



Capital BlueCross Formulary Update (1st Quarter 2015)

The Capital BlueCross formulary is a reference list of prescription drugs that contains a wide range of generic and brand 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.

Several new drugs have come to market and are now included in our formulary:

Capital BlueCross Formulary Update			
KEY: lowercase bold print = generic; UPPERCASE PRINT = BRAND; (PAR) = Prior Authorization; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply			
Newly Marketed Drugs			
Brand Name	Tier Status	Indication	Preferred Alternatives
AKYNZEO (EPA, QLL)	4	Chemotherapy induced nausea and vomiting	granisetron or ondansetron
BELSOMRA (PAR, QLL)	4	Insomnia	zolpidem or eszopiclone
ESBRIET* (PAR)	3	Idiopathic Pulmonary Fibrosis	N/A
OFEV* (PAR)	3	Idiopathic Pulmonary Fibrosis	N/A
TRULICITY (EPA)	4	Diabetes Mellitus	BYETTA or VICTOZA
VIEKIRA PAK* (PAR)	4	Hepatitis C	HARVONI* (PAR) or SOVALDI* (PAR)

Tier Status = Generic Preferred (Tier 1), Generic Non-Preferred (Tier 2), Brand Preferred (Tier 3), Brand Non-Preferred (Tier 4)

* Indicates specialty medication

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, generic non-preferred, brand preferred, and brand non-preferred medications.
- A *closed* formulary provides access to generic preferred, generic non-preferred, and brand preferred medications. Brand non-preferred medications are not covered under a closed formulary. You or your physician may request coverage for medically necessary brand non-preferred drugs through the Non-Formulary Consideration Process.

Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to your coverage. The information contained in this document is current at the time of printing, is not all encompassing, and is 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.

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The following chart indicates medications that have changed tier status:

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Products Changing Tier Status Effective July 1, 2015			
Brand Name	Current Tier	New Tier	Preferred Alternatives
VICTOZA	4	3	N/A
HARVONI* (PAR)	4	3	N/A

*Indicates specialty medication

Certain medications are subject to *enhanced prior authorization* (EPA) due to health care concerns and/or safety reasons. In order to have these medications covered under your prescription drug benefit, you may be required to try a formulary alternative first or to complete the prior authorization process.

To obtain prior authorization, your physician or pharmacist should call or fax a request with supporting clinical information to the CVS/caremark™ Prior Authorization Department at **800.294.5979** (Fax: 888.836.0730). Members may initiate a prior authorization request by calling CVS/caremark at **800.585.5794** or by visiting the website at capbluecross.com.

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The following medications have been **added** to the Prior Authorization, Enhanced Prior Authorization, and/or Quantity Level Limit Programs:

Pharmacy Utilization Management Program Update <small>KEY: lowercase bold print = generic; UPPERCASE PRINT = BRAND; (PAR) = Prior Authorization; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply</small>	
Prior Authorization (PAR) Program Effective immediately	
Drug Class/Drug	Purpose
BELSOMRA (PAR, QLL)	Subject to diagnosis of insomnia.
ESBRIET* (PAR)	Subject to diagnosis of Idiopathic Pulmonary Fibrosis.
OFEV* (PAR)	Subject to diagnosis of Idiopathic Pulmonary Fibrosis.
VIEKIRA PAK* (PAR)	Subject to diagnosis of Hepatitis C genotype 1 and liver status and trial and failure of HARVONI* (PAR).

*Indicates specialty medication

Enhanced Prior Authorization (EPA) Program Effective immediately	
Drug Class/Drug	Guidelines
AKYNZEO (EPA, QLL)	Subject to trial and failure of granisetron or ondansetron .
TRULICITY (EPA)	Trial and failure of an oral antidiabetic agent or insulin.

Drug Quantity Management Program (QLL) Effective immediately	
Drug Class/Drug	Quantity Limit
AKYNZEO (EPA, QLL)	1 capsule/15 days
BELSOMRA (PAR, QLL)	30 tablets/30 days

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