



Capital BlueCross Open/Closed Commercial Formulary Update

(4th 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 Formulary Status: Generic Preferred (GP), Generic Non-Preferred (GNP), Brand Preferred (BP), Brand Non-Preferred (BNP) | | | |
| Newly Marketed Drugs* Effective Immediately | | | |
| Brand Name | Tier Status | Indication | Preferred Alternatives |
| BAXDELA | BP | Bacterial Skin Infections | SIVEXTRO |
| BENLYSTA* (PAR) | BNP | Systemic lupus erythematosus (SLE) | ibuprofen, hydroxychloroquine, prednisone |
| BEVYXXA | BNP | Venous thromboembolism (VTE) | enoxaparin |
| SYMPROIC (PAR) | BNP | Opioid Induced Constipation | bisacodyl, magnesium citrate, MOVANTIK |

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.

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

On behalf of Capital BlueCross, CVS Caremark assists in the administration of our prescription drug program. CVS Caremark is an independent pharmacy benefit manager.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

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 **1-800-294-5979** (Fax: 1-888-836-0730). Members may initiate a prior authorization request by calling CVS Caremark at **1-800-585-5794** or by visiting the Web site at www.capbluecross.com.

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

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 Immediately | |
| Drug | |
| | BENLYSTA* (PAR) |
| | SYMPROIC (PAR) |

#Members will be notified prior to change

*Specialty Medication

| 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 August 1, 2018 | |
| Drug | |
| | ARMONAIR (PAR, QLL) |
| | GOCOVRI (PAR) |

#Members will be notified prior to change

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