

GUIDE TO PRESCRIPTION DRUG BENEFITS

SELECTIVELY CLOSED
FORMULARY



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 over 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 account at **capbluecross.com** and click on the Rx information tab 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 member 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. 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.

- 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 member 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 the *Maintenance Choice* section found on page 5 for additional details).

Advanced Choice Pharmacy Network

Capital BlueCross members enrolled in individual coverage have nationwide access to over 59,000 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, Rite Aid, 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 AllianceRx Walgreens Prime.³

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 local CVS/pharmacy (includes locations inside Target stores now operating as CVS/pharmacies).³

³This does not apply the Children's Health Insurance Program (CHIP). If you are enrolled in CHIP, please refer to your plan benefit information for specifics pertaining to your benefit.

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 select generic and select brand drugs. You or your physician may initiate a request that coverage be granted for medically necessary generic or brand medications that are not listed on the Selectively Closed formulary 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.
- 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 medication⁴.

⁴This does not apply the Children’s Health Insurance Program (CHIP). If you are enrolled in CHIP, please refer to your plan benefit information for specifics pertaining to your benefit.

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, brand preferred, and brand nonpreferred drugs with the following symbols:

BP Brand preferred—listed in all UPPER CASE print
BNP Brand nonpreferred—listed in all UPPER CASE print

GP Generic preferred—listed in **bold lowercase** print
GNP Generic nonpreferred—listed in **bold lowercase** print

Drug Name	Alternatives (please discuss with your physician)
ADVAIR HFA, DISKUS (QLL)	BP
alendronate	GP
amlodipine	GP
AMPYRA (PAR, QLL)	BNP
atorvastatin (QLL)	GNP
ASMANEX (QLL)	BP
AVANDIA	BP
azithromycin	GP
bupropion , -sr, -xl	GNP
carvedilol	GP
celecoxib (PAR)	GNP
CIMZIA (PAR)	BNP ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
citalopram tablet (QLL)	GP
clopidogrel	GNP
DEXILANT (QLL)	BP
donepezil odt	GP
enalapril/-hctz	GP
escitalopram tab (QLL)	GP
eszopiclone (QLL)	GNP
FLOVENT HFA (QLL), DISK (QLL)	BP
fluoxetine cap (QLL),	GP
fluvastatin xl (QLL)	GNP
gabapentin cap	GP
galantamine/-ER	GNP
gemfibrozil	GNP
glimepiride	GP
glipizide	GP
glyburide	GP
HUMALOG (PAR)	BNP HUMULIN R, NOVOLIN, NOVOLOG
JANUVIA	BP
LANTUS	BP
LEVEMIR (PAR)	BP
levetiracetam	GNP
levothyroxine	GP
lisinopril/-hctz	GP
LIVALO (PAR, QLL)	BNP atorvastatin (QLL) simvastatin (QLL)
lovastatin (QLL)	GP

Drug Name	Alternatives (please discuss with your physician)
LYRICA (PAR)	BP
meloxicam	GP
metformin/-er	GP
metoprolol tartrate	GP
metoprolol er	GNP
montelukast chew tab	GP
moxifloxacin	GNP
NOVOLIN (OTC)/NOVOLOG	BP
olanzapine (QLL)	GNP
olopatadine 0.1% dr (PAR)	GNP
omeprazole 40mg (QLL)	GP
ondansetron odt (QLL)	GP
ONETOUCH (OTC)	BP
oxybutynin/-er	GNP
pantoprazole (QLL)	GP
paroxetine 10mg, 20mg, 40mg	GP
pravastatin (QLL)	GNP
PROAIR HFA/ Respimet	BP
quetiapine er (QLL, PAR)	GNP
quetiapine	GNP
ramipril	GP
risedronate 35mg ,150mg (QLL)	GNP
risperidone	GP
ropinirole	GP
rosuvastatin (QLL)	GNP
ROZEREM (PAR)	BNP
SAVELLA (PAR)	BP
SEREVENT DISKUS	BP
sertraline	GP
SIMPONI (PAR)	BNP ENBREL (PAR, QLL) HUMIRA (PAR, QLL)
simvastatin (QLL)	GP
SPIRIVA	BP
sumatriptan (QLL)	GNP
tacrolimus	GNP
TEKTURNA (PAR)	BNP
TRADJENTA	BP
tramadol (QLL)	GNP
tramadol er (QLL, PAR)	GNP

Drug Name	Alternatives (please discuss with your physician)
TRAVATAN Z (PAR)	BNP
triamterene/-hctz	GP
valsartan	GNP
venlafaxine er (QLL)	GNP
venlafaxine	GNP
VICTOZA	BP
VYVANSE	BP
warfarin	GP
zaleplon (QLL)	GNP
ziprasidone	GNP
zolpidem (QLL)	GNP

BP: Brand preferred	QLL: Quantity level limit
BNP: Brand nonpreferred	PAR: Prior authorization required
GP: Generic preferred	EPA: Enhanced prior authorization
GNP: Generic nonpreferred	

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 January 1, 2019. The full and most recent formulary can be found at capbluecross.com.

Prior Authorization

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 member 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.

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

Drug Name(s)	Drug Name(s)	Drug Name(s)
ACCU-CHEK KIT/TEST STRIPS	CINRYZE*	glatopa*
ACTEMRA*	clomipramine	glatiramer acetate*
adapalene	CONTOUR KIT/TEST	GYNAZOLE-1
ADDYI	COTELLIC*	HALOG
ADEMPAS*	CYSTAGON*	HARVONI*
AKYNZEO	DARAPRIM	HUMALOG
ALECENSA*	DENAVIR	HUMIRA*
ALOCRIAL	DIFICID	hydromorphone er
ALOMIDE	dofetilide*	HYQVIA*
ALTABAX	DUREZOL	IBRANCE*
AMPYRA*	DYRENIUM	INCRELEX*
APTIOM	EMADINE	INTRON A*
ARANESP*	EMSAM	JUBLIA
armodafinil	ENBREL*	KALYDECO*
ASSURE 3 KIT	EPCLUSA*	KOGENATE FS*
AUBAGIO*	epinastine	KOVALTRY*
AVONEX*	ERIVEDGE*	LASTACAPT
BANZEL	ERTACZO	LENVIMA*
BAYER BREEZE KIT/TEST	ESBRIET*	LETAIRIS*
BELSOMRA	ethacrynic acid	LEVEMIR
BEPREVE	EXACTECH	LIVALO
BERINERT*	EXELDERM	LUZU
BESIVANCE	FACTIVE	LYRICA
BETASERON*	FANAPT	MARPLAN
capecitabine*	fantanyl dis (patch)	MENTAX
CAYSTON*	FERRIPROX*	methadone sol/tab
CESAMET	FREESTYLE KIT/TEST	MIRVASO
chorionic gonadotropin*	GILENYA*	modafinil
CIMZIA*	GILOTRIF*	morphine sul tab er

*Specialty medication.

Drug Name(s)
MOVANTIK
MYRBETRIQ
NEUPRO
NEVANAC SUS
NEXAVAR*
NINLARO*
NORDITROPIN*
NOVAREL*
NOVOEIGHT*
NUCYNTA ER
NUPLAZID*
NUWIQ*
octreotide*
olopatadine
ORAVIG
oxycodone er
oxymorphone er
PANRETIN
peg-3350/kcl sol/sodium
PEGANONE
PEGASYS*
sodium phenylbutyrate*
POMALYST*
POTIGA
PRECISION KIT/TEST
PREGNYL*
PROCRIT*
PRODIGY KIT
quetiapine er
raloxifene
REBIF*
REGRANEX
RENAGEL

Drug Name(s)
RESTASIS
ribavirin*
ROZEREM
SAVELLA
sildenafil*
SIMPONI*
STIMATE*
SUBOXONE
SYNAREL*
tamoxifen
TARCEVA*
TASIGNA
TECFIDERA*
TEKTURNA
tobramycin neb*
tolcapone
TOVIAZ
TRACLEER*
tramadol er
TRESIBA
TUDORZA
TYKERB*
VELTASSA*
VENCLEXTA*
VEREGEN
VEXOL
VIIBRYD
VIMPAT
VOSEVI
VRAYLAR
XALKORI*
XARTEMIS XR
XELJANZ/-XR*

Drug Name(s)
XIFAXAN
ZARXIO*
ZAVESCA*
ZIRGAN
ZYDELIG*
ZYFLO CR
ZYTIGA*

*Specialty medication.

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 January 1, 2019. 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 prescription 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.

Drug Class/Drug Name	Retail/30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
ANTIDEPRESSANT THERAPY		
citalopram tablets	30 tabs of 10mg, 40mg; 60 tabs of 20mg	90 tabs of 10mg, 40mg; 180 tabs of 20mg
desvenlafaxine er tablets	30 tabs of 25mg, 50mg, 100mg	90 tabs of 50mg, 100mg
escitalopram solution	3 bottles (720ml)	9 bottles (2160ml)
escitalopram tablets	30 tabs of 5mg, 10mg, 20mg	90 tabs of 5mg, 10mg, 20mg
fluoxetine capsules	90 caps of 10mg, 20mg	270 caps of 10mg, 20mg
paroxetine tablets	60 tabs of 10mg, 20mg, 30mg; 30 tabs of 40mg	180 tabs of 10mg, 20mg, 30mg; 90 tabs of 40mg
venlafaxine er capsules/tablets	30 tabs of 225mg; 60 tabs of 150mg; 90 tabs of 37.5mg er, 75mg er	90 tabs of 225mg; 180 tabs of 150mg; 270 tabs of 37.5mg er, 75mg er
ANTIEMETIC THERAPY (nausea/vomiting)		
AKYNZEO capsules	1 cap of 300-0.5mg every 15 days	3 caps of 300-0.5mg every 15 days
aprepitant capsules	8 caps of 40mg, 80mg; 4 caps of 125mg	24 caps of 40mg, 80mg; 12 caps of 125mg
CESAMET capsules	6 caps of 1mg per prescription	18 caps of 1mg per prescription
granisetron tablets	8 tabs of 1mg per prescription	24 tabs of 1mg per prescription
ondansetron suspension	5 bottles (250ml) per prescription	15 bottles (750ml) per prescription
ondansetron ODT tablets	24 tabs of 4mg, 8mg; 4 tablets of 24mg per prescription	72 tabs of 4mg, 8mg; 12 tabs of 24mg per prescription
ANTI-FLU THERAPY		
RELENZA inhalations	1 kit per prescription; max of 2 prescriptions per year	
oseltamivir capsules	10 caps of 45mg, 75mg; 20 caps of 30mg per prescription; maximum of 2 prescriptions per year	N/A
TAMIFLU suspension	4 bottles (240ml) of 6mg/ml per prescription; maximum of 2 prescriptions per 365 days; maximum of 2 prescriptions per year	
BISPHOSPHONATE THERAPY (osteoporosis)		
alendronate tablets	4 tabs of 35mg, 40mg, 70mg per 28-day period	12 tabs of 35mg, 70mg per 84-day period
FOSAMAX+D tablets	4 tabs per 28-day period	12 tabs per 84-day period
ibandronate tablets	1 tab of 150mg per 28-day period	3 tabs of 150mg per 84-day period
risedronate tablets	4 tabs of 35mg; 1 tablet of 150mg	12 tabs of 35mg; 3 tabs of 150mg
CHOLESTEROL-LOWERING THERAPY		
atorvastatin tablets	30 tabs of 10mg, 20mg, 40mg, 80mg	90 tabs of 10mg, 20mg, 40mg, 80mg
fluvastatin xl 80 mg tablets	30 tabs	90 tabs
LIVALO tablets	30 tabs of 1mg, 2mg, 4mg	90 tabs of 1mg, 2mg, 4mg
lovastatin tablets	30 tabs of 10mg, 20mg; 60 tablets of 40mg	90 tabs of 20mg; 180 tablets of 40mg
pravastatin tablets	30 tabs of 10mg, 20mg, 40mg, 80mg	90 tabs of 10mg, 20mg, 40mg, 80mg
rosuvastatin tablets	30 tabs of 5mg, 10mg, 20mg, 40mg, 80mg	90 tabs of 5mg, 10mg, 20mg, 40mg, 80mg
simvastatin tablets	30 tabs of 5mg, 10mg, 20mg, 40mg	90 tabs of 5mg, 10mg, 20mg, 40mg
MIGRAINE THERAPY		
almotriptan tablets	12 tabs of 12.5mg; 24 tabs of 6.25mg	36 tabs of 12.5mg; 72 tabs of 6.25mg
dihydroergotamine spray	1 kit (8 ampules) per prescription	3 kits (24 ampules) per prescription

Drug Class/Drug Name	Retail/30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
MIGRAINE THERAPY (continued)		
frovatriptan tablets	27 tabs of 2.5mg	81 tabs of 2.5mg
naratriptan tablets	9 tabs of 2.5mg; 18 tabs of 1mg	27 tabs of 2.5mg; 54 tabs of 1mg
rizatriptan tablets	12 tabs of 10mg; 36 tabs of 5mg	36 tabs of 10mg; 108 tabs of 5mg
rizatriptan ODT tablets	12 tabs of 10mg; 36 tabs of 5mg	36 tabs of 10mg; 108 tabs of 5mg
sumatriptan injection	12 injections per prescription	24 injections per prescription
sumatriptan nasal spray	12 nasal sprays of 20mg; 30 nasal sprays of 5mg	36 nasal sprays of 20mg; 90 nasal sprays of 5mg
sumatriptan tablets	9 tabs of 100mg; 18 tabs of 50mg; 36 tabs of 25mg per prescription	27 tabs of 100mg; 54 tabs of 50mg; 108 tabs of 25mg per prescription
zolmitriptan tablets	12 tabs of 5mg; 18 tabs of 2.5mg per prescription	36 tabs of 5mg; 54 tabs of 2.5mg per prescription

MUSCLE RELAXANTS		
baclofen tablets 10 mg	120 tabs	360 tabs
baclofen tablets 20 mg	120 tabs	360 tabs
baclofen tablets 5mg	120 tabs	360 tabs
carisoprodol tablets 250mg	28 tabs	84 tabs
carisoprodol tablets 350mg	28 tabs	84 tabs
CHLORZOXAZONE tablets 250MG	28 tabs	84 tabs
CHLORZOXAZONE tablets 500MG	28 tabs	84 tabs
cyclobenzaprine tablets 10mg	21 tabs	63 tabs
cyclobenzaprine tablets 5mg	21 tabs	63 tabs
dantrolene capsules 100mg	90 caps	270 tabs
dantrolene capsules 25mg	90 caps	270 tabs
dantrolene capsules 50mg	90 caps	270 tabs
metaxalone tablets 800mg (includes Skelaxin, Metaxall, and generic metaxalone)	28 caps	84 caps
methocarbamol tablets 500mg	60 tabs	180 tabs
methocarbamol tablets 750mg	44 tabs	132 tabs
orphenadrine tablets 100mg cr	14 tabs	42 tabs
ROBAXIN-750	44 tabs	132 tabs
tizanidine tablets 2mg	42 tabs	126 tabs
tizanidine tablets 4mg	42 tabs	126 tabs

Drug Class/Drug Name	Adult Quantity Allowed Per Month (5 Days)	Dependent Quantity Allowed Per Month (3 Days)
NARCOTIC PAIN RELIEVER THERAPY		
COMBINATION PRODUCTS		
acetaminophen/codeine solution 120-12mg/5ml	450 ml	270 ml
acetaminophen/codeine tablets #2	30 tabs	18 tabs
acetaminophen/codeine tablets #3	30 tabs	18 tabs
acetaminophen/codeine tablets #4	25 tabs	15 tabs
acetaminophen/codeine tablets 300-30mg	30 tabs	18 tabs
endocet tablets 10-325mg	15 tabs	9 tabs
endocet tablets 2.5-325mg	60 tabs	36 tabs
endocet tablets 5-325mg	30 tabs	18 tabs
endocet tablets 7.5-325mg	20 tabs	12 tabs
hydrocodone/acetaminophen tablets 10-325mg	25 tabs	15 tabs
hydrocodone/acetaminophen tablets 2.5-325mg	60 tabs	36 tabs
hydrocodone/acetaminophen tablets 5-325mg	40 tabs	24 tabs

Drug Class/Drug Name	Adult Quantity Allowed Per Month (5 Days)	Dependent Quantity Allowed Per Month (3 Days)
NARCOTIC PAIN RELIEVER THERAPY		
COMBINATION PRODUCTS (continued)		
hydrocodone/acetaminophen tablets 7.5-325mg	30 tabs	18 tabs
hydrocodone/ibuprofen tablets 10-200mg	25 tabs	15 tabs
hydrocodone/ibuprofen tablets 5-200mg	25 tabs	15 tabs
hydrocodone/acetaminophen solution 7.5-325mg/15ml	450 ml	270 ml
hydrocodone/ibuprofen tablets 7.5-200mg	25 tabs	15 tabs
hydrocodone/ibuprofen tablets 10-200mg	25 tabs	15 tabs
ibudone tablets 10-200mg	25 tabs	15 tabs
ibudone tablets 5-200mg	25 tabs	15 tabs
lorcet hd tablets 10-325mg	25 tabs	15 tabs
lorcet plus tablets 7.5-325mg	30 tabs	18 tabs
lorcet tablets 5-325mg	40 tabs	24 tabs
lortab tablets 10-325mg	25 tabs	15 tabs
lortab tablets 7.5-325mg	30 tabs	18 tabs
oxycodone/acetaminophen tablets 10-325mg	15 tabs	9 tabs
oxycodone/acetaminophen tablets 2.5-325mg	60 tabs	36 tabs
oxycodone/acetaminophen tablets 5-325mg	30 tabs	18 tabs
oxycodone/acetaminophen tablets 7.5-325mg	20 tabs	12 tabs
oxycodone/aspirin tablets 4.8355/325mg	30 tabs	18 tabs
oxycodone/ibuprofen tablets 5/400mg	20 tabs	12 tabs
oxycodone/acetaminophen solution 5-325mg/5ml	100 ml	60 ml
reprexain tablets 10-200mg	25 tabs	15 tabs
verdrocet tablets 2.5-325mg	60 tabs	36 tabs
xylon tablets 10-200mg	25 tabs	15 tabs
SINGLE PRODUCTS		
butorphanol spray nasal 10mg/ml	2.5 units	0 ml
codeine sulfate tablets 15mg	30 tabs	18 tabs
codeine sulfate tablets 30mg	30 tabs	18 tabs
codeine sulfate tablets 60mg	25 tabs	15 tabs
hydromorphone liquid 1mg/ml	60 ml	36 ml
hydromorphone tablets 2mg	30 tabs	18 tabs
hydromorphone tablets 4mg	15 tabs	9 tabs
hydromorphone tablets 8mg	5 tabs	3 tabs
levorphanol tablets 2mg	10 tabs	6 tabs
meperidine solution 50mg/5ml*	150 ml	150 ml
meperidine tablets 100mg*	15 tabs	15 tabs
meperidine tablets 50mg*	30 tabs	30 tabs
morphine sulfate solution 100mg/5ml	10 ml	6 ml
morphine sulfate solution 10mg/5ml	125 ml	75 ml
morphine sulfate solution 20mg/5ml	60 ml	36 ml
morphine sulfate solution 20mg/ml	10 ml	6 ml
morphine sulfate tablets 15mg	15 tabs	9 tabs
morphine sulfate tablets 30mg	5 tabs	3 tabs

Drug Class/Drug Name	Adult Quantity Allowed Per Month (5 Days)	Dependent Quantity Allowed Per Month (3 Days)
NARCOTIC PAIN RELIEVER THERAPY		
SINGLE PRODUCTS (continued)		
NUCYNTA tablets 100MG	5 tabs	3 tabs
NUCYNTA tablets 50MG	10 tabs	6 tabs
NUCYNTA tablets 75MG	5 tabs	3 tabs
oxycodone concentration 10mg/0.5ml	5 ml	3 ml
oxycodone concentration 100mg/5ml	5 ml	3 ml
oxycodone concentration 20mg/ml	5 ml	3 ml
oxycodone solution 5mg/5ml	165 ml	99 ml
oxycodone tablets 10mg	15 tabs	9 tabs
oxycodone tablets 15mg	10 tabs	6 tabs
oxycodone tablets 20mg	5 tabs	3 tabs
oxycodone tablets 30mg	5 tabs	3 tabs
oxycodone tablets 5mg	30 tabs	18 tabs
tramadol hcl tablets 50mg	50 tabs	30 tabs

Drug Class/Drug Name	Quantity Allowed Per Month
NARCOTIC PAIN RELIEVER THERAPY	
EXTENDED RELEASE PRODUCTS	
fentanyl dis 12mcg/hr	10 ml
fentanyl dis 25mcg/hr	0 ml
fentanyl dis 50mcg/hr	0 ml
fentanyl dis 75mcg/hr	0 ml
fentanyl dis 100mcg/hr	0 ml
hydromorphone tablets 8mg er	30 tabs
hydromorphone tablets 12mg er	30 tabs
hydromorphone tablets 16mg er	0 tabs
hydromorphone tablets 32mg er	0 tabs
methadone tablets 5mg	60 tabs
methadone tablets 10mg	30 tabs
methadone solution 10mg/5ml	150 ml
methadone solution 5mg/5ml	300 ml
morphine er tablets 100mg/12	0 tabs
morphine er tablets 15mg/12	60 tabs
morphine er tablets 200mg/12	0 tabs
morphine er tablets 30mg/12	30 tabs
morphine er tablets 60mg/12	0 tabs
morphine sulfate tablets 100mg er	0 tabs
morphine sulfate tablets 15mg er	60 tabs
morphine sulfate tablets 200mg er	0 tabs
morphine sulfate tablets 30mg er	30 tabs
morphine sulfate tablets 60mg er	0 tabs
oxycodone tablets 10mg er	60 tabs
oxycodone tablets 15mg er	60 tabs
oxycodone tablets 20mg er	30 tabs
oxycodone tablets 30mg er	30 tabs
oxycodone tablets 40mg er	0 tabs

Drug Class/Drug Name	Quantity Allowed Per Month
NARCOTIC PAIN RELIEVER THERAPY	
EXTENDED RELEASE PRODUCTS (continued)	
oxycodone tablets 60mg er	0 tabs
oxycodone tablets 80mg er	0 tabs
oxymorphone tablets 5mg er	60 tabs
oxymorphone tablets 7.5mg er	60 tabs
oxymorphone tablets 10mg er	30 tabs
oxymorphone tablets 15mg er	30 tabs
oxymorphone tablets 20mg er	0 tabs
oxymorphone tablets 30mg er	0 tabs
oxymorphone tablets 40mg er	0 tabs
NUCYNTA ER tablets 50MG	60 tabs
NUCYNTA ER tablets 100MG	30 tabs
NUCYNTA ER tablets 150MG	0 tabs
NUCYNTA ER tablets 200MG	0 tabs
NUCYNTA ER tablets 250MG	0 tabs
tramadol hcl tablets 100mg er	30 tabs
tramadol (u) tablets 100mg er	30 tabs
tramadol hcl tablets 200mg er	30 tabs
tramadol (u) tablets 200mg er	30 tabs
tramadol (u) tablets 300mg er	30 tabs
tramadol (r) tablets 100mg er	30 tabs
tramadol (r) tablets 200mg er	30 tabs
tramadol (r) tablets 300mg er	30 tabs

Drug Class/Drug Name	Retail/30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
PROTON PUMP INHIBITOR THERAPY (stomach acid)		
DEXILANT capsules		
lansoprazole 30mg capsules	30 tablets/capsules (all products in therapy class)	90 tablets/capsules (all products in therapy class)
omeprazole 40mg capsules		
pantoprazole 20mg, 40mg tablets		
rabeprazole 20mg 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 tablets		
TOPICAL STEROIDS		
alclometasone dipropionate cream 0.05%	120 gm	360 gm
alclometasone dipropionate ointment 0.05%	120 gm	360 gm

Drug Class/Drug Name	Retail/30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
TOPICAL STEROIDS (continued)		
amcinonide lotion 0.1%	120 ml	360 ml
betamethasone dipropionate augmented cream 0.05%	120 gm	360 gm
betamethasone dipropionate augmented gel 0.05%	120 gm	360 gm
betamethasone dipropionate augmented lotion 0.05%	120 ml	360 ml
betamethasone dipropionate augmented ointment 0.05%	120 gm	360 gm
betamethasone dipropionate cream 0.05%	120 ml	360 ml
betamethasone dipropionate lotion 0.05%	120 gm	360 gm
betamethasone dipropionate ointment 0.05%	120 gm	360 gm
betamethasone valerate cream 0.1% (base equivalent)	120 gm	360 gm
betamethasone valerate lotion 0.1% (base equivalent)	120 ml	360 ml
betamethasone valerate ointment 0.1% (base equivalent)	120 gm	360 gm
clobetasol propionate cream 0.05%	120 gm	360 gm
clobetasol propionate ointment 0.05%	120 gm	360 gm
clocortolone pivalate cream 0.1%	120 gm	360 gm
desonide cream 0.05%	120 gm	360 gm
desonide lotion 0.05%	120 ml	360 ml
desonide ointment 0.05%	120 gm	360 gm
desoximetasone cream 0.05%	120 gm	360 gm
desoximetasone cream 0.25%	120 gm	360 gm
desoximetasone gel 0.05%	120 gm	360 gm
desoximetasone ointment 0.05%	120 gm	360 gm
desoximetasone ointment 0.25%	120 gm	360 gm
diflorasone diacetate cream 0.05%	120 gm	360 gm
diflorasone diacetate ointment 0.05%	120 gm	360 gm
fluocinolone acetonide cream 0.01%	120 gm	360 gm
fluocinolone acetonide cream 0.025%	120 gm	360 gm
fluocinolone acetonide ointment 0.025%	120 gm	360 gm
fluocinonide cream 0.05%	120 gm	360 gm
fluocinonide emulsified base cream 0.05%	120 gm	360 gm
fluocinonide gel 0.05%	120 gm	360 gm
fluocinonide ointment 0.05%	120 gm	360 gm
flurandrenolide lotion 0.05%	120 ml	360 ml
fluticasone propionate cream 0.05%	120 gm	360 gm
fluticasone propionate ointment 0.005%	120 gm	360 gm
halobetasol propionate cream 0.05%	120 gm	360 gm
halobetasol propionate ointment 0.05%	120 gm	360 gm
mometasone furoate cream 0.1%	120 gm	360 gm
mometasone furoate ointment 0.1%	120 gm	360 gm
prednicarbate cream 0.1%	120 gm	360 gm
prednicarbate ointment 0.1%	120 gm	360 gm
MISCELLANEOUS MEDICATIONS		
AMPYRA tablets	60 tabs	180 tabs
aspirin	30 tabs of 81mg	90 tabs of 81mg
CHANTIX PAK tablets	180-day supply per year of 0.5mg, 1mg	N/A
CIALIS	1 tab of 2.5mg, 5mg	3 tabs of 2.5mg, 5mg
FA-8 (folic acid) capsules 800mcg	100 caps per prescription of 800mcg	300 caps per prescription of 800mcg
FOLIC ACID	100 tabs per prescription of 400mcg, 800mcg	300 tabs per prescription of 400mcg, 800mcg

Drug Class/Drug Name	Retail/30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
MISCELLANEOUS MEDICATIONS (continued)		
LIDO/PRILOCAINE cream or kit	30gm of 2.5-2.5 percent or 1 kit	90 gm
LIDOCAINE	30gm of 2 percent gel	0 gm of 2 percent gel
Nicotine gum, lozenge, pol gum, pol lozenge	180-day supply per year of 2mg, 4mg	
Nicotine System kit	180-day supply per year	N/A
Nicotine transdermal patch	180-day supply per year of 7mg, 14mg, 21mg	
NICOTROL spray/inhaler	180-day supply per year	
olanzapine tablets	30 tabs of 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	90 tabs of 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg
paliperidone er tablets	60 tabs of 1.5mg, 3mg, 6mg, 9mg	180 tabs of 1.5mg, 3mg, 6mg, 9mg
quetiapine xr tablets	60 tabs of 50mg, 150mg, 200mg, 300mg, 400mg	180 tabs of 50mg, 150mg, 200mg, 300mg, 400mg
SYNERA dis 70-70mg	2 patches	6 patches

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 a 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 January 1, 2019. The full and most recent formulary can be found at capbluecross.com.

Specialty Medications

Through an arrangement with AllianceRx Walgreens Prime, 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.

AllianceRx Walgreens Prime 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 coordinator who will work with you and your physician to answer questions, obtain prior authorizations, and much more. Your patient care coordinator 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 AllianceRx Walgreens Prime at **800.533.7606** (TTY: 866.830.4366), Monday through Friday, 8 a.m. to 8 p.m., and Saturday 9 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 **844.834.2550**.
- AllianceRx Walgreens Prime will contact you to schedule delivery of your medication.

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 **800.533.7606** (TTY: 866.830.4366). Or your doctor can fax your prescription to 844.834.2550.

The following Self-Administered Specialty Medications are available through AllianceRx Walgreens Prime.

ACTEMRA (PAR)	GILOTRIF (PAR)	PEGASYS	ZAVESCA
ADEMPAS (PAR)	glatiramer acetate (PAR)	POMALYST	ZYDELIG
ALECENSA (PAR)	glatopa (PAR)	PREGNYL	ZYTIGA
AMPYRA (PAR, QLL)	HARVONI (PAR)	PROCRIT	
ARANESP (PAR)	HUMIRA (PAR)	REBIF	
AUBAGIO (PAR)	HYCAMTIN (PAR)	ribavirin	
AVONEX (PAR)	HYQVIA (PAR)	sildenafil	
BERINERT (PAR)	IBRANCE	SIMPONI	
BETASERON (PAR)	imatinib	sodium phenylbutyrate	
capecitabine (PAR)	INCRELEX	STIMATE	
CAYSTON (PAR)	INTRON A	TALTZ	
chorionic gonadotropin (PAR)	KALYDECO	TARCEVA	
CIMZIA (PAR)	KOGENATE FS	TASIGNA	
CINRYZE (PAR)	KOVALTRY	TECFIDERA	
COTELLIC (PAR)	LETAIRIS	tobramycin neb	
CYSTAGON (PAR)	NEXAVAR	TRACLEER	
dofetilide (PAR)	NINLARO	TYKERB	
ENBREL (PAR)	NORDITROPIN	VELTASSA	
EPCLUSA (PAR)	NOVAREL	VENCLEXTA	
ERIVEDGE (PAR)	NOVOEIGHT	VOSEVI	
ESBRIET (PAR)	NUPLAZID	XALKORI	
FERRIPROX (PAR)	NUWIQ	XELJANZ/-XR	
GILENYA (PAR)	octreotide	ZARXIO	

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

Capital BLUE



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