

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 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 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:

- G** Generic—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)
ADCIRCA (PAR)	BP	
ADVAIR HFA, DISKUS (QLL)	BP	
alendronate	G	
amlodipine 10mg	G	
AMPYRA (PAR, QLL)	BP	
atorvastatin (QLL)	G	
ASMANEX (QLL)	BP	
AVANDIA	BP	
azithromycin	G	
bupropion , -sr, -xl	G	
carvedilol	G	
celecoxib (EPA)	G	
CIMZIA (PAR)	BNP	ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
citalopram tablet (QLL)	G	
citalopram solution	G	
clopidogrel	G	
DEXILANT (QLL)	BP	
donepezil	G	
EDARBI (PAR)	BNP	losartan
EFFIENT	BP	
enalapril/-hctz	G	
escitalopram (QLL)	G	
eszopiclone (QLL)	G	
FLOVENT HFA (QLL), DISK (QLL)	BP	
fluoxetine 10mg (QLL), 40mg, 20mg/5ml	G	
fluvastatin	G	
gabapentin	G	
galantamine/-ER	G	
gemfibrozil	G	
glimepiride	G	
glipizide 5mg	G	
glyburide	G	
HUMALOG (PAR)	BNP	HUMULIN R, NOVOLIN, NOVOLOG
JANUVIA	BP	
LANTUS SOLOSTAR/VIAL	BP	
LANTUS Vial	BP	

Drug Name		Alternatives (please discuss with your physician)
LEVEMIR (PAR)	BNP	
levetiracetam	G	
levothyroxine	G	
lisinopril/-hctz	G	
lisinopril/-hctz	G	
LIVALO (PAR, QLL)	BNP	atorvastatin (QLL), simvastatin (QLL)
lovastatin	G	
LUMIGAN	BP	
LYRICA (EPA)	BP	
meloxicam	G	
metformin/-er	G	
metoprolol tartrate	G	
metoprolol er	G	
montelukast	G	
moxifloxacin	G	
MULTAQ	BNP	amiodarone
NOVOLIN/NOVOLOG	BP	
olanzapine (QLL)	G	
olopatadine 0.1% dr (PAR)	G	
omeprazole 10mg (QLL), 20mg, 40mg (QLL)	G	
OMNARIS (PAR)	BNP	flunisolide nasal spray
ondansetron ODT (QLL)	G	
ondansetron 4mg/5ml solution (QLL)	G	
ONETOUCH	BP	
oxybutynin	G	
oxybutynin er	G	
pantoprazole (QLL)	G	
paroxetine 10mg, 20mg, 40mg	G	
pravastatin (QLL)	G	
PROAIR Respimet	BP	
quetiapine (QLL)	G	
ramipril 2.5mg, 10mg	G	
ramipril 1.25mg, 5mg	G	
risedronate 35mg (QLL), 150mg (QLL)	G	
risperidone 1mg	G	

Drug Name	Alternatives (please discuss with your physician)	
risperidone 0.25mg, 0.5mg, 2mg, 3mg, 4mg	G	
ropinirole	G	
rosuvastatin (QLL)	G	
ROZEREM	BP	
SAVELLA (PAR)	BP	
SEREVENT DISKUS	BP	
sertraline 25mg, 50mg, 100mg	G	
sertraline suspension	G	
SIMPONI (PAR)	BNP	ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
simvastatin (QLL)	G	
SPIRIVA	BP	
sumatriptan (QLL)	G	
tacrolimus	G	
TEKTRNA	BNP	
TRADJENTA	BP	
tramadol 50mg (QLL)	G	
tramadol er (QLL)	G	
TRAVATAN Z	BP	

Drug Name	Alternatives (please discuss with your physician)	
triamterene/-hctz	G	
valsartan	G	
venlafaxine er (QLL)	G	
VESICARE	BP	
VICTOZA	BP	
VYVANSE	BP	
warfarin	G	
zaleplon (QLL)	G	
ziprasidone	G	
zolpidem (QLL)	G	

G: Generic
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 January 1, 2018. 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	CAYSTON*	ERTACZO
ACTEMRA*	celecoxib	ethacrynic acid
adapalene	CESAMET	EXACTECH
ADCIRCA*	chorionic gonadotropin*	EXELDERM
ADDYI	CIALIS	FACTIVE
ADEMPAS*	CIMZIA*	FANAPT
AKYNZEO	CINRYZE*	fentanyl dis (patch)
ALECENSA*	CIPRO HC OTIC	FENTANYL DIS (PATCH)
ALOCRIL	CIPRODEX SUS	FENTANYL OT LOZ
ALOMIDE	clomipramine	FERRIPROX*
ALTABAX	CONTOUR KIT/TEST	fluticasone-salmeterol
AMITIZA	COPAXONE*	FREESTYLE KIT/TEST
AMPYRA*	COTELLIC*	GILENYA*
APTIOM	cromolyn sod sol	GILOTRIF*
ARANESP*	CYSTADANE	glatopa*
armodafinil	CYSTAGON	GYNAZOLE-1
ASSURE 3 KIT	DARAPRIM	HALOG
AUBAGIO*	DENAVIR	HARVONI*
azelastine	DIFICID	HUMALOG
BANZEL	dofetilide*	HUMIRA*
BAYER BREEZE KIT/TEST	DUREZOL	hydromorphone er
BELSOMRA	EDARBI	HYQVIA*
BEPREVE	EMADINE	IBRANCE*
BERINERT*	EMSAM	IMBRUVICA*
BESIVANCE	ENBREL*	INCRELEX*
BETASERON*	ENTRESTO	INTRON A*
buprenorphine/naloxone sub	EPCLUSA*	JADENU*
capecitabine*	epinastine	JUBLIA
CARBAGLU*	ERIVEDGE*	KALYDECO*

* Specialty medication.

Drug Name(s)
KOGENATE FS*
KOVALTRY*
KUVAN*
LASTACAPT
LENVIMA*
LETAIRIS*
LEVEMIR
LIVALO
LUZU
LYRICA
MARPLAN
MENTAX
methadone sol/tab
MIRVASO
modafinil
morphine sul tab er
MOVANTI
MULTAQ
mycophenolate*
MYRBETRIQ
NEUPRO
NEVANAC SUS
NEXAVAR*
NINLARO*
NORDITROPIN*
NOVAREL
NOVOEIGHT*
NUCYNTA ER
NUPLAZID*
NUWIQ*
octreotide*
olopatadine
OMNARIS

Drug Name(s)
ORAVIG
oxycodone er
oxymorphone er
PANRETI
peg-3350/kcl sol/sodium
PEGANONE
PEGASYS*
phenylbutyra pow sodium*
POMALYST*
POTIGA
PRECISION KIT/TEST
PREGNYL*
PROCRIT*
PRODIGY KIT
quetiapine er
RADIOGARDASE*
raloxifene
REBIF*
REGRANEX
RENAGEL
RESTASIS
ribavirin*
ROZEREM
SAPHRIS
SAVELLA
SENSIPAR
sildenafil*
SIMPONI*
SOMATULINE*
SPRYCEL*
STELARA*
STIMATE*
SUBOXONE

Drug Name(s)
SYNAREL*
TALTZ*
tamoxifen
TARCEVA*
TASIGNA
TECFIDERA*
TEKURNA
tobramycin neb*
tolcapone
TOVIAZ
TRACLEER*
tramadol er
TRESIBA
TUDORZA
TYKERB*
VELTASSA*
VENCLEXTA*
VEREGEN
VEXOL
VIIBRYD
VIMPAT
VRAYLAR
XALKORI*
XARTEMIS XR
XELJANZ/-XR
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, 2018. 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 tablets of 10mg, 40mg; 60 tablets of 20mg	90 tablets of 10mg, 40mg; 180 tablets of 20mg
desvenlafaxine er tablets	30 tablets of 25mg, 50mg, 100mg	90 tablets of 50mg, 100mg
escitalopram solution	3 bottles (720ml)	9 bottles (2160ml)
escitalopram tablets	30 tablets of 5mg, 10mg, 20mg	90 tablets of 5mg, 10mg, 20mg
fluoxetine capsules	90 capsules of 10mg, 20mg	270 capsules of 10mg, 20mg
paroxetine tablets	60 tablets of 10mg, 20mg, 30mg; 30 tablets of 40mg	180 tablets of 10mg, 20mg, 30mg; 90 tablets of 40mg
venlafaxine er capsules/tablets	30 tablets of 225mg; 60 tablets of 150mg; 90 tablets of 37.5mg er, 75mg er	90 tablets of 225mg; 180 tablets of 150mg; 270 tablets of 37.5mg er, 75mg er
ANTIEMETIC THERAPY (nausea/vomiting)		
Akynzeo capsules	1 capsule of 300-0.5mg every 15 days	3 capsules of 300-.05mg every 15 days
aprepitant capsules	8 capsules of 40mg, 80mg; 4 capsules of 125mg	24 capsules of 40mg, 80mg; 12 capsules of 125mg
Cesamet capsules	6 capsules of 1mg per prescription	18 capsules of 1mg 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 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	
oseltamivir capsules	10 capsules of 45mg, 75mg; 20 capsules 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 tablets of 35mg, 40mg, 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, 80mg	90 tablets of 10mg, 20mg, 40mg, 80mg
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, 80mg	90 tablets of 10mg, 20mg, 40mg, 80mg
rosuvastatin tablets	30 tablets of 5mg, 10mg, 20mg, 40mg, 80mg	90 tablets of 5mg, 10mg, 20mg, 40mg, 80mg
simvastatin tablets	30 tablets of 5mg, 10mg, 20mg, 40mg	90 tablets of 5mg, 10mg, 20mg, 40mg
MIGRAINE THERAPY		
almotriptan tablets	12 tablets of 12.5mg; 24 tablets of 6.25mg	36 tablets of 12.5mg; 72 tablets of 6.25mg
dihydroergotamine spray	1 kit (8 ampules) per prescription	3 kits (24 ampules) per prescription
frovatriptan tablets	27 tablets of 2.5mg	81 tablets of 2.5mg
naratriptan tablets	9 tablets of 2.5mg; 18 tablets of 1mg	27 tablets of 2.5mg; 54 tablets of 1mg

Drug Class/Drug Name	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
MIGRAINE THERAPY (continued)		
rizatriptan tablets	12 tablets of 10mg; 36 tablets of 5mg	36 tablets of 10mg; 108 tablets of 5mg
rizatriptan ODT tablets	12 tablets of 10mg; 36 tablets of 5mg	36 tablets of 10mg; 108 tablets 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 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	12 tablets of 5mg; 18 tablets of 2.5mg per prescription	36 tablets of 5mg; 54 tablets of 2.5mg per prescription

NARCOTIC PAIN RELIEVER THERAPY

Drug Class/Drug Name	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
buprenorphine/naloxone sublingual 2-0.5mg, 8-2mg (PAR, QLL)	90 tablets	
butorphanol solution 10mg/ml (QLL)	2 bottles	
codeine sulfate tablet 15mg, 30mg, 60mg (QLL)	42 tablets	
codeine with acetaminophen solution 120-12mg/5ml (QLL)	630 ml	
codeine with acetaminophen tablet 15mg-300 (Tylenol #2), 30mg-300 (Tylenol #3), 60mg-300mg (Tylenol #4) (QLL)	42 tablets	
FENTANYL DIS 37.5mcg/h, 62.5mcg/h, 87.5mcg/h (patch) (PAR, QLL)	10 patches	
fentanyl lozenge 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg (PAR, QLL)	120 lozenges	
fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg, 75mcg/hr, 100mcg/hr (PAR, QLL)	10 patches	
hydrocodone/ibuprofen tablet 10-200mg (xylon) (QLL), 2.5-200mg (QLL), 5-200mg (QLL), 7.5-200mg (QLL)	35 tablets	
hydrocodone-acetaminophen solution 7.5-325mg/15ml (QLL)	630 ml	
hydrocodone-acetaminophen tablet 2.5-325mg (endocet, verdrocet) (QLL)	84 tablets	
hydrocodone-acetaminophen tablet 5-325mg (endocet) (QLL)	56 tablets	
hydrocodone-acetaminophen tablet 7.5-325mg, 10-325mg (endocet) (QLL)	42 tablets	
hydromorphone liquid 1mg/ml (QLL)	140 ml	
hydromorphone tablet 2mg, 4mg, 8mg (QLL)	42 tablets	
hydromorphone tablet 8mg er, 12mg er, 16mg er, 32mg er (PAR, QLL)	30 tablets	
levorphanol tablet 2mg (QLL)	28 tablets	
lidocaine-prilocaine cream or lidocaine gel (QLL)	30 gm	N/A
meperidine tablet 50mg, 100mg (QLL)	18 tablets	
methadone solution 5mg/5ml, 10mg/5ml (PAR, QLL)	300 ml	
methadone tablet 5mg, 10mg (PAR, QLL)	60 tablets	
morphine sulfate solution 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 tablets	
morphine sulfate tablet 15mg er, 30mg er, 60mg er, 100mg er, 200mg er (PAR, QLL)	60 tablets	
morphine sulfate tablet 30mg (QLL)	21 tablets	
NUCYNTA tablet 50mg (QLL)	28 tablets	
NUCYNTA tablet 75mg (QLL)	21 tablets	
NUCYNTA tablet 100mg (QLL)	14 tablets	
NUCYNTA ER tablet 50mg, 100mg, 150mg, 200mg, 250mg (PAR, QLL)	60 tablets	
ondansetron odt 24mg (QLL)	4 tablets	
oxycodone concentrate 100mg/5ml (20mg/ml) (QLL)	30 ml	
oxycodone solution 5mg/5ml (QLL)	420 ml	
oxycodone tablet 15mg (QLL)	28 tablets	
oxycodone tablet 20mg (QLL)	21 tablets	
oxycodone tablet 30mg (QLL)	14 tablets	

Drug Class/Drug Name	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
NARCOTIC PAIN RELIEVER THERAPY (continued)		
oxycodone tablet er 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg (PAR, QLL)	60 tablets	N/A
oxycodone/acetaminophen solution 5-325mg/5ml (QLL)	140 ml	
oxycodone/acetaminophen tablet 2.5-325mg, 5-325mg (QLL)	84 tablets	
oxycodone/acetaminophen tablet 7.5-325mg (QLL)	56 tablets	
oxycodone/acetaminophen tablet 10-325mg (QLL)	42 tablets	
oxycodone/aspirin tablet 4.8355-325mg (QLL)	84 tablets	
oxycodone/ibuprofen tablet 5-400mg (QLL)	28 tablets	
oxymorphone 5mg er, 7.5mg er, 10mg er, 15mg er, 20mg er, 30mg er, 40mg er (PAR, QLL)	60 tablets	
SUBOXONE FILM SUBLINGUAL 2-0.5mg, 4-1mg, 8-2mg (PAR, QLL)	90 films	
SUBOXONE FILM SUBLINGUAL 12-3mg (PAR, QLL)	60 films	
tramadol 50mg (QLL)	56 tablets	
tramadol tablet 100mg er, 200mg er, 300mg er (PAR, QLL)	30 tablets	
XARTEMIS XR tablet 7.5-325mg (PAR, QLL)	28 tablets	

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		
omeprazole 40mg capsules	30 tablets/capsules (all products in therapy class)	90 tablets/capsules (all products in therapy class)
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		

MISCELLANEOUS MEDICATIONS		
Ampyra tablets	60 tablets	180 tablets
aspirin	30 tabs of 81mg	90 tablets 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 capsules per prescription of 800mcg	300 capsules per prescription of 800mcg
Folic acid	100 tablets per prescription of 400mcg, 800mcg	300 tablets per prescription of 400mcg, 800mcg
Lido/prilocaine cream or kit	30gm of 2.5-2.5 percent or 1 kit	90 gm
Lidocaine	30gm of 2 percent gel	0gm of 2 percent gel
Nicotine gum, lozenge, pol gum, pol lozenge	180-day supply per year of 2mg, 4mg	N/A
Nicotine System kit	180-day supply per year	N/A
Nicotine transdermal patch	180-day supply per year of 7mg, 14mg, 21mg	N/A
Nicotrol spray/inhaler	180-day supply per year	N/A

MISCELLANEOUS MEDICATIONS (continued)

olanzapine tablets	30 tablets of 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	90 tablets of 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg
paliperidone er tablets	60 tablets of 1.5mg, 3mg, 6mg, 9mg	180 tablets of 1.5mg, 3mg, 6mg, 9mg
quetiapine xr tablets	60 tablets of 50mg, 150mg, 200mg, 300mg, 400mg	180 tablets of 50mg, 150mg, 200mg, 300mg, 400mg
Synera dis 70-70mg	2 patches	6 patches
Zirgan oph gel 5gm	2 boxes per 21 days	6 boxes

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, 2018. 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.

ADCIRCA (PAR)	ERIVEDGE (PAR)	leuprolide acetate	SPRYCEL (PAR)
ADEMPAS (PAR)	FERRIPROX (PAR)	LUPRON DEPOT	STELARA (PAR)
ALECENZA (PAR)	FORTEO	mycophenolate mofetil	STIMATE (PAR)
AMPYRA (PAR, QLL)	GENGRAF	mycophenolate sodium	SYNAREL (PAR)
ARANESP (PAR)	GILENYA (PAR)	NEXAVAR (PAR)	tacrolimus
AUBAGIO (PAR)	GILOTRIF (PAR)	NINLARO (PAR)	TALTZ (PAR)
BERINERT (PAR)	GLATOPA (PAR)	NORDITROPIN (PAR)	TARCEVA (PAR)
BETASERON (PAR)	HARVONI (PAR)	NOVOEIGHT (PAR)	TASIGNA (PAR)
capecitabine (PAR)	HUMIRA (PAR, QLL)	NUPLAZID (PAR)	TECFIDERA (PAR)
CARBAGLU (PAR)	HYQVIA (PAR)	NUWIQ (PAR)	tobramycin inhalation solution (PAR)
CAYSTON (PAR)	IBRANCE (PAR)	OCTREOTIDE (PAR)	TRACLEER (PAR)
chorionic gonadotropin (PAR)	imatinib	PEGASYS (PAR)	TYKERB (PAR)
CIMZIA (PAR)	IMBRUVICA (PAR)	POMALYST (PAR)	VELTASSA (PAR)
CINRYZE (PAR)	INCRELEX (PAR)	PREGNYL (PAR)	VENCLEXTA (PAR)
COPAXONE (PAR)	INLYTA (PAR)	PROCRIT (PAR)	XALKORI (PAR)
COTELLIC (PAR)	INTRON A (PAR)	RADIOGARDASE (PAR)	XELJANZ (PAR)
cyclosporine	JADENU (PAR)	REBIF (PAR)	XELJANZ XR (PAR)
CYSTADANE (PAR)	KALYDECO (PAR)	ribavirin (PAR)	ZARXIO (PAR)
CYSTAGON (PAR)	KOGENATE FS (PAR)	SILDENAFIL (PAR)	ZAVESCA (PAR)
DOFETILIDE (PAR)	KOVALTRY (PAR)	SIMPONI (PAR)	ZYDELIG (PAR)
ELIGARD	KUVAN (PAR)	sirolimus	ZYTIGA (PAR)
ENBREL (PAR, QLL)	LENVIMA (PAR)	sodium phenylbutyrate (PAR)	
EPCLUSA (PAR)	LETAIRIS (PAR)	SOMATULINE (PAR)	

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

Capital BLUE



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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 member ID card for the most current formulary information and your expected out-of-pocket expenses.

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