health Group, Inc.*

*If you are enrolled in CHIP or a small group benefit which utilizes the selectively closed formulary, please refer to your plan benefit information or administrator to find out what pharmacy network applies to you.

To find a participating Advanced Choice pharmacy near you, you can:

- Visit [capbluecross.com](https://www.capbluecross.com) to use the pharmacy search tool or to view the Advanced Choice network directory. There, you can also find out what pharmacy services are available, including 24-hour operation, handicap accessibility, compounding availability and if electronic prescriptions are accepted.
- Contact CVS/caremark Member Services at **800.585.5794**

Maintenance Choice

Your prescription drug benefit offers you the choice of filling your maintenance medications through mail order or picking them up at a CVS/pharmacy near you (including locations inside Target stores now operating as CVS/pharmacies). This program allows two 30-day fills of your maintenance medication at any participating retail pharmacy in your pharmacy network. After that, 90-day supplies of maintenance medications are covered when filled through mail order or at your location CVS/pharmacy (includes locations inside Target stores now operating as CVS/pharmacies).*

*This program does not apply to CHIP.



Download the Capital BlueCross app to maintain a list of your medications and their dosage. You can also find doctors, store a copy of your ID card, and more!

Be a Smarter Prescription Drug Consumer

The Capital BlueCross Selectively Closed 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 Selectively Closed Formulary is updated quarterly, when new generic or brand-name medications become available, and as discontinued drugs are removed from the marketplace.

A selectively closed formulary provides access to generic preferred, generic nonpreferred, brand preferred, and select brand nonpreferred drugs³. Most brand nonpreferred medications are not covered under a selectively closed formulary benefit plan. You or your physician may request coverage for medically necessary nonpreferred drugs through the nonformulary consideration process.

- Generic drugs are typically available at a lower cost than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. Please note that not all strengths and formulations of generic drugs fall within the same generic drug category. For example, metformin ER 500mg is generic preferred and metformin ER 750mg is generic nonpreferred.
 - » Generic preferred drugs usually have the lowest cost share.
 - » Generic nonpreferred drugs usually have a slightly higher cost share than generic preferred drugs and a lower cost share than brand name drugs.
- Brand-name drugs are marketed under a specific trade name and are protected by a patent. Brand-name drugs can be either preferred or nonpreferred.
 - » Brand preferred drugs are usually available at a slightly higher cost than generic drugs. These drugs are designated preferred brand because they are more cost effective compared to other brand drugs that treat the same conditions.
 - » Brand nonpreferred drugs usually have the highest cost and have not been found to be more cost effective than available generics, preferred brands, or over-the-counter drugs.

Generic Substitution Program

The generic substitution program helps reduce out-of-pocket expenses and contain the rising costs of providing prescription drug benefits. This program allows your doctor to specify that a brand-name drug be dispensed by indicating “*No Generic Substitution Permissible*” on your written prescription. In this case, you will only be charged your brand-name cost share. But, if *you* request a brand-name drug when a generic is available, you will be charged your brand-name cost share plus the cost difference between the generic and brand-name medication.*

*This program does not apply to CHIP.

³Please note that not all plans include separate cost shares for generic preferred and generic nonpreferred drugs. For plans that do not have separate cost shares, your generic cost share will be applied to both generic preferred and generic nonpreferred drugs. For generic specialty drugs, your generic cost share will be applied to both generic preferred and generic nonpreferred specialty drugs when applicable. 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.

Preferred Medication List

The Preferred Medication List is an abbreviated version of the Selectively Closed Formulary and contains the names of some of the most commonly prescribed drugs.

You can identify generic preferred, generic nonpreferred, brand preferred, and brand nonpreferred drugs with the following symbols:

- GP** Generic preferred—listed in **bold lower case** print
- GNP** Generic nonpreferred—listed in **bold lower case** print
- BP** Brand preferred—listed in all UPPER CASE print
- BNP** Brand nonpreferred—listed in all UPPER CASE print

| Drug Name | Alternatives (please discuss with your physician) | |
|------------------------------------------------|------------------------------------------------------|--------------------------------------|
| ABILIFY (PAR) | BNP | aripiprazole |
| ADCIRCA (PAR) | BP | |
| ADVAIR (QLL) | BP | |
| AFINITOR | BP | |
| alendronate 5mg, 35mg (QLL), 70mg (QLL) | GP | |
| alendronate 10mg, 40mg, 70/75ml (QLL) | GNP | |
| ALPHAGAN-P | BP | |
| amlodipine 10mg | GP | |
| amlodipine 2.5mg, 5mg | GNP | |
| AMPYRA (PAR, QLL) | BP | |
| atorvastatin (QLL) | GNP | |
| ASMANEX (QLL) | BP | |
| AVANDIA | BP | |
| AVODART | BP | |
| azithromycin | GNP | |
| AZOR | BP | |
| bupropion , -sr, -xl | GNP | |
| BYETTA (PAR) | BNP | |
| BYSTOLIC | BP | |
| carvedilol | GNP | |
| celecoxib (EPA) | GNP | |
| CIMZIA (PAR, QLL) | BNP | ENBREL (PAR, QLL), HUMIRA (PAR, QLL) |
| citalopram tablet (QLL) | GNP | |
| citalopram solution | GNP | |
| clopidogrel | GNP | |
| COMBIVENT AER RESPIMET | BP | |
| CRESTOR (QLL) | BNP | rosuvastatin |
| DEXILANT (QLL) | BP | |
| donepezil | GNP | |
| DULERA (QLL) | BP | |
| EDARBI (PAR) | BNP | losartan |
| EFFIENT | BP | |
| ELIDEL | BP | |
| enalapril/-hctz 5-12.5mg | GP | |

| Drug Name | Alternatives (please discuss with your physician) | |
|-------------------------------------------------------------|------------------------------------------------------|---------------------------------------|
| enalapril/-hctz 10-25mg | GNP | |
| EPIPEN, -JR | BP | |
| escitalopram (QLL) | GNP | |
| estradiol tablet | GNP | |
| eszopiclone (QLL) | GNP | |
| fenofibrate | GNP | |
| FLOVENT HFA (QLL), DISK (QLL) | BP | |
| FLUOXETINE 60mg (PAR) | BNP | fluoxetine |
| fluoxetine 10 mg (QLL) | GP | |
| fluoxetine 20mg (QLL), 40mg, 90mg dr (QLL), 20mg/5ml | GNP | |
| fluvastatin (QLL) | GNP | |
| gabapentin 100mg | GP | |
| gabapentin 300mg, 400mg, 600mg, 800mg, solution | GNP | |
| galantamine/-ER | GNP | |
| gemfibrozil | GNP | |
| glimepiride | GP | |
| glipizide 10mg | GP | |
| glipizide 5mg | GNP | |
| glyburide 2.5mg | GP | |
| glyburide mcr tab 1.5mg | GP | |
| glyburide 1.25mg, 5mg | GNP | |
| HUMULIN (PAR)/HUMALOG (PAR) | BNP | NOVOLIN/NOVOLOG |
| JALYN | BP | |
| JANUVIA/JANUMET | BP | |
| LANTUS SOLOSTAR | BP | |
| LANTUS Vial | BP | |
| LEVEMIR | BP | |
| levetiracetam | GNP | |
| levothyroxine 112mcg, 125mcg | GP | |
| lisinopril/-hctz 20-12.5mg, 20-25mg | GP | |
| lisinopril/-hctz 10-12.5mg | GNP | |
| LIVALO (PAR, QLL) | BNP | atorvastatin (QLL), simvastatin (QLL) |
| lovastatin 10mg, 20mg | GP | |
| lovastatin 40mg | GNP | |
| LUMIGAN | BP | |
| LYRICA (EPA) | BP | |
| meloxicam 7.5mg | GP | |
| meloxicam 15mg | GNP | |
| metformin 1000mg | GP | |
| metformin XR 500mg | GP | |
| metformin 500mg, 850mg | GNP | |
| metformin ER 750mg, 1000mg | GNP | |
| metoprolol tartrate | GNP | |
| metoprolol 25mg er | GP | |
| montelukast | GNP | |

| Drug Name | Alternatives (please discuss with your physician) | |
|-------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| moxifloxacin | GNP | |
| MULTAQ | BNP | amiodarone |
| NASONEX (PAR) | BNP | mometasone nasal spray |
| NEXIUM 40mg (EPA, QLL) | BNP | esomeprazole 40mg (QLL) |
| NOVOLIN/NOVOLOG | BP | |
| olanzapine (QLL) | GNP | |
| olopatadine | GNP | |
| olopatadine 0.1% dr | GNP | |
| omeprazole 10mg (QLL), 20mg, 40mg (QLL) | GNP | |
| OMNARIS (PAR) | BNP | flunisolide nasal spray, mometasone nasal spray |
| ondansetron ODT (QLL) | GNP | |
| ondansetron 4mg (QLL), 8mg (QLL), 24mg (QLL), 4mg/5ml soln (QLL) | GNP | |
| ONETOUCH | BP | |
| ONGLYZA (PAR) | BNP | JANUVIA, TRADJENTA |
| oxybutynin | GNP | |
| oxybutynin er | GNP | |
| OXYCONTIN (QLL) | BNP | morphine er (QLL), oxycodone (QLL) |
| pantoprazole (QLL) | GNP | |
| paroxetine 10mg, 20mg, 40mg | GP | |
| PATANOL, PATADAY | BNP | olopatadine |
| pioglitazone | GNP | |
| PRADAXA | BNP | |
| pravastatin (QLL) | GNP | |
| PREMARIN, PREMPRO | BP | |
| PRISTIQ (PAR, QLL) | BNP | venlafaxine er (QLL) |
| PROAIR Respimet | BP | |
| quetiapine (QLL) | GNP | |
| ramipril 2.5mg, 10mg | GP | |
| ramipril 1.25mg, 5mg | GNP | |
| RANEXA (PAR) | BP | |
| RELPAK (EPA, QLL) | BNP | naratriptan (QLL), sumatriptan (QLL) |
| risedronate 35mg (QLL), 150mg (QLL) | GNP | |
| risperidone 1mg | GP | |
| risperidone 0.25mg, 0.5mg, 2mg, 3mg, 4mg | GNP | |
| ropinirole | GNP | |
| rosuvastatin (QLL) | GNP | |
| ROZEREM | BP | |
| SABRIL | BNP | carbamazepine, gabapentin |
| SAVELLA (EPA) | BP | |
| SEREVENT DISKUS | BP | |
| SEROQUEL XR (PAR,QLL) | BNP | quetiapine |
| sertraline 25mg, 50mg, 100mg | GP | |

| Drug Name | Alternatives (please discuss with your physician) | |
|------------------------------------------------------------------|------------------------------------------------------|--------------------------------------|
| sertraline suspension | GNP | |
| SIMCOR (QLL) | BP | |
| SIMPONI (PAR, QLL) | BNP | ENBREL (PAR, QLL), HUMIRA (PAR, QLL) |
| simvastatin 5mg (QLL), 10mg (QLL), 40mg (QLL) | GP | |
| simvastatin 20mg (QLL), 80mg (EPA, QLL) | GNP | |
| SPIRIVA | BP | |
| sumatriptan (QLL) | GNP | |
| SYMBICORT (PAR, QLL) | BNP | DULERA (QLL), ADVAIR DISKUS (QLL) |
| SYMLINPEN (EPA) | BP | |
| tacrolimus | GNP | |
| TEKTURNA/-HCT | BP | |
| TOBRADEX | BP | tobramycin/dexamethasone |
| TRADJENTA | BP | |
| tramadol 50mg (QLL) | GP | |
| tramadol er (QLL) | GNP | |
| TRAVATAN Z | BP | |
| triamterene/-hctz 75-50mg | GP | |
| triamterene/-hctz 37.5-25mg, 50-25mg | GNP | |
| valsartan | GNP | |
| venlafaxine er (QLL) | GNP | |
| VENTOLIN HFA AER | BP | |
| VESICARE | BP | |
| VICTOZA | BP | |
| VOTRIENT | BP | |
| VYTORIN 10-10mg, 10-20mg, 10-40mg (QLL), 10-80mg (EPA, QLL) | BP | |
| VYVANSE | BP | |
| warfarin 5mg | GP | |
| warfarin 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | GP | |
| XOPENEX HFA | BNP | PROAIR HFA, VENTOLIN HFA |
| zaleplon (QLL) | GNP | |
| ZETIA | BP | |
| ziprasidone | GNP | |
| zolpidem (QLL) | GNP | |
| zolpidem er (QLL) | GNP | |

GP: Generic Preferred
GNP: Generic Nonpreferred
BP: Brand Preferred
BNP: Brand Nonpreferred
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 2016. The full and most recent formulary can be found at capbluecross.com.

Prior Authorization

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

Prior authorization helps to ensure that certain drugs are prescribed appropriately and within FDA guidelines. You can identify these drugs on the formulary as they will have a **PAR** symbol next to them.

To help prevent possible delays in filling your prescription for medications that require prior authorization, 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 nonformulary consideration process by phone, **800.585.5794**, 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 *nonformulary consideration* when making your request.

| Classification | Product Name(s) |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antidepressants | <ul style="list-style-type: none"> • Emsam • FLUOXETINE 60mg • Paxil Susp • Pristiq • Viibryd |
| Antidiabetic Agents | <ul style="list-style-type: none"> • Apidra • Byetta • Humalog • Humalog Mix (50/50, 75/25, 70/30) • Humulin N • Humulin R • Kazano • Kombiglyze • Nesina • Onglyza • Oseni |
| Antidote Chelating Agents | <ul style="list-style-type: none"> • Exjade • Ferriprox |
| Antihypertensive (Angiotensin Converting Enzyme (ACE) Inhibitor and Angiotensin Receptor Blocker [ARB]) | <ul style="list-style-type: none"> • Edarbi |
| Atypical Antipsychotics | <ul style="list-style-type: none"> • Fanapt • Invega • Saphris • Seroquel XR |
| Cardiovascular Vasodilators | <ul style="list-style-type: none"> • Adcirca • Adempas • Letairis • Revatio • Tracleer • Ventavis |
| Cholesterol Lowering Agents | <ul style="list-style-type: none"> • Livalo |
| Erythroid Stimulants | <ul style="list-style-type: none"> • Aranesp • Epogen • Procrit |
| Growth Hormones | <ul style="list-style-type: none"> • Egrifta • Increlex • Norditropin • Serostim • Somatulín |
| Hepatitis C Agents | <ul style="list-style-type: none"> • Harvoni • Sovaldi • Victrelis |
| Injectable Biologicals | <ul style="list-style-type: none"> • Actemra • Cimzia • Enbrel • Humira • Kineret • Orencia SC • Simponi |
| Miscellaneous Agents | <ul style="list-style-type: none"> • Amitiza • Cerdelga • Compounds • Cystagon • Cholbam • Forteo • Juxtapid • Kalydeco • Korlym • Latuda • Mozobil • Myalept • Ofev • Orkambi • Praluent • Ranexa • Repatha • Signifor • Somatuline Depot • Strensiq • tetrabenazine • Xeljanz/-XR • Xenazine |
| Multiple Sclerosis – Oral Agents | <ul style="list-style-type: none"> • Ampyra • Aubagio • Gilenya |
| Narcolepsy Agents | <ul style="list-style-type: none"> • modafinil • Nuvigil • Provigil • Xyrem |
| Nasal Steroids | <ul style="list-style-type: none"> • Beconase AQ • Nasonex • Omnaris • Qnasl |
| Oral Inhalers (Long acting Beta Agonist/Steroid combinations and Anticholinergic Inhalers) | <ul style="list-style-type: none"> • Symbicort • Tudorza |
| Oral Oncology Agents | <ul style="list-style-type: none"> • Alecensa • Cometriq • Cotellic • Erivedge • Gilotrif • Ibrance • Iclusig • Imbruvica • Inlyta • Jakafi • Lenvima • Lonsurf • Lynparza • Mekinist • Ninlaro • Odomzo • Stivarga • Tafinlar • Tagrisso • Tarceva • Xtandi • Zydelig • Zykadia • Zytiga |

| Classification | Product Name(s) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Overactive Bladder Agents | <ul style="list-style-type: none"> • Enablex • Myrbetriq • Toviaz |
| Topical Acne Products (> age 25) <i>NOTE: Renova and Avage are benefit exclusions across all prescription drug plans since their indications are considered cosmetic.</i> | <ul style="list-style-type: none"> • Tazorac • tretinoin |
| Wound Healing Agents | <ul style="list-style-type: none"> • Regranex |

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 your 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 may apply to applicable generic equivalents of brand-name products.

Current as of July 2016. The full and most recent formulary can be found at capbluecross.com.

Enhanced Prior Authorization

Some medications are subject to enhanced prior authorization, or step therapy. To have these medications covered under your prescription drug benefit, you may be required to first try an alternative medication 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 at capbluecross.com.

You or your doctor can start the enhanced prior authorization process by calling **800.585.5794** or faxing an authorization form to 888.836.0730.

The following medications require enhanced prior authorization.

| Classification | Product Name(s) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Antidiabetic Agents <i>NOTE: For most conditions, one (1) oral diabetes drug or insulin must be utilized before receiving prior authorization for Symlinpen.</i> | <ul style="list-style-type: none"> • Symlinpen |
| Anti-Inflammatory Agents <i>NOTE: For most conditions, two (2) generic nonsteroidal anti-inflammatory drugs (NSAID) must be utilized before receiving prior authorization for celecoxib.</i> | <ul style="list-style-type: none"> • celecoxib |
| Gout Agents <i>NOTE: For most conditions, allopurinol must be utilized before receiving prior authorization for Uloric.</i> | <ul style="list-style-type: none"> • Uloric |
| Migraine Therapy <i>NOTE: For most conditions, sumatriptan, naratriptan, or zolmitriptan must be utilized before receiving prior authorization for Frova or Relpax.</i> | <ul style="list-style-type: none"> • Frova • Relpax |
| Miscellaneous Anticonvulsants <i>NOTE: For most conditions, gabapentin must be utilized before receiving prior authorization for Lyrica or Savella.</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 Extavia.</i> | <ul style="list-style-type: none"> • Extavia |



| Classification | Product Name(s) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <p>Osteoporosis Agents</p> <p><i>NOTE: For most conditions, alendronate, ibandronate, or risedronate must be utilized before receiving prior authorization for Fosamax+D.</i></p> | <ul style="list-style-type: none"> Fosamax+D |
| <p>Parkinson's Disease</p> <p><i>NOTE: For most conditions, one (1) oral drug to treat Parkinson's disease must be utilized before receiving prior authorization for Neupro.</i></p> | <ul style="list-style-type: none"> Neupro |
| <p>Proton Pump Inhibitors (PPI)</p> <p><i>For most conditions, esomeprozole, lansoprazole, omeprazole, omeprazole/-sodium bicarbonate, pantoprazole, or rabeprazole must be utilized before receiving prior authorization for Nexium.</i></p> | <ul style="list-style-type: none"> Nexium |
| <p>Short-Acting Fentanyl Products</p> <p><i>NOTE: For most conditions, a long-acting narcotic agent must be utilized before receiving prior authorization for fentanyl lozenge (a long-acting narcotic agent must be used in combination with short-acting fentanyl products).</i></p> | <ul style="list-style-type: none"> fentanyl lozenge |

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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.

Current as of July 2016. The full and most recent formulary can be found at capbluecross.com.

Drug Quantity Management (DQM)

Quantity limits help ensure patient safety and the appropriate use of medications. The following medications have a quantity limit and are listed with a QLL symbol on the formulary. Prescriptions for these medications will only be filled to the allowed quantity even if the script is written for a greater number.

Your doctor can direct a quantity override request to CVS/caremark by calling **(800.294.5979)** or faxing **(888.836.0730)** a request with supporting clinical information.

| Classification/ Drug Name | Retail/30-day supply Maximum Quantity Level | Mail/90-day supply Maximum Quantity Level |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| ANTIDEPRESSANT THERAPY | | |
| citalopram tablets | 30 tablets of 10mg, 40mg; 60 tablets of 20mg | 90 tablets of 10mg, 40mg; 180 tablets of 20mg |
| escitalopram suspension | 3 bottles (720ml) | 9 bottles (2160ml) |
| escitalopram tablets | 30 tablets of 5mg, 10mg, 20mg | 90 tablets of 5mg, 10mg, 20mg |
| fluoxetine capsules/tablets | 90 capsules/tablets of 10mg, 20mg | 270 capsules/tablets of 10mg, 20mg |
| fluoxetine weekly | 4 capsules of 90mg | 12 capsules of 90mg |
| paroxetine ER tablets | 30 tablets of 12.5mg, 25mg | 90 tablets of 12.5mg, 25mg |
| paroxetine tablets | 60 tablets of 10mg, 20mg, 30mg; 30 tablets of 40mg | 180 tablets of 10mg, 20mg, 30mg; 90 tablets of 40mg |
| Pristiq tablets | 30 tablets of 25mg, 50mg, 100mg | 90 tablets of 50mg, 100mg |
| venlafaxine capsules/tablets | 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 |
| 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 |
| granisetron tablets | 8 tablets of 1mg per prescription | 24 tablets of 1mg per prescription |
| ondansetron suspension | 5 bottles (250ml) per prescription | 15 bottles (750ml) per prescription |
| ondansetron | 24 tablets of 4mg, 8mg | 72 tablets of 4mg, 8mg |
| ondansetron ODT tablets | 24 tablets of 4mg, 8mg; 4 tablets of 24mg per prescription | 72 tablets of 4mg, 8mg; 12 tablets of 24mg per prescription |
| ANTI-FLU THERAPY | | |
| Relenza inhalations | 1 kit per prescription; max of 2 prescriptions per year | |
| Tamiflu capsules | 10 capsules of 45mg, 75mg; 20 capsules of 30mg per prescription; maximum of 2 prescriptions per year | N/A |
| Tamiflu suspension | 4 bottles (240 ml) of 6mg/ml per prescription; maximum of two prescriptions per 365 days; maximum of two prescriptions per year | |
| BISPHOSPHONATE THERAPY (osteoporosis) | | |
| alendronate 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 |
| ibandronate tablets | 1 tablet of 150mg per 28-day period | 3 tablet of 150mg per 84-day period |
| risedronate tablets | 4 tablets of 35mg, 1 tablet of 150mg | 12 tablets of 35mg, 3 tablets of 150mg |
| CHOLESTEROL-LOWERING THERAPY | | |
| atorvastain tablets | 30 tablets of 10mg, 20mg, 40mg | 90 tablets of 10mg, 20mg, 40mg |
| CRESTOR tablets | 30 tablets of 5mg, 10 mg, 20mg, 40mg | 90 tablets of 5mg, 10 mg, 20mg, 40mg |
| Livalo tablets | 30 tablets of 1mg, 2mg, 4mg | 90 tablets of 1mg, 2mg, 4mg |
| lovastatin tablets | 30 tablets of 10mg, 20mg; 60 tablets of 40mg | 90 tablets of 20mg; 180 tablets of 40mg |
| pravastatin tablets | 30 tablets of 10mg, 20mg, 40mg, 80 mg | 90 tablets of 10mg, 20mg, 40mg, 80 mg |
| rosuvastatin tablets | 30 tablets of 5mg, 10mg, 20mg, 40mg | 90 tablets of 5mg, 10mg, 20mg, 40mg |
| Simcor tablets | 60 tablets of 500/20mg, 500/40mg, 750mg/20mg, 1,000/20mg, 1,000/40mg | 90 tablets of 500/20mg, 500/40mg, 750mg/20mg, 1,000/20mg, 1,000/40mg |

| Classification/ Drug Name | Retail/30-day supply Maximum Quantity Level | Mail/90-day supply Maximum Quantity Level |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| simvastatin tablets | 30 tablets of 5mg, 10mg, 40mg | 90 tablets of 5mg, 10mg, 40mg |
| Vytorin tablets | 30 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg | 90 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg |
| MIGRAINE THERAPY | | |
| Frova tablets | 9 tablets of 2.5mg per prescription | 27 tablets of 2.5mg per prescription |
| dihydroergotamine spray | 1 kit (8 ampules) per prescription | 3 kits (24 ampules) per prescription |
| naratriptan tablets | 9 tablets of 2.5mg; 20 tablets of 1mg per prescription | 27 tablets of 2.5mg; 60 tablets of 1mg per prescription |
| Relpax tablets | 6 tablets of 40mg; 12 tablets of 20mg per prescription | 18 tablets of 40mg; 36 tablets of 20mg per prescription |
| rizatriptan tablets | 12 tablets of 10mg; 24 tablets of 5mg per prescription | 36 tablets of 10mg; 72 tablets of 5mg per prescription |
| sumatriptan injection | 4 kits (8 syringes or vials) per prescription | 12 kits (24 syringes or vials) per prescription |
| sumatriptan 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 |
| sumatriptan 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 |
| zolmitriptan tablets | 9 tablets of 5mg; 18 tablets of 2.5mg per prescription | 27 tablets of 5mg; 54 tablets of 2.5mg per prescription |
| NARCOTIC PAIN RELIEVER THERAPY | | |
| butorphanol spray | 4 spray pumps of 10mg/ml per prescription | 12 spray pumps of 10mg/ml per prescription |
| 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) | 420 tablets of 15/300mg; 360 tablets of 30/300mg; 180 tablets of 60/300mg | 1260 tablets of 15/300mg, 1080 tablets of 30/300mg, 540 tablets of 60/300mg |
| Exalgo tablets | 60 tablets per 30-day supply | 180 tablets |
| fentanyl patches | 15 patches | 45 patches |
| fentanyl 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 | 1080 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg |
| hydrocodone with ibuprofen (e.g., VICOPROFEN) | 150 tablets or capsules | 450 tablets or capsules |
| ibudone tab 5-200mg; 10-200 mg | 150 tablets | 450 tablets |
| morphine sulfate er capsules | 60 capsules | 180 capsules |
| morphine sulfate er 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 |
| oxycodone with acetaminophen (e.g., PERCOCET, ENDOCET, ROXICET) | 360 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg | 1080 tablets of 2.5/325mg, 5/325mg, 7.5/325mg, and 10/325mg |
| 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 |
| oxymorphone er tablets | 90 tablets | 270 tablets |
| Oxycontin tablets | 90 tablets | 270 tablets |
| 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 |
| tramadol tablets | 240 tablets | 720 tablets |

| Classification/ Drug Name | Retail/30-day supply Maximum Quantity Level | Mail/90-day supply Maximum Quantity Level |
|-----------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| PROTON PUMP INHIBITOR THERAPY (stomach acid) | | |
| Dexilant capsules | | |
| esomeprazole 40 mg, dr cap | | |
| lansoprazole capsules | | |
| Nexium capsules | | |
| omeprazole capsules | 30 tablets/capsules (all products in therapy class) | 90 tablets/capsules (all products in therapy class) |
| omeprazole/sodium bicarbonate 40-100 mg cap | | |
| pantoprazole tablets | | |
| rabeprazole tablets | | |
| RESPIRATORY MEDICATIONS (inhalers) | | |
| Advair | 1 inhaler | 3 inhalers |
| Alvesco | 2 inhalers | 6 inhalers |
| Asmanex | | |
| Breo Ellipta | | |
| Dulera | 1 inhaler (all products in therapy class, unless indicated) | 3 inhalers (all products in therapy class, unless indicated) |
| Flovent/- HFA | | |
| Qvar | | |
| Symbicort | | |
| SEDATIVE/HYPNOTIC THERAPY (sleep aids) | | |
| eszopiclone tablets | | |
| zaleplon capsules | Therapy class allows 30 units (any combination of products) | Therapy class allows 90 units (any combination of products) |
| zolpidem/-er tablets | | |
| MISCELLANEOUS MEDICATIONS | | |
| Ampyra tablets | 60 tablets | 180 tablets |
| Invega tablets | 60 tablets | 180 tablets |
| olanzapine tablets | 30 tablets of all strengths | 90 tablets of all strengths |
| olanzapine ODT tablets | 30 tablets of 5mg, 10mg, 15mg, 20mg | 90 tablets of 5mg, 10mg, 15mg, 20mg |
| Seroquel XR tablets | 60 tablets | 180 tablets |
| Suboxone 2/0.5mg, 4/1mg, 8/2mg | 90 films | 180 films |
| Suboxone 12/3mg | 60 films | 120 films |

This list is not intended to be a complete list of drug classifications and is subject to change. The complete formulary can be found at capbluecross.com. 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 your 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 2016. The full and most recent formulary can be found at capbluecross.com.

Specialty Medications

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

Accredo Health Group 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 specialty pharmacy that offers many products and services that aren't usually available from local retail pharmacies. You get the convenience of having your specialty medications delivered directly to your home at no additional cost.
- Access to supplies you need to administer your injectable medications (e.g., free needles, syringes, and disposal containers for used medical supplies).
- Detailed 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.

To get started:

- Call Accredo Health Group 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 [accredo.com](https://www.accredo.com) to learn more about Accredo Health Group and the products and services they offer.

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

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](https://www.capbluecross.com).

The following Self-Administered Specialty Medications are available through Accredo Health Group, Inc.

| | | | |
|------------------------|--------------------|-----------------------------|--------------------------------|
| ACTEMRA (PAR, QLL) | FARYDAK (PAR) | MATULANE | SIGNIFOR (PAR) |
| ACTIMMUNE | FEIBA NF | MEKINIST (PAR) | SILDENAFIL (PAR) |
| ADCIRCA (PAR) | FEIBA VH | MONOCLATE-P | SIMPONI (PAR, QLL) |
| ADEMPAS (PAR) | FERRIPROX (PAR) | MONONINE | SOMATULINE (PAR) |
| ADVATE | FIRAZYR | MOZOBIL (PAR) | SOMAVERT |
| AFINITOR | FIRMAGON | MYALEPT (PAR) | SOVALDI (PAR) |
| ALECENSA (PAR) | FORTEO (PAR) | NEULASTA | SPRYCEL |
| ALPHANATE | FUZEON | NEUMEGA | STIMATE |
| ALPHANINE SD | GILENYA (PAR) | NEUPOGEN | STIVARGA (PAR) |
| AMPYRA (PAR, QLL) | GILOTRIF (PAR) | NEXAVAR | STRENSIQ (PAR) |
| APOKYN | GLEEVEC | NINLARO (PAR) | SUTENT |
| ARANESP (PAR) | HARVONI (PAR) | NORDITROPIN (PAR) | SYNAREL |
| ARCALYST | HELIXATE FS | NOVAREL | TAFINLAR (PAR) |
| AUBAGIO (PAR) | HEMOFIL-M | NOVOSEVEN | TAGRISSO (PAR) |
| AVONEX | HIZENTRA | OCTREOTIDE | TARCEVA (PAR) |
| BEBULIN | HUMATE-P | ODOMZO (PAR) | TARGETIN |
| BEBULIN VH | HUMIRA (PAR, QLL) | OFEV (PAR) | TASIGNA |
| BENEFIX | HYCAMTIN | ORENCIA 125MG/ML (PAR, QLL) | TEMOZOLOMIDE |
| BERINERT | IBRANCE (PAR) | ORFADIN | THALOMID |
| BETASERON (EPA) | ICLUSIG (PAR) | ORKAMBI (PAR) | TIKOSYN |
| CAPECITABINE | IMBRUVICA (PAR) | PEGASYS | TOBRAMYCIN |
| CAPRELSA | INCRELEX (PAR) | PEGINTRON (EPA) | TOBRAMYCIN INHALATION SOLUTION |
| CARBAGLU | INFERGEN | PRALUENT (PAR) | TRACLEER (PAR) |
| CERDELGA (PAR) | INLYTA (PAR) | PREGNYL | TYKERB |
| CHOLBAM (PAR) | INTRON A | PROCRIT (PAR) | VALCHLOR |
| CHORIONIC GONADOTROPIN | JAKAFI (PAR) | PROFILNINE SD | VENTAVIS (PAR) |
| CIMZIA (PAR, QLL) | JUXTAPID (PAR) | PROMACTA | VICTRELIS (PAR) |
| COMETRIQ (PAR) | KALYDECO (PAR) | PULMOZYME | VOTRIENT |
| COPAXONE | KINERET (PAR, QLL) | REBETOL | WILATE |
| CYSTADANE | KOATE-DVI | RECOMBINATE | XALKORI |
| CYSTAGON (PAR) | KOGENATE FS | REPATHA (PAR) | XELJANZ/-XR (PAR, QLL) |
| CYSTARAN | KORLYM (PAR) | REVLIMID | XENAZINE (PAR) |
| EGRIFTA (PAR) | KUVAN | RIBAPAK | XTANDI (PAR) |
| ELIGARD | LENVIMA (PAR) | RIBASPHERE | ZELBORAF |
| ENBREL (PAR, QLL) | LETAIRIS (PAR) | RIBAVIRIN | ZOLINZA |
| ERIVEDGE (PAR) | LEUKINE | SABRIL | ZYEDLIG (PAR) |
| ESBRIET (PAR) | LEUPROLIDE ACETATE | SAMSCA | ZYKADIA (PAR) |
| EXJADE (PAR) | LUPRON DEPOT | SANDSTATIN | ZYTIGA (PAR) |
| EXTAVIA (EPA) | LYNPARZA (PAR) | SENSIPAR | |

KEY: (PAR) = Prior Authorization Required; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply

Generic Drug Watch for 2016

The generic drugs listed below are expected to become available in 2016.

Lowercase print = generic; UPPERCASE PRINT = BRAND.

| BRAND NAME | GENERIC COUNTERPART | COMMON INDICATION |
|--------------|--------------------------------------------------|-------------------|
| Azor | olmestartan/amlodipine | Hypertension |
| Benicar/-HCT | olmesartan/-hydrochlorothiazide | Hypertension |
| Cenestin | conjugated estrogens | Estrogens |
| Coreg CR | carvedilol | Hypertension |
| Nuvigil | armodafinil | Narcolepsy |
| Tribenzor | olmesartan/amlodipine/hydrochlorothiazide | Hypertension |
| Zetia | ezetimibe | High Cholesterol |

Specialty Drug Watch for 2016

The following specialty drugs are expected to be reviewed for approval by the Food and Drug Administration in 2016. Specialty drugs are biotech and other self-administered prescription drugs that are typically used in the treatment of complex illnesses.

| EXPECTED NAME | | |
|--------------------|------------------------------|-------------------------------|
| cobimetinib | grazoprevir/elbasevir | selexipag |
| daclizumab | migalastat | trifluridine/tipiracil |
| drisapersen | rociletinib | |



Capital BLUE



capbluecross.com | capitalbluestore.com

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The information contained in this document was current at the time of printing and is subject to change. It is not intended to substitute your physician's independent medical judgement based on your specific needs. Please call the customer service number on your ID card for the most current formulary information and your expected out-of-pocket expenses.

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