



Capital BlueCross

Capital BlueCross Formulary and Pharmacy Utilization Management Program Updates

Pharmacy Management Program Updates Effective January 1, 2013 (unless otherwise noted)						
Key: Lowercase print = generic; UPPERCASE PRINT = BRAND						
PAR = Prior Authorization Required; EPA/ST = Enhanced Prior Authorization/Step Therapy Required;						
QLL = Quantity Level Limits Apply						
Drug	Plan Type		Updates			Purpose/Guideline/Limit
	Commercial	Med D	PAR	QLL	EPA/ST	
ATIVAN (lorazepam)		X		X		0.5mg, 1mg – 90 tablets per 30 days 2mg – 150 tablets per 30 days 2mg/ml – 150ml per 30 days
DYMISTA*	X	X			X	Trial of first line agent such as fluticasone, flunisolide, or triamcinolone
EXALGO		X		X		60 tablets per 30 days
GENGRAF		X	X			Part B vs. Part D determination
KLONOPIN (clonazepam)		X		X		0.125mg, 0.25mg, 0.5mg – 60 tablets per 30 days 1mg – 120 tablets per 30 days 2mg – 300 tablets per 30 days
MAGNACET		X		X		300 tablets per 30 days
MYFORTIC		X	X			Part B vs. Part D determination
NUEDEXTA		X		X		60 capsules per 30 days
NEUPRO	X	X			X	Trial of an oral anti-Parkinson agent as first line
OXECTA		X		X		180 tablets per 30 days
oxycodone		X		X		180 tablets per 30 days
oxycodone/acetaminophen (e.g., PERCO CET, ENDOCET, TYLOX)		X		X		10mg/650mg – 180 tablets per 30 days 5mg/500mg, 7.5mg/500mg – 240 tablets per 30 days 2.5mg/325mg, 5mg/325mg, 7.5mg/325mg, 10mg/325mg – 360 tablets per 30 days
oxycodone/aspirin (e.g., PERCODAN)		X		X		360 tablets per 30 days
oxycodone/ibuprofen		X		X		120 tablets per 30 days
oxymorphone ER		X		X		120 tablets per 30 days
PAXIL		X		X		60 tablets per 30 days
phenobarbital		X		X		Covered for seizures only
Proton Pump Inhibitors (PPI) (Level 3PPI - Nexium, Prevacid/Solutabs, Prilosec, Protonix and Zegerid)**	X				X	Added DEXILANT to Level 2 of Proton Pump Inhibitor Rule (<i>Trial of generic PPI, ACIPHEX and DEXILANT required prior to use of Level 3 PPI</i>)

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

**Pharmacy Management Program Updates
Effective January 1, 2013 (unless otherwise noted)**

Key: Lowercase print = generic; UPPERCASE PRINT = BRAND

PAR = Prior Authorization Required; EPA/ST = Enhanced Prior Authorization/Step Therapy Required;
QLL = Quantity Level Limits Apply

Drug	Plan Type		Updates			Purpose/Guideline/Limit
	Commercial	Med D	PAR	QLL	EPA/ST	
QNASL*	X	X		X		Trial of first line agent such as fluticasone, flunisolide, or triamcinolone (Commercial/Medicare); 1 bottle per 30 days (Medicare only)
ROXICET		X		X		240 tablets per 30 days 1800ml (of solution) per 30 days
ROXIDCODONE		X		X		180 tablets per 30 days
STENDRA*	X			X		6 units per 30 days
SUBOXONE**	X			X		90 tablets per 30 days (Suboxone 12mg/3mg; 60 tablets per 30 days)
TRANXENE (clorazepate)		X		X		3.5mg, 7.5mg – 60 tablets per 30 days 15mg – 180 tablets per 30 days
VALIUM (diazepam)		X	X			Covered for FDA-approved conditions after use of shorter-acting alternatives (e.g. lorazepam and temazepam) 2mg, 5mg – 60 tablets per 30 days 10mg – 120 tablets per 30 days
ZETONNA*	X	X			X	Trial of first line agent such as fluticasone, flunisolide, or triamcinolone
ZOLPIMIST ORAL SPRAY		X			X	Requires prior use of generic sedative/hypnotic (e.g., zolpidem) as first-line

*Updates for new drugs are implemented immediately.

**Impacted members will be notified prior to change.

The information contained in this document is current at the time of printing, is not all encompassing and is subject to change.