

GUIDE TO PRESCRIPTION DRUG BENEFITS

open/closed formulary



Capital BLUE 

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Guide to Prescription Drug Benefits

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

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



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.¹
- 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 applied.²

- 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.² (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.²

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 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 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 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.⁵

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

ABILIFY/DISC MELT	BELSOMRA	desvenlafaxine er	FETZIMA	INTUNIV
ABSTRAL SUBLINGUAL	BELVIQ/-XR	DETROL/LA	FIRAZYR	INVEGA
ACCUPRIL	benzphetamine	DEXEDRINE	FLECTOR	INVOKAMET
ACCURETIC	BEPREVE	DIDREX	FLOLIPID	INVOKANA
ACEON	BERINERT	diethylpropion /-er	FLUOROPLEX	IONAMIN
ACIPHEX	BESIVANCE	DIFFERIN	FLUOXETINE 60MG	IRENKA
ACTEMRA	BETASERON	DIFICID	fluticasone-salmeterol (Generic ADVAIR)	JADENU
ACTHAR	BONTRIL	DIOVAN/-HCT	fluticasone-salmeterol (Generic AIRDUO)	JAKAFI
ACTIQ LOZENGE	BOSULIF	DITROPAN/-XL	FOCALIN/-XR	JUBLIA
adapalene gel/pump	BRIVIACT	DOLOPHINE	FORFIVO XL	JUXTAPID
ADCIRCA	BUNAVAIL FILM	dronabinol	FORTAMET	KADIAN
ADDERALL/-XR	buprenorphine sublingual	DUEXIS	FROVA	KALBITOR
ADDYI	buprenorphine/naloxone sublingual	DUPIXENT	FYCOMPA	KALYDECO
ADEMPAS	BUTRANS PATCH	DURAGESIC PATCH	GATTEX	KAPVAY
ADIPEX	BYDUREON	DUREZOL	GELNIQUE	KAZANO
ADLYXIN	BYETTA	DYMISTA	GENOTROPIN	KERYDIN
ADRENACLICK	CABOMETYX	DYNAVEL	GEODON	KEVZARA
ADZENYS XR	capecitabine	EDARBI	GILENYA	KHEDEZLA
AFREEZA	CARAC	EDARBYCLOR	GILOTRIF	KINERET
AIRDUO	CARBAGLU	EDECIN	glatiramer	KISQALI
AKYNZEO	CARDIZEM CD/LA	EFFEXOR/-XR	GLATOPA	KOMBIGLYZE XR
ALECENSA	CAYSTON	EGRIFTA	GLUCOPHAGE	KORLYM
ALINIA	CELEBREX	ELESTAT	GLUCOPHAGE XR	KYNAMRO
ALOCRI	celecoxib	ELLIPTA	GLUMETZA	LASTACFT
ALOMIDE	CELEXA	EMADINE	GYNAZOLE	LATUDA
ALSUMA	CERDELGA	EMBEDA	HAEGARDA	LAZANDA SPRAY
ALTABAX	CESAMET	EMFLAZA	HALOG	LENVIMA
ALTACE	CHOLBAM	EMSAM	HARVONI	LESCOL/-XL
ALTOPREV	chorionic gonadotropin	ENABLEX	HETLIOZ	LETAIRIS
ALUNBRIG	CIALIS 2.5MG,5MG	ENBREL	HUMALOG	LEVEMIR
AMERGE	CIMZIA	ENTRESTO	HUMATROPE	LEXAPRO
AMITIZA	CINRYZE	EPCLUSA	HUMIRA	LIPITOR
AMPYRA	CIPRO® HC Otic	EPIPEN,-JR	HUMULIN	LIVALO
AMRIX	CIPRODEX	EPOGEN	HUMULIN N	LONSURF
ANAFRANIL	COMETRIQ	ERGOLOID MESYLATES	HUMULIN R	LOTENSIN/-HCT
APIDRA	COMPOUNDS	ERIVEDGE	hydromorphone er	LOTREL
APLENZIN	CONCERTA	ERTACZO	HYQVIA	lovastatin
APTOM	CONTRAVE	ESBRIET	HYSINGLA ER	LUVOX CR
ARANESP	CONZIP	ethacrynic acid	HYZAAR	LUZU
ARYMO ER	COPAXONE	EUCRISA	IBRANCE	LYNPARZA
ATACAND/-HCT	CORLANOR	EVEKEO	ICLUSIG	LYRICA
ATRALIN	COSENTYX	EVZIO	IDHIFA	MARINOL
AUBAGIO	COTELLIC	EXALGO	ILEVRO	MARPLAN
AUSTEDO	COTEMPLA XR-ODT	EXELDERM	IMBRUVICA	MATZIM
AUVI-Q	COZAAR	EXFORGE/-HCT	IMITREX	MAVIK
AVALIDE	CRESTOR	EXJADE	IMITREX NASAL SPRAY	MAXALT/-MLT
AVAPRO	CYMBALTA	EXTAVIA	INCRELEX	MEKINIST
AVINZA	CYSTADANE	FABIOR	INCRUSE	MENTAX
AVITA (>age 25)	CYSTAGON	FACTIVE	INGREZZA	METADATE CD
AVONEX	CYSTARAN	FANAPT	INLYTA	METAXALL
AXERT	DAKLINZA	FARYDAK	INSULIN TEST STRIPS	metaxolone
AZILECT	DARAPRIM	fentanyl lozenge	INTRAROSA	metformin er
BANZEL	DENAVIR	fentanyl patch	INTRON A	metformin er modified/ osmotic release
BASAGLAR	DERMAPAK PLUS (>age 25)	FENTANYL PATCH		methadone
BECONASE AQ	DESOXYN	FENTORA		methamphetamine hcl
BELBUCA FILM		FERRIPROX		

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

METHYLIN	ONGLYZA	REGRANEX	SYNAREL	VIMPAT
METROCREAM	ONZETRA	RELISTOR	SYNDROS	VOLTAREN GEL
METROGEL	OPANA ER	RELPAX	TAFINLAR	VON VENDI
MICARDIS/-HCT	OPSUMIT	RENAGEL	TAGRISSE	VOSEVI
MIRCERA	ORAVIG	REPATHA	TALTZ	VRAYLAR
MIRVASO	ORENCIA 125MG/ML	RESTASIS	TARCEVA	WELLBUTRIN SR/XL
modafinil	ORENITRAM	RETIN-A, tretinoin (>age 25)	TARGINIQ ER	XADAGO
MONOPRIL/-HCT	ORKAMBI	REVATIO	TARKA	XELJANZ/-XR
MORPHABOND	OSENI	REVLIMID	TASIGNA	XENAZINE
morphine sulfate	OTEZLA	RHOFADE	TASMAR	XENICAL
MOVANTIK	OXYCODONE ER	ribavirin	TAZORAC (>age 25)	XERMELO
MOZOBIL	OXYCONTIN ER	RIOMET	TECFIDERA	XIFAXAN
MS CONTIN	OXYMORPHONE ER	RISPERDAL /-M	TECHNIVE	XIIDRA SOL
MULTAQ	OXYTROL	RITALIN /-LA	tetrabenazine	XTAMPZA ER
MYALEPT	PANRETIN	ROZEREM	tobramycin	XTANDI
MYDAYIS	PATADAY	RUBRACA	TOLAK	XURIDEN
MYRBETRIQ	PATANOL	RUCONEST	tolcapone	XYREM
NAPRELAN	PAXIL/-CR	RYDAPT	TOVIAZ	ZARXIO
NASONEX	PAZEO	SAIZEN	TRACLEER	ZAVESCA
NATPARA	PEGANONE	SAPHRIS	tramadol er	ZECUITY
NERLYNX	PEGASYS	SARAFEM	TREMFYA	ZEGERID
NESINA	PEG-INTRON	SAVAYSA	TRESIBA	ZEJULA
NEUPRO	PENNSAID	SAVELLA	TRETIN-X (>age 25)	ZEMBRACE
NEVANAC	PEXEVA	SAXENDA	TREXIMET	ZEPATIER
NEXIUM	phendimetrazine /-er	SENSIPAR	TRULANCE	ZESTORETIC
NINLARO	phentermine	SEROQUEL XR	TUDORZA	ZESTRIL
NITYR	PICATO	SEROSTIM	TWYNSTA	ZETONNA
NORDITROPIN	PLEGRIDY	SIGNIFOR	TYMLOS	ZIANA
NORITATE	POMALYST	sildenafil	TYVASO	zileuton er
NORTHERA	PRADAXA	SILIQ	ULTRAM ER	ZINBRYTA
NOVAREL	PRALUENT	SIMPONI	UNIRETIC	ZIPSOR
NOVOEIGHT	PRAVACHOL	SIRTURO	UNIVASC	ZIRGAN
NUCYNTA ER	PREGNYL	SKELAXIN	UPTRAVI	ZOHDRO ER
NUPLAZID	PRESTALIA	SOMATULINE	VASERETIC	ZOLOFT
NUTROPIN,-AQ,-DEPOT	PROCRIT	SOVALDI	VASOTEC	ZOMACTON
NUVIGIL	PROCYSBI	SPRYCEL	VELTASSA	ZOMIG
NUWIQ	PROTONIX	STELARA	VELTIN	ZORBTIVE
OALIVA	PROVIGIL	STIMATE	VENCLEXTA	ZUBSOLV
octreotide acetate	QNASL	STIVARGA	VENTAVIS	ZURAMPIC
ODOMZO	QSYMIA	STRENSIQ	VEREGAN	ZYCLARA
OFEV	quetiapine xr	SUBSYS	VEXOL	ZYDELIG
OLEPTRO	RADIOGARDASE	SUMAVEL	VIBERZI	ZYFLO CR
olopatadine 0.1%, 0.2%	RANEXA	SUPRENZA /-ODT	VICTRELIS	ZYKADIA
OLYSIO	RAYOS	SYLATRON	VIEKIRA PAK	ZYPREXA/-ZYDIS
OMNARIS	REBIF	SYMBICORT	VIIBRYD	ZYTIGA
OMNITROPE	REGIMEX	SYMBYAX	VIMOVO	

⁵ Current as of January 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.⁶

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Drug Name (s)	
Alzheimer's Disease Agents <i>NOTE: For most conditions, a generic cholinesterase inhibitor must be utilized before receiving prior authorization for the medications in this program.</i>	ARICEPT, EXELON RAZADYNE, -ER	
Antidiarrheal Agents <i>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.</i>	MYTESI	
Cholesterol Lowering Agents <i>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.</i>	ezetimibe/simvastatin 10mg/80mg simvastatin 80mg VYTORIN 10MG/80MG	
Anti-Emetic <i>NOTE: For most conditions, ondansetron and granisetron must be utilized before receiving prior authorization for the medications in this program.</i>	VARUBI	
Gout Agents <i>NOTE: For most conditions, allopurinol must be utilized before receiving prior authorization for the medications in this program.</i>	ULORIC	
Osteoporosis Agents <i>NOTE: For most conditions, alendronate, ibandronate, or risedronate must be utilized before receiving prior authorization for the medications in this program.</i>	ACTONEL ATELVIA BONIVA	FOSAMAX FOSAMAX +D
Sedatives/Hypnotics <i>NOTE: For most conditions, eszopiclone, zaleplon, or zolpidem/-er must be utilized before receiving prior authorization for the medications in this program.</i>	AMBIEN, -CR EDLUAR INTERMEZZO	LUNESTA SONATA ZOLPIMIST
Topical Acne Product <i>NOTE: For most conditions, a topical anti-acne product must be utilized before receiving prior authorization for Aczone.</i>	ACZONE	

⁶ Current as of January 1, 2018. The formulary can be found at capbluecross.com. This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to your coverage.

Prior authorization requests are processed as soon as possible once all information/documentation is received by CVS/caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Drug Quantity Management Program

Quantity 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 tablets of 10mg, 40mg; 60 tablets of 20mg	90 tablets of 10mg, 40mg; 180 tablets of 20mg
EFFEXOR XR, venlafaxine er tablets	30 tablets of 225mg; 60 tablets of 150mg; 90 tablets of 37.5mg, 75mg	90 tablets of 225mg; 180 tablets of 150mg; 270 tablets of 37.5mg, 75mg
Fetzima tablets	30 tablets of 20mg, 40mg, 80mg, 120mg	90 tablets of 20mg, 40mg, 80mg, 120mg
Lexapro suspension	3 bottles (720ml)	9 bottles (2160ml)
LEXAPRO, escitalopram tablets	30 tablets of 5mg, 10mg, 20mg	90 tablets of 5mg, 10mg, 20mg
Paxil, Pexeva, paroxetine tablets	60 tablets of 10mg, 20mg, 30mg; 30 tablets of 40mg	180 tablets of 10mg, 20mg, 30mg; 90 tablets of 40mg
PAXIL CR, paroxetine er tablets	30 tablets of 12.5mg, 25mg	90 tablets of 12.5mg, 25mg
PRISTIQ, desvenlafaxine tablets	30 tablets of 50mg, 100mg	90 tablets of 50mg, 100mg
PROZAC, fluoxetine capsules/tablets	90 capsules/tablets of 10mg, 20mg	270 capsules/tablets of 10mg, 20mg
fluoxetine weekly capsules	4 capsules of 90mg	12 capsules of 90mg
Trintellix tablets	30 tablets of 5mg, 10mg, 20mg	90 tablets of 5mg, 10mg, 20mg
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, ondansetron tablets	24 tablets of 4mg, 8mg; 4 tablets of 24mg per prescription	72 tablets of 4mg, 8mg; 12 tablets of 24mg per prescription
Zofran, ondansetron odt tablets	24 tablets of 4mg, 8mg; 4 tablets of 24mg per prescription	72 tablets of 4mg, 8mg; 12 tablets of 24mg per prescription
Zuplenz film	24 films per prescription	72 films per prescription
ANTI-FLU THERAPY		
Relenza inhalation	1 kit per prescription; max of 2 prescriptions per year	
Tamiflu, oseltamivir capsules	10 capsules of 45mg, 75mg per prescription, 20 capsules 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 tablets of 35mg, 1 tablet of 150mg	12 tablets of 35mg, 3 tablets of 150mg
Atelvia, risedronate sodium tablets	4 tablets of 35mg per 28-day period	12 tablets 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 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; Lowercase Bold = Generic)	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
CHOLESTEROL-LOWERING THERAPY		
Altoprev er tablets	30 tablets of 20mg, 40mg, 60mg	90 tablets of 20mg, 40mg, 60mg
Crestor, rosuvastatin tablets	30 tablets of 5mg, 10mg, 20mg, 40mg	90 tablets of 5mg, 10mg, 20mg, 40mg
Lescol /-XL, fluvastatin/- er tablets or capsules	30 tablets or capsules of 20mg, 40mg, 80mg	90 tablets of 20mg, 40mg, 80mg
Lipitor, atorvastatin tablets	30 tablets of 10mg, 20mg, 40mg, 80mg	90 tablets of 10mg, 20mg, 40mg, 80mg
Livalo tablets	30 tablets of 1mg, 2mg, 4mg	90 tablets of 1mg, 2mg, 4mg
Mevacor, lovastatin tablets	30 tablets of 10mg, 20mg; 60 tablets of 40mg	90 tablets of 10mg, 20mg; 180 tablets of 40mg
Pravachol, pravastatin sodium tablets	30 tablets of 10mg, 20mg, 40mg, 80mg	90 tablets of 10mg, 20mg, 40mg, 80mg
Simcor tablets	60 tablets of 500/20mg, 750/20mg, 1,000/20mg	180 tablets of 500/20mg, 750/20mg, 1,000/20mg
Vytorin, ezetimibe/simvastatin tablets	30 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg	90 tablets of 10mg/10mg, 10mg/20mg, 10mg/40mg, 10mg/80mg
Zocor, simvastatin tablets	30 tablets of 5mg, 10mg, 20mg, 40mg, 80mg	90 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 (any combination of products)	Therapy class allows 18 units (any combination of products)
Muse inserts		
Staxyn tablets		
Stendra tablets		
VIAGRA, REVATIO (PAH only), sildenafil tablets		
MIGRAINE THERAPY		
AMERGE, naratriptan tablets	18 tablets of 1mg; 9 tablets of 2.5mg	54 tablets of 1mg; 27 tablets of 2.5mg
AXERT, almotriptan maleate tablet	24 tablets of 6.25mg; 12 tablets of 12.5mg	72 tablets of 6.25mg; 36 tablets of 12.5mg
FROVA, frovatriptan tablets	27 tablets of 2.5mg	81 tablets 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 tablets of 25mg; 18 tablets of 50mg; 9 tablets of 100mg	81 tablets of 25mg; 54 tablets of 50mg; 27 tablets of 100mg
MAXALT/-MLT, 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
RELPAK tablets	18 tablets of 20mg; 12 tablets of 40mg	54 tablets of 20mg; 36 tablets or 40mg
SUMAVEL DOSEPRO Injection	18 injections of 4mg; 12 injections of 6mg	54 injections of 4mg; 36 injections of 6mg
TREXIMET tablets	9 tablets of 85mg/500mg	27 tablets of 85mg/500mg
ZOMIG NASAL	18 nasal sprays of 2.5mg; 12 nasal sprays of 5mg	54 nasal sprays of 2.5mg; 36 nasal sprays of 5mg
ZOMIG/-ZMT, zolmitriptan tablets	18 tablets of 2.5mg; 12 tablets of 5mg	54 tablets of 2.5mg; 36 tablets of 5mg
NARCOTIC PAIN RELIEVER THERAPY		
ABSTRAL SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	120 sublingual tabs	
acetaminophen/codeine solution 120-12mg/5ml	630 ml	
acetaminophen/codeine tablet #2 (300mg-15mg), #3 (300mg-30mg), #4 (300mg-60mg)	42 tabs	Narcotic pain reliever therapy medications are not available in more than a 30-day supply
acetaminophen-caffeine-dihydrocodeine capsule 320.5-30-16mg	70 caps	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE TABLET 325-30-16MG	70 tabs	

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
ACTIQ LOZENGE 200MCG, 400MCG, 600MCG, 800MCG, 1200MCG, 1600MCG	120 lozenge	
ARYMO ER TABLET 15MG, 30MG, 60MG	60 tab	
aspirin-caffeine-dihydrocodeine capsule 356.4-30-16mg	70 cap	
AVINZA CAPSULE 30MG, 45MG, 60MG, 75MG, 90MG, 120MG	30 cap	
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	60 film	
BUNAVAIL FILM 2.1-0.3MG, 4.2-0.7MG, 6.3-1MG	60 film	
buprenorphine sublingual 2mg	240 tab	
buprenorphine sublingual 8mg	60 tab	
buprenorphine/naloxone sublingual 2-0.5mg, 8-2mg	90 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	630 ml	
CODEINE SULFATE SOLUTION 15MG/2.5ML, 30MG/5ML	210 ml	
codeine sulfate tablet 15mg, 30mg, 60mg	42 tab	
CODEINE SULFATE TABLET 60MG	42 tab	
CONZIP CAPSULE 100MG, 200MG, 300MG	30 cap	
DEMEROL TABLET 50MG, 100MG	18 tab	
DILAUDID LIQUID 1MG/ML	140 ml	
DILAUDID TABLET 2MG, 4MG, 8MG	42 tab	
DOLOPHINE TABLET 5MG, 10MG	60 tab	
DURAGESIC PATCH 12MCG/HR, 25MCG/HR, 100MCG/HR, 50MCG/HR, 75MCG/HR	10 patch	
EMBEDA CAPSULE 20-0.8MG, 30-1.2MG, 50-2MG, 60-2.4MG, 80-3.2MG, 100-4MG	30 cap	
endocet tablet 10-325mg	42 tab	
endocet tablet 2.5-325mg, 5-325mg	84 tab	
endocet tablet 7.5-325mg	56 tab	
endodan tablet 4.8355-325	84 tab	
EXALGO TABLET 8MG, 12MG, 16MG, 32MG	30 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	120 tab	
HYCET SOLUTION 7.5-325MG, 15 ml	630 ml	
hydrocodone/ibuprofen tablet 2.5-200mg, 5-200mg, 7.5-200mg, 10-200mg	35 tab	
hydrocodone-acetaminophen solution 7.5-325, 10-325mg/15ml	630 ml	
hydrocodone-acetaminophen tablet 2.5-325mg	84 tab	

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
hydrocodone-acetaminophen tablet 5-300mg, 5-325mg	56 tab	
hydrocodone-acetaminophen tablet 7.5-300mg, 7.5-325mg, 10-300mg, 10-325mg	42 tab	
hydromorphone liquid 1mg/ml	140 ml	
hydromorphone suppository	28 supp	
HYDROMORPHONE SUPPOSITORY 3MG	28 supp	
hydromorphone tablet 2mg, 4mg, 8mg	42 tab	
hydromorphone tablet 8mg er, 12mg er, 16mg er, 32mg er	30 tab	
HYSINGLA ER TABLET 20MG, 30MG, 40MG, 60MG, 80MG, 100MG, 120MG	30 tab	
ibudone tablet 5-200mg, 10-200mg	35 tab	
KADIAN CAPSULE 10MG ER, 20MG ER, 30MG ER, 40MG ER, 50MG ER, 60MG ER, 80MG ER, 100MG ER, 200MG ER	30 cap	
LAZANDA SPRAY 100MCG, 400MCG	30 sprays	
levorphanol tablet 2mg	28 tab	
lorcet hd tablet 10-325mg	42 tab	
lorcet plus tablet 7.5-325mg	42 tab	
lorcet tablet 5-325mg	56 tab	
LORTAB ELIXIR 10-300MG/15 ml	473 ml	
lortab tablet 5-325mg	56 tab	
lortab tablet 7.5-325mg, 10-325mg	42 tab	
meperidine solution 50mg/5ml	90 ml	
meperidine syrup 50mg/5ml	90 ml	
meperidine tablet 50mg/100mg	18 tab	
methadone solution 5mg/5ml,10mg/5ml	300 ml	
methadone tablet 5mg, 10mg	60 tab	
morphine sulfate beads capsule sr 24hr 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	30 cap	
morphine sulfate capsule sr 24hr 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	30 cap	
morphine sulfate solution 10mg/0.5ml, 20mg/ml, 100mg/5ml	32 ml	
morphine sulfate solution 10mg/5ml	210 ml	
morphine sulfate solution 20mg/5ml	158 ml	
morphine sulfate suppository 20mg	28 supp	
MORPHINE SULFATE SUPPOSITORY 30MG	21 supp	
morphine sulfate suppository 30mg	21 supp	
morphine sulfate suppository 5mg, 10mg	42 supp	
morphine sulfate tablet 15mg	42 tab	
morphine sulfate tablet 15mg er, 30mg er, 60mg er, 100mg er, 200mg er	60 tab	
morphine sulfate tablet 30mg	21 tab	
MS CONTIN TABLET 15MG ER, 30MG ER, 60MG ER, 100MG ER, 200MG ER	60 tab	
msir solution 10mg/5ml	210 ml	
msir solution 20mg/5ml	158 ml	
NORCO TABLET 5-325MG	56 tab	
NORCO TABLET 7.5-325MG, 10-325MG	42 tab	

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
NUCYNTA ER TABLET 50MG, 100MG, 150MG, 200MG, 250MG	60 tab	
NUCYNTA TABLET 100MG	14 tab	
NUCYNTA TABLET 50MG	28 tab	
NUCYNTA TABLET 75MG	21 tab	
OPANA 5MG ER, 7.5MG ER, 10MG ER, 15MG ER, 20MG ER, 30MG ER, 40MG ER	60 tab	
OXAYDO TABLET 5MG, 7.5MG	42 tab	
oxycodone capsule 5mg	42 cap	
oxycodone concentrate 10mg/0.5ml, 20mg/ml, 100mg/5ml	30 ml	
oxycodone solution 5mg/5ml	420 ml	
OXYCODONE TABLET 10MG	42 tab	
oxycodone tablet 10mg er, 20mg er, 40mg er, 60mg er, 80mg er	60 tab	
oxycodone tablet 15mg	28 tab	
OXYCODONE TABLET 20MG	21 tab	
oxycodone tablet 20mg	21 tab	
oxycodone tablet 30mg	14 tab	
oxycodone tablet 5mg, 10mg	42 tab	
oxycodone tablet er 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	60 tab	
oxycodone w/ acetaminophen soln 5-325mg/5ml	140 ml	
oxycodone/acetaminophen tablet 10-325mg	42 tab	
oxycodone/acetaminophen tablet 2.5-325mg, 5-325mg	84 tab	
oxycodone/acetaminophen tablet 7.5-325mg	56 tab	
oxycodone/aspirin tablet 4.8355-325mg	84 tab	
oxycodone/ibuprofen tablet 5-400mg	28 tab	
OXYCONTIN ER TABLET 10MG, 15MG, 20MG, 30MG, 40MG, 60MG, 80MG	60 tab	
oxymorphone hcl tablet 10mg	21 tab	
oxymorphone hcl tablet 5mg	42 tab	
oxymorphone tablet 5mg er, 7.5mg er, 10mg er, 15mg er, 20mg er, 30mg er, 40mg er	60 tab	
pentazocine/naloxone tablet 50-0.5mg	28 tab	
PERCOCET TABLET 10-325MG	42 tab	
PERCOCET TABLET 2.5-325MG, 5-325MG	84 tab	
PERCOCET TABLET 7.5-325MG	56 tab	
PERCODAN TABLET 4.8355-325MG	84 tab	
percolone tablet 5mg	42 tab	
REPREXAIN TABLET 2.5-200MG, 5-200MG	35 tab	
ROXICET SOLUTION 5-325MG/5ML	140 ml	
SUBOXONE FILM SUBLINGUAL 2-0.5MG, 4-1MG, 8-2MG	90 film	
SUBOXONE FILM SUBLINGUAL12-3MG	60 film	
SUBSYS SPRAY 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	120 sprays	
SUBSYS SPRAY 1200MCG, 1600MCG	240 sprays	

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	
tramadol biphasic tablet 100mg er, 200mg er, 300mg er	30 tab		
tramadol capsule 200mg er, 300mg er	30 cap		
TRAMADOL HCL CAPSULE 150MG ER	30 cap		
tramadol hcl tablet 50mg	56 tab		
tramadol tablet 100mg er, 200mg er, 300mg er	30 tab		
tramadol-acetaminophen tablet 37.5-325mg	56 tab		
TREXID CAPSULE 320.5-30-16MG	70 cap		
TYLENOL/CODEINE TABLET #3, #4	42 tab		
ULTRACET TABLET 37.5-325MG	56 tab		
ULTRAM ER TABLET 100MG, 200MG, 300MG	30 tab	Narcotic pain reliever therapy medications are not available in more than a 30-day supply	
ULTRAM TABLET 50MG	56 tab		
VICOPROFEN TABLET 7.5-200MG	35 tab		
XARTEMIS XR TABLET 7.5-325MG	28 tab		
XTAMPZA ER CAPSULE 9MG, 13.5MG, 18MG, 27MG, 36MG	60 cap		
ZOHYDRO ER CAPSULE 10MG, 15MG, 20MG, 30MG, 40MG, 50MG	60 cap		
ZUBSOLV SUBLINGUAL 0.7-0.18MG, 1.4-0.36MG, 2.9-0.71MG, 5.7-1.4MG	90 tab		
ZUBSOLV SUBLINGUAL 11.4-2.9MG	30 tab		
ZUBSOLV SUBLINGUAL 8.6-2.1MG	60 tab		
PROTON PUMP INHIBITOR THERAPY (stomach acid)			
ACIPHEX, rabeprazole tablets			
DEXILANT tablets			
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	
ARNUIITY 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	30 tablets	90 tablets	
QVAR	1 inhaler	3 inhalers	
SYMBICORT	1 inhaler	3 inhalers	
SEDATIVE/HYPNOTIC THERAPY (sleep aids)			
AMBIEN, zolpidem tablets			
AMBIEN, zolpidem er tablets			
EDLUAR SL TAB	Therapy class allows 30 units (any combination of products)	Therapy class allows 90 units (any combination of products)	
INTERMEZZO, zolpidem sl			
LUNESTA, eszopiclone tablets			
SONATA, zaleplon capsules			
ZOLPIMIST	1 bottle	3 bottles	

Drug Class (Uppercase = Brand; Lowercase Bold = Generic)	Retail/ 30-day supply Maximum Quantity Level	Mail/90-day supply Maximum Quantity Level
MISCELLANEOUS MEDICATIONS		
ALINIA 500mg tablets and 100mg/5ml suspension	6 tablets or 60 ml	18 tablets or 180 ml
BUNAVAIL tablets	60 tablets	180 tablets
INVEGA tablets	60 tablets	180 tablets
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 soln	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 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
ZUBSOLV tablets	90 tablets	180 tablets
ZYPREXA, olanzapine tablets	30 tablets of all strengths	90 tablets of all strengths
ZYPREXA ZYDIS, olanzapine odt	30 tablets of 5mg, 10mg, 15mg, 20mg	90 tablets of 5mg, 10mg, 15mg, 20mg

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, 2018. The formulary can be found at capbluecross.com. This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to your coverage.

DQM override requests are processed as soon as possible once all information/documentation is received by CVS/caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the member in writing. If DQM override request is denied, written notification, including the reason for the denial, will be sent to the member and the prescribing physician. Participating physicians and members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Drug quantity level limits apply to all applicable generic equivalents of the brand-name products listed in this document.

Applicable mail service quantity levels are two to three times the retail quantity level limits, depending on the prescription drug benefit design chosen by the member or employer group.

Specialty Medications (self-administered)

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

A patient care coordinator at AllianceRx Walgreens Prime will work on your behalf with a team of pharmacists, nurses, your doctor, and Capital BlueCross to help provide you with high-touch personalized care.

Services include:

- A **patient care coordinator** who will work with you and your physician to answer questions, obtain prior authorizations, and much more. Your patient care coordinator will even contact you when it's time to refill your prescription.
- A **complete specialty pharmacy** that offers many products and services that are not usually available from your local retail pharmacy. You get the convenience of having your specialty medications delivered directly to your home at no additional cost.
- Access to **necessary supplies** that you need to administer your injectable medications (like free needles, syringes, and disposal containers for used medical supplies).
- You will also have access to **detailed personal instructions** and educational materials to ensure you get the training, education, and support you need to administer your medications. These services are offered at no additional cost to you.
- **Care management programs** that help you achieve the best results from your prescribed drug therapy. These programs are designed to help you get the most benefit from your specialty medications.

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



To get started:

- Call AllianceRx Walgreens Prime at **800.533.7606** (TTY 866.830.4366), Monday through Friday, 8 a.m. to 8 p.m., and Saturday 9 a.m. to 5 p.m. ET, and a representative will contact your doctor to get your prescription if necessary. Or, your doctor can fax your prescription to **844.834.2550**.
- AllianceRx Walgreens Prime will contact you to schedule delivery of your medication.

Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relative to your coverage.

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

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

ACTEMRA* (PAR, QLL)	DUPIXENT* (PAR)	JAKAFI* (PAR)	ORKAMBI* (PAR)	TARCEVA (PAR)
ACTHAR HP* (PAR)	EGRIFTA* (PAR)	JUXTAPID* (PAR)	OTEZLA (PAR)	TARGRETIN
ACTIMMUNE*	ELIGARD*	KALBITOR* (PAR)	OTREXUP*	TASIGNA
ADCIRCA* (PAR)	ELOCTATE*	KALYDECO* (PAR)	IVIDREL	TECFIDERA (PAR)
ADEMPAS* (PAR)	EMFLAZA* (PAR)	KEVZARA* (PAR)	PEGASYS	TECHNIVIE* (PAR)
ADVATE*	ENBREL (PAR, QLL)	KINERET (PAR, QLL)	PEGINTRON EPA	TEMODAR
ADYNOVATE*	ENTECAVIR*	KISQALI* (PAR)	PEGINTRON REDIPEN EPA	TEMOZOLOMIDE
AFINITOR*	EPCLUSA* (PAR)	KISQALI FEMARA CO-PACK* (PAR)	PLEGRIDY* (PAR)	TETRABENAZINE* (PAR)
AFSTYLA*	EPOGEN (PAR)	KOATE-DVI*	POMALYST* (PAR)	THALOMID
ALECENSA* (PAR)	ERIVEDGE* (PAR)	KOGENATE FS*	PRALUENT* (PAR)	TIKOSYN*
ALPHANATE*	ESBRIET* (PAR)	KORLYM* (PAR)	PREGNLY (PAR)	TOBI*
ALPHANINE SD*	EXJADE* (PAR)	KUVAN*	PROCRIT (PAR)	TOBRAMYCIN INHALATION SOLN*
ALPROLIX*	EXTAVIA* (PAR)	KYNAMRO (PAR)	PROCYSBI* (PAR)	
ALUNBRIG* (PAR)	FARYDAK* (PAR)	LENVIMA* (PAR)	PROFILNINE SD*	TRACLEER* (PAR)
AMPYRA* (PAR, QLL)	FEIBA NF*	LETAIRIS* (PAR)	PROMACTA*	TREMFYA* (PAR)
APOKYN*	FEIBA VH*	LEUKINE	PULMOZYME*	TRETTEN*
ARANESP (PAR)	FERRIPROX* (PAR)	LEUPROLIDE ACETATE	RASUVO*	TYKERB
ARCALYST*	FIRAZYR* (PAR)	LONSURF* (PAR)	RAVICTI*	TYMLOS* (PAR)
AUBAGIO* (PAR)	FIRMAGON*	LUPANETA*	REBETOL	TYVASO* (PAR)
AUSTEDO* (PAR)	FOLLISTIM AQ	LUPRON DEPOT	REBIF (PAR)	UPTRAVI* (PAR)
AVONEX (PAR)	FORTEO (PAR)	LYNPARZA* (PAR)	RECOMBINATE*	VALCHLOR*
BARACLUDE*	FUZEON	MATULANE*	REMODULIN*	VELTASSA* (PAR)
BEBULIN*	GANIRELIX	MAVYRET* (PAR)	REPATHA* (PAR)	VELMIDY*
BEBULIN VH*	GATTEX* (PAR)	MEKINIST* (PAR)	REVATIO* (PAR)	VENCLEXTA* (PAR)
BENEFIX*	GENOTROPIN (PAR)	MENOPUR*	REVLIMID (PAR)	VENTAVIS* (PAR)
BERINERT* (PAR)	GILENYA* (PAR)	MIRCERA* (PAR)	RIBAPAK*	VIEKIRA PAK* (PAR)
BETASERON (PAR)	GILOTRIF* (PAR)	MODERIBA*	RIBASPHERE*	VIGABATRIN*
BETHKIS*	GLATIRAMER (PAR)	MONOCLATE-P*	RIBAVIRIN	VONVENDI* (PAR)
BEXAROTENE	GLEEVEC*	MONONINE*	RIXUBIS*	VOSEVI* (PAR)
BOSULIF* (PAR)	GONAL-F	MOZOBIL* (PAR)	RUBRACA* (PAR)	VOTRIENT*
BRAVELLE	GONAL-RFF	MYALEPT* (PAR)	RUCONEST* (PAR)	WILATE*
CABOMETYX* (PAR)	GRANIX*	NATPARA* (PAR)	RYDAPT* (PAR)	XADAGO* (PAR)
CAPECITABINE	HAEGARDA* (PAR)	NERLYNX* (PAR)	SABRIL*	XALKORI*
CAPRELSA*	HARVONI (PAR)	NEULASTA	SAIZEN (PAR)	XELJANZ* (PAR)
CARBAGLU* (PAR)	HETLIOZ (PAR)	NEUPOGEN	SAMSCA	XELJANZ XR* (PAR)
CAYSTON* (PAR)	HELIXATE FS*	NEXAVAR	SANDOSTATIN*	XELODA
CERDELGA* (PAR)	HEMOFIL M*	NINLARO* (PAR)	SANDOSTATIN LAR*	XENAZINE* (PAR)
CETROTIDE	HIZENTRA*	NITYR* (PAR)	SENSIPAR* (PAR)	XERMELO* (PAR)
CHOLBAM* (PAR)	HUMATE-P	NORDITROPIN (PAR)	SEROSTIM (PAR)	XTANDI* (PAR)
CHORIONIC GONADOTROPIN* (PAR)	HUMATROPE (PAR)	NORTHERA* (PAR)	SIGNIFOR* (PAR)	XURIDEN* (PAR)
CIMZIA* (PAR, QLL)	HUMIRA (PAR, QLL)	NOVAREL (PAR)	SILDENAFIL* (PAR)	XYNTHA*
CINRYZE* (PAR)	HYCAMTIN*	NOVOEIGHT*	SILIQ* (PAR)	ZARXIO*
COAGADEX*	HYQVIA*	NOVOSEVEN RT*	SIMPONI* (PAR, QLL)	ZAVESCA* (PAR)
COMETRIQ* (PAR)	IBRANCE* (PAR)	NUPLAZID* (PAR)	SOMATULINE* (PAR)	ZELBORAF*
CO-PAXONE (PAR)	ICLUSIG* (PAR)	NUTROPIN AQ (PAR)	SOMAVERT*	ZEJULA* (PAR)
COPEGUS	IDELVION*	NUWIQ*	SOVALDI* (PAR)	ZEPATIER (PAR)
CORIFACT*	IDHIFA* (PAR)	OCALIVA* (PAR)	SPRYCEL	ZINBRYTA (PAR)
COSENTYX* (PAR)	IMATINIB MESYLATE*	OCTREOTIDE*	STELARA* (PAR, QLL)	ZOLINZA
COSELLIC* (PAR)	IMBRUVICA* (PAR)	ODOMZO* (PAR)	STIVARGA* (PAR)	ZOMACTON* (PAR)
CUVITRU*	INCRELEX (PAR)	OFEV (PAR)	STRENSIQ* (PAR)	ZORBTIVE (PAR)
CYSTADANE* (PAR)	INGREZZA* (PAR)	OLYSIO* (PAR)	SUTENT	ZYDELIG* (PAR)
CYSTAGON* (PAR)	INLYTA* (PAR)	OMNITROPE* (PAR)	SYLATRON* (PAR)	ZYKADIA (PAR)
CYSTARAN* (PAR)	INTRON A (PAR)	OPSUMIT* (PAR)	SYNAREL* (PAR)	ZYTIGA* (PAR)
DAKLINZA* (PAR)	IRESSA*	ORENCIA* (PAR, QLL)	TAFINLAR* (PAR)	
DOFETILIDE*	IXINITY*	ORENITRAM (PAR)	TAGRISSO* (PAR)	
	JADENU* (PAR)	ORFADIN*	TALTZ* (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, 2018.

Capital BlueCross Pharmacy Networks

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

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

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

Advanced Choice Pharmacy Network offers access to approximately 60,000 retail pharmacies nationwide, including CVS/pharmacies® (includes locations inside Target stores now operating as CVS/pharmacies), Kmart, Rite Aid, and Walmart, as well as various grocers and independent pharmacies.

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

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

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

Maintenance Choice

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

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

Mandatory Maintenance Choice allows limited 30-day fills of your maintenance medication at any participating retail pharmacy in your pharmacy network. After that, 90-day supplies of maintenance medications are covered when filled through mail order or at your local CVS/pharmacy (includes locations inside Target stores now operating as CVS/pharmacies).

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



Capital BLUE



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