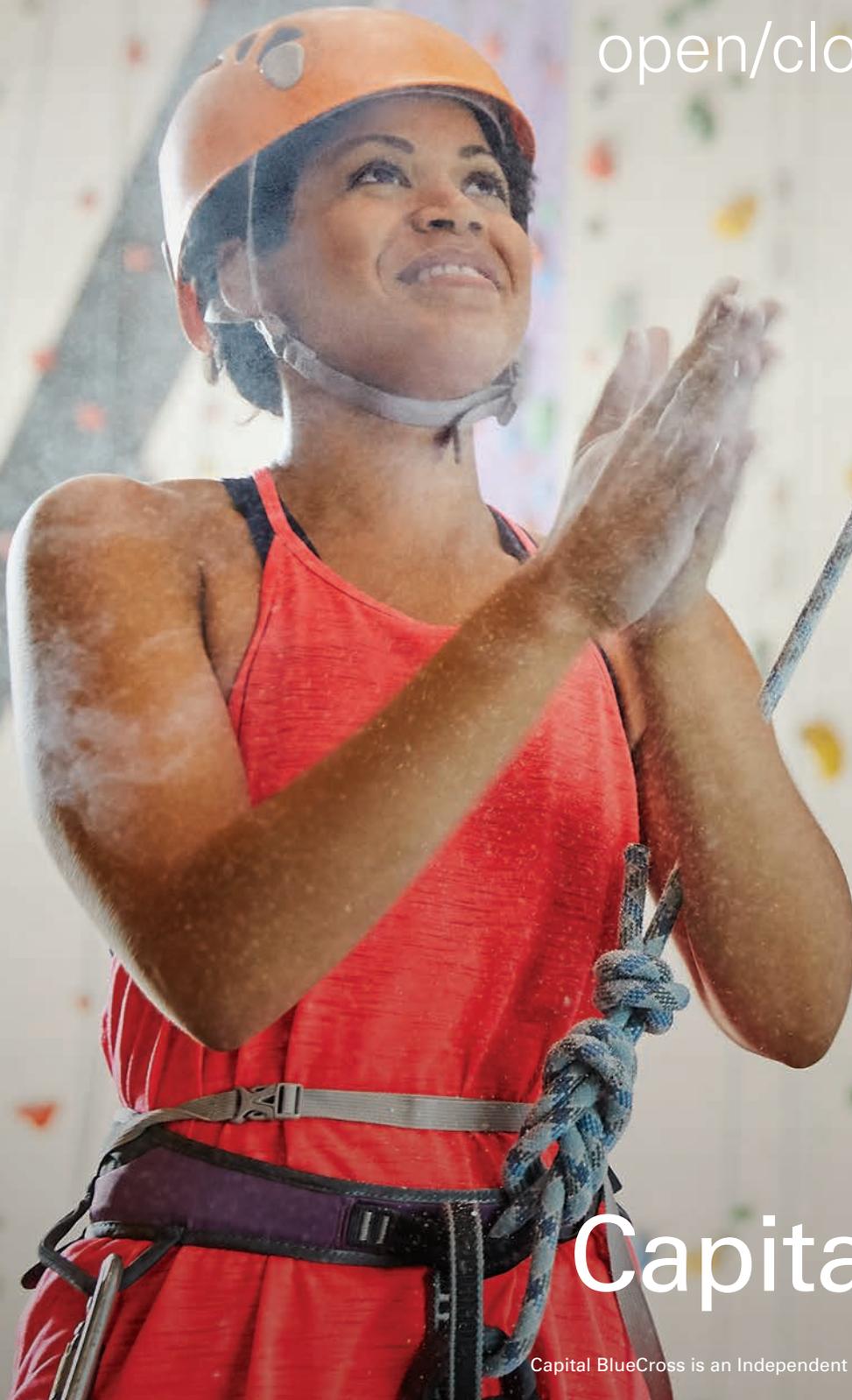


# GUIDE TO PRESCRIPTION DRUG BENEFITS

open/closed formulary



Capital BLUE 

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# 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.

To help you understand how your prescription drug benefit works and how you can get the most out of your healthcare dollar, we have created this guide. If you need more information, please refer to your Certificate of Coverage, or visit our website at [capbluecross.com](https://www.capbluecross.com)



## Contact Information

### 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 any time of the day, seven days a week. The CVS/caremark customer service team also offers interpretive services in 140 languages, including in-house, Spanish-speaking representatives.

### Visit the Web

Visit the Capital BlueCross website at [capbluecross.com](https://www.capbluecross.com) to learn more about your prescription drug benefit. There you can:

- Download the most up-to-date versions of the *Formulary*, *Prior Authorization Program*, the *Drug Quantity Management Program*, and other useful information.<sup>1</sup>
- Download mail order forms and prescription claim forms, or locate participating pharmacies.
- Link to CVS/caremark from the Capital BlueCross website (see *Accessing your Prescription Drug Information* section found in this booklet to learn how to get started).

<sup>1</sup>These 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 Prescription Drug Benefit

Capital BlueCross makes it easy for you to fill your prescriptions.

## Retail (local neighborhood or chain store pharmacy)

Present your Capital BlueCross member ID card at any participating retail pharmacy when you have a prescription to fill and your applicable cost share will be applied.<sup>2</sup>

- If you need to submit a prescription drug claim form for a covered prescription, please send a completed claim form and your receipts to: CVS/caremark, P.O. Box 52136, Phoenix, AZ 85072-2136. Claim forms can be downloaded from our website.
- When refilling a prescription at a retail pharmacy, 75 percent of the previous supply of medication must be used prior to filling the medication again.

## Specialty

AllianceRx Walgreens Prime will deliver your specialty medications right to your doorstep. Specially trained staff are ready to assist you with managing your treatment and to answer questions about your unique health needs.<sup>2</sup> (See pages 18-19.)

For additional information or to begin service, call **800.533.7606** or your doctor can fax your prescription to 844.834.2550.

## Mail Order

You can have medications that you take regularly delivered to your home by completing a mail service order form; be sure to include your prescription written for a 90-day supply with three refills and mail to CVS/caremark at: CVS/caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110. You can download a mail service order form from our website.<sup>2</sup>

## Mail Order Refills

### Telephone

Getting a mail order refill is easy—call CVS/caremark at the toll-free Rx Member Services number found on your member ID card to request a refill. (Please remember that you will need to supply a method of payment when placing your order.) You can also check on the status of a prescription or locate a participating pharmacy.

### Website

Once you have registered, mail order prescription refills can be requested online. Link to CVS/caremark from the Capital BlueCross website (see page 6) to submit a prescription refill. And, check out the various payment options offered by CVS/caremark.

### U.S. Mail

You can also mail your refill slip to CVS/caremark at: CVS/caremark, P.O. Box 2110, Pittsburgh, PA 15230-2110.

For additional information on using mail order, visit [capbluecross.com](http://capbluecross.com).

<sup>2</sup> The amount of medication you can obtain at a retail or mail order pharmacy depends on your drug benefit. Please refer to your Certificate of Coverage.

# Tips and Reminders for Using Mail Order



- *When ordering a 90-day supply of medication through the mail service, be sure your doctor indicates 90-day supply with three refills on your written prescription.*
- When ordering medication through the mail service, 60 percent of the previous supply must be used prior to refilling the medication.
- When ordering prescriptions through the mail service pharmacy, please allow up to 14 days for delivery and have at least two weeks of medication on hand when ordering.
- Please be sure to include your payment when placing your order at the mail service pharmacy. If payment is not received, your order may be delayed.
- Orders totaling 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 the order 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 is canceled.)*
- When selecting the auto-refill feature for mail order, please note that your medications will be automatically sent to you until you have either used all of your refills or your prescription expires, whichever occurs first. Please note that 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.

# Be a Wise Healthcare Consumer

## Know Your Formulary Options

The Capital BlueCross 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 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.

While you cannot control drug prices, there are some things you can do to lower your out-of-pocket costs. You can use information in the formulary to help you identify the tier status of medication you are taking and discuss less expensive alternatives with your doctor.

The Capital BlueCross formulary includes four tiers<sup>3</sup> of medications: generic preferred (tier 1), generic nonpreferred (tier 2), brand preferred (tier 3), and brand nonpreferred (tier 4) drugs. Your cost share for your prescription medication is based on which tier your drug falls into.

- An open formulary provides access to generic preferred (tier 1), generic nonpreferred (tier 2), brand preferred (tier 3), and brand nonpreferred (tier 4) drugs.
- A closed formulary provides access to generic preferred (tier 1), generic nonpreferred (tier 2), and brand preferred (tier 3) drugs. You or your physician may request coverage for medically necessary nonpreferred drugs through the Nonformulary Consideration Process.

- **Generic**<sup>4</sup> drugs are typically the most affordable and offer you a lower cost share than brand-name drugs. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. To help lower your out-of-pocket costs, we encourage you to choose a generic medication whenever possible.

Please note that not all strengths and formulations of generic drugs have the same tier status.

- Generic preferred drugs<sup>4</sup> (tier 1) usually have the lowest cost share.
- Generic nonpreferred drugs<sup>4</sup> (tier 2) usually have a slightly higher cost share than generic preferred drugs and a lower cost share than brand-name drugs.
- **Brand-name**<sup>4</sup> 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 (tier 3) are usually available at a slightly higher cost share than generic drugs. These drugs are designated preferred brand because they are more cost effective compared to other brand drugs that treat the same condition.
  - Brand nonpreferred drugs (tier 4) usually have the highest cost share. These drugs are listed as nonpreferred because they have not been found to be any more cost effective than available generics, preferred brands, or over-the-counter drugs.

<sup>3</sup>Please note that not all benefits include separate cost shares for generic preferred and generic nonpreferred drugs. For benefits that have one generic cost share for generic drugs, that cost share will be applied to both generic preferred and generic nonpreferred drugs. Refer to your Certificate of Coverage for specific information about your prescription benefit. You can visit our website to view the formulary and formulary status of your drugs.

<sup>4</sup>Drugs sold in the United States are approved by the Food and Drug Administration (FDA) whether they are brand-name or generic.



# Accessing Your Prescription Drug Information Online

Web access gives you an opportunity to explore health information, reference your benefits, and estimate the price of drugs you are taking.

You can access your prescription drug information by logging in to your secure member account.

To get started:

1. Go to [capbluecross.com](https://capbluecross.com).
2. Enter your **Username** and **Password** to log in to your personal web page. If you are not registered, you will need to complete the registration process first.
3. Once you are logged in, you can access your prescription drug information by clicking on the **Rx Information** tab located at the top of your personal web page.

## Online Tools

Once you access your prescription drug information, some of the features available to you include:

- Drug cost—get the estimated cost of your medication and find out about possible generic alternatives, mail order options, and savings opportunities
- Drug information and interactions—check drug interactions and side effects
- Pharmacy locator—find a participating pharmacy
- Coverage exception requests—initiate a request for prior authorization or Nonformulary Consideration by following the instructions provided
- Family access—change your settings to view pharmacy information for members of your family over 18 years old
- Prescription history—track your prescription spending and print a report for your records
- Account balance and payment—view account balance, as well as open and pending orders
- Online prescription services—place mail order refill requests and track prescription orders
- Personal reminders—create and schedule refill reminders and order status alerts for mail service prescriptions
- Methods of payment—pay by credit card, check, or money order

# Prior Authorization

The prior authorization process helps to ensure that certain drugs are prescribed appropriately and in keeping with FDA guidelines. You can easily identify these drugs on our formulary list as they will have a **PAR** symbol next to them (visit our website at [capbluecross.com](http://capbluecross.com) to view the formulary).

To help prevent possible delays in filling your prescription, 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.

If you are initiating the request by phone, please follow the prompts and select the option to speak to a customer service representative. Be sure to tell the representative who answers the phone that you are calling to request prior authorization for a drug or to start the Nonformulary Consideration Process.

- If authorization is approved, your prescription will be filled and the appropriate cost share will be applied.
- If authorization is not approved, you have the following choices:
  1. You may still have the prescription filled but you will pay the entire cost of the drug.
  2. You may ask your physician to prescribe an alternative drug that is covered by your prescription drug benefit.
  3. You may initiate an appeal of the decision.

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



The following prescription medications require prior authorization.<sup>5</sup>

Drug Name(s) (Uppercase = Brand; Lowercase Bold = Generic)				
ABILIFY/DISCHELT	BEBULIN	DERMAPAK PLUS (>age 25)	FENTANYL PATCH	INGREZZA
ABSTRAL SUBLINGUAL	BENEFIX	DESOXYN	FENTORA	INLYTA
ACCUPRIL	BECONASE AQ	<b>desvenlafaxine er</b>	FERRIPROX	INSULIN TEST STRIPS
ACCURETIC	BELBUCA FILM	DETROL/LA	FETZIMA	INTERMEZZO
ACEON	BELSOMRA	DEXEDRINE	FIRAZYR	INTRAROSA
ACIPHEX	BELVIQ/-XR	DIDREX	FLECTOR	INTRON A
ACTEMRA	BENLYSTA	<b>diethylpropion /-er</b>	FLOLIPID	INTUNIV
ACTHAR	<b>benzphetamine</b>	DIFFERIN	FLUOROPLEX	INVEGA
ACTIQ LOZENGE	BEPREVE	DIFICID	FLUOXETINE 60MG	INVOKAMET
<b>adapalene gel/pump</b>	BERINERT	DIOVAN/-HCT	<b>fluticasone-salmeterol</b> (generic ADVAIR)	INVOKANA
ADCIRCA	BESIVANCE	DITROPAN/-XL	<b>fluticasone-salmeterol</b> (generic AIRDUO)	IONAMIN
ADDERALL/-XR	BETASERON	DOLOPHINE	FOCALIN/-XR	IRENKA
ADDYI	BONTRIL	DORAL	FORFIVO XL	IXINITY
ADEMPAS	BOSULIF	<b>dronabinol</b>	FORTAMET	JADENU
ADIPEX	BRIVIACT	DUZALLO	FORTEO	JAKAFI
ADLYXIN	BUNAVAIL FILM	DUEXIS	FROVA	JUBLIA
ADRENACLICK	<b>buprenorphine sublingual</b>	DUPIXENT	FYCOMPA	JUXTAPID
ADVATE	<b>buprenorphine/naloxone sublingual</b>	DURAGESIC PATCH	GATTEX	KADIAN
ADYNOVATE	BUTRANS PATCH	DUREZOL	GELNIQUE	KALBITOR
ADZENYS XR	BYDUREON	DYMISTA	GENOTROPIN	KALYDECO
AFREEZA	BYETTA	DYNAVEL	GEODON	KAPVAY
AFSTYLA	CABOMETYX	EDARBI	GILENYA	KAZANO
AIRDUO	CALQUENCE	EDARBYCLOR	GILOTRIF	KERYDIN
AKYNZEO	<b>capecitabine</b>	EDEX	<b>glatiramer</b>	KEVZARA
ALECENSA	CARAC	EDLUAR	GLATOPA	KHEDEZLA
ALPHANATE	CARBAGLU	EFFEXOR/-XR	GLUCOPHAGE	KINERET
ALPHANINE SD	CARDIZEM CD/LA	EGRIFTA	GLUCOPHAGE XR	KISQALI
ALINIA	CAVERJECT	ELESTAT	GLUMETZA	KOATE
ALPROLIX	CAYSTON	ELLIPTA	GOCOVRI	KOGENATE FS
ALOMIDE	CELEBREX	ELOCTATE	GRANIX	KOMBIGLYZE XR
ALSUMA	<b>celecoxib</b>	EMADINE	GYNAZOLE	KORLYM
ALTABAX	CELEXA	EMBEDA	HAEGARDA	KOVALTRY
ALTACE	CERDELGA	EMFLAZA	HALCION	KYNAMRO
ALTOPREV	CESAMET	EMSAM	HALOG	LASTACAPT
ALUNBRIG	CHOLBAM	ENABLEX	HARVONI	LATUDA
AMBIEN	<b>chorionic gonadotropin</b>	ENBREL	HEMIFIBRA	LAZANDA SPRAY
AMBIEN CR	CIMZIA	ENBREL MINI	HEMOFIL M	LENVIMA
AMERGE	CINRYZE	ENDARI	HETLIOZ	LESCOL/-XL
AMITIZA	CIPRO® HC Otic	ENTRESTO	HIZENTRA	LETAIRIS
AMPYRA	CIPRODEX	EPCLUSA	HUMALOG	LEUKINE
AMRIX	COAGADEX	EPIPEN,-JR	HUMATE-P	LEVEMIR
ANAFRANIL	COMETRIQ	EPOGEN	HUMATROPE	LEVITRA
APIDRA	COMPOUNDS	ERGOLOID MESYLATES	HUMIRA	LEXAPRO
APLENZIN	CONCERTA	ERIVEDGE	HUMULIN	LIPITOR
APTOM	CONTRAVE	ERTACZO	HUMULIN N	LIVALO
ARANESP	CONZIP	ESBRIET	HUMULIN R	LONSURF
ARMONAIR	COPAXONE	<b>ethacrynic acid</b>	<b>hydromorphone er</b>	LOTENSIN/-HCT
ARYMO ER	CORLANOR	EUCRISA	HYQVIA	LOTREL
ATACAND/-HCT	COSENTYX	EVEKEO	HYSINGLA ER	<b>lovastatin</b>
ATRALIN	COTELLIC	EVZIO	HYZAAR	LUMIGAN
AUBAGIO	COTEMPLA XR-ODT	EXALGO	IBRANCE	LUNESTA
AUSTEDO	COZAAR	EXELDERM	ICLUSIG	LUVOX CR
AUVI-Q	CRESTOR	EXFORGE/-HCT	IDELVION	LUZU
AVALIDE	CUVITRU	EXJADE	IDHIFA	LYNPARZA
AVAPRO	CYMBALTA	EXTAVIA	ILEVRO	LYRICA
AVINZA	CYSTADANE	FABIOR	IMBRUVICA	MARINOL
AVITA (>age 25)	CYSTAGON	FACTIVE	IMITREX	MARPLAN
AVONEX	CYSTARAN	FANAPT	IMITREX NASAL SPRAY	MATZIM
AXERT	DAKLINZA	FARYDAK	INCRELEX	MAVIK
AZILECT	DARAPRIM	FEIBA	INCRUSE	MAVYRET
BANZEL	DAYTRANA	<b>fentanyl lozenge</b>		MAXALT/-MLT
BASAGLAR	DENAVIR	<b>fentanyl patch</b>		MEKINIST
				MENTAX

## Drug Name(s) (Uppercase = Brand; Lowercase Bold = Generic)

METADATE CD	ODOMZO	RANEXA	SUMAVEL	VIMOVO
METAXALL	OFEV	RAYOS	SUPRENZA /-ODT	VIMPAT
<b>metaxolone</b>	OLEPTRO	REBIF	SYLATRON	VOLTAREN GEL
<b>metformin er</b>	<b>olopatadine 0.1%, 0.2%</b>	REBINYN	SYMBICORT	VON VENDI
<b>metformin er modified/ osmotic release</b>	OLYSIO	RECOMBINATE	SYMBYAX	VOSEVI
<b>methadone</b>	OMNARIS	REGIMEX	SYMPROIC	VRAYLAR
<b>methamphetamine hcl</b>	OMNITROPE	REGRANEX	SYNAREL	VYZULTA
METHYLIN	ONGLYZA	RELISTOR	SYNDROS	WELLBUTRIN SR/XL
METROCREAM	ONZETRA	RELPAK	TAFINLAR	WILATE
METROGEL	OPANA ER	RENAGEL	TAGRISSE	XADAGO
MICARDIS/-HCT	OPSUMIT	REPATHA	TALTZ	XELJANZ/-XR
MIRCERA	ORAVIG	RESTASIS	TARCEVA	XENAZINE
MIRVASO	ORENCIA	RESTORIL	TARGINIQ ER	XENICAL
<b>modafinil</b>	ORENITRAM	RETIN-A, tretinoin (>age 25)	TARKA	XERMELO
MONOCLATE-P	ORFADIN	REVATIO	TASMAR	XHANCE
MONONINE	ORKAMBI	REVLIMID	TAZORAC (>age 25)	XIFAXAN
MONOPRIL/-HCT	OSENI	RHOFADE	TECFIDERA	XIIDRA SOL
MORPHABOND	OTEZLA	RIOMET	TECHNIVE	XTAMPZA ER
<b>morphine sulfate</b>	OXYCODONE ER	RISPERDAL /-M	<b>tetrabenazine</b>	XTANDI
MOVANTIK	OXYCONTIN ER	RITALIN /-LA	TOLAK	XYNTHA
MOZOBIL	OXYMORPHONE ER	RIXUBIS	<b>tolcapone</b>	XURIDEN
MS CONTIN	OXYTROL	ROZEREM	TOVIAZ	XYREM
MULTAQ	OZEMPIC	RUBRACA	TRACLEER	ZARXIO
MUSE	PANRETIN	RUCONEST	<b>tramadol er</b>	ZAVESCA
MYALEPT	PATADAY	RYDAPT	TRAVATAN Z	ZECUITY
MYDAYIS	PATANOL	SABRIL	TREMFYA	ZEGERID
MYRBETRIQ	PAXIL/-CR	SAIZEN	TRESIBA	ZEJULA
NAPRELAN	PAZEO	SAPHRIS	TRETIN-X (>age 25)	ZEMBRACE
NASONEX	PEGANONE	SARAFEM	TREXIMET	ZEPATIER
NATPARA	PEG-INTRON	SAVAYSA	TRULANCE	ZESTORETIC
NERLYNX	PENNSAID	SAVELLA	TUDORZA	ZESTRIL
NESINA	PEXEVA	SAXENDA	TWYNSTA	ZETONNA
NEULASTA	<b>phendimetrazine /-er</b>	SENSIPAR	TYMLOS	ZIANA
NEUPOGEN	<b>phentermine</b>	SEROQUEL XR	TYVASO	<b>zileuton er</b>
NEUPRO	PICATO	SEROSTIM	ULTRAM ER	ZINBRYTA
NEVANAC	PLEGRIDY	SIGNIFOR	UNIRETIC	ZIPSOR
NEXIUM	POMALYST	<b>sildenafil</b>	UNIVASC	ZIRGAN
NINLARO	PRADAXA	SILENOR	UPTRAVI	ZOHYDRO ER
NITYR	PRALUENT	SILIQ	VASERETIC	ZOLOFT
NORDITROPIN	PRAVACHOL	SIMPONI	VASOTEC	ZOLPIMIST
NORITATE	PREGNYL	SIRTURO	VELTASSA	ZOMACTON
NORTHERA	PRESTALIA	SKELAXIN	VELTIN	ZOMIG
NOVAREL	PROCRIT	SOMATULINE	VENCLEXTA	ZORBTIVE
NOVOSEVEN RT	PROCYSBI	SONATA	VENTAVIS	ZUBSOLV
NUCYNTA ER	PROFILNINE	SOVALDI	VEREGAN	ZURAMPIC
NUPLAZID	PROTONIX	STAXYN	VERZENIO	ZYCLARA
NUTROPIN,-AQ,-DEPOT	PROVIGIL	STELARA	VEXOL	ZYDELIG
NUVIGIL	QNASL	STENDRA	VIAGRA	ZYFLO CR
NUWIQ	QSYMIA	STIMATE	VIBERZI	ZYKADIA
OBIZUR	QTERN	STIVARGA	VICTRELIS	ZYPREXA/-ZYDIS
OCALIVA	<b>quetiapine xr</b>	STRENSIQ	VIEKIRA PAK/-XR	ZYTIGA
	RADIOGARDASE	SUBSYS	VIIBRYD	

<sup>5</sup> Current as of August 1, 2018. The formulary can be found at [capbluecross.com](http://capbluecross.com). 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 applies to all applicable generic equivalents of the brand-name products found in this list.

# Enhanced Prior Authorization (step therapy)

Certain medications are subject to enhanced prior authorization (or step therapy). In order to have these medications covered under your prescription drug benefit, you may be required to first try a formulary alternative or complete the authorization process. To obtain authorization, your physician or pharmacist should call or fax a request with supporting clinical information to CVS/caremark at **800.294.5979** (fax: 888.836.0730). You may initiate an authorization by calling CVS/caremark at **800.585.5794**, or by visiting our website at **capbluecross.com**.

The following list of prescription medications requires enhanced prior authorization.<sup>6</sup>

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Drug Name (s)
<b>Alzheimer's Disease Agents</b> NOTE: For most conditions, a <b>generic cholinesterase inhibitor</b> must be utilized before receiving prior authorization for the medications in this program.	ARICEPT, EXELON RAZADYNE, -ER
<b>Antidiarrheal Agents</b> NOTE: For most conditions, <b>HIV medications</b> and either <b>diphenoxylate/astropine</b> or an <b>over-the-counter (OTC) antidiarrheal agent</b> must be utilized before receiving prior authorization for the medications in this program.	MYTESI
<b>Cholesterol Lowering Agents</b> NOTE: For most conditions, a <b>generic statin</b> must be utilized before receiving prior authorization for the medications in this program. For ezetimibe/simvastatin, simvastatin 80mg or Vytorin 10mg/80mg, medications must be utilized for 12 months before receiving prior authorization.	ezetimibe/simvastatin 10mg/80mg simvastatin 80mg VYTORIN 10MG/80MG
<b>Anti-Emetic</b> NOTE: For most conditions, <b>ondansetron</b> and <b>granisetron</b> must be utilized before receiving prior authorization for the medications in this program.	VARUBI
<b>Erectile Dysfunction</b> NOTE: For symptomatic benign prostatic hyperplasia (BPH) with or without erectile dysfunction (ED) (≥ age 18): a 30-day prescription of one alpha-blocker (i.e., alfuzosin, doxazosin, silodosin, tamsulosin, or terazosin), 5 alpha-reductase inhibitor (5-ARI) (e.g., dutasteride, finasteride 5 mg), OR combination alpha-blocker and 5-ARI [e.g., Jalyn (dutasteride/tamsulosin)] must be utilized before receiving prior authorization for the medications in this program. [For erectile dysfunction (≥ age 18) prior authorization is required.]	CIALIS (2.5MG/5MG)
<b>Gout Agents</b> NOTE: For most conditions, <b>allopurinol</b> must be utilized before receiving prior authorization for the medications in this program.	ULORIC
<b>Osteoporosis Agents</b> NOTE: For most conditions, <b>alendronate</b> , <b>ibandronate</b> , or <b>risedronate</b> must be utilized before receiving prior authorization for the medications in this program.	ACTONEL ATELVIA BONIVA FOSAMAX FOSAMAX +D
<b>Topical Acne Product</b> NOTE: For most conditions, a <b>topical anti-acne product</b> must be utilized before receiving prior authorization for Aczone.	ACZONE

<sup>6</sup> Current as of August 1, 2018. The formulary can be found at capbluecross.com. 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.

# Drug Quantity Management Program

Quantity limits<sup>7</sup> help to promote appropriate use of selected medications and enhance patient safety. If your prescription is written for more than the allowed quantity, your prescription will only be filled up to the allowed quantity. You can easily identify these drugs on our formulary and Preferred Medication List as they will have a **QLL** symbol next to them (visit our website at [capbluecross.com](http://capbluecross.com) to view the formulary).

Your physician can direct Drug Quantity Management (DQM) override requests to CVS/caremark by calling or faxing the request with supporting clinical information to **800.294.5979** (fax: 888.836.0730).

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
<b>ANTIDEPRESSANT THERAPY</b>		
Celexa, <b>citalopram</b> tablets	<b>30</b> tablets of 10mg, 40mg; <b>60</b> tablets of 20mg	<b>90</b> tablets of 10mg, 40mg; <b>180</b> tablets of 20mg
EFFEXOR XR, <b>venlafaxine er</b> tablets	<b>30</b> tablets of 225mg; <b>60</b> tablets of 150mg;	<b>90</b> tablets of 225mg; <b>180</b> tablets of 150mg;
Fetzima tablets	<b>90</b> tablets of 37.5mg, 75mg	<b>270</b> tablets of 37.5mg, 75mg
<b>Lexapro</b> suspension	<b>30</b> tablets of 20mg, 40mg, 80mg, 120mg	<b>90</b> tablets of 20mg, 40mg, 80mg, 120mg
LEXAPRO, <b>escitalopram</b> tablets	<b>3</b> bottles (720ml)	<b>9</b> bottles (2160ml)
Paxil, Pexeva, <b>paroxetine</b> tablets	<b>30</b> tablets of 5mg, 10mg, 20mg	<b>90</b> tablets of 5mg, 10mg, 20mg
PAXIL CR, <b>paroxetine er</b> tablets	<b>60</b> tablets of 10mg, 20mg, 30mg; <b>30</b> tablets of 40mg	<b>180</b> tablets of 10mg, 20mg, 30mg; <b>90</b> tablets of 40mg
PRISTIQ, <b>desvenlafaxine</b> tablets	<b>30</b> tablets of 12.5mg, 25mg	<b>180</b> tablets of 10mg, 20mg, 30mg; <b>90</b> tablets of 40mg
PROZAC, <b>fluoxetine</b> capsules/tablets	<b>30</b> tablets of 50mg, 100mg	<b>90</b> tablets of 50mg, 100mg
<b>fluoxetine weekly</b> capsules	<b>90</b> capsules/tablets of 10mg, 20mg	<b>270</b> capsules/tablets of 10mg, 20mg
Trintellix tablets	<b>4</b> capsules of 90mg	<b>12</b> capsules of 90mg
<b>ANTIEMETIC THERAPY (nausea/vomiting)</b>		
Anzemet tablets	<b>5</b> tablets of 50mg, 100mg per prescription	<b>15</b> tablets of 50mg, 100mg per prescription
Akynzeo capsules	<b>2</b> capsules per 30 days	<b>2</b> capsules per 90 days
Cesamet capsules	<b>6</b> capsules of 1mg per prescription	<b>18</b> capsules of 1mg per prescription
Emend, <b>aprepitant</b> capsules	<b>8</b> capsules of 40mg, 80mg; <b>4</b> capsules of 125mg; <b>4</b> packs per prescription	<b>24</b> capsules of 40mg, 80mg; <b>12</b> capsules of 25mg; <b>12</b> packs per prescription
Kytril tablets	<b>8</b> tablets of 1mg per prescription	<b>24</b> tablets of 1mg per prescription
Sancuso patch	<b>2</b> patches	<b>6</b> patches
Zofran suspension	<b>5</b> bottles (250ml) per prescription	<b>15</b> bottles (750ml) per prescription
Zofran, <b>ondansetron</b> tablets	<b>24</b> tablets of 4mg, 8mg; <b>4</b> tablets of 24mg per prescription	<b>72</b> tablets of 4mg, 8mg; <b>12</b> tablets of 24mg per prescription
Zofran, <b>ondansetron odt</b> tablets	<b>24</b> tablets of 4mg, 8mg; <b>4</b> tablets of 24mg per prescription	<b>72</b> tablets of 4mg, 8mg; <b>12</b> tablets of 24mg per prescription
Zuplenz film	<b>24</b> films per prescription	<b>24</b> films per prescription
<b>ANTI FLU THERAPY</b>		
Relenza inhalation	<b>1</b> kit per prescription; max of 2 prescriptions per year	
Tamiflu, <b>oseltamivir</b> capsules	<b>10</b> capsules of 45mg, 75mg per prescription, <b>20</b> capsules of 30mg per prescription; max of 2 prescriptions per year	N/A
Tamiflu suspension	<b>4</b> bottles (240 ml) of 6mg/ml per prescription; maximum of 2 prescriptions per 365 days; maximum of 2 prescriptions per year	
<b>BISPHOSPHONATE THERAPY (osteoporosis)</b>		
Actonel, <b>risedronate</b> tablets	<b>4</b> tablets of 35mg, <b>1</b> tablet of 150mg	<b>12</b> tablets of 35mg, <b>3</b> tablets of 150mg
Atelvia, <b>risedronate sodium</b> tablets	<b>4</b> tablets of 35mg per 28-day period	<b>12</b> tablets of 35mg per 84-day period
Boniva, <b>ibandronate</b> tablets	<b>1</b> tablet of 150mg per 28-day period	<b>3</b> tablet of 150mg per 84-day period
Fosamax, <b>alendronate</b> tablets	<b>4</b> tablets of 35mg, 70mg per 28-day period	<b>12</b> tablets of 35mg, 70mg per 84-day period
Fosamax+D tablets	<b>4</b> tablets per 28-day period	<b>12</b> tablets per 84-day period

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
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CHOLESTEROL LOWERING THERAPY		
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Altoprev er tablets	30 tablets of 20mg, 40mg, 60mg	90 tablets of 20mg, 40mg, 60mg
Crestor, <b>rosuvastatin</b> tablets	30 tablets of 5mg, 10mg, 20mg, 40mg	90 tablets of 5mg, 10mg, 20mg, 40mg
Lescol /-XL, <b>fluvastatin/- er</b> tablets or capsules	30 tablets or capsules of 20mg, 40mg, 80mg	90 tablets of 20mg, 40mg, 80mg
Lipitor, <b>atorvastatin</b> 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
Mevacor, <b>lovastatin</b> tablets	30 tablets of 10mg, 20mg; 60 tablets of 40mg	90 tablets of 10mg, 20mg; 180 tablets of 40mg
Pravachol, <b>pravastatin sodium</b> tablets	30 tablets of 10mg, 20mg, 40mg, 80mg	90 tablets of 10mg, 20mg, 40mg, 80mg
Simcor tablets	60 tablets of 500/20mg, 750/20mg, 1,000/20mg	180 tablets of 500/20mg, 750/20mg, 1,000/20mg
Vytorin, <b>ezetimibe/simvastatin</b> tablets	30 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	90 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg
Zocor, <b>simvastatin</b> tablets	30 tablets of 5mg, 10mg, 20mg, 40mg, 80mg	90 tablets of 5mg, 10mg, 20mg, 40mg, 80mg

ERECTILE DYSFUNCTION THERAPY		
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Caverject injection		
ADCIRCA (PAH only), Cialis tablets		
Edex injection		
Levitra tablets	Therapy class allows 6 units (any combination of products)	Therapy class allows 18 units (any combination of products)
Muse inserts		
Staxyn tablets		
Stendra tablets		
VIAGRA, REVATIO (PAH only), <b>sildenafil</b> tablets		

MIGRAINE THERAPY		
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AMERGE, <b>naratriptan</b> tablets	18 tablets of 1mg; 9 tablets of 2.5mg	54 tablets of 1mg; 27 tablets of 2.5mg
AXERT, <b>almotriptan maleate</b> tablet	24 tablets of 6.25mg; 12 tablets of 12.5mg	72 tablets of 6.25mg; 36 tablets of 12.5mg
FROVA, <b>frovatriptan</b> tablets	27 tablets of 2.5mg	81 tablets of 2.5mg
IMITREX INJECTION, <b>sumatriptan</b> injection	10 injections of 4mg; 12 injections of 6mg	30 injections of 4mg; 36 injections of 6mg
IMITREX NASAL, <b>sumatriptan</b> nasal	30 nasal sprays of 5mg; 12 nasal sprays of 20mg	90 nasal sprays of 5mg; 36 nasal sprays of 20mg
IMITREX TABLETS, <b>sumatriptan</b> tablets	27 tablets of 25mg; 18 tablets of 50mg; 9 tablets of 100mg	81 tablets of 25mg; 54 tablets of 50mg; 27 tablets of 100mg
MAXALT/-MLT, <b>rizatriptan</b> tablets	36 tablets of 5mg; 12 tablets of 10mg	108 tablets of 5mg; 36 tablets of 10mg
ONZETRA XSAIL tablets	8 doses of 11mg	24 doses of 11mg
RELPAK tablets	18 tablets of 20mg; 12 tablets of 40mg	54 tablets of 20mg; 36 tablets or 40mg
SUMAVEL DOSEPRO Injection	18 injections of 4mg; 12 injections of 6mg	54 injections of 4mg; 36 injections of 6mg
TREXIMET tablets	9 tablets of 85mg/500mg	27 tablets of 85mg/500mg
ZOMIG NASAL	18 nasal sprays of 2.5mg; 12 nasal sprays of 5mg	54 nasal sprays of 2.5mg; 36 nasal sprays of 5mg
ZOMIG/-ZMT, <b>zolmitriptan</b> tablets	18 tablets of 2.5mg; 12 tablets of 5mg	54 tablets of 2.5mg; 36 tablets of 5mg

NARCOTIC PAIN RELIEVER THERAPY		
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ABSTRAL SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	120 subl tab	
<b>acetaminophen/codeine solution 120-12mg/5ml</b>	630 ml	
<b>acetaminophen/codeine tablet #2 (300mg-15mg), #3 (300mg-30mg), #4 (300mg-60mg)</b>	42 tab	Narcotic pain reliever therapy medications are not available in more than a 30-day supply
<b>acetaminophen-caffeine-dihydrocodeine capsule 320.5-30-16mg</b>	70 cap	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TABLET 325-30-16MG	70 tab	
ACTIQ LOZENGE 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG	120 lozenge	

<b>Drug Class (Uppercase = Brand; Lowercase Bold = Generic)</b>	<b>Retail/ 30 day supply Maximum Quantity Level</b>	<b>Mail/90 day supply Maximum Quantity Level</b>
ARYMO ER TABLET 15MG, 30MG, 60MG	60 tab	
<b>aspirin-caffeine-dihydrocodeine capsule 356.4-30-16mg</b>	70 cap	
AVINZA CAPSULE 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	30 cap	
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	60 film	
BUNAVAIL FILM 2.1-0.3MG, 4.2-0.7MG, 6.3-1MG	60 film	
<b>buprenorphine sublingual 2mg</b>	240 tab	
<b>buprenorphine sublingual 8mg</b>	60 tab	
<b>buprenorphine/naloxone sublingual 2-0.5mg, 8-2mg</b>	90 tab	
<b>butorphanol nasal spray 10mg/ml</b>	5 ml (2 bottles)	
BUTRANS PATCH 5MCG/HR, 7.5MCG/HR, 10MCG/HR, 15MCG/HR, 20MCG/HR	4 patch	
CAPITAL/CODEINE SUSPENSION 120-12MG/5ML	630 ml	
CODEINE SULFATE SOLUTION 15MG/2.5ML, 30MG/5ML	210 ml	
<b>codeine sulfate tablet 15mg, 30mg, 60mg</b>	42 tab	
CODEINE SULFATE TABLET 60MG	42 tab	
CONZIP CAPSULE 100MG, 200MG, 300MG	30 cap	
DEMEROL TABLET 50MG, 100MG	18 tab	
DILAUDID LIQUID 1MG/ML	140 ml	
DILAUDID TABLET 2MG, 4MG, 8MG	42 tab	
DOLOPHINE TABLET 5MG, 10MG	60 tab	
DURAGESIC PATCH 12MCG/HR, 25MCG/HR, 100MCG/HR, 50MCG/HR, 75MCG/HR	10 patch	Narcotic pain reliever therapy medications are not available in more than a 30-day supply
EMBEDA CAPSULE 20-0.8MG, 30-1.2MG, 50-2MG, 60-2.4MG, 80-3.2MG, 100-4MG	30 cap	
<b>endocet tablet 10-325mg</b>	42 tab	
<b>endocet tablet 2.5-325mg, 5-325mg</b>	84 tab	
<b>endocet tablet 7.5-325mg</b>	56 tab	
<b>endodan tablet 4.8355-325</b>	84 tab	
EXALGO TABLET 8MG, 12MG, 16MG, 32MG	30 tab	
<b>fentanyl lozenge 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600</b>	120 lozenge	
<b>fentanyl patch 12mcg/hr, 25mcg/hr, 50mcg, 75mcg/hr, 100mcg/hr</b>	10 patch	
FENTANYL PATCH 37.5MCG, 62.5MCG, 87.5MCG	10 patch	
FENTORA TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	120 tab	
HYCET SOLUTION 7.5-325MG, 15 ml	630 ml	
<b>hydrocodone/ibuprofen tablet 2.5-200mg, 5-200mg, 7.5-200mg, 10-200mg</b>	35 tab	
<b>hydrocodone-acetaminophen solution 7.5-325, 10-325mg/15ml</b>	630 ml	
<b>hydrocodone-acetaminophen tablet 2.5-325mg</b>	84 tab	
<b>hydrocodone-acetaminophen tablet 5-300mg, 5-325mg</b>	56 tab	
<b>hydrocodone-acetaminophen tablet 7.5-300mg, 7.5-325mg, 10-300mg, 10-325mg</b>	42 tab	
<b>hydromorphone liquid 1mg/ml</b>	140 ml	

<b>Drug Class (Uppercase = Brand; Lowercase Bold = Generic)</b>	<b>Retail/ 30 day supply Maximum Quantity Level</b>	<b>Mail/90 day supply Maximum Quantity Level</b>
<b>hydromorphone suppository</b>	28 supp	
HYDROMORPHONE SUPPOSITORY 3MG	28 supp	
<b>hydromorphone tablet 2mg, 4mg, 8mg</b>	42 tab	
<b>hydromorphone tablet 8mg er, 12mg er, 16mg er, 32mg er</b>	30 tab	
HYSINGLA ER TABLET 20MG, 30MG, 40MG, 60MG, 80MG, 100MG, 120MG	30 tab	
<b>ibudone tablet 5-200mg, 10-200mg</b>	35 tab	
KADIAN CAPSULE 10MG ER, 20MG ER, 30MG ER, 40MG ER, 50MG ER, 60MG ER, 80MG ER, 100MG ER, 200MG ER	30 cap	
LAZANDA SPRAY 100MCG, 400MCG	30 sprays	
<b>levorphanol tablet 2mg</b>	28 tab	
<b>lorcet hd tablet 10-325mg</b>	42 tab	
<b>lorcet plus tablet 7.5-325mg</b>	42 tab	
<b>lorcet tablet 5-325mg</b>	56 tab	
LORTAB ELIXIR 10-300MG/15 ml	473 ml	
<b>lortab tablet 5-325mg</b>	56 tab	
<b>lortab tablet 7.5-325mg, 10-325mg</b>	42 tab	
<b>meperidine solution 50mg/5ml</b>	90 ml	
<b>meperidine syrup 50mg/5ml</b>	90 ml	
<b>meperidine tablet 50mg/100mg</b>	18 tab	
<b>methadone solution 5mg/5ml, 10mg/5ml</b>	300 ml	
<b>methadone tablet 5mg, 10mg</b>	60 tab	
<b>morphine sulfate beads capsule sr 24hr 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</b>	30 cap	
<b>morphine sulfate capsule sr 24hr 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</b>	30 cap	
<b>morphine sulfate solution 10mg/0.5ml, 20mg/ml, 100mg/5ml</b>	32 ml	
<b>morphine sulfate solution 10mg/5ml</b>	210 ml	
<b>morphine sulfate solution 20mg/5ml</b>	158 ml	
<b>morphine sulfate suppository 20mg</b>	28 supp	
MORPHINE SULFATE SUPPOSITORY 30MG	21 supp	
<b>morphine sulfate suppository 30mg</b>	21 supp	
<b>morphine sulfate suppository 5mg, 10mg</b>	42 supp	
<b>morphine sulfate tablet 15mg</b>	42 tab	
<b>morphine sulfate tablet 15mg er, 30mg er, 60mg er, 100mg er, 200mg er</b>	60 tab	
<b>morphine sulfate tablet 30mg</b>	21 tab	
MS CONTIN TABLET 15MG ER, 30MG ER, 60MG ER, 100MG ER, 200MG ER	60 tab	
<b>msir solution 10mg/5ml</b>	210 ml	
<b>msir solution 20mg/5ml</b>	158 ml	
NORCO TABLET 5-325MG	56 tab	
NORCO TABLET 7.5-325MG, 10-325MG	42 tab	
NUCYNTA ER TABLET 50MG, 100MG, 150MG, 200MG, 250MG	60 tab	
NUCYNTA TABLET 100MG	14 tab	
NUCYNTA TABLET 50MG	28 tab	
NUCYNTA TABLET 75MG	21 tab	
OPANA 5MG ER, 7.5MG ER, 10MG ER, 15MG ER, 20MG ER, 30MG ER, 40MG ER	60 tab	

Narcotic pain reliever therapy medications are not available in more than a 30-day supply

<b>Drug Class (Uppercase = Brand; Lowercase Bold = Generic)</b>	<b>Retail/ 30 day supply Maximum Quantity Level</b>	<b>Mail/90 day supply Maximum Quantity Level</b>
OXYAYDO TABLET 5MG, 7.5MG	42 tab	
<b>oxycodone capsule 5mg</b>	42 cap	
<b>oxycodone concentrate 10mg/0.5ml, 20mg/ml, 100mg/5ml</b>	30 ml	
<b>oxycodone solution 5mg/5ml</b>	420 ml	
OXYCODONE TABLET 10MG	42 tab	
<b>oxycodone tablet 10mg er, 20mg er, 40mg er, 60mg er, 80mg er</b>	60 tab	
<b>oxycodone tablet 15mg</b>	28 tab	
OXYCODONE TABLET 20MG	21 tab	
<b>oxycodone tablet 20mg</b>	21 tab	
<b>oxycodone tablet 30mg</b>	14 tab	
<b>oxycodone tablet 5mg, 10mg</b>	42 tab	
<b>oxycodone tablet er 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</b>	60 tab	
<b>oxycodone w/ acetaminophen soln 5-325mg/5ml</b>	140 ml	
<b>oxycodone/acetaminophen tablet 10-325mg</b>	42 tab	
<b>oxycodone/acetaminophen tablet 2.5-325mg, 5-325mg</b>	84 tab	
<b>oxycodone/acetaminophen tablet 7.5-325mg</b>	56 tab	
<b>oxycodone/aspirin tablet 4.8355-325mg</b>	84 tab	
<b>oxycodone/ibuprofen tablet 5-400mg</b>	28 tab	
OXYCONTIN ER TABLET 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	60 tab	
<b>oxymorphone hcl tablet 10mg</b>	21 tab	
<b>oxymorphone hcl tablet 5mg</b>	42 tab	
<b>oxymorphone tablet 5mg er, 7.5mg er, 10mg er, 15mg er, 20mg er, 30mg er, 40mg er</b>	60 tab	
<b>pentazocine/naloxone tablet 50-0.5mg</b>	28 tab	
PERCOCET TABLET 10-325MG	42 tab	
PERCOCET TABLET 2.5-325MG, 5-325MG	84 tab	
PERCOCET TABLET 7.5-325MG	56 tab	
PERCODAN TABLET 4.8355-325MG	84 tab	
<b>percolone tablet 5mg</b>	42 tab	
REPREXAIN TABLET 2.5-200MG, 5-200MG	35 tab	
ROXICET SOLUTION 5-325MG/5ML	140 ml	
SUBOXONE FILM SUBLINGUAL 2-0.5MG, 4-1MG, 8-2MG	90 film	
SUBOXONE FILM SUBLINGUAL 12-3MG	60 film	
SUBSYS SPRAY 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	120 sprays	
SUBSYS SPRAY 1200MCG, 1600MCG	240 sprays	
<b>tramadol biphasic tablet 100mg er, 200mg er, 300mg er</b>	30 tab	
<b>tramadol capsule 200mg er, 300mg er</b>	30 cap	
TRAMADOL HCL CAPSULE 150MG ER	30 cap	
<b>tramadol hcl tablet 50mg</b>	56 tab	
<b>tramadol tablet 100mg er, 200mg er, 300mg er</b>	30 tab	
<b>tramadol-acetaminophen tablet 37.5-325mg</b>	56 tab	
TREXIX CAPSULE 320.5-30-16MG	70 cap	

Narcotic pain reliever therapy medications are not available in more than a 30-day supply

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level	
TYLENOL/CODEINE TABLET #3, #4	42 tab		
ULTRACET TABLET 375-325MG	56 tab		
ULTRAM ER TABLET 100MG, 200MG, 300MG	30 tab		
ULTRAM TABLET 50MG	56 tab		
VICOPROFEN TABLET 75-200MG	35 tab		
XARTEMIS XR TABLET 75-325MG	28 tab		
XTAMPZA ER CAPSULE 9MG, 13.5MG, 18MG, 27MG, 36MG	60 cap	Narcotic pain reliever therapy medications are not available in more than a 30-day supply	
ZOHYDRO ER CAPSULE 10MG, 15MG, 20MG, 30MG, 40MG, 50MG	60 cap		
ZUBSOLV SUBLINGUAL 0.7-0.18MG, 1.4-0.36MG, 2.9-0.71MG, 5.7-1.4MG	90 tab		
ZUBSOLV SUBLINGUAL 11.4-2.9MG	30 tab		
ZUBSOLV SUBLINGUAL 8.6-2.1MG	60 tab		
<b>PROTON PUMP INHIBITOR THERAPY (stomach acid)</b>			
ACIPHEX, <b>rabeprazole</b> tablets			
DEXILANT tablets			
NEXIUM, <b>esomeprazole</b> capsules	30 tablets/capsules (all products in therapy class)		90 tablets/capsules (all products in therapy class)
PREVACID, <b>lansoprazole</b>			
PROTONIX, <b>pantoprazole</b> tablets			
<b>RESPIRATORY MEDICATIONS (inhalers)</b>			
ADVAIR DISKUS/-HFA	1 inhaler	3 inhalers	
ALVESCO	2 inhalers	6 inhalers	
ARMONAIR	1 inhaler	3 inhaler	
ARNUITY ELLIPTA	1 inhaler	3 inhalers	
ASMANEX HFA	1 inhaler	3 inhalers	
BREO ELLIPTA	1 inhaler	3 inhalers	
DULERA	1 inhaler	3 inhalers	
FLOVENT HFA	1 inhaler	3 inhalers	
<b>fluticasone/salmeterol</b>	1 inhaler	3 inhalers	
PULMICORT FLEXHALER	2 inhalers	4 inhalers	
PULMICORT RESPULES, <b>budesonide inhal susp</b>	30 tablets	90 tablets	
QVAR	1 inhaler	3 inhalers	
SYMBICORT	1 inhaler	3 inhalers	
<b>SEDATIVE/HYPNOTIC THERAPY (sleep aids)</b>			
AMBIEN, <b>zolpidem</b> tablets			
AMBIEN CR, <b>zolpidem er</b> tablets			
BELSOMRA			
EDLUAR			
EDLUAR SL TAB			
<b>estazolam</b>			
<b>flurazepam</b>			
HALCION, <b>triazolam</b>	Therapy class allows 15 units per 25 days for any combination of products [Except HALCION and triazolam are (10 units per 25 days)]	N/A	
INTERMEZZO, <b>zolpidem</b> sl			
LUNESTA, <b>eszopiclone</b> tablets			
RESTORIL, <b>temazepam</b>			
ROZEREM			
SILENOR			
SONATA, <b>zaleplon</b> capsules			
<b>zolpidem/-er</b>			

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
ZOLPIMIST	1 bottle	3 bottles
<b>MISCELLANEOUS MEDICATIONS</b>		
ALINIA 500mg tablets and 100mg/5ml suspension	6 tablets or 60ml	18 tablets or 180ml
BUNAVAIL tablets	60 tablets	180 tablets
DUEXIS	90 tablets	270 tablets
ENBREL MINI	8 injections per 28 days	24 injections per 84 days
INVEGA tablets	60 tablets	180 tablets
<b>lidocaine gel</b>	30 gm of 2% gel; 50 gm of 4% gel	90 gm of 2% and 150 gm of 4%
<b>lidocaine ointment</b>	50 gm of 5% ointment	150 gm of 5% ointment
<b>lidocaine/prilocaine cream, kit</b>	30 gm of 2.5-2.5% cream; 1 kit	90 gm of 2.5-2.5% cream; 3 kit
<b>lidocaine soln</b>	50 ml of 4% soln	150 ml of 4% soln
<b>lidocaine/tetracaine cream</b>	30 gm of 7-7% cream	90 gm of 7-7% cream
<b>lidocaine/tetracaine topical patch</b>	2 patches	6 patches
SEROQUEL XR, <b>quetiapine xr</b> tablets	60 tablets	180 tablets
SUBOXONE FILM 2/0.5mg, 4/1mg, 8/2mg, 12/3mg	90 tablets	180 tablets
VERAMYST NASAL SPRAY	1 nasal spray per prescription	3 nasal spray per prescription
VIMOVO	60 tablets	180 tablets
ZUBSOLV tablets	90 tablets	180 tablets
ZYPREXA, <b>olanzapine</b> tablets	30 tablets of all strengths	90 tablets of all strengths

## Generic Substitution Program

Generic substitution programs help to reduce out-of-pocket expenses and help to contain the rising costs of providing prescription drug benefits. Capital BlueCross offers two types of generic substitution programs—mandatory and restrictive:

- **Mandatory Generic Substitution Program** is when a generic drug is substituted for a brand-name product. If a generic drug is available and you obtain a brand-name drug, even if *your doctor* has requested brand necessary, you will be charged the brand-name cost share *plus* the cost difference between the generic and brand-name medication.
- **Restrictive Generic Substitution Program** allows *your doctor* to specify that a brand-name drug be dispensed by indicating *No Generic Substitution Permissible* on the written prescription. In this case, you will only be charged the brand-name cost share. But, *if you* request a brand-name drug when a generic is available, you will be charged the brand-name cost share *plus* the cost difference between the generic and brand-name medication.

<sup>7</sup> Current as of August 1, 2018. The formulary can be found at capbluecross.com. 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.

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 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.

# Specialty Medications (self-administered)

Through a special arrangement with AllianceRx Walgreens Prime, Capital BlueCross makes it easy for you to get the patient care you deserve and the specialty medications (self-administered) you need to help manage your unique health conditions.

A patient care coordinator at 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 **complete specialty pharmacy** that offers many products and services that are not usually available from your local retail pharmacy. You get the convenience of having your specialty medications delivered directly to your home at no additional cost.
- Access to **necessary supplies** that you need to administer your injectable medications (like free needles, syringes, and disposal containers for used medical supplies).
- You will also have access to **detailed personal 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.

For additional information or to begin service, call AllianceRx Walgreens Prime at **800.533.7606** (TTY 866.830.4366). Or your doctor can fax your prescription to 844.834.2550. You also can download a patient enrollment form at **capbluecross.com**.



## 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. ET, 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.

On behalf of Capital BlueCross, AllianceRx Walgreens Prime, an independent company by Walgreens Specialty Pharmacy Holdings, LLC, assists in dispensing specialty medications for our members.

The following self-administered specialty medications are available through AllianceRx Walgreens Prime:

ACTEMRA* (PAR, QLL)	DEFLAZACORT*	<b>INTRON A</b> (PAR)	OPSUMIT* (PAR)	SYNAREL* (PAR)
ACTHAR HP* (PAR)	DOFETILIDE*	IRESSA*	ORENCIA* (PAR, QLL)	TAFINLAR* (PAR)
ACTIMMUNE*	DUPIXENT* (PAR)	IXINITY* (PAR)	ORENITRAM* (PAR)	TAGRISSEO* (PAR)
ADCIRCA* (PAR)	EGRIFTA* (PAR)	JADENU* (PAR)	ORFADIN* (PAR)	TALTZ* (PAR)
ADEMPAS* (PAR)	ELIGARD*	JAKAFI* (PAR)	ORKAMBI* (PAR)	<b>TARCEVA</b> (PAR)
ADVATE* (PAR)	ELOCTATE* (PAR)	JUXTAPID* (PAR)	OTEZLA* (PAR)	TARGETIN*
ADYNOVATE* (PAR)	EMFLAZA* (PAR)	KALBITOR* (PAR)	OTREXUP*	<b>TASIGNA</b>
AFINITOR*	<b>ENBREL, -MINI</b> (PAR, QLL)	KALYDECO* (PAR)	<b>IVIDREL</b>	TECFIDERA* (PAR)
AFSTYLA* (PAR)	ENDARI* (PAR)	KEVZARA* (PAR)	<b>PEGASYS</b>	TECHNIVIE* (PAR)
AIMOVIG*	ENTECAVIR*	KINERET* (PAR, QLL)	<b>PEGINTRON</b> (PAR)	<b>TEMODAR</b>
ALECENSA* (PAR)	EPLUSA* (PAR)	KISQALI* (PAR)	<b>PEGINTRON REDIPEN</b> (PAR)	TEMOZOLOMIDE*
ALPHANATE* (PAR)	<b>EPOGEN</b> (PAR)	KOATE* (PAR)	PLEGRIDY* (PAR)	TETRABENAZINE* (PAR)
ALPHANATE-SD* (PAR)	ERELZI*	KOATE-DVI* (PAR)	POMALYST* (PAR)	<b>THALOMID</b>
ALPHANINE*	ERIVEDGE* (PAR)	KOGENATE (PAR)	PRALUENT* (PAR)	TIKOSYN*
ALPHANINE SD*	ERLEADA*	KOGENATE FS* (PAR)	<b>PREGNYL</b> (PAR)	TOBI*
ALPROLIX* (PAR)	ESBRIET* (PAR)	KORLYM* (PAR)	<b>PROCRIT</b> (PAR)	TOBI PODHALER*
ALUNBRIG* (PAR)	<b>ETANERCEPT</b> (ENBREL)	KOVALTRY* (PAR)	PROCSYBI* (PAR)	TOBRAMYCIN INHALATION SOLN*
AMJEVITA*	EVENITY*	KUVAN*	PROFILININE* (PAR)	
AMPYRA* (PAR, QLL)	EXJADE* (PAR)	KYNAMRO* (PAR)	PROFILNINE SD*	TRACLEER* (PAR)
APOKYN*	EXTAVIA* (PAR)	LENVIMA* (PAR)	PROMACTA*	TREMFYA* (PAR)
<b>ARANESP</b> (PAR)	FARYDAK* (PAR)	LETAIRIS* (PAR)	PULMOZYME*	TRETEN*
ARCALYST*	FEIBA NF* (PAR)	<b>LEUKINE</b> (PAR)	RASUVO*	<b>TYKERB</b>
AUBAGIO* (PAR)	FEIBA VH* (PAR)	<b>LEUPROLIDE ACETATE</b>	RAVICTI*	TYMLOS* (PAR)
AUSTEDO* (PAR)	FERRIPROX* (PAR)	LONSURF* (PAR)	<b>REBETOL</b>	TYVASO* (PAR)
<b>AVONEX</b> (PAR)	FIRAZYR* (PAR)	LUPANETA*	<b>REBIF</b> (PAR)	UPTRAVI* (PAR)
<b>AVONEX ADMIN PACK</b> (PAR)	FIRMAGON*	<b>LUPRON DEPOT</b>	REBINYN* (PAR)	VALCHLOR*
BARACLUDE*	<b>FOLLISTIM AQ</b>	LYNPARZA* (PAR)	RECOMBINATE* (PAR)	VELTASSA* (PAR)
BEBULIN* (PAR)	<b>FORTEO</b> (PAR)	MATULANE*	REMODULIN*	VELMIDY*
BEBULIN VH* (PAR)	<b>FUZEON</b>	<b>MAVYRET</b> (PAR)	REPATHA* (PAR)	VENCLEXTA* (PAR)
BENEFIX* (PAR)	GALAFORD*	MEKINIST* (PAR)	REVATIO* (PAR)	VENTAVIS* (PAR)
BENLYSTA SQ* (PAR)	<b>GANIRELIX</b>	MENOPUR*	<b>REVLIMID</b> (PAR)	VERZENIO* (PAR)
BERINERT* (PAR)	GATTEX* (PAR)	MIRCERA* (PAR)	RIBAPAK*	VIEKIRA XR* (PAR)
<b>BETASERON</b> (PAR)	<b>GENOTROPIN</b> (PAR)	MODERIBA*	RIBASPHERE*	VIEKIRA PAK* (PAR)
BETHKIS*	GILENYA* (PAR)	MONOCLATE-P* (PAR)	RIBATAB*	VIGABATRIN*
BEXAROTENE*	GILOTRIF* (PAR)	MONONINE* (PAR)	<b>RIBAVIRIN</b>	VONVENDI* (PAR)
BOSULIF* (PAR)	<b>GLATIRAMER</b> (PAR)	MOZOBIL* (PAR)	RIXUBIS* (PAR)	VOSEVI* (PAR)
<b>BRAVELLE</b>	GLATOPA* (PAR)	MYALEPT* (PAR)	RUBRACA* (PAR)	VOTRIENT*
CABOMETYX* (PAR)	GLEEVEC*	NATPARA* (PAR)	RUCONEST* (PAR)	WILATE* (PAR)
CALQUENCE* (PAR)	<b>GONAL-F</b>	NERLYNX* (PAR)	RYDAPT* (PAR)	XADAGO* (PAR)
<b>CAPECITABINE</b> (PAR)	<b>GONAL-RFF</b>	<b>NEULASTA</b> (PAR)	SABRIL* (PAR)	XALKORI*
CAPRELSA*	GRANIX* (PAR)	<b>NEUPOGEN</b> (PAR)	<b>SAIZEN</b> (PAR)	XELJANZ* (PAR)
CARBAGLU* (PAR)	HAEGARDA* (PAR)	<b>NEXAVAR</b>	SAMSCA*	XELJANZ-XR* (PAR)
CAYSTON* (PAR)	<b>HARVONI</b> (PAR)	NINLARO* (PAR)	SANDOSTATIN*	<b>XELODA</b>
CERDELGA* (PAR)	HELIXATE* (PAR)	NITYR* (PAR)	SANDOSTATIN LAR*	XENAZINE* (PAR)
<b>CETROTIDE</b>	HELIXATE FS* (PAR)	<b>NORDITROPIN</b> (PAR)	SENSIPAR* (PAR)	XERMELLO* (PAR)
CHOLBAM* (PAR)	HEMLIBRA* (PAR)	<b>NORDITROPIN FLEXPRO</b> (PAR)	<b>SEROSTIM</b> (PAR)	XTANDI* (PAR)
CHORIONIC GONADOTROPIN* (PAR)	HEMOFIL M* (PAR)	<b>NORDITROPIN NORDIFLEX</b> (PAR)	SIGNIFOR* (PAR)	XURIDEN* (PAR)
CIMZIA* (PAR, QLL)	<b>HETLIOZ</b> (PAR)	NORTHERA* (PAR)	SILDENAFIL* (PAR)	XYNTHA* (PAR)
CINRYZE* (PAR)	HIZENTRA* (PAR)	<b>NOVAREL</b> (PAR)	SILIQ* (PAR)	XYREM* (PAR)
COAGADEX* (PAR)	<b>HUMATE-P</b> (PAR)	NOVOEIGHT*	SIMPONI* (PAR, QLL)	ZARXIO* (PAR)
COMETRIQ* (PAR)	<b>HUMATROPE</b> (PAR)	NOVOSEVEN* (PAR)	SODIUM PHENYL BUTRATE*	ZAVESCA* (PAR)
<b>COPAXONE</b> (PAR)	<b>HUMIRA</b> (PAR, QLL)	NOVOSEVEN RT* (PAR)	SOMATULINE* (PAR)	ZEJULA* (PAR)
<b>COPEGUS</b>	HYCAMTIN*	NUPLAZID* (PAR)	SOMAVERT*	ZELBORAF*
CORIFACT*	HYQVIA* (PAR)	<b>NUTROPIN, - AQ</b> (PAR)	SOVALDI* (PAR)	<b>ZEPATIER</b> (PAR)
COSENTYX* (PAR)	IBRANCE* (PAR)	NUWIQ* (PAR)	<b>SPRYCEL</b>	<b>ZINBRYTA</b> (PAR)
COTELLIC* (PAR)	ICLUSIG* (PAR)	OBIZUR* (PAR)	STELARA* (PAR, QLL)	<b>ZOLINZA</b>
CUVITRU* (PAR)	IDELVION* (PAR)	OCALIVA* (PAR)	STIMATE* (PAR)	ZOMACTON* (PAR)
CYLTEZO*	IDHIFA* (PAR)	OCTREOTIDE*	STIVARGA* (PAR)	ZORBIVIE* (PAR)
CYSTADANE* (PAR)	IMATINIB MESYLATE*	ODOMZO* (PAR)	STRENSIQ* (PAR)	ZYDELIG* (PAR)
CYSTAGON* (PAR)	<b>INCRELEX</b> (PAR)	OFEV* (PAR)	<b>SUTENT</b>	ZYKADIA* (PAR)
CYSTARAN* (PAR)	INGREZZA* (PAR)	OLYSIO* (PAR)	SYLATRON* (PAR)	ZYTIGA* (PAR)
DAKLINZA* (PAR)	INLYTA* (PAR)	OMNITROPE* (PAR)	SYMDEKO*	
			SYNRIBO*	

Key: Bold medications are available exclusively through AllianceRx Walgreens Prime. Medications with an asterisk (\*) may also be obtained at network pharmacies.

Current as of August 1, 2018.

# Capital BlueCross Pharmacy Networks

As a Capital BlueCross member, you have access to chain and independent pharmacies nationwide, with convenient locations in the Capital BlueCross service area and across the country. Mail service is provided by the CVS/caremark Mail Service Pharmacy, and specialty medications are available through AllianceRx Walgreens Prime. To help lower your out-of-pocket costs, we encourage you to use a pharmacy that participates in the pharmacy network utilized by your prescription drug benefit.\*

**National Pharmacy Network** offers broad access to approximately 68,000 pharmacies nationwide. This network includes access to many retail chain and independent pharmacies.

**Retail 90 Pharmacy Network** offers access to approximately 67,000 retail pharmacies nationwide, including many retail chain and independent pharmacies.

**Advanced Choice Pharmacy Network** offers access to approximately 60,000 retail pharmacies nationwide, 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.

**Exclusive Choice Pharmacy Network** offers access to over 22,000 retail pharmacies nationwide, including all Walmart and CVS/pharmacies (includes locations inside Target stores now operating as CVS/pharmacies), as well as various independent pharmacies.

To find out if your pharmacy participates in your network, you can:

- Contact CVS/caremark Member Services at **800.585.5794**.
- Visit **capbluecross.com** to use the pharmacy search tool. There, you can also find out what services are available at your pharmacy, including 24-hour operation, handicap accessibility, compounding availability, vaccine administration, and if electronic prescriptions are accepted.

## Maintenance Choice

If your prescription drug benefit includes the Maintenance Choice program, you have the choice of filling your maintenance medications through mail order or picking them up at a CVS/pharmacy near you (includes locations inside Target stores now operating as CVS/pharmacies).

**Voluntary Maintenance Choice** provides you the option of filling 90-day supplies of your maintenance medication through mail service or at your local CVS/pharmacy (includes locations inside Target stores now operating as CVS/pharmacies). You can also fill 30-day supplies at any participating retail pharmacy in your pharmacy network.

**Mandatory Maintenance Choice** allows limited 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).

\* Not sure which pharmacy network applies to you? Please refer to your benefit plan administrator for details regarding your prescription drug benefit.





# Capital BLUE



[capbluecross.com](http://capbluecross.com)

This document is available in alternate languages. If you require information presented in this directory in a language other than English, please call the Customer Service number on your member ID card and ask for interpreting services.

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

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