



Capital BlueCross Selectively Closed Formulary Update (1st 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 <small>KEY: lowercase print = generic; UPPERCASE PRINT = BRAND; (PAR) = Prior Authorization Required; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply</small>			
Newly Marketed Drugs Effective Immediately			
Brand Name	Formulary Status	Indication	Preferred Alternatives
CINRYZE* (PAR)	BNP	Prophylactic therapy for hereditary angioedema	N/A

KEY: Generic (G), Brand Preferred (BP), Brand Non-Preferred (BNP)

* Indicates specialty medication

The Capital BlueCross Selectively Closed formulary serves as a reference for Exchange/Marketplace prescription drug benefit designs.

- A *Selectively Closed* formulary provides access to generic, brand preferred and select brand non-preferred medications. Under a Selectively Closed formulary, only select brand non-preferred drugs (non-formulary drugs) are covered unless approved via a Non-Formulary Consideration Process. The provider may request that coverage be granted when medically necessary. The Non-Formulary Consideration Process may require the trial and failure of 2 formulary alternatives (if 2 are available) prior to approval of the non-formulary medication. Approvals will be member-and drug-specific. Each unique non-formulary drug exception must be reviewed and approved separately.

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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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The following chart indicates medications that have changed formulary status.

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Products Changing Formulary Status Effective January 1, 2018			
Brand Name	Current Status	New Status	Preferred Alternatives
EPIPEN, EPIPEN JR. (PAR)#	BP	NC	epinephrine pen

KEY: Generic (G), Brand Preferred (BP), Brand Non-Preferred (BNP), Not Covered (NC)

Impacted members will be notified prior to change

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.

Pharmacy Management Program Update	
KEY: (PAR) = Prior Authorization Required; (EPA) = Enhanced Prior Authorization Required; (QLL) = Quantity Level Limits Apply lowercase bold print = generic; UPPERCASE PRINT = BRAND	
Prior Authorization (PAR) Program Effective January 1, 2018	
Drug Class/Drug	Purpose/Guidelines
CINRYZE* (PAR)#	Diagnosis of hereditary angioedema
OPIOID/EXTENDED RELEASE PRODUCTS (PAR,QLL)#: fentanyl patch 12mcg/hr,25mcg/hr,50mcg,75mcg/hr, 100mcg/hr, hydromorphone tablet 8mg er,12mg er,16mg er,32mg er, morphine sulfate tablet 15mg er,30mg er,60mg er, 100mg er,200mg er, NUCYNTA ER TABLET 50MG,100MG,150MG,200MG,250MG, oxycodone tablet 10mg er,20mg er,40mg er,60mg er,80mg er, tramadol tablet 100mg er,200mg er,300mg er	Diagnosis of pain related to a terminal diagnosis AND the requested doses do not exceed FDA or accepted clinical dosing guidelines AND Member does not have a contraindication to opioid therapy OR Diagnosis of severe chronic pain AND the requested doses do not exceed FDA or accepted clinical dosing guidelines AND Member does NOT have a contraindication to opioid therapy; Member has a history of opioid use AND Member has been evaluated and will be monitored regularly for the development of opioid use disorder (abuse or dependence) AND Member's pain will be reassessed each month after the initial prescription

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Prior Authorization (PAR) Program Effective January 1, 2018

Drug Class/Drug	Purpose/Guidelines
OPIOID ORAL/NASAL FENTANYL PRODUCTS (PAR,QLL)#: fentanyl lozenge 200MCG,400MCG,600MCG,800MCG,1200MCG,1600MCG	The patient does NOT have a contraindication to opioid therapy AND Member has chronic pain related to cancer AND Fentanyl oral or intranasal is being used for breakthrough pain AND Member has a history of appropriate long acting opioids utilization
OPIOID/METHADONE PRODUCTS (PAR,QLL)#: methadone tablet 5mg,10mg,methadone solution 5mg/5ml,10mg/5ml	Diagnosis of chronic severe pain associated with a terminal diagnosis AND Member does not have a contraindication to opioid therapy AND Methadone is being prescribed for severe, persistent chronic pain AND Member does NOT have a contraindication to opioid therapy such as: Patient has been evaluated for at least TWO non-pharmacologic therapies; Member's pain will be reassessed in the first month after the initial prescription or any dose increase AND every 3 months thereafter to ensure that clinically meaningful improvement in pain and function outweigh risks to patient safety
MEDICATION ASSISTED TREATMENTS (PAR,QLL)#: buprenorphine/naloxone sublingual tab 2-0.5mg,8-2mg, SUBOXONE FILM SUBLINGUAL 2-0.5MG,4-1MG,8-2MG,12-3MG	Member has a diagnosis of opioid dependence in patients 16 years of age or older; Prescriber has received a Drug Addiction Treatment Act (DATA) 2000 waiver; the drug is being used as part of a complete program for the treatment of opioid dependence; Prescriber has reviewed the Pennsylvania Prescription Drug Monitoring Program

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

Pharmacy Management Program Update

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

Drug Class/Drug	Quantity Limits (per 30 day supply)
buprenorphine/naloxone sublingual 2-0.5mg,8-2mg (PAR,QLL)#	90 tab
codeine sulfate tablet 15 mg,30mg, 60mg (QLL)#	42 tab
CODEINE SULFATE TABLET 60 MG (QLL)#	42 tab
fentanyl lozenge 200MCG,400MCG,600MCG,800MCG,1200MCG,1600MCG (PAR,QLL)#	120 lozenge

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

Drug Class/Drug	Quantity Limits (per 30 day supply)
fentanyl patch 12mcg/hr,25mcg/hr,50mcg,75mcg/hr,100mcg/hr (PAR,QLL)#	10 patch
hydrocodone/ibuprofen tablet 2.5-200mg,5-200mg,7.5-200mg,10-200mg (QLL)#	35 tab
hydrocodone-acetaminophen solution 7.5-325mg/15ml (QLL)#	630 ml
hydrocodone-acetaminophen tablet,5-325mg (QLL)#	56 tab
hydrocodone-acetaminophen tablet,7.5-325mg, 10-325mg (QLL)#	42 tab
hydromorphone liquid 1mg/ml (QLL)#	140 ml
HYDROMORPHONE SUPPOSITORY 3MG (QLL)#	28 supp
hydromorphone tablet 2mg, 4mg, 8mg (QLL)#	42 tab
hydromorphone tablet 8mg er,12mg er, 16mg er, 32mg er (PAR,QLL)#	30 tab
IBUDONE tablet 5-200mg,10-200mg (QLL)#	35 tab
levorphanol tablet 2mg (QLL)#	28 tab
meperidine tablet 50mg/100mg (QLL)#	18 tab
methadone solution 5mg/5ml,10mg/5ml (PAR,QLL)#	300 ml
methadone tablet 5mg,10mg (PAR,QLL)#	60 tab
morphine sulfate solution,20mg/ml,100mg/5ml (QLL)#	32 ml
morphine sulfate solution 10mg/5ml (QLL)#	210 ml
morphine sulfate solution 20mg/5ml (QLL)#	158 ml
morphine sulfate tablet 15mg (QLL)#	42 tab
morphine sulfate tablet 15mg er,30mg er,60mg er,100mg er,200mg er (PAR,QLL)#	60 tab
morphine sulfate tablet 30mg (QLL)#	21 tab
NUCYNTA ER TABLET 50MG,100MG,150MG,200MG, 250MG (PAR,QLL)#	60 tab
oxycodone concentrate, 100mg/5ml (20mg/ml) (QLL)#	30 ml
oxycodone solution 5mg/5ml (QLL)#	420 ml
oxycodone tablet 15mg (QLL)#	28 tab
oxycodone tablet 20mg (QLL)#	21 tab

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

Drug Class/Drug	Quantity Limits (per 30 day supply)
oxycodone tablet 30mg (QLL)#	14 tab
oxycodone tablet 5mg,10mg (QLL)#	42 tab
oxycodone tablet er 10mg,15mg,20mg,30mg,40mg,60mg,80mg (PAR, QLL)#	60 tab
oxycodone w/ acetaminophen soln 5-325 mg/5ml (QLL)#	140 ml
oxycodone/acetaminophen tablet 2.5-325mg, 5-325mg (QLL)#	84 tab
oxycodone/acetaminophen tablet 7.5-325mg (QLL)#	56 tab
oxycodone/aspirin tablet 4.8355-325 mg (QLL)#	84 tab
oxycodone/ibuprofen tablet 5-400mg (QLL)#	28 tab
SUBOXONE FILM SUBLINGUAL 2-0.5MG,4-1MG,8-2MG (PAR,QLL)#	90 film
SUBOXONE FILM SUBLINGUAL12-3MG (PAR,QLL)#	60 film
tramadol tablet 100mg er,200mg er,300mg er (PAR,QLL)#	30 tab
VERDROCET tablet 2.5-325mg (QLL)#	84 tab
XARTEMIS XR TABLET 7.5-325MG (PAR, QLL)#	28 tab

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