Capital BlueCross Open/Closed Formulary Update (3rd Quarter 2017)

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

Newly Marketed Drugs
Effective Immediately

Brand Name	Formulary Status	Indication	Preferred Alternatives
ALUNBRIG*(PAR)	BP	Anaplastic Lymphoma Kinase (ALK)-Positive Metastatic Non-Small Cell Lung Cancer (NSCLC)	ALECENSA* (PAR), XALKORI*,ZYKADIA* (PAR)
AUSTEDO*(PAR)	BNP	Huntingtons' Disease	**tetrabenazine** (PAR)
INGREZZA*(PAR)	BP	Tardive Dyskinesia	**tetrabenazine** (PAR)
INTRAROSA (PAR)	BNP	Moderate to severe dyspareunia	PREMARIN vaginal cream, ESTRING or VAGIFEM
KEVZARA* (PAR)	BNP	Moderate to severe active rheumatoid arthritis	ENBREL* (PAR, QLL), HUMIRA* (PAR, QLL)
KISQALI*(PAR)	BP	Hormone Receptor (HR)-Positive, Human Epidermal Growth Factor Receptor 2 (HER2)-Negative Advanced or Metastatic Breast Cancer	IBRANCE* (PAR)
RYDAPT*(PAR)	BNP	Acute Myeloid Leukemia (AML) who are FLT3 mutation-positive; Aggressive Systemic Mastocytosis (ASM), Systemic Mastocytosis with Associated Hematological Neoplasm (SM-AHN), or Mast Cell Leukemia (MCL)	**imatinib mesylate***
SILIQ*(PAR)	BNP	Moderate to severe plaque psoriasis	ENBREL* (PAR, QLL), HUMIRA* (PAR, QLL)

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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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Newly Marketed Drugs
Effective Immediately

Brand Name	Formulary Status	Indication	Preferred Alternatives
TREMFYA* (PAR)	BNP	Moderate to severe plaque psoriasis	ENBREL* (PAR, QLL), HUMIRA* (PAR, QLL)
TYMLOS*(PAR)	BP	Osteoporosis	**alendronate** (QLL)**, ibandronate** (QLL)
XADAGO (PAR)	BNP	Parkinson's Disease (PD)	**amantadine**
ZEJULA* (PAR)	BP	Epithelial ovarian, fallopian tube, or primary peritoneal cancer	RUBRACA* (PAR)

Tier Status = Generic Preferred (GP), Generic Non-Preferred (GNP), Brand Preferred (BP), Brand Non-Preferred (BNP)
***** 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 brand 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.

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.

Certain medications are also subject to *Quantity Level Limit* (QLL) to help promote appropriate use of medications and enhance patient safety. Prescriptions written for more than the allowed quantity will only be filled up to the allowed amount. Your physician can direct quantity override requests to CVS/caremark by calling or faxing the request with supporting clinical information to 800.294.5979 (Fax: 888.836.0730).

The following medications have been **added** to the Prior Authorization (PAR) program.

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Pharmacy Management Program Update

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Prior Authorization (PAR) Program
Effective Immediately

Drug Class/Drug	Purpose/Guidelines
ALUNBRIG* (PAR)	Diagnosis of metastatic anaplastic lymphoma kinase (ALK)-positive NSCLC who have progressed on or are intolerant to XALKORI
AUSTEDO* (PAR)	Diagnosis of chorea associated with Huntington Disease and prescribed by a specialist (e.g. psychiatrist) and the member had a trial/failure or contraindication to the preferred formulary alternative
INGREZZA* (PAR)	Diagnosis of tardive dyskinesia based on DSM V Criteria including: treatment history of neuroleptic drugs (i.e. anti-psychotics), symptoms lasting >4-8 weeks, involuntary athetoid or choreiform movements, member is being prescribed Ingrezza by a specialist (e.g. neurologist or psychiatrist) and the member had a trial/failure or contraindication to the preferred formulary alternative
INTRAROSA (PAR)	Diagnosis of moderate to severe dyspareunia due to menopause and the member had a trial/failure or contraindication to the preferred formulary alternative
KEVZARA* (PAR)	Diagnois of moderate to severe rheumatoid arthritis who have had an inadequate response or intolerance to one or more disease-modifying anti-rheumatic drugs (DMARDs) as follows: a. Documented inadequate response or contraindicated to phototherapy and one or more conventional non-biologic DMARDS (e.g. methotrexate, azathioprine, acitretin) b. member had a trial/failure or contraindication to the preferred formulary alternatives AND member is prescribed requested drug by specialist (e.g.rheumatologist)
KISQALI* (PAR)	Diagnosis of postmenopausal members for the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer when Kisqali is used in combination with an aromatase inhibitor
RYDAPT* (PAR)	Diagnosis of newly diagnosed FLT3 mutation-positive AML when Rydapt is/was used in combination with standard cytarabine with daunorubicin or idarubicin induction followed by cytarabine consolidation chemotherapy; Adult member has a diagnosis of ASM, SM-AHN, or MCL
SILIQ*(PAR)	Diagnosis of moderate to severe plaque psoriasis and member is prescribed requested drug by specialist (e.g. dermatologist) who meet the following: (1) Must be candidate for systemic therapy or phototherapy (2) and the member had a trial/failure or contraindication to the preferred formulary alternative
TREMFYA*(PAR)	Diagnosis of moderate to severe plaque psoriasis and member is prescribed requested drug by specialist (e.g. dermatologist) who meet the following: (1) Must be candidate for systemic therapy or phototherapy (2) and the member had a trial/failure or contraindication to the preferred formulary alternative
TYMLOS* (PAR)	Diagnosis of osteoporosis in postmenopausal female when ONE of the following criteria are met: Member has a history of an osteoporotic vertebral or hip fracture, Member has a pre-treatment T-score of < -2.5, Member has a pre-treatment T-score of < -1 but > -2.5 AND a pre-treatment FRAX score of either > 20% for any major fracture or > 3% for hip fracture
XADAGO (PAR)	Diagnosis of idiopathic Parkinson's Disease (PD) and w/following criteria: prescribed by a specialist (e.g. neurologist), member is experiencing "off" time on levodopa/carbidopa therapy defined as: Off time/episodes represent a return of PD symptoms (bradykinesia, rest tremor or rigidity) when the L-dopa treatment effect wears off after each dosing interval, and Xadago is utilized as an adjunctive treatment w/levodopa/carbidopa

Pharmacy Management Program Update

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Prior Authorization (PAR) Program Effective Immediately	
Drug Class/Drug	**Purpose/Guidelines**
ZEJULA* (PAR)	Diagnosis of recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer and all of the following criteria are met: A. The member is in a complete or partial response to platinum-based chemotherapy B. Treatment is being started or was started no later than 8 weeks after the most recent platinum-based chemotherapy

***** Indicates specialty medication

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Prior Authorization (PAR) Program Effective February 1, 2018	
Drug Class/Drug	**Purpose/Guidelines**
AKYNZEO (PAR)#	Member using for prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy and the member had a trial/failure or contraindication to the preferred formulary alternative
ALINIA (PAR, QLL)#	Diagnosis of diarrhea and the member had a trial/failure or contraindication to the preferred formulary alternative
ALTABAX (PAR)#	Diagnosis of impetigo (up to 100 cm2 in total area in adults or 2% total body surface area in pediatric patients aged 9 months or older) and the member had a trial/failure or contraindication to the preferred formulary alternative
ANAFRANIL (PAR)#	Diagnosis of obsessive-compulsive disorder (OCD) and the member had a trial/failure or contraindication to the preferred formulary alternative
AUBAGIO* (PAR)#	Member is prescribed requested drug by specialist e.g. Neurologist with a diagnosis of a relapsing form of multiple sclerosis such as relapsing-remitting, secondary progressive with relapses, or progressive-relapsing
BASAGLAR (PAR)#	The member has a diagnosis of diabetes mellitus (pediatric patients with type 1 and in adults with type 2 diabetes) and the member had a trial/failure or contraindication to the preferred formulary alternative
BESIVANCE (PAR)#	Diagnosis of bacterial conjunctivitis and the member had a trial/failure or contraindication to the preferred formulary alternative
CELEBREX, **celecoxib** (PAR)#	Diagnosis of the following conditions Osteoarthritis (OA), Rheumatoid Arthritis (RA), Juvenile Rheumatoid Arthritis (JRA) in patients 2 years and older, Ankylosing Spondylitis (AS), Acute Pain (AP), Primary Dysmenorrhea (PD) and the member had a trial/failure or contraindication to the preferred formulary alternative

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Prior Authorization (PAR) Program
Effective February 1, 2018

Drug Class/Drug	Purpose/Guidelines
CESAMET (PAR)#	Diagnosis of nausea and vomiting associated with cancer chemotherapy > 18 years of age
CIPRODEX (PAR)#	Diagnosis of Acute Otitis Media in pediatric patients (age 6 months and older) with tympanostomy tubes ***OR*** Acute Otitis Externa in pediatric (age 6 months and older), adult and elderly patients
CIPRO® HC Otic suspension (PAR)#	Diagnosis of Acute Otitis Media or Acute Otitis Externa (age 6 months and older) with tympanostomy
COPAXONE* (PAR)#	Diagnosis of Multiple Sclerosis for reduction of the frequency of relapses and member is prescribed requested drug by specialist (e.g. neurologist)
CYSTADANE* (PAR)#	Diagnosis of homocystinuria to decrease elevated homocysteine blood levels, including Cystathionine beta-synthase (CBS) deficiency, 5,10-methylenetetrahydrofolate reductase (MTHFR) deficiency, or Cobalamin cofactor metabolism (cbl) defect
DARAPRIM (PAR)#	Diagnosis of toxoplasmosis (in combination with a sulfonamide) and the member had a trial/failure or contraindication to the preferred formulary alternative
DENAVIR (PAR)#	Diagnosis of recurrent herpes labialis (cold sores) in adults and the member had a trial/failure or contraindication to the preferred formulary alternative
DIFFERIN (PAR) or **adapalene gel/pump** (PAR)#	Diagnosis of acne vulgaris and the member had a trial/failure or contraindication to the preferred over-the-counter formulary alternative
EDECRIN (PAR)#, **ethacrynic acid** (PAR)#	Diagnosis of edema associated with congestive heart failure, hepatic cirrhosis or renal disease, diagnosis of ascites due to malignancy, idiopathic edema, and lymphedema, short-term management of hospitalized pediatric patients, other than infants, with congenital heart disease or the nephritic syndrome
ERGOLOID MESYLATES (PAR)#	Diagnosis of mental capacity decline and the member had a trial/failure or contraindication to the preferred formulary alternative
ERTACZO TOPICAL (PAR)#	Diagnosis of interdigital tinea pedis in immunocompetent patients 12 years and older and the member had a trial/failure or contraindication to the preferred formulary alternative
EXELDERM TOPICAL (PAR)#	Diagnosis of tinea pedis (athlete's foot), tinea cruris, and tinea corporis and the member had a trial/failure or contraindication to the preferred formulary alternative

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EYE ALLERGY PRODUCTS (ALOCRIL,ALOMIDE, BEPREVE, EMADINE, ELESTAT, LASTACAFT, **olopatadine 0.1%, 0.2%,** PATANOL, PAZEO, PATADAY) (PAR)#	Diagnosis of allergic conjunctivitis and the member had a trial/failure or contraindication to the preferred formulary alternative
FACTIVE (PAR)#	Diagnosis of chronic bronchitis or community-acquired pneumonia (mild to moderate) and the member had a trial/failure or contraindication to the preferred formulary alternative
FLECTOR patch (PAR)#:	Diagnosis acute pain due to minor strains, sprains, and contusions and the member had a trial/failure or contraindication to the preferred formulary alternative
GYNAZOLE (PAR)#	Diagnosis of vulvovaginal candidiasis and the member had a trial/failure or contraindication to the preferred formulary alternative
GELNIQUE (PAR)#	Diagnosis of overactive bladder and the member had a trial/failure or contraindication to the preferred formulary alternative
HALOG (PAR)#	Diagnosis corticosteroid-responsive dermatoses and the member had a trial/failure or contraindication to the preferred formulary alternative
JUBLIA (PAR) and KERYDIN (PAR)#	Diagnosis of onychomycosis of the toenail(s) and the member had a trial/failure or contraindication to the preferred formulary alternative
LIVALO (PAR)#	Diagnosis primary hyperlipidemia or mixed dyslipidemia and the member had a trial/failure or contraindication to the preferred formulary alternative
LUZU (PAR)#	The member has a diagnosis of interdigital tinea pedis, tinea cruris, and tinea corporis and the member had a trial/failure or contraindication to the preferred formulary alternative in patients 18 years and older
LYRICA (PAR)#	Diagnosis of one of the following: 1) Neuropathic pain associated with diabetic peripheral neuropathy (DPN) 2) Post herpetic neuralgia (PHN) 3) Adjunctive therapy for adult patients with partial onset seizures 4) Fibromyalgia 5) Neuropathic pain associated with spinal cord injury and the member had a trial/failure or contraindication to the preferred formulary alternative

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Drug Class/Drug	Purpose/Guidelines
MARPLAN (PAR)#	Diagnosis of depression and the member had a trial/failure or contraindication to the preferred formulary alternative
MENTAX (PAR)#	Diagnosis of either tinea (pityriasis) versicolor due to malassezia furfur, tinea pedis (athlete's foot), tinea cruris (jock itch), and tinea corporis (ringworm) and the member had a trial/failure or contraindication to the preferred formulary alternative
METAXALL, (PAR)# SKELAXIN, (PAR)# **metaxalone** (PAR)#	The member is utilizing the requested agent as an adjunct to rest, physical therapy, and other measures for the relief of discomforts associated with acute, painful musculoskeletal conditions, and is >12 years of age and the member had a trial/failure or contraindication to the preferred formulary alternative
MIRVASO (PAR)#	Diagnosis of persistent (non-transient) erythema of rosacea in adults 18 years and older and member has been diagnosed by a specialist (e.g. dermatologist) and the member had a trial/failure or contraindication to the preferred formulary alternative
NEUPRO (PAR)#	Diagnosis of Parkinson Disease **OR** moderate to severe primary restless legs syndrome and prescribed by a neurologist and member is unable to take oral medications, or those w/swallowing difficulties due to advanced disease and the member had a trial/failure or contraindication to the preferred formulary alternative
OPHTHALMIC STEROID (DUREZOL, ILEVRO, NEVANAC)#	DUREZOL: diagnosis of endogenous anterior uveitis and inflammation and pain associated with ocular surgery; ILEVRO: treatment of pain and inflammation associated with cataract surgery; NEVANAC: diagnosis of pain and inflammation associated with cataract surgery; **AND** Requested drug is prescribed by a specialist: ophthalmologist
ORAVIG (miconazole buccal) (PAR)#	Diagnosis of oropharyngeal candidiasis and the member had a trial/failure or contraindication to the preferred formulary alternative
PANRETIN (PAR)#	Diagnosis of cutaneous lesions in patients with AIDS-related Kaposi sarcoma (KS) and systemic therapy is not necessary, age > 18 years and prescribed by a dermatologist or an HIV-specialist and currently on an antiretroviral regimen
PEGANONE (PAR)#	Diagnosis of tonic-clonic (grand mal) and complex partial (psychomotor) seizures and the member had a trial/failure or contraindication to the preferred formulary alternative

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Drug Class/Drug	Purpose/Guidelines
PREGNYL*or NOVAREL* **chorionic gonadotropin*** (PAR)#	Diagnosis of hypogonadism secondary to a pituitary deficiency in males or prepubertal cryptorchidism not caused by anatomic obstruction and the member had a trial/failure or contraindication to the preferred formulary alternative
RAYOS (PAR)#	Diagnosis of certain endocrine conditions; for palliation of certain neoplastic conditions The requested drug is being used either as an anti-inflammatory or immunosuppressive agent for certain allergic, dermatologic, gastrointestinal, hematologic, ophthalmologic, nervous system, renal, respiratory, rheumatologic, specific infectious diseases or conditions and organ transplantation; and the member had a trial/failure or contraindication to the preferred formulary alternative
SEDATIVE HYPNOTICS (BELSOMRA, ROZEREM) (PAR)#	The member has a diagnosis of insomnia and the member had a trial/failure or contraindication to the preferred formulary alternative
SEROQUEL XR PAR,QLL**)**#, **quetiapine xr** (PAR, QLL**)**#	Diagnosis of treatment of schizophrenia OR Acute treatment of manic or mixed episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex OR Acute treatment of depressive episodes associated with bipolar I disorder OR Maintenance treatment of bipolar I disorder as an adjunct to lithium or divalproex and the member had a trial/failure or contraindication to the preferred formulary alternative
SYNAREL* (PAR)#	Diagnosis of either: Central precocious puberty (CPP) (gonadotropin-dependent precocious puberty) OR management of endometriosis including pain relief and reduction of endometriotic lesions and experience with nafarelin for the management of endometriosis has been limited to women 18 years and older treated for 6 months
TASMAR**,tolcapone** (PAR)#	The member has a diagnosis of idiopathic Parkinson Disease, >18 years of age, and using the requested therapy as an adjunct agent to levodopa/carbidopa and the member had a trial/failure or contraindication to the preferred formulary alternative
VELTASSA (PAR)#	Diagnosis of hyperkalemia and is not being used for life threatening hyperkalemia and the member had a trial/failure or contraindication to the preferred formulary alternative
VEREGAN (PAR)#	Member is ≥ 18 years of age and has clinically documented diagnosis of external genital and perianal warts and is immunocompetent and the member had a trial/failure or contraindication to the preferred formulary alternative
VIIBRYD (PAR)#	The member has a diagnosis of major depressive disorder (MDD) and the member had a trial/failure or contraindication to the preferred formulary alternative

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Drug Class/Drug	Purpose/Guidelines
XIFAXAN (PAR)#	The member has diagnosis of hepatic encephalopathy, or irritable bowel syndrome w/diarrhea, or travelers' diarrhea and the member had a trial/failure or contraindication to the preferred formulary alternative
ZIRGAN (PAR)#	Diagnosis of acute herpetic keratitis (dendritic ulcers) and the member had a trial/failure or contraindication to the preferred formulary alternative
ZYFLO CR (PAR)#	Diagnosis of chronic treatment of asthma, >12 years of age and the member had a trial/failure or contraindication to the preferred formulary alternative

Impacted members will be notified prior to change
***** Indicates specialty medication

The following medications have been **added** to the Quantity Level Limit (QLL) program.

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Quantity Level Limit (QLL) Program
Effective January 1, 2018

Drug Class/Drug	Quantity Limits
ALINIA (nitazoxanide) 500 mgTablets (nitazoxanide) or 100 mg/5 mL Oral Suspension (PAR, QLL)#	60ml (1 bottle)/30 days or 6 tablets/30 day

Impacted members will be notified prior to change