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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** 



## **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** 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>&</sup>lt;sup>1</sup>These documents are subject to change.

On behalf of Capital BlueCross, CVS/caremark $^{\text{TM}}$  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**.

<sup>&</sup>lt;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>&</sup>lt;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>&</sup>lt;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.
- 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** 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>

ABBLIFY/ORGCMELT         BEBUIN         DERMAPAR PLUS loage 28)         FENTORA           ACCUPRIL         BECONASE AQ         desvenifazine er         FENTORA           ACCUPRIL         BECONASE AQ         desvenifazine er         FERRIPROX           ACCURETIC         BELBUCA FILM         DETROLLA         FETZIMA           ACCON         BELSOMRA         DEXEDRINE         FIRAZYR           ACCONA         BELVIOLAR         DIDEX         FLECTOR           ACTHAR         BELVIOLAR         DIDEX         FLECTOR           ACTHARA         BENLYSTA         diethylpropion / er         FLOUPID           ACTHARA         BENLYSTA         diethylpropion / er         FLOUPID           ACTHARA         BENLYCT         DIVARIANT         FLOUPID           ALDERALL-XR         BERINERT         DIOVAN'-HCT         flucitesone-salmete           ADDENAL         Generic AlPOLVOI         BUDENAL         Generic AlPOLVOI           ADEMPAS         BOSULIF         dronablinoi         FOCALIN'-XR           ADIPYSIN         BUNAVALI FILM         DUEXIS         FORTAMET           ADIVARIO         BUNETIN BUNIFORNIO         DUEXIS         FORTEO           ADIVARIO         BURRANIS PATCH         DYMASTA         GA	
ACCUPRIL         BECONASE AQ         desvenifazine er         FERRIPROX           ACCUPRIC         BELBUCA FILM         DETROLILA         FETZIMA           ACCION         BELSOMRA         DEXEDNINE         FIRAZYR           ACTHAR         BENIVISTA         DIDREX         FLECTOR           ACTHAR         BENIVISTA         diethylpropion /-er         FLOUPIO           ACTHAR         BERNEYE         DIFICIO         FLUORETINE 80MG           ACTHAR         BERNEYE         DIFICIO         FLUORETINE 80MG           ACTHAR         BERSENANCE         DITROPAN/AL         Generic ADVARIS           ADDERALL/XR         BESTASERON         DOLOPHINE         fluticasone-salmete           ADDEVIN         BONTRIL         DORAL         Generic ADVARIS           ADDEVIN         BONTRIL         DORAL         Generic ADVARIS           ADDEVIN         BUNAVALI FILM         DUEXIS         FORTAMET           ADDEVIN         BUNAVALI FILM         DUEXIS         FORTAMET           ADVATE         BUPRENDRIPORININGARIOSONE         DURAGESIC PATCH         FROVA           ADVATE         BUPRENDRIPORININGARIOSONE         DURAGESIC PATCH         FROVA           ADVATESA         BORTAMET         DURAGESIC PATCH	INGREZZA
ACCURETIC  BELBUCA FILM  BELSOMRA  DEXEDRINE  FIRAZYR  ACTEMRA  BELVICYR  BELVICYR  DIDREX  FLECTOR  ACTEMRA  BENLYSTA  diethylproplon /-er  FLOUROPIEX  BELVICYR  DIDREX  FLECTOR  CATTEMRA  BENLYSTA  diethylproplon /-er  FLOUROPIEX  CATTEMRA  BENLYSTA  BENLYSTA  diethylproplon /-er  FLOUROPIEX  ACTIOLOZENGE  BEPREVE  DIFICID  FLUORETINE 60MG  Madpalene gelfump  BERINERT  DIOVANI-HCT  fluticasone-salment  ADDERALLYR  BETASEROM  DOLOPHINE  Gleneric ARDUGI  JORAL  JORA	INLYTA
ACCON         BELSOMRA         DEXEDRINE         FIRAZYR           ACCIPIEX         BELVIO/XR         DIDREX         FLECTOR           ACTEMRA         BENLOSTA         dictatylpropion /-er         FLOLIPID           ACTEMRA         BENLYSTA         dictatylpropion /-er         FLOLIPID           ACTEMAR         BENLYSTA         dictatylpropion /-er         FLOLIPID           ACTIOLOZENGE         BERREYE         DIFFERIN         FLUORETINE 60MG           ACTIOLOZENGE         BERRIVERT         DIOVAN-HCT         fluticasone-salmete           ADDERALL/XR         BETASERON         DOLOPHINE         fluticasone-salmete           ADDEMY         BONTRIL         DORAL         (generic ARDIO)           DEMPAS         BOSULF         dronabinol         FOCALIN/XR           DIPEX         BRIVIACT         DUZALLO         FORTAMET           DUPANTI         BUNAVAIL FILM         DUEXIS         FORTAMET           DUNATE         BURACESIS PATCH         FROVA         A           DENAVITY         BURACESIS PATCH         FROVA         A           DEVALUATE         BURPROPAPINIOSORE         DURACESIS PATCH         FROVA           DEVALUATE         BURPROPAPINIOSORE         DURACESIS PATCH         FROVA<	INSULIN TEST STRIPS
MEMPLEX   BELWO.XR   DIDREX   FLECTOR	INTERMEZZO
CCTEMBA   BENLYSTA   diethylpropion /-er	INTRAROSA
ACTHAR         benzphatamine         DIFERIN         FLUGROPLEX           ACTIOLOZENGE         BEPREVE         DIFICID         FLUOXETINE 60MG           ACTIOLOZENGE         BERNERT         DIOVAN-HCT         fluticasone-salmete           ADDERALLXR         BESINANCE         DITROPANI-XL         (generic AJADAIR)           ADDERALLXR         BESTASERON         DOLOPHINE         fluticasone-salmete           ADDYN         BONTRIL         DORAL         (generic AJRDUO)           ADEMPAS         BOSULF         dronabinol         FOCALINI-XR           ADILYXIN         BUNAVAILEILM         DUEXIS         FORTAMET	INTRON A
MCTIOLOZENGE   BEPREVE   DIFICID   FLUOXETINE 60MG	INTUNIV
Idapalene gel/pump         BERINERT         DIOVAN-HCT         fluticasone-salmete           IDCIRCA         BESIVANCE         DITROPANI-XL         (generic ADVAIR)           IDDERALLYR         BETASERON         DOLOPHINE         fluticasone-salmete           IDDYI         BONTRIL         DORAL         (generic AIRDUO)           IDDYIN         BONTANA         DORAL         (generic AIRDUO)           IDEMPAS         BOSULIF         dronabinol         FOCALINIXR           IDDENACLICK         BUNAVAIL FILM         DUEXIS         FORTAMET           DUNEXICK         BUNEAVAIL FILM         DUEXIS         FORTAMET           DIVATE         buprenorphine sublingual         DUPIXENT         FORTAMET           DIVATE         buprenorphine finaloxone         DURACESIC PATCH         FROVA           MOYNOVATE         sublingual         DUREZOL         FYCOMPA           MOYNOVATE         sublingual         DURACESIC PATCH         FROVA           MOYNOVATE         sublingual         DURACESIC         GENOTION           MOYNOVATE         Sublingual         DURACESIC         GENOTION           MOYNOVATE         Sublingual         DUREZOL         GENOTION           MOYNOVATE         Sublingual         DURACESI	INVEGA
LOCIRCA         BESIVANCE         DITROPAN-XL         (generic ADVAIR)           LODERALL/-XR         BETASERON         DOLOPHINE         fluicasone-salmete           LODYI         BONTRIL         DORAL         (generic AIRDUO)           NDEMPAS         BOSULIF         dronabinol         FOCKLIN-XR           NDIPKX         BRIVIACT         DUZALLO         FORFIVO XL           NDIYAIN         BUNAVAIL FILM         DUEXIS         FORTAMET           NDVATE         buprenorphine sublingual         DUPLEXIS         FORTAMET           NDVATE         buprenorphine fraloxone         DURAGESIC PATCH         FROVA           NDVAVATE         BURAGESIC PATCH         FROVA         DURAGESIC PATCH         FROVA           NDVAVATE         BURAGESIC PATCH         FROVA         BURAGESIC PATCH         FROVA           NEFESZA         BYDUREGO         D'MAYAVE         BELAIGUE	INVOKAMET
DOLOPHINE   STASERON   DOLOPHINE   STATES   DOLOPHINE   DORAL   Generic AIRDUO	ol INVOKANA
DOY    BONTRIL   DORAL   (generic AIRDUO)     DEMPAS   BOSULIF   dronabinal   FOCALIN-XR     DIEVEX   BRIVIACT   DUZALLO   FORFIVO XL     DUZYAIN   BUNAVALI-FILM   DUEXIS   FORTAMET     DORENACLICK   buprenorphine sublingual   DUPIXENT   FORTEO     DOWNOVATE   buprenorphine/naloxone   DURAGESIC PATCH   FROVA     DOWNOVATE   Sublingual   DUREZOL   FYCOMPA     DOWNOVATE   Sublingual   DUREZOL   FYCOMPA     DOWNOVATE   Sublingual   DUREZOL   FYCOMPA     DOWNOVATE   Sublingual   DUREZOL   FYCOMPA     DOWNOVATE   Sublingual   DUREZOL   GELNICULE     FESTYLA   BYDIREON   DYMAVEL   GELNICULE     FESTYLA   BYDIREON   DYMAVEL   GELNICULE     FESTYLA   BYDIREON   DYMAVEL   GELNICULE     FESTYLA   BYDIREON   DYMAVEL   GELNICULE     GENOTROPIN     IRDUO   CABOMETYX   EDARBI   GENOTROPIN     IRDUO   CABOMETYX   EDARBYCLOR   GEODON     KYNZEO   CALQUENCE   EDECRIN   GILENYA     LIECENSA   eapecitabine   EDEX   GILOTRIF     LIECENSA   eapecitabine   EDEX   GILOTRIF     LIECENSA   eapecitabine   EDEX   GILOTRIF     LIECENSA   CARDACEM   CONTANT   GILOCOPHAGE     LIENANIE   CAYSTON   ELLIPTA   GILOCOPHAGE     LIENANIE   CELEBREX   ELOCTATE   GOCOVRI     LIENANIE   CELEBREX   ELOCTATE   GOCOVRI     LIENANIE   CAYSTON   ELMIPTA   GILOCOPHAGE     LIENANIE   CREDELGA   EMFLAZA   HAEGARDA     LITOREV   CESAMET   EMSAM   HALCION     LIUNBRIG   CHOLBAM   ENABLEX   HALCION     LIUN	IONAMIN
DEMPAS   BOSULIF   dronabinol   FOCALINI/XR	ol IRENKA
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DLYXIN DIENACLICK buprenorphine sublingual DUPIXENT DRENACLICK buprenorphine sublingual DUPIXENT FORTEO DVATE buprenorphine sublingual DUPIXENT FORTEO DVATE buprenorphine sublingual DUREZOL FYCOMPA DVATE BUPRORPHINE/BOXONE DVANAVEL GELMOUE FYCOMPA DVANOATE SUBLINGUAL DZENYS XR BUTRANS PATCH DYMISTA GATTEX FREEZA BYDUREON DYNAVEL GELNIOUE FSTYLA BYETTA EDARBI GENOTROPIN IRDUO CABOMETYX EDARBYCLOR GEODON KYNZEO CALOUENCE EDECRIN GILENYA LIECENSA Cappeitabine EDEX GILOTRIF LIPHANATE CARAC LIPHANATE CARAC LIPHANINE SD CARBAGLU EFFEXOR/XR GLATOPA LINIA CARDIZEM CD/LA EGRIFTA GLUCOPHAGE LINIA CARDIZEM CD/LA EGRIFTA GLUCOPHAGE LINIA CAVENJECT ELESTAT GLUCOPHAGE LIPTA GLUMETZA LOGRIL CAYSTON ELLIPTA GLUMETZA LOGRIL CAYBANIX LITABAX CELEXA EMBEDA GOCOVRI LITABAX CELEXA EMBEDA GYNAZOLE LITOPREV CESAMET EMSAM HALCION LUNBRIG CHOLBAM ENABLEX HALGO MBIEN CHOLBAM ENABLEX HALGO MBIEN CHOLBAM ENABLEX HALGO MBIEN CHOLBAM ENABLEX HALGO MBIEN CHOLBAM ENBREL MINI MBIEN CHOLBAM ENBREL MIN	JADENU
DIPENACLICK	JAKAFI
DUNATE	JUBLIA
DYNOVATE  Sublingual  DUREZOL  FYCOMPA  DZENYS XR  BUTRANS PATCH  DYMISTA  GATTEX  FREEZA  BYDUREON  DYNAVEL  GELNIQUE  FSTYLA  BYETTA  EDARBI  GENOTROPIN  IRDUO  CABOMETYX  EDARBYCLOR  GECON  GILENYA  LECENSA  CARC  CALQUENCE  EDECRIN  GILENYA  LECENSA  LECENSA  CAPECITABINE  CARAC  EDLUAR  GILOTRIF  LPHANINE SD  CABBAGLU  EFFEXOR/XR  GLATOPA  LINIA  CARDIZEM CD/LA  EGRIFTA  GLUCOPHAGE  LIPROLIX  CAVERJECT  ELESTAT  GLUCOPHAGE  LIPROLIX  CAVERJECT  ELESTAT  GLUCOPHAGE  LIOMIDE  CASTON  ELLIPTA  GLUMETZA  LOMIDE  CELEBREX  ELOCTATE  GOCOVRI  LISUMA  colecoxib  EMADINE  GRANIX  LITOBRA  CELEXA  EMBEDA  GYNAZOLE  LITAGE  CERDELGA  EMFLAZA  HAEGARDA  LITOPREV  CESAMET  EMSAM  HALCOON  LIUNBRIG  CHOLBAM  ENABLEX  HALOG  MBIEN  chorionic gonadotropin  ENBREL  HARVONI  MBIEN  CHOLBAM  ENBREL  MITIZA  CIPRODEX  CIMZIA  ENBREL  MITIZA  CIPRODEX  CIPRODEX  CIPRODEX  ENDARI  HEHLIXATE FS  METGE  CINRYZE  ENDARI  HEHLIXATE FS  METGE  CINRYZE  ENDARI  HEHLIJENTA  LITENTARA  CIPRODEX  ENDARI  HEHLIJENTA  HEHLIJE	JUXTAPID
DVNOATE         sublingual         DUREZOL         FYCOMPA           DZENYS XR         BUTRANS PATCH         DYMISTA         GATTEX           FREEZA         BYDUREON         DYNAVEL         GELNIQUE           FRYLA         BYETTA         EDARBI         GENOTROPIN           IRDUO         CABOMETYX         EDARBI         GENOTROPIN           IRDUO         CABOMETYX         EDARBI         GENOTROPIN           IRDUO         CABOMETYX         EDARBYCLOR         GEODON           KYNZEO         CALQUENCE         EDECRIN         GILENYA           LECENSA         capecitabine         EDEX         GILOTRIF           LEPHANITE         CARAC         EDLUAR         glatiramer           LPHANITE         CARAC         EDLUAR         glatiramer           LEPHANITE         CARAC         EDLUAR         glatiramer           LLPHANITE         CARAC         EDLUAR         glatiramer           LLPHANITE         CARAC         EDLUAR         glatiramer           LLPHANITE         CARAC         EDLUAR         glatiramer           LLPHANITE         CARAC         EDLUAR         GLUCOPHAGE           LLIPA         ELLOTATE         GLUCOPHAGE	KADIAN
DZENYS XR BUTRANS PATCH DYMISTA GATTEX FREEZA BYDUREON DYNAVEL GENOTROPIN FSTYLA BYETTA EDARBI GENOTROPIN IRDUO CABOMETYX EDARBYCLOR GEODON KYNZEO CALQUENCE EDECRIN GILENYA LECENSA capocitabine EDEX GILOTRIF LPHANATE CARAC EDLUAR GIATIORIA LECENSA CABAGLU EFFEXOR/XR GLATOPA LINIA CARDIZEM CD/LA EGRIFTA GLUCOPHAGE LIPHANINE SD CARBAGLU EFFEXOR/XR GLATOPA LINIA CARDIZEM CD/LA EGRIFTA GLUCOPHAGE XR LOCRIL CAYSTON ELLIPTA GLOCOVRI LOMIDE CELEBREX ELOCTATE GOCOVRI LISUMA celecoxib EMADINE GRANIX LTABAX CELEXA EMBEDA GYNAZOLE LTAGE LTOPREV CESAMET EMSAM HALCION LUNBRIG CHOLBAM ENABLEX HALOG MBIEN CHOLBAM ENABLEX HALOG MBIEN CHOLBAM ENABLEX HALOG MBIEN CHOLBAM ENBREL MITIZA CIPROPEX ENDARI MERGE CINRYZE ENDARI MERGE CINRYZE ENDARI MENTIZA CIPROPEX EPCLUSA HETLIOZ MRIX COAGADEX EPPEN,-JR HIZENTRA MHZENTRA MHZE	KALBITOR
PREEZA	KALYDECO
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LITACE  CERDELGA  EMFLAZA  HAEGARDA  LITOPREV  CESAMET  EMSAM  HALCION  LUNBRIG  CHOLBAM  ENABLEX  HALOG  chorionic gonadotropin  ENBREL  MBIEN  MBIEN CHORYZE  ENDARI  ENTRESTO  HEMOFIL M  MBYRA  CIPRODEX  EPPEN,-JR  HIZENTRA  LINAFANIL  COMETRIQ  COMPOUNDS  ERGOLOID MESYLATES  HUMATE-P  HUMALOG  LIPTIOM  CONTRAVE  ERTACZO  HUMIRA  LIRANESP  CONZIP  ESBRIET  HUMULIN  REMONAIR  COPAXONE  ethacrynic acid  HUMULIN R  LITERALIN  COTELLIC  EVZIO  HYOVIA  LUBBAGIO  COTEMPLA XR-ODT  LITERALIN  COTESTOR  EXALGO  HYSINGLA ER  LUVI-Q  CRESTOR  COXSTANN  EXALGO  CYMBALTA  COYSTARAN  EXALOR  EXALOR  EXALOR  EXALOR  HYSINGLA ER  LIVEAR  HYZAAR  HYZAAR	KOVALTRY
LICTOPREV CESAMET EMSAM HALCION LUNBRIG CHOLBAM ENABLEX HALOG LUNBRIG CHOLBAM ENABLEX HALOG LUNBRIG CHOLBAM ENBREL HARVONI LUNBRIG CHOLBAM ENBREL HARVONI LUNBRIG CHOLBAM ENBREL HARVONI LUNBRIG CIMZIA ENTRESTO HEMOFIL M LUNBRIG CIPRO® HC Otic ENTRESTO HEMOFIL M LUNBYRA CIPRODEX EPCLUSA HETLIOZ LUNBRIX COAGADEX EPIPEN, JR HIZENTRA LUNBRANIL COMETRIQ EPOGEN HUMALOG LUNBRIX COMPOUNDS ERGOLOID MESYLATES HUMATE-P LUNBRIG COMPOUNDS ERGOLOID MESYLATES HUMATE-P LUNBRIG CONCERTA ERIVEDGE HUMATROPE LUNBRIG CONTRAVE ERTACZO HUMIRA LUNBRANESP CONZIP ESBRIET HUMULIN LUNBRANESP CONZIP ESBRIET HUMULIN LUNBRANIC COPAXONE ENCRYPIC COSENTY LUNBRAGIO CORLANOR EUCRISA HUMULIN R LUNBRAGIO COTEMPLA XR-ODT EVALGO HYGINGLA ER LUNBRAGIO COTEMPLA XR-ODT EVALGO HYGINGLA ER LUNBRAGIO COTEMPLA XR-ODT EXALGO HYSINGLA ER LUNBRAGIO COTEMPLA XR-ODT EXALGO HYSINGLA ER LUNI-Q CRESTOR EXPLOREM HYZAAR LUVI-Q CRESTOR EXPLOREM HYZA	KYNAMRO
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Chorionic gonadotropin ENBREL HARVONI  MIBIEN CR CIMZIA ENBREL MINI HELIXATE FS  MERGE CINRYZE ENDARI HEMLIBRA  MINITIZA CIPRO® HC Otic ENTRESTO HEMOFIL M  MAPYRA CIPRODEX EPCLUSA HETLIOZ  MANIX COAGADEX EPIPEN,-JR HIZENTRA  MANAFRANIL COMETRIO EPOGEN HUMALOG  MIPIDRA COMPOUNDS ERGOLOID MESYLATES HUMATE-P  MIPLENZIN CONCERTA ERIVEDGE HUMATROPE  MIPLIOM CONTRAVE ERTACZO HUMIRA  MERANESP CONZIP ESBRIET HUMULIN  MERANONAIR COPAXONE ethacrynic acid HUMULIN N  MERANONAIR COPAXONE EUCRISA HUMULIN N  MERANONI-HCT COSENTYX EVEKEO HYMOROPHONE eT  MERALIN COTELLIC EVZIO HYQVIA  MUBAGIO COTEMPLA XR-ODT EXALGO HYSINGLA ER  MUSTEDO COZAAR EXELDERM HYZAAR  MUVI-Q CRESTOR EXFORGE/-HCT IBRANCE  MUNICA CYSTADANE FABIOR IDELVION  MUNICA CYSTADANE FABIOR IDELVICA  MUNICA CYSTADANE FABIOR IDELVION  MUNICA CYSTADANE FABIOR IDELVION  MUNICA CYSTARAN FANAPT IMBRUVICA  MUNICA CYSTARAN FANAPT IMBRUVICA  MUNICA CYSTARAN FANAPT IMBRUVICA  MITREX	LATUDA
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CIPRO® HC Otic  ENTRESTO  HEMOFIL M  MMPYRA  CIPRODEX  EPCLUSA  HETLIOZ  MRIX  COAGADEX  EPIPEN,-JR  HIZENTRA  HIZENTRA  HUMALOG  HUMALOG  HUMALOG  MPIDRA  COMPOUNDS  ERGOLOID MESYLATES  HUMATE-P  HUMATROPE  HUMATROPE  HUMIRA  RENVEDGE  HUMATROPE  HUMULIN  RENVEDGE  HYQVIA  HYQVIA  HYQVIA  HYQVIA  HYQVIA  HYQVIA  HYQVIA  HYQVIA  HYZAAR  RELDERM  HYZAAR  RENVEDGE  RENVERGE  HUMATROPE  HUMATRO  HUMLIN  RENVER  HUMATRO  HUMLIN  RERVER  HUMATRO  HUMLIN	LESCOL/-XL
IMPYRA  CIPRODEX  EPCLUSA  HETLIOZ  MRIX  COAGADEX  EPIPEN,-JR  HIZENTRA  HUMALOG  HUMALOG  PIDRA  COMPOUNDS  ERGOLOID MESYLATES  HUMATE-P  HUMATROPE  HUMATROPE  HUMATROPE  HUMULIN  RANESP  CONZIP  ESBRIET  HUMULIN  RANONAIR  COPAXONE  ETHACZO  HUMULIN  RAYMO ER  CORLANOR  EUCRISA  HUMULIN R  HUMULIN R  HOMULIN R  HOMOLIN R  TACAND/-HCT  COSENTYX  EVEKEO  HYQVIA  HYQVIA  HUMULIN  HYQVIA  HUMULIN  ROBAGIO  COTEMPLA XR-ODT  EXALGO  HYSINGLA ER  LUVI-Q  CRESTOR  RESTOR  EXFORGE/-HCT  IBRANCE  NALIDE  NAPRO  CYMBALTA  EXTAVIA  IDELVION  NINZA  CYSTADANE  FABIOR  IMBRUVICA  NALIDE  NONEX  CYSTARAN  FANAPT  IMBRUVICA  IMITREX	LETAIRIS
MMRIX COAGADEX EPIPEN,-JR HIZENTRA HUMALOG MINITA MAFRANIL COMETRIQ EPOGEN HUMATE-P HUMATE-P HUMATROPE MINITA MINI	LEUKINE
ANAFRANIL COMETRIQ EPOGEN HUMALOG APIDRA COMPOUNDS ERGOLOID MESYLATES HUMATE-P HUMATROPE APLENZIN CONCERTA ERIVEDGE HUMATROPE APTIOM CONTRAVE ERTACZO HUMIRA ARANESP CONZIP ESBRIET HUMULIN ARMONAIR COPAXONE ethacrynic acid HUMULIN N ARYMO ER CORLANOR EUCRISA HUMULIN R ATACAND/-HCT COSENTYX EVEKEO HYQVIA AUBAGIO COTELLIC EVZIO HYQVIA AUSTEDO COZAAR EXELDERM HYZAAR AUVI-Q CRESTOR EXFORGE/-HCT IBRANCE AVALIDE CUVITRU EXJADE ICLUSIG AVAPRO CYMBALTA EXTAVIA IDELVION AVINZA CYSTADANE FABIOR IDHIFA AVITA (>age 25) CYSTAGON FACTIVE IMBRUVICA IMITREX	LEVEMIR
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AVONEX CYSTARAN FANAPT IMBRUVICA EXERT DAKLINZA FARYDAK IMITREX	MATZIM
XERT DAKLINZA FARYDAK IMITREX	MAVIK
AZILLOT DAMALIMINI FEIDA IIVILTREX NASAL SE	MAVYRET  MAYALT/ MIT
ANZEL DAYTRANA fentanyi lozenge INCRELEX	
BANZEL DAYTRANA fentanyl lozenge INCRELEX BASAGLAR DENAVIR fentanyl patch INCRUSE	MEKINIST  MENTAX

METADATE CD	ODOMZO	RANEXA	SUMAVEL	VIMOVO
IETAXALL	OFEV	RAYOS	SUPRENZA /-ODT	VIMPAT
netaxolone	OLEPTRO	REBIF	SYLATRON	VOLTAREN GEL
etformin er	olopatadine 0.1%, 0.2%	REBINYN	SYMBICORT	VON VENDI
etformin er modified/	OLYSIO	RECOMBINATE	SYMBYAX	VOSEVI
smotic release	OMNARIS	REGIMEX	SYMPROIC	VRAYLAR
ethadone	OMNITROPE	REGRANEX	SYNAREL	VYZULTA
ethamphetamine hcl	ONGLYZA	RELISTOR	SYNDROS	WELLBUTRIN SR/X
ETHYLIN	ONZETRA	RELPAX	TAFINLAR	WILATE
ETROCREAM	OPANA ER	RENAGEL	TAGRISSO	XADAGO
ETROGEL	OPSUMIT	REPATHA	TALTZ	XELJANZ/-XR
ICARDIS/-HCT	ORAVIG	RESTASIS	TARCEVA	XENAZINE
IRCERA	ORENCIA	RESTORIL	TARGINIQ ER	XENICAL
IRVASO	ORENITRAM	RETIN-A, tretinoin (>age 25)	TARKA	XERMELO
odafinil	ORFADIN	REVATIO	TASMAR	XHANCE
ONOCLATE-P	ORKAMBI	REVLIMID	TAZORAC (>age 25)	XIFAXAN
ONONINE	OSENI	RHOFADE	TECFIDERA	XIIDRA SOL
ONOPRIL/-HCT	OTEZLA	RIOMET	TECHNIVE	XTAMPZA ER
ORPHABOND	OXYCODONE ER	RISPERDAL /-M	tetrabenazine	XTANDI
orphine sulfate	OXYCONTIN ER	RITALIN /-LA	TOLAK	XYNTHA
OVANTIK	OXYMORPHONE ER	RIXUBIS	tolcapone	XURIDEN
OZOBIL	OXYTROL	ROZEREM	TOVIAZ	XYREM
S CONTIN	OZEMPIC	RUBRACA	TRACLEER	ZARXIO
ULTAQ	PANRETIN	RUCONEST	tramadol er	ZAVESCA
USE	PATADAY	RYDAPT	TRAVATAN Z	ZECUITY
YALEPT	PATANOL	SABRIL	_	
YDAYIS			TREMFYA	ZEGERID
YRBETRIQ	PAXIL/-CR	SAIZEN	TRESIBA	ZEJULA
APRELAN	PAZEO PECANONE	SAPHRIS	TRETIN-X (>age 25)	ZEMBRACE
	PEGANONE	SARAFEM	TREXIMET	ZEPATIER
ASONEX	PEG-INTRON	SAVAYSA	TRULANCE	ZESTORETIC
ATPARA	PENNSAID	SAVELLA	TUDORZA	ZESTRIL
ERLYNX	PEXEVA	SAXENDA	TWYNSTA	ZETONNA
ESINA	phendimetrazine /-er	SENSIPAR	TYMLOS	ZIANA
EULASTA	phentermine	SEROQUEL XR	TYVASO	zileuton er
EUPOGEN	PICATO	SEROSTIM	ULTRAM ER	ZINBRYTA
EUPRO	PLEGRIDY	SIGNIFOR	UNIRETIC	ZIPSOR
EVANAC	POMALYST	sildenafil	UNIVASC	ZIRGAN
EXIUM	PRADAXA	SILENOR	UPTRAVI	ZOHYDRO ER
NLARO	PRALUENT	SILIQ	VASERETIC	ZOLOFT
TYR ODD	PRAVACHOL	SIMPONI	VASOTEC	ZOLPIMIST
ORDITROPIN	PREGNYL	SIRTURO	VELTASSA	ZOMACTON
ORITATE	PRESTALIA	SKELAXIN	VELTIN	ZOMIG
ORTHERA	PROCRIT	SOMATULINE	VENCLEXTA	ZORBTIVE
OVAREL	PROCYSBI	SONATA	VENTAVIS	ZUBSOLV
OVOSEVEN RT	PROFILNINE	SOVALDI	VEREGAN	ZURAMPIC
JCYNTA ER	PROTONIX	STAXYN	VERZENIO	ZYCLARA
UPLAZID	PROVIGIL	STELARA	VEXOL	ZYDELIG
UTROPIN,-AQ,-DEPOT	QNASL	STENDRA	VIAGRA	ZYFLO CR
UVIGIL	QSYMIA	STIMATE	VIBERZI	ZYKADIA
UWIQ	QTERN	STIVARGA	VICTRELIS	ZYPREXA/-ZYDIS
BIZUR	quetiapine xr	STRENSIQ	VIEKIRA PAK/-XR	ZYTIGA
CALIVA	RADIOGARDASE	SUBSYS	VIIBRYD	

<sup>&</sup>lt;sup>5</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.

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)
Alzheimer's Disease Agents	ARICEPT.
NOTE: For most conditions, <b>a generic cholinesterase inhibitor</b> must be utilized before receiving prior authorization for the medications in this program.	EXELON RAZADYNE, -ER
Antidiarrheal Agents	
NOTE: For most conditions, HIV medications and either diphenoxylate/astropine or an over-the-counter (OTC) antidiarrheal agent must be utilized before receiving prior authorization for the medications in this program.	MYTESI
Cholesterol Lowering Agents	ezetimibe/simvastatin 10mg/80mg
NOTE: For most conditions, a <b>generic statin</b> must be utilized before receiving prior authorization for the medications in this program. For ezetmibe/simvastatin, simvastatin 80mg or Vytorin 10mg/80mg, medications must be utilized for 12 months before receiving prior authorization.	simvastatin 80mg VYTORIN 10MG/80MG
Anti-Emetic	
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
Erectile Dysfunction	
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)
Gout Agents	
NOTE: For most conditions, <b>allopurinol</b> must be utilized before receiving prior authorization for the medications in this program.	ULORIC
Osteoporosis Agents	ACTONEL FOCAMAY
NOTE: For most conditions, <b>alendronate, ibandronate,</b> or <b>risedronate</b> must be utilized before receiving prior authorization for the medications in this program.	ATELVIA FOSAMAX +D BONIVA
Topical Acne Product	
NOTE: For most conditions, <b>a topical anti-acne product</b> must be utilized before receiving prior authorization for Aczone.	ACZONE
ILTIOTIZATION TOF ACZONE.	

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.

<sup>&</sup>lt;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.

# 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** 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;	Retail/ 30 day supply	Mail/90 day supply
Lowercase Bold = Generic)	Maximum Quantity Level	Maximum Quantity Level
ANTIDEPRESSANT THERAPY		
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, venlafaxine er 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
Lexapro suspension	<b>30</b> tablets of 20mg, 40mg, 80mg, 120mg	<b>90</b> tablets of 20mg, 40mg, 80mg, 120mg
LEXAPRO, escitalopram tablets	3 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, paroxetine er 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, desvenlafaxine tablets	<b>30</b> tablets of 12.5mg, 25mg	<b>180</b> tablets of 10mg, 20mg, 30mg; <b>90</b> tablets of 40mg
PROZAC, fluoxetine capsules/tablets	<b>30</b> tablets of 50mg, 100mg	<b>90</b> tablets of 50mg, 100mg
fluoxetine weekly capsules	90 capsules/tablets of 10mg, 20mg	<b>270</b> capsules/tablets of 10mg, 20mg
Trintellix tablets	4 capsules of 90mg	12 capsules of 90mg
ANTIEMETIC THERAPY (nausea/vomiting)		
Anzemet tablets	5 tablets of 50mg, 100mg per prescription	15 tablets of 50mg, 100mg per prescription
Akynzeo capsules	2 capsules per 30 days	2 capsules per 90 days
Cesamet capsules	6 capsules of 1mg per prescription	18 capsules of 1mg per prescription
Emend, aprepitant capsules	8 capsules of 40mg, 80mg; 4 capsules of 125mg; 4 packs per prescription	24 capsules of 40mg, 80mg; 12 capsules of 25mg; 12 packs per prescription
Kytril tablets	8 tablets of 1mg per prescription	24 tablets of 1mg per prescription
Sancuso patch	2 patches	6 patches
Zofran suspension	5 bottles (250ml) per prescription	15 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	24 films per prescription	24 films per prescription
ANTI FLU THERAPY		
Relenza inhalation	1 kit per prescription; max of 2 prescriptions per year	_
Tamiflu, <b>oseltamivir</b> capsules	10 capsules of 45mg, 75mg per prescription, 20 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	-
BISPHOSPHONATE THERAPY (osteoporos	is)	
Actonel, <b>risedrondate</b> tablets	4 tablets of 35mg, 1 tablet of 150mg	12 tablets of 35mg, 3 tablets of 150mg
Atelvia, <b>risedrondate sodium</b> tablets	4 tablets of 35mg per 28-day period	12 tablets of 35mg per 84-day period
Boniva, <b>ibandrondate</b> tablets	1 tablet of 150mg per 28-day period	<b>3</b> tablet of 150mg per 84-day period
Fosamax, alendrondate tablets	4 tablets of 35mg, 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

Drug Class (Uppercase = Brand;	Retail/ 30 day supply	Mail/90 day supply	
Lowercase Bold = Generic)	Maximum Quantity Level	Maximum Quantity Level	
CHOLESTEROL LOWERING THERAPY			
Altoprev er tablets	<b>30</b> tablets of 20mg, 40mg, 60mg	<b>90</b> tablets of 20mg, 40mg, 60mg	
Crestor, <b>rosuvastatin</b> tablets	<b>30</b> tablets of 5mg, 10mg, 20mg, 40mg	<b>90</b> tablets of 5mg, 10mg, 20mg, 40mg	
Lescol /-XL, <b>fluvastatin/- er</b> tablets or capsules	30 tablets or capsules of 20mg, 40mg, 80mg	<b>90</b> tablets of 20mg, 40mg, 80mg	
Lipitor, <b>atorvastatin</b> tablets	<b>30</b> tablets of 10mg, 20mg, 40mg, 80mg	<b>90</b> tablets of 10mg, 20mg, 40mg, 80mg	
Livalo tablets	<b>30</b> 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	<b>90</b> tablets of 10mg, 20mg; <b>180</b> tablets of 40mg	
Pravachol, <b>pravastatin sodium</b> tablets	<b>30</b> tablets of 10mg, 20mg, 40mg, 80mg	<b>90</b> tablets of 10mg, 20mg, 40mg, 80mg	
Simcor tablets	<b>60</b> tablets of 500/20mg, 750/20mg, 1,000/20mg	<b>180</b> tablets of 500/20mg, 750/20mg, 1,000/20mg	
Vytorin, <b>ezetimibe/simvastatin</b> tablets	<b>30</b> tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	<b>90</b> tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg 10mg/80mg	
Zocor, <b>simvastatin</b> tablets	<b>30</b> tablets of 5mg, 10mg, 20mg, 40mg, 80mg	<b>90</b> tablets of 5mg, 10mg, 20mg, 40mg, 80mg	
ERECTILE DYSFUNCTION THERAPY			
Caverject injection			
ADCIRCA (PAH only), Cialis tablets	_		
Edex injection	_		
Levitra tablets	Therapy class allows 6 units	Therapy class allows 18 units	
Muse inserts	(any combination of products)	(any combination of products)	
Staxyn tablets	_		
Stendra tablets	_		
VIAGRA, REVATIO (PAH only), sidenafil tablets			
MIGRAINE THERAPY			
AMERGE, <b>naratriptan</b> tablets	18 tablets of 1mg; 9 tablets of 2.5mg	54 tablets of 1mg; 27 tablets of 2.5mg	
AXERT, almotriptan maleate tablet	<b>24</b> tablets of 6.25mg; <b>12</b> tablets of 12.5mg	<b>72</b> tablets of 6.25mg; <b>36</b> tablets of 12.5mg	
FROVA, <b>frovatriptan</b> tablets	27 tablets of 2.5mg	81 tablets of 2.5mg	
IMITREX INJECTION, sumatriptan injection	10 injections of 4mg; 12 injections of 6mg	<b>30</b> injections of 4mg; <b>36</b> 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	
IMITREXTABLETS, <b>sumatriptan</b> tablets	27 tablets of 25mg; 18 tablets of 50mg; 9 tablets of 100mg	<b>81</b> tablets of 25mg; <b>54</b> tablets of 50mg; <b>27</b> tablests of 100mg	
MAXALT/-MLT, rizatriptan 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	
RELPAX 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	<b>54</b> injections of 4mg; <b>36</b> 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	<b>54</b> nasal sprays of 2.5mg; <b>36</b> nasal sprays of 5mg	
ZOMIG/-ZMT, <b>zolmitriptan</b> tablets	18 tablets of 2.5mg; 12 tablets of 5mg	<b>54</b> tablets of 2.5mg; <b>36</b> tablets of 5mg	
NARCOTIC PAIN RELIEVER THERAPY			
ABSTRAL SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	120 subl tab		
OOO IVICU			
acetaminophen/codeine solution	<b>630</b> ml	-	
acetaminophen/codeine solution 120-12mg/5ml acetaminophen/codeine tablet #2 (300mg-15mg), #3 (300mg-30mg),	<b>630</b> ml <b>42</b> tab	Narcotic pain reliever therapy medications are not available in more than a 30-day supply	
acetaminophen/codeine solution 120-12mg/5ml acetaminophen/codeine tablet #2 (300mg-15mg), #3 (300mg-30mg), #4 (300mg-60mg) acetaminophen-caffeine-dihydrocodeine capsule 320.5-30-16mg			
acetaminophen/codeine solution 120-12mg/5ml acetaminophen/codeine tablet #2 (300mg-15mg), #3 (300mg-30mg), #4 (300mg-60mg) acetaminophen-caffeine-dihydrocodeine	<b>42</b> tab		

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

## Mail/90 day supply Maximum Quantity Level

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

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

### Mail/90 day supply Maximum Quantity Level

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

Drug Class (Uppercase = Brand;	Retail/ 30 day supply	Mai
Lowercase Bold = Generic)	Maximum Quantity Level	Max
OXAYDO TABLET 5MG, 7.5MG	<b>42</b> tab	
oxycodone capsule 5mg	<b>42</b> cap	
oxycodone concentrate 10mg/0.5ml, 20mg/ml, 100mg/5ml	<b>30</b> ml	
oxycodone solution 5mg/5ml	<b>420</b> ml	
OXYCODONE TABLET 10MG	<b>42</b> tab	
oxycodone tablet 10mg er, 20mg er, 40mg er, 60mg er, 80mg er	<b>60</b> tab	
oxycodone tablet 15mg	<b>28</b> tab	
OXYCODONE TABLET 20MG	<b>21</b> tab	
oxycodone tablet 20mg	<b>21</b> tab	
oxycodone tablet 30mg	<b>14</b> tab	
oxycodone tablet 5mg, 10mg	<b>42</b> tab	
oxycodone tablet er 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	<b>60</b> tab	
oxycodone w/ acetaminophen soln 5-325mg/5ml	<b>140</b> ml	
oxycodone/acetaminophen tablet 10-325mg	<b>42</b> tab	
oxycodone/acetaminophen tablet 2.5-325mg, 5-325mg	<b>84</b> tab	
oxycodone/acetaminophen tablet 7.5-325mg	<b>56</b> tab	
oxycodone/aspirin tablet 4.8355-325mg	<b>84</b> tab	
oxycodone/ibuprofen tablet 5-400mg	<b>28</b> tab	
OXYCONTIN ERTABLET 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	<b>60</b> tab	
oxymorphone hcl tablet 10mg	<b>21</b> tab	Nar
oxymorphone hcl tablet 5mg	<b>42</b> tab	not
oxymorphone tablet 5mg er, 7.5mg er, 10mg er, 15mg er, 20mg er, 30mg er, 40mg er	<b>60</b> tab	
pentazocine/naloxone tablet 50-0.5mg	<b>28</b> tab	
PERCOCETTABLET 10-325MG	<b>42</b> tab	
PERCOCETTABLET 2.5-325MG, 5-325MG	<b>84</b> tab	
PERCOCET TABLET 7.5-325MG	<b>56</b> tab	
PERCODAN TABLET 4.8355-325MG	<b>84</b> tab	
percolone tablet 5mg	<b>42</b> tab	
REPREXAIN TABLET 2.5-200MG, 5-200MG	<b>35</b> tab	
ROXICET SOLUTION 5-325MG/5ML	<b>140</b> ml	
SUBOXONE FILM SUBLINGUAL 2-0.5MG, 4-1MG, 8-2MG	<b>90</b> film	
SUBOXONE FILM SUBLINGUAL12-3MG	<b>60</b> film	
SUBSYS SPRAY 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	120 sprays	
SUBSYS SPRAY 1200MCG, 1600MCG	240 sprays	
tramadol biphasic tablet 100mg er, 200mg er, 300mg er	<b>30</b> tab	
tramadol capsule 200mg er, 300mg er	<b>30</b> cap	
TD 4 4 4 D O 1 11 O 1 O 4 D O 1 11 E 4 E 0 4 4 O E D	<b>30</b> cap	
TRAMADOL HCL CAPSULE 150MG ER		
	<b>56</b> tab	
tramadol hcl tablet 50mg tramadol tablet 100mg er, 200mg er, 300mg er	30 tab	
tramadol hcl tablet 50mg tramadol tablet 100mg er, 200mg er,		

# Mail/90 day supply Maximum Quantity Level

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

D 01 #1	P-4-1/20 day	NA-11/00 days and beautiful for the same of the same o
Drug Class (Uppercase = Brand;		Mail/90 day supply
Lowercase Bold = Generic)	Maximum Quantity Level	Maximum Quantity Level
TYLENOL/CODEINE TABLET #3, #4	<b>42</b> tab	
ULTRACET TABLET 37.5-325MG	<b>56</b> tab	
ULTRAM ERTABLET 100MG, 200MG, 300MG	<b>30</b> tab	
ULTRAM TABLET 50MG	<b>56</b> tab	
VICOPROFEN TABLET 7.5-200MG	<b>35</b> tab	
XARTEMIS XR TABLET 7.5-325MG	<b>28</b> tab	New Manager
XTAMPZA ER CAPSULE 9MG, 13.5MG, 18MG, 27MG, 36MG	<b>60</b> 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	<b>60</b> cap	
ZUBSOLV SUBLINGUAL 0.7-0.18MG, 1.4-0.36MG, 2.9-0.71MG, 5.7-1.4MG	<b>90</b> tab	
ZUBSOLV SUBLINGUAL 11.4-2.9MG	<b>30</b> tab	
ZUBSOLV SUBLINGUAL 8.6-2.1MG	<b>60</b> tab	
PROTON PUMP INHIBITOR THERAPY (stor	nach acid)	
ACIPHEX, rabeprazole tablets		
DEXILANT tablets		00.11.4
NEXIUM, esomeprazole capsules	30 tablets/capsules (all products in therapy class)	90 tablets/capsules (all products in therapy class)
PREVACID, lansoprazole		,
PROTONIX, pantoprazole tablets		
RESPIRATORY MEDICATIONS (inhalers)		
ADVAIR DISKUS/-HFA	1 inhaler	3 inhalers
ALVESCO	2 inhalers	6 inhalers
ARMONAIR	1 inhaler	<b>3</b> 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
fluticasone/salmeterol	1 inhaler	3 inhalers
PULMICORT FLEXHALER	2 inhalers	4 inhalers
PULMICORT RESPULES, budesonide inhal susp	<b>30</b> tablets	90 tablets
QVAR	1 inhaler	3 inhalers
SYMBICORT	1 inhaler	3 inhalers
SEDATIVE/HYPNOTIC THERAPY (sleep aids	s)	
AMBIEN, zolpidem tablets		
AMBIEN CR, zolpidem er tablets	-	
BELSOMRA	-	
EDLUAR	-	
EDLUAR SL TAB	-	
estazolam	-	
flurazepam	Therapy class allows 15 units per 25 days for any	
HALCION, <b>triazolam</b>	combination of products [Except HALCION and	N/A
INTERMEZZO, <b>zolpidem</b> sl	triazolam are (10 units per 25 days)]	
LUNESTA, <b>eszopiclone</b> tablets	-	
RESTORIL, temazepam	-	
ROZEREM	-	
SILENOR	-	
SONATA, <b>zalepion</b> capsules	-	
zolpidem/-er	-	
Eoibineiiiei	_	

Drug Class (Uppercase = Brand;	Retail/ 30 day supply	Mail/90 day supply
Lowercase Bold = Generic)	Maximum Quantity Level	Maximum Quantity Level
ZOLPIMIST	1 bottle	3 bottles
MISCELLANEOUS MEDICATIONS		
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
lidocaine gel	<b>30</b> gm of 2% gel; <b>50</b> gm of 4% gel	<b>90</b> gm of 2% and <b>150</b> gm of 4%
lidocaine ointment	50 gm of 5% ointment	150 gm of 5% ointment
lidocaine/prilocaine cream, kit	<b>30</b> gm of 2.5-2.5% cream; <b>1</b> kit	<b>90</b> gm of 2.5-2.5% cream; <b>3</b> kit
lidocaine soln	<b>50</b> ml of 4% soln	<b>150</b> ml of 4% soln
lidocaine/tetracaine cream	<b>30</b> gm of 7-7% cream	<b>90</b> gm of 7-7% cream
lidocaine/tetracaine topical patch	2 patches	6 patches
SEROQUEL XR, quetiapine xr 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, olanzapine tablets	<b>30</b> tablets of all strengths	<b>90</b> 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.

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.

<sup>&</sup>lt;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.

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

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

## 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).

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















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