

GUIDE TO PRESCRIPTION DRUG BENEFITS

open/closed formulary



Capital BLUE 

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TABLE OF CONTENTS

2 Contact Us

- Phone Number
- Website

3 Using Your Prescription Drug Benefit

- Retail, Mail Order, and Specialty Pharmacy

4 Tips and Reminders for Using Mail Order

5 Be a Wise Healthcare Consumer/ Know Your Formulary Options

- Generic Preferred
- Generic Nonpreferred
- Brand Preferred
- Brand Nonpreferred

6 Accessing Your Prescription Drug Information

- Website Information

6 Online Tools

7-9 Prior Authorization

10 Enhanced Prior Authorization (Step Therapy)

11-25 Drug Quantity Management Program

25 Generic Substitution Program

26-27 Specialty Medications (self-administered)

- Getting Started
- Specialty Medication List

28 Capital BlueCross Pharmacy Networks

28 Maintenance Choice

- Voluntary Maintenance Choice
- Mandatory Maintenance Choice

Guide to Prescription Drug Benefits

A trusted partner for over 80 years, Capital BlueCross offers more than health insurance to help you live healthy. Our prescription drug program allows you to access the medicine you need—in a convenient, affordable way—so you can live life to the fullest.

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 information¹.
- 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).

¹These documents are subject to change.

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

Using Your 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 applied².

- 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 needs². (See pages 26-27.)

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 website².

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.

² 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 tiers³ 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**⁴ 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 drugs⁴ (tier 1) usually have the lowest cost share.
- Generic nonpreferred drugs⁴ (tier 2) usually have a slightly higher cost share than generic preferred drugs and a lower cost share than brand-name drugs.
- **Brand-name**⁴ 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.

³Please 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.

⁴Drugs 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 account.

To get started:

1. Go to capbluecross.com.
2. Enter your **Username** and **Password** to log in to your secure account. 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 secure account.

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 authorization⁵

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

ABILIFY/DISCMELT	BELVIQ/-XR	CYMBALTA	ERYPED	HUMULIN N	LOCOID
ABSTRAL	BENEFIX*	CINRYZE*	ESBRIET*	HUMULIN R	LONSURF*
SUBLINGUAL	BENLYSTA*	CYSTADANE*	ethacrynic acid	hydromorphone er	LORZONE
ACCUPRIL	BENSAL HP	CYSTAGON*	EUCRISA	HYQVIA*	LOTREL
ACIPHEX	benzphetamine	CYSTARAN*	EVZIO	HYSINGLA ER	LUMIGAN
ACTEMRA*	BEPREVE	DAKLINZA*	EXALGO	HYZAAR	LUNESTA
ACTHAR HP*	BERINERT*	DANTRIUM	EXELDERM	IBRANCE*	LUXIQ FOAM
ACTIQ LOZENGE	BESIVANCE	DARAPRIM	EXFORGE/-HCT	ICLUSIG*	LUZU
adapalene gel/pump	BETAPACE AF	DAYTRANA	EXJADE*	IDELVION*	LYNPARZA*
ADCIRCA*	BETASERON*	DENAVIR	EXTAVIA*	IDHIFA*	LYRICA
ADDERALL/-XR	BIKTARVY	DERMATOP	FANAPT	ILEVRO	LYRICA CR
ADDYI	BONJESTA	DESONATE	FARYDAK*	IMBRUVICA*	MACRODANTIN
ADEMPAS*	BOSULIF*	DESOWEN	FEIBA NF*	IMITREX	MARINOL
ADLYXIN	BRIVIACT	DESOXYN	FEIBA*	IMPOYZ	MARPLAN
ADVATE*	BUNAVAIL FILM	desvenlafaxine er	fantanyl lozenge	INCRELEX	matzim la
ADYNOVATE*	buprenorphine	DETROL/LA	fantanyl patch	INCRUSE	MAVYRET*
ADZENYS XR	sublingual	DEXEDRINE	FENTORA	INDOCIN	MAXALT/-MLT
AFSTYLA*	buprenorphine/	DEXPAK	FERRIPROX*	INGREZZA*	MEKINIST*
AIMOVIG*	naloxone sublingual	DIFFERIN	FETZIMA	INLYTA*	MENTAX
AIRDUO	BUTRANS PATCH	DIFICID	FEXMID	INTERMEZZO	metformin er
AKYNZEO	BYDUREON	DIOVAN/-HCT	FIRAZYR*	INTRAROSA	metformin er
ALECENSA*	BYETTA	DIPROLENE, AF	FLECTOR	INTRON A	modified/osmotic
ALINIA	CABOMETYX*	DOLOPHINE	FLOLIPID	INTUNIV	release
ALOCRIAL	CAFERGOT	DOPTelet*	FLUNISOLIDE	INVEGA	methadone
ALOMIDE	CALQUENCE*	DORAL	NASAL	INVOKAMET	METHYLIN
ALPHANATE*	CARAC	dronabinol	FLUOROPLEX	INVOKANA	METROCREAM
ALPHANINE SD*	CARBAGLU*	DUEXIS	fluticasone-	IXINITY*	METROGEL
ALPROLIX*	CARDIZEM CD/LA	DUPIXENT*	salmeterol (generic	JADENU*	MIACALCIN
ALTABAX	CARNITOR, SF	DURAGESIC PATCH	ADVAIR)	JAKAFI*	INJECTION, NASAL
ALTACE	CAVERJECT	DUREZOL	fluticasone-	JENTADUETO, XR	SPRAY
ALTOPREV	CAYSTON*	DUTOPROL	salmeterol (generic	JUBLIA	MICARDIS/-HCT
ALUNBRIG*	CELEBREX	DUZALLO	AIRDUO)	JUXTAPID*	MIGLUSTAT*
ALVESCO	celecoxib	DYANAVEL	FOCALIN/-XR	KADIAN	MILLIPRED
AMBIEN	CELEXA	DYMISTA	FORTAMET	KALYDECO*	MINOCIN
AMBIEN CR	CERDELGA*	DYRENIUM	FORTEO	KAPVAY	MIRCERA*
AMERGE	CESAMET	E.E.S. GRANULES &	FROVA	KAZANO	MIRVASO
AMITIZA	CHOLBAM*	ERYPED	FYCOMPA	KENALOG	modafinil
AMPYRA*	chorionic	EDARBI	GATTEX*	KERYDIN	mometasone nasal
AMRIX	gonadotropin*	EDECRIN	GELNIQUE	KEVZARA*	MONOCALCIN
ANAFRANIL	CIMZIA*	EDEX	GENOTROPIN	KHEDEZLA	MONONINE*
APEXICON, E	CINRYZE*	EDLUAR	GEODON	KINERET	MORPHABOND
APIDRA	CIPRO® HC Otic	EFFEXOR/-XR	GILENYA*	KISQALI FEMARA	morphine sulfate er
APLENZIN	CIPRODEX	EGRIFTA*	GILOTRIF*	CO-PACK*	MS CONTIN
APTIOM	CLOBEX	ELESTAT	GLATIRAMER	KISQALI*	MULTAQ
ARANESP	CLODERM	ELOCON	GLUCOPHAGE XR	KOATE*	MUSE
ARMONAIR	COAGADDEX*	ELOCTATE*	GLUMETZA	KOGENATE FS*	MYALEPT*
ARYMO ER	COLAZAL	EMADINE	GRANIX*	KOMBIGLYZE XR	NAPRELAN
ATACAND/-HCT	COMETRIQ*	EMBEDA	GYNAZOLE	KORLYM*	NASONEX
ATRALIN	CONCERTA	EMFLAZA*	HAEGARDA*	KOVALTRY*	NATPARA*
AUBAGIO*	CONTRAVE	EMSAM	HALCION	KYNAMRO	NERLYNX*
AUSTEDO*	CONZIP	ENABLEX	HALOG	LANOXIN	NESINA
AUVI-Q	COPAXONE	ENBREL	HALOG	LASTACRAFT	NEULASTA
AVALIDE	CORDRAN	ENDARI*	HARVONI	LATUDA	NEUPOGEN
AVAPRO	CORIFACT*	ENTRESTO	HELIXATE FS*	LAZANDA SPRAY	NEUPRO
AVINZA	CORLANOR	EPCLUSA*	HEMLIBRA*	LENVIMA*	NEVANAC
AVITA (>age 25)	COSENTYX*	EPIPEN,-JR	HEMOFIL M*	LESCOL XL	NEXIUM
AVONEX	COTELLIC*	EPOGEN	HETLIOZ	LETAIRIS*	NILANDRON
BANZEL	COTEMPLA XR-ODT	ERGOLOID	HIZENTRA*	LEUKINE	NINLARO*
BASAGLAR	COZAAR	MESYLATES	HUMALOG	LEVEMIR	NITYR*
BEBULIN*	CRESTOR	ERIVEDGE*	HUMATE-P	LEVITRA	NORDITROPIN
BECONASE AQ	CRINONE	ERLEADA*	HUMATROPE	LEXAPRO	NORITATE
BELBUCA FILM	CUTIVATE	ERTACZO	HUMIRA	LIPITOR	NORTHERA*
BELSOMRA	CUVITRU*		HUMULIN	LIVALO	NOVAREL

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

NOVOEIGHT*	PROCYSBI*	SIRTURO	UPTRAVI*	ZOMACTON*
NOVOSEVEN RT*	PROFILNINE*	SKELAXIN	UROXATRAL	ZOMIG
NUCYNTA ER	PROTONIX	SOLOSEC	VANOS	ZONEGRAN
NUPLAZID*	PROVIGIL	SOMA	VELTASSA*	ZORBIVE
NUTROPIN AQ,-	PSORCON	SONATA	VENCLEXTA*	ZUBSOLV
DEPOT	QNASL	SOVALDI*	VENTAVIS*	ZURAMPIC
NUVIGIL	QSYMIA	SPRIX	VERDESO	ZYCLARA
NUWIQ*	QUDEXY	SPRIX	VERZENIO*	ZYDELIG*
OBIZUR*	quetiapine xr	STAXYN	VEXOL	ZYFLO CR
OCALIVA*	RANEXA	STEGLATRO	VIAGRA	ZYKADIA
ODOMZO*	RASUVO*	STEGLUJAN	VIBERZI	ZYPREXA/-ZYDIS
OFEV	RAYOS	STELARA*	VIEKIRA PAK/-XR*	ZYTIGA*
OLEPTRO	REBIF	STIMATE*	VIIBRYD	
OLUMIANT*	REBINYN*	STIVARGA*	VIMOVO	
OLUX FOAM, -E	RECOMBINATE*	STRENSIQ*	VIMPAT	
OMNARIS	RELISTOR	SUBSYS	VOLTAREN GEL	
OMNITROPE*	RELPAK	SYLATRON*	VONVENDI*	
ONGLYZA	REPATHA*	SYMBICORT	VOSEVI*	
ONZETRA	RESTASIS	SYMBYAX	VRAYLAR	
OPSUMIT*	RESTORIL	SYMDEKO*	VYZULTA	
ORAVIG	RESTORIL	SYNALAR*, -HP	WELLBUTRIN SR/XL	
ORENCIA*	RETACRIT*	SYNAREL*	WESTCORT	
ORENITRAM	RETIN-A, tretinoin	SYNDROS	WILATE*	
ORFADIN*	(>age 25)	TADALAFIL*	XADAGO*	
ORKAMBI*	REVATIO*	TAFINLAR*	XELJANZ/-XR*	
OSENI	REVLIMID	TAGRISSO*	XENAZINE*	
OTEZLA	RHOFADE	TALTZ*	XENICAL	
OXYCONTIN ER	RIOMET	TARCEVA	XERMELO*	
PALYNZIQ*	RISPERDAL/-M	TARKA	XHANCE	
PANDEL	RITALIN/-LA	TASMAR	XIFAXAN	
PANRETIN	RIXUBIS*	TAVALISSE*	XIIDRA SOL	
PATADAY	ROBAXIN	TAZORAC (>age 25)	XJADE*	
PATANOL	ROZEREM	TECFIDERA*	XTAMPZA ER	
PAXIL/-CR	RUBRACA*	TEMOVATE, E	XTANDI*	
PAZEO	RUCONEST*	TETRABENAZINE*	XURIDEN*	
PEGANONE	RYDAPT*	TEXACORT	XYNTHA*	
PEGINTRON	SABRIL*	TOLAK	XYREM*	
PENNSAID	SAIZEN	tolcapone	YONSA*	
PEXEVA	SAPHRIS	TOPICORT	ZANAFLEX	
phendimetrazine/-er	SARAFEM	TRACLEER*	ZARXIO*	
phentermine	SAVAYSA	TRAJENTA	ZAVESCA*	
PICATO	SAVELLA	tramadol er	ZEGERID	
PLEGRIDY*	SAXENDA	TRAVATAN Z	ZEJULA*	
POMALYST*	SEGLUROMET	TREMFYA*	ZEMBRACE	
PRADAXA	SENSIPAR*	TREXIMET	ZEPATIER	
PRALUENT*	SEROQUEL XR	TRIANEX	ZETONNA	
PRAVACHOL	SEROSTIM	TROKENDI XR	zileuton er	
PRED FORTE/	SIGNIFOR*	TRULANCE	ZIPSOR	
OMNIPRED	SIKLOS*	TUDORZA	ZIRGAN	
PREGNYL	SILDENAFIL* 20MG	TYMLOS*	ZOHYDRO ER	
PRESTALIA	SILENOR	TYVASO*	ZOLOFT	
PROCRIT	SILIQ*	ULTRAM ER	ZOLPIMIST	
	SIMPONI*	ULTRAVATE		

⁵ Current as of January 1, 2019. 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 authorization⁶.

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Drug Name (s)
Alzheimer's Disease Agents NOTE: For most conditions, a generic cholinesterase inhibitor must be utilized before receiving prior authorization for the medications in this program.	ARICEPT, 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 NOTE: For most conditions, a generic statin 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
Anti-Emetic NOTE: For most conditions, ondansetron and granisetron 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) (\geq 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 (\geq age 18): Prior authorization is required.]	CIALIS (2.5MG/5MG)
Gout Agents NOTE: For most conditions, allopurinol must be utilized before receiving prior authorization for the medications in this program.	ULORIC
Osteoporosis Agents NOTE: For most conditions, alendronate , ibandronate , or risedronate must be utilized before receiving prior authorization for the medications in this program.	ACTONEL ATELVIA BONIVA FOSAMAX FOSAMAX +D
Topical Acne Product NOTE: For most conditions, a topical anti-acne product must be utilized before receiving prior authorization for Aczone.	ACZONE

⁶ Current as of January 1, 2019. 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 limits⁷ 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; Lowercase Bold = Generic)	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
ANTIDEPRESSANT THERAPY		
CELEXA, citalopram tablets	30 tabs of 10mg, 40mg; 60 tabs of 20mg	90 tabs of 10mg, 40mg; 180 tabs of 20mg
EFFEXOR XR, venlafaxine er tablets	30 tabs of 225mg; 60 tabs of 150mg;	90 tabs of 225mg; 180 tabs of 150mg;
FETZIMA tablets	90 tabs of 37.5mg, 75mg	270 tabs of 37.5mg, 75mg
fluoxetine weekly capsules	90 caps/tabs of 10mg, 20mg	270 caps/tabs of 10mg, 20mg
LEXAPRO suspension	30 tabs of 20mg, 40mg, 80mg, 120mg	90 tabs of 20mg, 40mg, 80mg, 120mg
LEXAPRO, escitalopram tablets	3 bottles (720ml)	9 bottles (2160ml)
PAXIL CR, paroxetine er tablets	60 tabs of 10mg, 20mg, 30mg; 30 tabs of 40mg	180 tabs of 10mg, 20mg, 30mg; 90 tabs of 40mg
PAXIL, PEXEVA, paroxetine tablets	30 tabs of 5mg, 10mg, 20mg	90 tabs of 5mg, 10mg, 20mg
PRISTIQ, desvenlafaxine tablets	30 tabs of 12.5mg, 25mg	90 tabs of 12.5mg, 25mg
PROZAC, fluoxetine capsules/tablets	30 tabs of 50mg, 100mg	90 tabs of 50mg, 100mg
TRINTELLIX tablets	4 caps of 90mg	12 caps of 90mg
ANTIEMETIC THERAPY (nausea/vomiting)		
AKENZEMET tablets	5 tabs of 50mg, 100mg per prescription	15 tabs of 50mg, 100mg per prescription
AKYNZOE capsules	2 caps per 30 days	2 caps per 90 days
CESAMET capsules	6 caps of 1mg per prescription	18 caps of 1mg per prescription
EMEND, aprepitant capsules	8 caps of 40mg, 80mg; 4 caps of 125mg; 4 packs per prescription	24 caps of 40mg, 80mg; 12 caps of 25mg; 12 packs per prescription
KYTRIL tablets	8 tabs of 1mg per prescription	24 tabs of 1mg per prescription
SANCUSO patch	2 patches	6 patches
ZOFRAN suspension	5 bottles (250ml) per prescription	15 bottles (750ml) per prescription
ZOFRAN, ondansetron tablets	24 tabs of 4mg, 8mg; 4 tabs of 24mg per prescription	72 tabs of 4mg, 8mg; 12 tabs of 24mg per prescription
ZOFRAN, ondansetron odt tablets	24 tabs of 4mg, 8mg; 4 tabs of 24mg per prescription	72 tabs of 4mg, 8mg; 12 tabs 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, oseltamivir capsules	10 caps of 45mg, 75mg per prescription, 20 caps of 30mg per prescription; max of 2 prescriptions per year	N/A
TAMIFLU suspension	4 bottles (240 mL) of 6mg/ml per prescription; maximum of 2 prescriptions per 365 days; maximum of 2 prescriptions per year	
BISPHOSPHONATE THERAPY (osteoporosis)		
ACTONEL, risedronate tablets	4 tabs of 35mg, 1 tablet of 150mg	12 tabs of 35mg, 3 tabs of 150mg
ATELVIA, risedronate sodium tablets	4 tabs of 35mg per 28-day period	12 tabs of 35mg per 84-day period
BONIVA, ibandronate tablets	1 tablet of 150mg per 28-day period	3 tablet of 150mg per 84-day period
FOSAMAX, alendronate tablets	4 tabs of 35mg, 70mg per 28-day period	12 tabs of 35mg, 70mg per 84-day period
FOSAMAX+D tablets	4 tabs per 28-day period	12 tabs per 84-day period

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
CHOLESTEROL LOWERING THERAPY		
ALTOPREV ER tablets	30 tabs of 20mg, 40mg, 60mg	90 tabs of 20mg, 40mg, 60mg
CRESTOR, rosuvastatin tablets	30 tabs of 5mg, 10mg, 20mg, 40mg	90 tabs of 5mg, 10mg, 20mg, 40mg
LESCOL/-XL, fluvastatin/-er tablets or capsules	30 tabs or caps of 20mg, 40mg, 80mg	90 tabs of 20mg, 40mg, 80mg
LIPITOR, atorvastatin tablets	30 tabs of 10mg, 20mg, 40mg, 80mg	90 tabs of 10mg, 20mg, 40mg, 80mg
LIVALO tablets	30 tabs of 1mg, 2mg, 4mg	90 tabs of 1mg, 2mg, 4mg
MEVACOR, lovastatin tablets	30 tabs of 10mg, 20mg; 60 tabs of 40mg	90 tabs of 10mg, 20mg; 180 tabs of 40mg
PRAVACHOL, pravastatin sodium tablets	30 tabs of 10mg, 20mg, 40mg, 80mg	90 tabs of 10mg, 20mg, 40mg, 80mg
SIMCOR tablets	60 tabs of 500/20mg, 750/20mg, 1,000/20mg	180 tabs of 500/20mg, 750/20mg, 1,000/20mg
VYTORIN, ezetimibe/simvastatin tablets	30 tabs of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	90 tabs of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg
ZOCOR, simvastatin tablets	30 tabs of 5mg, 10mg, 20mg, 40mg, 80mg	90 tabs of 5mg, 10mg, 20mg, 40mg, 80mg
ERECTILE DYSFUNCTION THERAPY		
CAVERJECT injection		
ADCIRCA (PAH only), CIALIS tablets		
EDEX injection		
LEVITRA tablets		
MUSE inserts	Therapy class allows 6 units (any combination of products)	Therapy class allows 18 units (any combination of products)
STAXYN tablets		
STENDRA tablets		
VIAGRA, REVATIO (PAH only), sildenafil tablets		
MIGRAINE THERAPY		
AMERGE, naratriptan tablets	18 tabs of 1mg; 9 tabs of 2.5mg	54 tabs of 1mg; 27 tabs of 2.5mg
AXERT, almotriptan maleate tablets	24 tabs of 6.25mg; 12 tabs of 12.5mg	72 tabs of 6.25mg; 36 tabs of 12.5mg
FROVA, frovatriptan tablets	27 tabs of 2.5mg	81 tabs of 2.5mg
IMITREX INJECTION, sumatriptan injection	10 injections of 4mg; 12 injections of 6mg	30 injections of 4mg; 36 injections of 6mg
IMITREX NASAL, sumatriptan nasal	30 nasal sprays of 5mg; 12 nasal sprays of 20mg	90 nasal sprays of 5mg; 36 nasal sprays of 20mg
IMITREX TABLETS, sumatriptan tablets	27 tabs of 25mg; 18 tabs of 50mg; 9 tabs of 100mg	81 tabs of 25mg; 54 tabs of 50mg; 27 tabs of 100mg
MAXALT/-MLT, rizatriptan tablets	36 tabs of 5mg; 12 tabs of 10mg	108 tabs of 5mg; 36 tabs of 10mg
ONZETRA XSAIL tablets	8 doses of 11mg	24 doses of 11mg
RELPAK tablets	18 tabs of 20mg; 12 tabs of 40mg	54 tabs of 20mg; 36 tabs of 40mg
SUMAVEL DOSEPRO Injection	18 injections of 4mg; 12 injections of 6mg	54 injections of 4mg; 36 injections of 6mg
TREXIMET tablets	9 tabs of 85mg/500mg	27 tabs 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, zolmitriptan tablets	18 tabs of 2.5mg; 12 tabs of 5mg	54 tabs of 2.5 mg; 36 tabs of 5mg
MUSCLE RELAXANTS		
baclofen tablets 5mg, 10 mg, 20mg	120 tabs	360 tabs
carisoprodol tablest 250mg, 350mg	28 tabs	84 tabs
CHLORZOXAZONE tablets 250MG, 500MG	28 tabs	84 tabs
cyclobenzaprine tablets 5mg, 10mg	21 tabs	63 tabs
dantrolene capsules 25mg, 50mg, 100mg	90 caps	270 caps
FEXMID tablets 7.5mg	21 tabs	63 tabs
LORZONE tablets 375MG, 750MG	28 tabs	84 tabs
metaxalone tablets 400mg	56 tabs	168 tabs
metaxalone tablets 800mg (includes Skelaxin, Metaxall, and generic metaxalone)	28 tabs	84 tabs

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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MUSCLE RELAXANTS		
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methocarbamol tablets 500mg	60 tabs	180 tabs
methocarbamol tablets 750mg	44 tabs	132 tabs
orphenadrine tablets 100mg cr	14 tabs	42 tabs
ROBAXIN tablets 500MG	60 tabs	180 tabs
ROBAXIN-750 tablets	44 tabs	132 tabs/caps
SOMA tablets 250MG, 350MG	28 tabs	84 tabs/caps
tizanidine tablets/capsules 2mg, 4mg, 6mg	42 tabs/caps	126 tabs/caps
ZANAFLEX capsules/tablets 2MG, 4MG	42 caps/tabs	126 tabs/caps
ZANAFLEX capsules 6MG	42 caps	126 caps

NARCOTIC PAIN RELIEVER THERAPY		
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Combination Products (Adult)	Quantity Allowed Per Month (5 Days)	
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acetaminophen/caffeine/dihydrocodeine tablets	50 tabs	
acetaminophen/codeine solution 120-12mg/5mL	450 tabs	
acetaminophen/codeine tablets #2	30 tabs	
acetaminophen/codeine tablets #3	30 tabs	
acetaminophen/codeine tablets #4	25 tabs	
acetaminophen/codeine tablets 300-30mg	30 tabs	
CAPITAL/CODEINE suspension 120-12mg/5mL	450 ml	
dihydrocodeine/capsules acetaminophen/caffeine	50 caps	
endocet tablets 10-325mg	15 tabs	
endocet tablets 2.5-325mg	60 tabs	
endocet tablets 5-325mg	30 tabs	
endocet tablets 7.5-325mg	20 tabs	
hydrocodone/acetaminophen solution 10-325mg/15mL	375 ml	
hydrocodone/acetaminophen solution 7.5-325mg/15mL	450 ml	
hydrocodone/acetaminophen tablets 10-300mg	25 tabs	
hydrocodone/acetaminophen tablets 10-325mg	25 tabs	
hydrocodone/acetaminophen tablets 2.5-325mg	60 tabs	
hydrocodone/acetaminophen tablets 5-300mg	40 tabs	
hydrocodone/acetaminophen tablets 5-325mg	40 tabs	
hydrocodone/acetaminophen tablets 7.5-300mg	30 tabs	
hydrocodone/acetaminophen tablets 7.5-325mg	30 tabs	
hydrocodone/ibuprofen tablets 10-200mg	25 tabs	
hydrocodone/ibuprofen tablets 10-200mg	25 tabs	
hydrocodone/ibuprofen tablets 5-200mg	25 tabs	
hydrocodone/ibuprofen tablets 7.5/200mg	25 tabs	
ibudone tablets 10-200mg	25 tabs	
ibudone tablets 5-200mg	25 tabs	
lorcet hd tablets 10-325mg	25 tabs	
lorcet plus tablets 7.5-325mg	30 tabs	

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
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NARCOTIC PAIN RELIEVER THERAPY

Combination Products (Adult)	Quantity Allowed Per Month (5 Days)
lorcet tablets 5-325mg	40 tabs
LORTAB ELIX 10-300MG	338 ml
lortab lets tablets 10-325mg	25 tabs
lortab lets tablets 5-325mg	40 tabs
lortab lets tablets 7.5-325mg	30 tabs
NALOCET tablets 2.5-300MG	60 tabs
NORCO tablets 10-325MG	25 tabs
NORCO tablets 5-325MG	40 tabs
NORCO tablets 7.5-325MG	30 tabs
oxycodone/acetaminophen solution 5-325 mg/5mL	100 ml
oxycodone/acetaminophen tablets 10-325mg	15 tabs
oxycodone/acetaminophen tablets 2.5-325mg	60 tabs
oxycodone/acetaminophen tablets 5-325mg	30 tabs
oxycodone/acetaminophen tablets 7.5-325mg	20 tabs
oxycodone/aspirin tablets 4.8355/325mg	30 tabs
oxycodone/ibuprofen tablets 5-400mg	20 tabs
panlor tablets 325-30mg	50 tabs
PERCOCET tablets 10-325MG	15 tabs
PERCOCET tablets 2.5-325MG	60 tabs
PERCOCET tablets 5-325MG	30 tabs
PERCOCET tablets 7.5-325MG	20 tabs
PRIMLEV tablets 10-300MG	15 tabs
PRIMLEV tablets 5-300MG	30 tabs
PRIMLEV tablets 7.5-300MG	20 tabs
reprexain tablets 10-200mg	25 tabs
REPRESAIN tablets 5-200MG	25 tabs
SYNALGOS-DC capsules	50 caps
tramadol/acetaminophen tablets 37.5-325mg	40 tabs
trezix capsules	50 caps
TYLENOL/CODEINE tablets #3	30 tabs
TYLENOL/CODEINE tablets #4	25 tabs
ULTRACET tablets 37.5-325MG	40 tabs
verdrocet tablets 2.5-325mg	60 tabs
vicodin es tablets 7.5-300mg	30 tabs
vicodin hp tablets 10-300mg	25 tabs
vicodin tablets 5-300mg	40 tabs
XODOL tablets 10-300MG	25 tabs
XODOL tablets 5-300MG	40 tabs
XODOL tablets 7.5/300MG	30 tabs
xylon tablets 10-200mg	25 tabs
zamicet solution 10-325mg	375 ml

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
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NARCOTIC PAIN RELIEVER THERAPY

Cominbation Products (Dependent)	Quantity Allowed Per Month (3 Days)
acetaminophen/caffeine/dihydrocodeine tablets	30 tabs
acetaminophen/codeine solution 120-12mg/5mL	270 ml
acetaminophen/codeine tablets #2	18 tabs
acetaminophen/codeine tablets #3	18 tabs
acetaminophen/codeine tablets #4	15 tabs
acetaminophen/codeine tablets 300-30mg	18 tabs
CAPITAL/CODEINE suspension 120-12mg/5mL	270 ml
dihydrocodeine/capsules acetaminophen/caffeine	30 caps
endocet tablets 10-325mg	9 tabs
endocet tablets 2.5-325mg	36 tabs
endocet tablets 5-325mg	18 tabs
endocet tablets 7.5-325mg	12 tabs
hydrocodone/acetaminophen solution 10-325mg/15mL	225 ml
hydrocodone/acetaminophen solution 7.5-325mg/15mL	270 ml
hydrocodone/acetaminophen tablets 10-300mg	15 tabs
hydrocodone/acetaminophen tablets 10-325mg	15 tabs
hydrocodone/acetaminophen tablets 2.5-325mg	36 tabs
hydrocodone/acetaminophen tablets 5-300mg	24 tabs
hydrocodone/acetaminophen tablets 5-325mg	24 tabs
hydrocodone/acetaminophen tablets 7.5-300mg	18 tabs
hydrocodone/acetaminophen tablets 7.5-325mg	18 tabs
hydrocodone/ibuprofen tablets 10-200mg	15 tabs
hydrocodone/ibuprofen tablets 5-200mg	15 tabs
hydrocodone/ibuprofen tablets 7.5-200mg	15 tabs
ibudone tablets 10-200mg	15 tabs
ibudone tablets 5-200mg	15 tabs
lorcet hd tablets 10-325mg	15 tabs
lorcet plus tablets 7.5-325mg	18 tabs
lorcet tablets 5-325mg	24 tabs
LORTAB elixer 10-300MG	203 ml
lortab tablets 10-325mg	15 tabs
lortab tablets 5-325mg	24 tabs
lortab tablets 7.5-325mg	18 tabs
NALOCET tablets 2.5-300MG	36 tabs
NORCO tablets 10-325MG	15 tabs
NORCO tablets 5-325MG	24 tabs
NORCO tablets 7.5-325MG	18 tabs
oxycodone/acetaminophen solution 5-325 mg/5mL	60 ml

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
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NARCOTIC PAIN RELIEVER THERAPY		
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Cominbation Products (Dependent)	Quantity Allowed Per Month (3 Days)	
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oxycodone/acetaminophen tablets 10-325mg	9	tabs
oxycodone/acetaminophen tablets 2.5-325mg	36	tabs
oxycodone/acetaminophen tablets 5-325mg	18	tabs
oxycodone/acetaminophen tablets 7.5-325mg	12	tabs
oxycodone/aspirin tablets 4.8355/325mg	18	tabs
oxycodone/ibuprofen tablets 5-400mg	12	tabs
panlor tablets 325-30mg	30	tabs
PERCOCET tablets 10-325MG	9	tabs
PERCOCET tablets 2.5-325MG	36	tabs
PERCOCET tablets 5-325MG	18	tabs
PERCOCET tablets 7.5-325MG	12	tabs
PRIMLEV tablets 10-300MG	9	tabs
PRIMLEV tablets 5-300MG	18	tabs
PRIMLEV tablets 7.5-300MG	12	tabs
reprexain tablets 10-200mg	15	tabs
REPRIXAIN tablets 5-200MG	15	tabs
SYNALGOS-DC capsules	30	caps
tramadol/acetaminophen tablets 37.5-325mg	24	tabs
trezix capsules	30	caps
TYLENOL/CODEINE tablets #3	18	tabs
TYLENOL/CODEINE tablets #4	15	tabs
ULTRACET tablets 37.5-325MG	24	tabs
verdrocet tablets 2.5-325mg	36	tabs
vicodin es tablets 7.5-300mg	18	tabs
vicodin hp tablets 10-300mg	15	tabs
vicodin tablets 5-300mg	24	tabs
XODOL tablets 10-300MG	15	tabs
XODOL tablets 5-300MG	24	tabs
XODOL tablets 7.5-300MG	18	tabs
xylon tablets 10-200mg	15	tabs
zamicet solution 10-325mg	225	ml

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

Single Products (Adult)	Quantity Allowed Per Month (5 Days)	
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butorphanol spray nasal 10mg/ml	2.5	ml
codeine sulfate tablets 15mg	30	tabs
codeine sulfate tablets 30mg	30	tabs
codeine sulfate tablets 60mg	25	tabs
hydromorphone liquid 1mg/ml	60	ml
hydromorphone tablets 2mg	30	tabs
hydromorphone tablets 4mg	15	tabs
hydromorphone tablets 8mg	5	tabs
levorphanol tablets 2mg	10	tabs
meperidine solution 50mg/5ml*	150	ml
meperidine tablets 100mg*	15	tabs
meperidine tablets 50mg*	30	tabs

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
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NARCOTIC PAIN RELIEVER THERAPY

Single Products (Adult) Quantity Allowed Per Month (5 Days)

morphine sulfate solution 100mg/5ml	10 ml
morphine sulfate solution 10mg/5ml	125 ml
morphine sulfate solution 20mg/5ml	60 ml
morphine sulfate solution 20mg/ml	10 ml
morphine sulfate tablets 15mg	15 ml
morphine sulfate tablets 30mg	5 tabs
NUCYNTA tablets 100MG	5 tabs
NUCYNTA tablets 50MG	10 tabs
NUCYNTA tablets 75MG	5 ml
oxycodone concentrate 100mg/5ml	5 ml
oxycodone concentrate 10mg/0.5ml	5 ml
oxycodone concentrate 20mg/ml	5 ml
oxycodone solution 5mg/5ml	165 ml
oxycodone tablets 10mg	15 tabs
oxycodone tablets 15mg	10 tabs
oxycodone tablets 20mg	5 tabs
oxycodone tablets 30mg	6 tabs
oxycodone tablets 5mg	30 tabs
tramadol hcl tablets 50mg	50 tabs

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

Single Products (Dependent) Quantity Allowed Per Month (5 Days)

butorphanol spray nasal 10mg/ml	2.5 ml
codeine sulfate tablets 15mg	30 tabs
codeine sulfate tablets 30mg	30 tabs
codeine sulfate tablets 60mg	25 tabs
DEMEROL tablets 100MG	15 tabs
DILAUDID LIQUID 1MG/ML	60 ml
DILAUDID tablets 2MG	30 tabs
DILAUDID tablets 4MG	15 tabs
DILAUDID tablets 8MG	5 tabs
hydromorphone liquid 1mg/ml	60 ml
HYDROMORPHONE SUPP 3MG	20 ml
hydromorphone tablets 2mg	30 tabs
hydromorphone tablets 4mg	15 tabs
hydromorphone tablets 8mg	5 tabs
levorphanol tablets 2mg	10 tabs
meperidine solution 50mg/5ml*	150 ml
meperidine tablets 100mg*	15 tabs
meperidine tablets 50mg*	30 tabs
morphine sulfate solution 100mg/5ml	10 ml
morphine sulfate solution 10mg/5ml	125 ml
morphine sulfate solution 20mg/5ml	60 ml
morphine sulfate solution 20mg/ml	10 tabs
morphine sulfate supp 10mg	25 supp
morphine sulfate supp 20mg	10 supp
MORPHINE SULFATE SUPP 30MG	5 supp
morphine sulfate suppository 5mg	50 supp
morphine sulfate tablets 15mg	15 tabs

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
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NARCOTIC PAIN RELIEVER THERAPY		
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Single Products (Dependent)	Quantity Allowed Per Month (5 Days)	
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morphine sulfate tablets 30mg	5	tabs
NUCYNTA tablets 100MG	5	tabs
NUCYNTA tablets 50MG	10	tabs
NUCYNTA tablets 75MG	5	tabs
OPANA tablets 10MG	5	tabs
OPANA tablets 5MG	15	tabs
OXAYDO tablets 5MG	30	tabs
OXAYDO tablets 7.5MG	20	tabs
oxycodone capsules 5mg	30	caps
oxycodone concentrate 100mg/5ml	5	ml
oxycodone concentrate 10mg/0.5ml	5	ml
oxycodone concentrate 20mg/ml	5	ml
oxycodone solution 5mg/5ml	165	ml
oxycodone tablets 10mg	15	tabs
oxycodone tablets 15mg	10	tabs
oxycodone tablets 20mg	5	tabs
oxycodone tablets 30mg	5	tabs
oxycodone tablets 5mg	30	tabs
oxymorphone tablets hcl 10mg	5	tabs
oxymorphone tablets hcl 5mg	15	tabs
pentazocine/naloxone tablets 50-0.5mg	10	tabs
ROXICODONE tablets 15MG	10	tabs
ROXICODONE tablets 30MG	5	tabs
ROXICODONE tablets 5MG	30	tabs
ROXYBOND tablets 15MG	10	tabs
ROXYBOND tablets 30MG	5	tabs
ROXYBOND tablets 5MG	30	tabs
tramadol hcl tablets 50mg	50	tabs
ULTRAM tablets 50MG	50	tabs

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

Extended Release	Quantity Allowed Per Month	
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ARYMO ER tablets 15MG	60	tabs
ARYMO ER tablets 30MG	30	tabs
ARYMO ER tablets 60MG	0	tabs
BELBUCA film 150MCG	60	films
BELBUCA film 300MCG	60	films
BELBUCA film 450MCG	60	films
BELBUCA film 600MCG	60	films
BELBUCA film 750MCG	60	films
BELBUCA film 75MCG	60	films
BELBUCA film 900MCG	30	films
BELBUCA MIS 750MCG	60	films
buprenorphine dis 10mcg/hr	4	patches
buprenorphine dis 15mcg/hr	4	patches
buprenorphine dis 20mcg/hr	4	patches
buprenorphine dis 5mcg/hr	5	patches
buprenorphine dis 7.5mcg/hr	6	patches
BUTRANS DIS 10MCG/HR	7	patches

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
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NARCOTIC PAIN RELIEVER THERAPY

Extended Release	Quantity Allowed Per Month
BUTRANS DIS 15MCG/HR	8 patches
BUTRANS DIS 20MCG/HR	9 patches
BUTRANS DIS 5MCG/HR	10 patches
BUTRANS DIS 7.5MCG/HR	11 patches
CONZIP capsules 100MG	30 caps
CONZIP capsules 200MG	30 caps
CONZIP capsules 300MG	30 caps
DOLOPHINE tablets 10MG	30 caps
DOLOPHINE tablets 5MG	60 tabs
DURAGESIC DIS 100MCG/HR	0 patches
DURAGESIC DIS 25MCG/HR	0 patches
DURAGESIC DIS 50MCG/HR	0 patches
DURAGESIC DIS 75MCG/HR	0 patches
DURAGESIC-12 DIS 12MCG/HR	10 patches
EMBEDA capsules 100-4MG	0 caps
EMBEDA capsules 20-0.8MG	30 caps
EMBEDA capsules 30-1.2MG	30 caps
EMBEDA capsules 50-2MG	30 caps
EMBEDA capsules 60-2.4MG	0 caps
EMBEDA capsules 80-3.2MG	0 caps
EXALGO tablets 12MG	30 tabs
EXALGO tablets 16MG	0 tabs
EXALGO tablets 32MG	0 tabs
EXALGO tablets 8MG	30 tabs
fentanyl dis 100mcg/hr	0 patches
fentanyl dis 12mcg/hr	10 patches
fentanyl dis 25mcg/hr	0 patches
fentanyl dis 37.5mcg/hr	0 patches
fentanyl dis 50mcg/hr	0 patches
fentanyl dis 62.5mcg/hr	0 patches
fentanyl dis 75mcg/hr	0 patches
fentanyl dis 87.5mcg/hr	0 patches
hydromorphone tablets 12mg er	30 tabs
hydromorphone tablets 16mg er	0 tabs
hydromorphone tablets 32mg er	0 tabs
hydromorphone tablets 8mg er	30 tabs
HYSINGLA ER tablets 100 MG	0 tabs
HYSINGLA ER tablets 120 MG	0 tabs
HYSINGLA ER tablets 20 MG	30 tabs
HYSINGLA ER tablets 30 MG	30 tabs
HYSINGLA ER tablets 40 MG	30 tabs
HYSINGLA ER tablets 60 MG	0 tabs
HYSINGLA ER tablets 80 MG	0 tabs
KADIAN capsules 100MG ER	0 tabs
KADIAN capsules 10MG ER	30 caps
KADIAN capsules 200MG ER	0 caps
KADIAN capsules 20MG ER	30 caps

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
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NARCOTIC PAIN RELIEVER THERAPY

Extended Release	Quantity Allowed Per Month
KADIAN capsules 30MG ER	30 caps
KADIAN capsules 40MG ER	30 caps
KADIAN capsules 50MG ER	30 caps
KADIAN capsules 60MG ER	0 caps
KADIAN capsules 80MG ER	0 caps
methadone solution 10mg/5ml	150 ml
methadone solution 5mg/5ml	300 ml
methadone tablets 10mg	30 tabs
methadone tablets 5mg	60 tabs
MORPHABOND tablets 100MG ER	0 tabs
MORPHABOND tablets 15MG ER	60 tabs
MORPHABOND tablets 30MG ER	30 tabs
MORPHABOND tablets 60MG ER	0 tabs
morphine (a) capsules 120mg er	0 tabs
morphine (a) capsules 30mg er	30 caps
morphine (a) capsules 45mg er	30 caps
morphine (a) capsules 60mg er	0 caps
morphine (a) capsules 75mg er	0 caps
morphine (a) capsules 90mg er	0 caps
morphine (k) capsules 100mg er	0 caps
morphine (k) capsules 10mg er	30 caps
morphine (k) capsules 20mg er	30 caps
morphine (k) capsules 30mg er	30 caps
morphine (k) capsules 50mg er	30 caps
morphine (k) capsules 60mg er	0 caps
morphine (k) capsules 80mg er	0 caps
morphine er capsules 20mg/24	30 caps
morphine er tablets 100mg/12	0 tabs
morphine er tablets 15mg/12	60 tabs
morphine er tablets 200mg/12	0 tabs
morphine er tablets 30mg/12	30 tabs
morphine er tablets 60mg/12	0 tabs
morphine sulfate capsules 100mg er	0 caps
morphine sulfate capsules 60mg er	0 caps
morphine sulfate capsules 80mg er	0 caps
morphine sulfate capsulesules 50mg er	30 caps
morphine sulfate tablets 100mg er	0 tabs
morphine sulfate tablets 15mg er	60 tabs
morphine sulfate tablets 200mg er	0 tabs
morphine sulfate tablets 30mg er	30 tabs
morphine sulfate tablets 60mg er	0 tabs
MS CONTIN tablets 100MG ER	0 tabs
MS CONTIN tablets 15MG ER	60 tabs
MS CONTIN tablets 200MG ER	0 tabs
MS CONTIN tablets 30MG ER	30 tabs
MS CONTIN tablets 60MG ER	0 tabs
NUCYNTA ER tablets 100MG	30 tabs

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
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NARCOTIC PAIN RELIEVER THERAPY		
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Extended Release	Quantity Allowed Per Month
NUCYNTA ER tablets 150MG	0 tabs
NUCYNTA ER tablets 200MG	0 tabs
NUCYNTA ER tablets 250MG	0 tabs
NUCYNTA ER tablets 50MG	60 tabs
OPANA ER tablets 10MG	30 tabs
OPANA ER tablets 15MG	30 tabs
OPANA ER tablets 20MG	0 tabs
OPANA ER tablets 30MG	0 tabs
OPANA ER tablets 40MG	0 tabs
OPANA ER tablets 5MG	60 tabs
OPANA ER tablets 7.5MG	60 tabs
oxycodone er tablets 10mg	60 tabs
oxycodone er tablets 20mg	30 tabs
oxycodone er tablets 40mg	0 tabs
oxycodone er tablets 80mg	0 tabs
oxycodone tablets 10mg er	60 tabs
oxycodone tablets 15mg er	60 tabs
oxycodone tablets 20mg er	30 tabs
oxycodone tablets 30mg er	30 tabs
oxycodone tablets 40mg er	0 tabs
oxycodone tablets 60mg er	0 tabs
oxycodone tablets 80mg er	0 tabs
OXYCONTIN ER tablets 10MG	60 tabs
OXYCONTIN ER tablets 15MG	60 tabs
OXYCONTIN ER tablets 20MG	30 tabs
OXYCONTIN ER tablets 30MG	30 tabs
OXYCONTIN ER tablets 40MG	0 tabs
OXYCONTIN ER tablets 60MG	0 tabs
OXYCONTIN ER tablets 80MG	0 tabs
OXYCONTIN tablets 15MG CR	60 tabs
OXYCONTIN tablets 30MG CR	30 tabs
OXYCONTIN tablets 60MG CR	0 tabs
oxymorphone tablets 10mg er	30 tabs
oxymorphone tablets 15mg er	30 tabs
oxymorphone tablets 20mg er	0 tabs
oxymorphone tablets 30mg er	0 tabs
oxymorphone tablets 40mg er	0 tabs
oxymorphone tablets 5mg er	60 tabs
oxymorphone tablets 7.5mg er	60 tabs
tramadol (c) capsules er 100mg	30 caps
tramadol (c) capsules er 200mg	30 caps
tramadol (c) capsules er 300mg	30 caps
tramadol (r) tablets 300mg er	30 tabs
tramadol (u) tablets 100mg er	30 tabs
tramadol (u) tablets 200mg er	30 tabs
tramadol (u) tablets 300mg er	30 tabs
TRAMADOL HCL capsules 150MG ER	30 caps

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
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NARCOTIC PAIN RELIEVER THERAPY

Extended Release	Quantity Allowed Per Month	
tramadol hcl tablets 100mg er	30 tabs	
tramadol hcl tablets 200mg er	30 tabs	
ULTRAM ER tablets 300MG	30 tabs	
XTAMPZA ER capsules 13.5MG	60 caps	
XTAMPZA ER capsules 18MG	30 caps	
XTAMPZA ER capsules 27MG	30 caps	
XTAMPZA ER capsules 36MG	0 caps	
XTAMPZA ER capsules 9MG	60 caps	
ZOHYDRO ER capsules 10MG	60 caps	
ZOHYDRO ER capsules 15MG	60 caps	
ZOHYDRO ER capsules 20MG	60 caps	
ZOHYDRO ER capsules 30MG	30 caps	
ZOHYDRO ER capsules 40MG	30 caps	
ZOHYDRO ER capsules 50MG	30 caps	

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

PROTON PUMP INHIBITOR THERAPY (stomach acid)

ACIPHEX, rabeprazole tablets	30 tabs	
DEXILANT tablets	30 tabs	
DUEXIS tablets	90 tabs	
NEXIUM, esomeprazole capsules	30 caps	
PREVACID, lansoprazole capsules	30 caps	N/A
PROTONIX, pantoprazole tablets	30 tabs	
VIMOVO tablets	60 tabs	
ZEGERID tablets	30 tabs	

RESPIRATORY MEDICATIONS (inhalers)

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
fluticasone/salmeterol	1 inhaler	3 inhalers
PULMICORT FLEXHALER	2 inhalers	4 inhalers
PULMICORT RESPULES, budesonide inhal suspension	30 tabs	90 tabs
QVAR	1 inhaler	3 inhalers
SYMBICORT	1 inhaler	3 inhalers

SEDATIVE/HYPNOTIC THERAPY (sleep aids)

AMBIEN, zolpidem tablets		
AMBIEN CR, zolpidem er tablets		
BELSOMRA		
EDLUAR	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
EDLUAR SL tablets		
estazolam		
flurazepam		

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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SEDATIVE/HYPNOTIC THERAPY (sleep aids)		
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HALCION, triazolam		
INTERMEZZO, zolpidem sl		
LUNESTA, eszopiclone tablets		
RESTORIL, temazepam	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
ROZEREM		
SILENOR		
SONATA, zaleplon capsules		
zolpidem/-er		
ZOLPIMIST		

TOPICAL CORTICOSTEROIDS	Quantity (120 Units Per 30 Days)	
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ALCLOMETASONE DIPROPIONATE cream 0.05%		
ALCLOMETASONE DIPROPIONATE ointment 0.05%		
AMCINONIDE cream 0.1%		
AMCINONIDE lotion 0.1%		
AMCINONIDE ointment 0.1%		
BETAMETHASONE DIPROPIONATE AUGMENTED cream 0.05%		
BETAMETHASONE DIPROPIONATE AUGMENTED gel 0.05%		
BETAMETHASONE DIPROPIONATE AUGMENTED lotion 0.05%		
BETAMETHASONE DIPROPIONATE AUGMENTED ointment 0.05%		
BETAMETHASONE DIPROPIONATE cream 0.05%		
BETAMETHASONE DIPROPIONATE lotion 0.05%		
BETAMETHASONE DIPROPIONATE ointment 0.05%		
BETAMETHASONE VALERATE cream 0.1% (BASE EQUIVALENT)	Therapy class allows 125 units per 30 days for any combination of products	N/A
BETAMETHASONE VALERATE lotion 0.1% (BASE EQUIVALENT)		
BETAMETHASONE VALERATE ointment 0.1% (BASE EQUIVALENT)		
CLOBETASOL PROPIONATE cream 0.025%		
CLOBETASOL PROPIONATE cream 0.05%		
CLOBETASOL PROPIONATE EMOLLIENT BASE cream 0.05%		
CLOBETASOL PROPIONATE gel 0.05%		
CLOBETASOL PROPIONATE lotion 0.05%		
CLOBETASOL PROPIONATE ointment 0.05%		
CLOCORTOLONE PIVALATE cream 0.1%		
DESONIDE cream 0.05%		
DESONIDE gel 0.05%		
DESONIDE lotion 0.05%		
DESONIDE ointment 0.05%		
DESOXIMETASONE cream 0.05%		
DESOXIMETASONE cream 0.25%		
DESOXIMETASONE gel 0.05%		

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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TOPICAL CORTICOSTEROIDS	Quantity (120 Units Per 30 Days)	
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- DESOXIMETASONE ointment 0.05%
- DESOXIMETASONE ointment 0.25%
- DIFLORASONE DIACETATE cream 0.05%
- DIFLORASONE DIACETATE EMOLLIENT BASE cream 0.05%
- DIFLORASONE DIACETATE ointment 0.05%
- FLUOCINOLONE ACETONIDE cream 0.01%
- FLUOCINOLONE ACETONIDE cream 0.025%
- FLUOCINOLONE ACETONIDE ointment 0.025%
- FLUOCINONIDE cream 0.05%
- FLUOCINONIDE cream 0.1%
- FLUOCINONIDE EMULSIFIED BASE cream 0.05%
- FLUOCINONIDE gel 0.05%
- FLUOCINONIDE ointment 0.05%
- FLURANDRENOLIDE cream 0.05%
- FLURANDRENOLIDE lotion 0.05%
- FLURANDRENOLIDE ointment 0.05%
- FLUTICASONE PROPIONATE cream 0.05%
- FLUTICASONE PROPIONATE lotion 0.05%
- FLUTICASONE PROPIONATE ointment 0.005%
- HALCINONIDE cream 0.1%
- HALCINONIDE ointment 0.1%
- HALOBETASOL PROPIONATE cream 0.05%
- HALOBETASOL PROPIONATE lotion 0.05%
- HALOBETASOL PROPIONATE ointment 0.05%
- HYDROCORTISONE BUTYRATE cream 0.1%
- HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE cream 0.1%
- HYDROCORTISONE BUTYRATE lotion 0.1%
- HYDROCORTISONE BUTYRATE ointment 0.1%
- HYDROCORTISONE PROBUTATE cream 0.1%
- HYDROCORTISONE VALERATE cream 0.2%
- HYDROCORTISONE VALERATE ointment 0.2%
- MOMETASONE FUROATE cream 0.1%
- MOMETASONE FUROATE ointment 0.1%
- MOMETASONE FUROATE SOLUTION 0.1% (lotion)
- PREDNICARBATE cream 0.1%

Therapy class allows 125 units per 30 days for any combination of products

N/A

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/30 day supply Maximum Quantity Level	Mail/90 day supply Maximum Quantity Level
TOPICAL CORTICOSTEROIDS		
	Quantity (120 Units Per 30 Days)	
PREDNICARBATE ointment 0.1%	Therapy class allows 125 units per 30 days for any combination of products	N/A
TRIAMCINOLONE ACETONIDE ointment 0.05%		
MISCELLANEOUS MEDICATIONS		
ALINIA 500mg tablets and 100mg/5ml suspension	6 tabs or 60ml	18 tabs or 180ml
BUNAVAIL tablets	60 tabs	180 tabs
DUEXIS	90 tabs	270 tabs
ENBREL MINI	8 injections per 28 days	24 injections per 84 days
INVEGA tablets	60 tabs	180 tabs
lidocaine gel	30 gm of 2% gel; 50 gm of 4% gel	90 gm of 2% and 150 gm of 4%
lidocaine ointment	50 gm of 5% ointment	150 gm of 5% ointment
lidocaine/prilocaine cream, kit	30 gm of 2.5-2.5% cream; 1 kit	90 gm of 2.5-2.5% cream; 3 kit
lidocaine solution	50 ml of 4% soln	150 ml of 4% soln
lidocaine/tetracaine cream	30 gm of 7-7% cream	90 gm of 7-7% cream
lidocaine/tetracaine topical patch	2 patches	6 patches
SEROQUEL XR, quetiapine xr tablets	60 tabs	180 tabs
SUBOXONE film 2/0.5mg, 4/1mg, 8/2mg, 12/3mg	90 tabs	180 tabs
VERAMYST NASAL SPRAY	1 nasal spray per prescription	3 nasal spray per prescription
VIMOVO	60 tabs	180 tabs
ZUBSOLV tablets	90 tabs	180 tabs
ZYPREXA, olanzapine 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.

⁷ Current as of January 1, 2019. 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)	EDNARI* (PAR)	KINERET (PAR)	PLEGRIDY* (PAR)	TYVASO* (PAR)
ACTHAR HP* (PAR)	EGRIFTA* (PAR)	KISQALI FEMARA* (PAR)	POMALYST* (PAR)	UPTRAVI* (PAR)
ADCIRCA* (PAR)	ELOCTATE* (PAR)	KISQALI* (PAR)	PRALUENT* (PAR)	VELTASSA* (PAR)
ADEMPAS* (PAR)	EMFLAZA* (PAR)	KOATE* (PAR)	PREGNYL (PAR)	VENCLEXTA* (PAR)
ADVATE* (PAR)	ENBREL (PAR)	KOGENATE FS* (PAR)	PROCRIT (PAR)	VENTAVIS* (PAR)
ADYNOVATE* (PAR)	EPCLUSA* (PAR)	KORLYM* (PAR)	PROCYSBI* (PAR)	VERZENIO* (PAR)
AFSTYLA* (PAR)	EPOGEN (PAR)	KOVALTRY* (PAR)	PROFILNINE* (PAR)	VIEKIRA PAK/-XR* (PAR)
AIMOVI* (PAR)	ERIVEDGE* (PAR)	KYNAMRO (PAR)	RASUVO* (PAR)	VONVENDI* (PAR)
ALECENSA* (PAR)	ERLEADA* (PAR)	LENVIMA* (PAR)	REBIF (PAR)	VOSEVI* (PAR)
ALPHANATE* (PAR)	ESBRIET* (PAR)	LETAIRIS* (PAR)	REBINYN* (PAR)	WILATE* (PAR)
ALPHANINE SD* (PAR)	EXTAVIA* (PAR)	LEUKINE (PAR)	RECOMBIMATE* (PAR)	XADAGO* (PAR)
ALPROLIX* (PAR)	FARYDAK* (PAR)	LONSURF* (PAR)	REPATHA* (PAR)	XELJANZ*/-XR* (PAR)
ALUNBRIG* (PAR)	FEIBA NF* (PAR)	LYNPARZA* (PAR)	RETACRIT* (PAR)	XENAZINE* (PAR)
AMPYRA* (PAR)	FEIBA* (PAR)	MAVYRET* (PAR)	REVATIO* (PAR)	XERMELO* (PAR)
ARANESP (PAR)	FERRIPROX* (PAR)	MEKINIST* (PAR)	REVLIMID (PAR)	XJADE* (PAR)
AUBAGIO* (PAR)	FIRAZYR* (PAR)	MIGLUSTAT*(PAR)	RIXUBIS* (PAR)	XTANDI* (PAR)
AUSTEDO* (PAR)	FORTEO (PAR)	MIRCERA* (PAR)	RUBRACA* (PAR)	XURIDEN* (PAR)
AVONEX (PAR)	GATTEX* (PAR)	MONOCLATE-P* (PAR)	RUCONEST* (PAR)	XYNTHA* (PAR)
BEBULIN* (PAR)	GENOTROPIN (PAR)	MONONINE* (PAR)	RYDAPT* (PAR)	XYREM* (PAR)
BENEFIX* (PAR)	GILENYA* (PAR)	MYALEPT* (PAR)	SABRIL* (PAR)	YONSA* (PAR)
BENLYSTA* (PAR)	GILOTRIF* (PAR)	NATPARA* (PAR)	SAIZEN (PAR)	ZARXIO* (PAR)
BERINERT* (PAR)	GLATIRAMER (PAR)	NERLYNX* (PAR)	SENSIPAR* (PAR)	ZAVESCA* (PAR)
BETASERON (PAR)	GRANIX* (PAR)	NEULASTA (PAR)	SEROSTIM (PAR)	ZEJULA* (PAR)
BOSULIF* (PAR)	HAEGARDA* (PAR)	NEUPOGEN (PAR)	SIGNIFOR* (PAR)	ZEPATIER (PAR)
CABOMETYX* (PAR)	HARVONI (PAR)	NINLARO* (PAR)	SIKLOS* (PAR)	ZOMACTON* (PAR)
CALQUENCE* (PAR)	HELIXATE FS* (PAR)	NITYR* (PAR)	SILDENAFIL* 20MG (PAR)	ZORBIVE (PAR)
CARBAGLU* (PAR)	HEMLIBRA* (PAR)	NORDITROPIN (PAR)	SILIQ* (PAR)	ZYDELIG* (PAR)
CAYSTON* (PAR)	HEMOFIL M* (PAR)	NORTHERA* (PAR)	SIMPONI* (PAR)	ZYKADIA (PAR)
CERDELGA* (PAR)	HETLIOZ (PAR)	NOVAREL (PAR)	SOVALDI* (PAR)	ZYTIGA* (PAR)
CHOLBAM* (PAR)	HIZENTRA* (PAR)	NOVOEIGHT* (PAR)	STELARA* (PAR)	
chorionic gonadotropin (PAR)	HUMATE-P (PAR)	NOVOSEVEN RT* (PAR)	STIMATE* (PAR)	
CIMZIA* (PAR)	HUMATROPE (PAR)	NUPLAZID* (PAR)	STIVARGA* (PAR)	
CINRYZE* (PAR)	HUMIRA (PAR)	NUTROPIN,-AQ,	STRENSIQ* (PAR)	
COAGADEX* (PAR)	HYQVIA* (PAR)	-DEPOT (PAR)	SYLATRON* (PAR)	
COMETRIQ* (PAR)	IBRANCE* (PAR)	NUWIQ* (PAR)	SYMDEKO* (PAR)	
COPAXONE (PAR)	ICLUSIG* (PAR)	OBIZUR* (PAR)	SYNALAR*,-HP (PAR)	
CORIFACT* (PAR)	IDELVION* (PAR)	OCALIVA* (PAR)	SYNAREL* (PAR)	
COSENTYX* (PAR)	IDHIFA* (PAR)	ODOMZO* (PAR)	TADALAFIL* (PAR)	
COTELLIC* (PAR)	IMBRUVICA* (PAR)	OFEV (PAR)	TAFINLAR* (PAR)	
CUTIVATE* (PAR)	INCRELEX (PAR)	OLUMIANT* (PAR)	TAGRISSO* (PAR)	
CUVITRU* (PAR)	INGREZZA* (PAR)	OMNITROPE* (PAR)	TALTZ* (PAR)	
CYSTADANE* (PAR)	INLYTA* (PAR)	OPSUMIT* (PAR)	TARCEVA (PAR)	
CYSTAGON* (PAR)	INTRON A (PAR)	ORENCIA* (PAR)	TAVALISSE* (PAR)	
CYSTARAN* (PAR)	IXINITY* (PAR)	ORENITRAM (PAR)	TECFIDERA* (PAR)	
DAKLINZA* (PAR)	JADENU* (PAR)	ORFADIN* (PAR)	TECHNIVE* (PAR)	
DALFAMPRIDINE*	JAKAFI* (PAR)	ORKAMBI* (PAR)	TETRABENAZINE* (PAR)	
DOPTELET* (PAR)	JUXTAPID* (PAR)	OTEZLA (PAR)	TRACLEER* (PAR)	
DUPIXENT* (PAR)	KALYDECO* (PAR)	PALYNZIQ* (PAR)	TREMFYA* (PAR)	
	KEVZARA* (PAR)	PEGINTRON (PAR)	TYMLOS* (PAR)	

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

Current as of January 1, 2019.

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 benefit⁸.

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).

⁸ 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

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