

## PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

### Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
aprepitant cap	Emend® cap	Chapter 2. Cancer & Organ Transplant Drugs	January 2, 2017
aprepitant pak	Emend® Pak	Chapter 2. Cancer & Organ Transplant Drugs	January 2, 2017
dexmethylphenidate ER 25 mg and 35 mg	Focalin® XR 25 mg and 35 mg	Chapter 3. Pain, Nervous System, & Psych	January 9, 2017
epinephrine inj	Epipen®/ Epipen® Jr	Chapter 12. Allergy, Cough & Cold, Lung Meds	December 19, 2016
ezetimibe	Zetia™	Chapter 4. Heart, Blood Pressure, & Cholesterol	December 19, 2016
lopin/riton sol	Kaletra® Sol	Chapter 1. Antibiotics & Other Drugs Used for Infection	January 23, 2017
oseltamivir cap	Tamiflu® cap	Chapter 1. Antibiotics & Other Drugs Used for Infection	December 12, 2016
quetiapine ER	Seroquel® XR	Chapter 3. Pain, Nervous System, & Psych	November 7, 2016
rasagiline	Azilect®	Chapter 3. Pain, Nervous System, & Psych	January 2, 2017
ribavirin	Virazole®	Chapter 6. Ear, Nose, Throat Medications	January 16, 2017

### Brand Additions

These brand drugs were added to the formulary as of the date indicated below and are covered at the appropriate preferred brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Gonal®	Chapter 10. Female, Hormone Replacement, & Birth Control	July 1, 2017
Trulicity®	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	May 1, 2017
Zubsolv®	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017

### Brand Deletions

These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing:  
*Effective July 1, 2017*

Brand drug	Generic drug	Formulary chapter
Azilect®	rasagiline	Chapter 3. Pain, Nervous System, & Psych
Kaletra® Sol	lopin/riton sol	Chapter 1. Antibiotics & Other Drugs Used for Infection
Seroquel® XR	quetiapine ER	Chapter 3. Pain, Nervous System, & Psych
Zetia™	ezetimibe	Chapter 4. Heart, Blood Pressure, & Cholesterol

The generic for the above brand drugs are on our formulary and available at the generic formulary level of cost-sharing.

### Brand Deletions

These brand drugs will be covered at the appropriate non-preferred drug level of cost-sharing:  
*Effective July 1, 2017*

Brand drug	Formulary Therapeutic Alternatives	Formulary chapter
Bravelle®	Gonal®	Chapter 10. Female, Hormone Replacement, & Birth Control
Follistim®	Gonal®	Chapter 10. Female, Hormone Replacement, & Birth Control
Lotemax®	dexamethasone sod opth. susp, prednisolone ace opth. susp	Chapter 11. Eye Medications
Menopur®	Gonal®	Chapter 10. Female, Hormone Replacement, & Birth Control

There are no generic equivalents for the above brand drugs; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing. Contact your doctor to discuss formulary alternatives.

## Generic Deletions

**This generic drug will be covered at the appropriate preferred level of cost-sharing:**

Brand drug	Formulary chapter	Effective date
Suboxone® Film	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017

## Drugs Requiring Prior Authorization

**The prior authorization requirement for the following drugs was effective at the time the drugs became available in the marketplace:**

Brand drug	Generic drug	Formulary chapter	Effective date
Adlyxin™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	November 14, 2016
Dupixent®	N/A	Chapter 5. Skin Medications	April 3, 2017
Eucrisa™	N/A	Chapter 5. Skin Medications	January 16, 2017
Rubraca®	N/A	Chapter 2. Cancer & Organ Transplant Drugs	December 26, 2016
Soliqua™	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	November 14, 2016

## Drugs Requiring Prior Authorization

**The following non-preferred drugs will be added to the list of drugs requiring prior authorization:  
Effective July 1, 2017**

Brand drug	Generic drug	Formulary chapter
Bravelle®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
Butrans® 5, 7.5, 10 mcg/hr patch	N/A	Chapter 3. Pain, Nervous System, & Psych
Duragesic® 12 mcg/hr patch	fentanyl 12 mcg/hr patch	Chapter 3. Pain, Nervous System, & Psych
Follistim®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
Menopur®	N/A	Chapter 10. Female, Hormone Replacement, & Birth Control
N/A	morphine sulfate sol 100 mg/5ml	Chapter 3. Pain, Nervous System, & Psych
N/A	oxycodone 20 mg tab	Chapter 3. Pain, Nervous System, & Psych
N/A	oxycodone hcl 100 mg/5ml oral	Chapter 3. Pain, Nervous System, & Psych
N/A	oxymorphone ER 15 mg tab	Chapter 3. Pain, Nervous System, & Psych
Nucynta® 75 mg	N/A	Chapter 3. Pain, Nervous System, & Psych
Opana® ER 15 mg	N/A	Chapter 3. Pain, Nervous System, & Psych
Rayaldee®	N/A	Chapter 14. Vitamins & Electrolytes
Roxicodone® 15 mg tab	oxycodone 15 mg tab	Chapter 3. Pain, Nervous System, & Psych

## Drugs With Quantity Limits

**Quantity limits will be added or updated on the following drugs:  
Effective July 1, 2017**

Brand drug	Generic drug	Quantity limit
Bunavail®	N/A	180 day supply per 365 days
Hycofenix™	N/A	40 ml per day
Hydromet®	hydrocodone bit/homatrop me-br syrup	30 ml per day
N/A	buprenorphine 2, 8 mg sl tab	180 day supply per 365 days
N/A	buprenorphine-naloxone 2-0.5, 8-2 mg sl tab	180 day supply per 365 days

*(continued)*

## Drugs With Quantity Limits

**Quantity limits will be added or updated on the following drugs:  
Effective July 1, 2017**

Brand drug	Generic drug	Quantity limit
N/A	morphine sul 5 mg supp.	6 supp. per day
N/A	morphine sul 10 mg supp.	6 supp. per day
N/A	morphine sul 20 mg supp.	4 supp. per day
N/A	promethazine VC/codeine syrup	30 ml per day
Nucynta® 50 mg	N/A	4 tabs per day
Obredon™	hydrocodone-guaifenesin soln	60 ml per day
Phenergan® with codeine syrup	promethazine-codeine syrup	30 ml per day
Rezira®	pseudoephedrine w/hydrocodone soln	20 ml per day
Synalgos® DC	N/A	12 caps per day
TussiCaps®	N/A	2 caps per day
Tussionex®	hydrocod polst/chlorphen ER susp	10 ml per day
Trezix™	N/A	10 caps per day
Tuzistra™ XR	N/A	20 ml per day
various	butalbital combination products	6 units per day
Vituz®	N/A	20 ml per day
Z-Tuss® AC	N/A	60 ml per day
Zubsolv®	N/A	180 day supply per 365 days
Zutripro®	hydrocodone/cpm/pseudophed syr	20 ml per day

## Drugs With Day Supply Limits

**The following drug categories will have a cumulative 5-day supply per 30 days limit added:  
Effective July 1, 2017**

Drug category	Formulary chapter
Buprenorphine* (indicated for pain) containing products	Chapter 3. Pain, Nervous System, & Psych
Butalbital containing products	Chapter 3. Pain, Nervous System, & Psych
Dihydrocodeine containing products	Chapter 3. Pain, Nervous System, & Psych
Hydrocodone* containing products	Chapter 3. Pain, Nervous System, & Psych
Hydromorphone* containing products	Chapter 3. Pain, Nervous System, & Psych
Meperidine* containing products	Chapter 3. Pain, Nervous System, & Psych
Morphine Sulfate* containing products	Chapter 3. Pain, Nervous System, & Psych
Narcotic containing cough and cold syrups	Chapter 12. Allergy, Cough & Cold, Lung Meds
Oxycodone* containing products	Chapter 3. Pain, Nervous System, & Psych
Oxymorphone*containing products	Chapter 3. Pain, Nervous System, & Psych
Tapentadol* containing products	Chapter 3. Pain, Nervous System, & Psych

\* applies to all opioid products < = 90 morphine equivalents per day

## Drugs No Longer Requiring Prior Authorization

Prior authorization has been removed for the following drugs:

Brand drug	Generic drug	Formulary chapter	Effective date
Bunavail®	N/A	Chapter 3. Pain, Nervous System, & Psych	May 1, 2017
Embeda® ER 20-0.8, 30-1.2 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Hysingla® ER 20, 30, 40, 60, 80 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Januvia®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2017
Janumet®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2017
Janumet® XR	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2017
Kombiglyze®XR	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2017
N/A	buprenorphine 2, 8 mg sl tab	Chapter 3. Pain, Nervous System, & Psych	May 1, 2017
N/A	buprenorphine-naloxone 2-0.5, 8-2 mg sl tab	Chapter 3. Pain, Nervous System, & Psych	May 1, 2017
Onglyza®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	June 1, 2017
Oxaydo® 5, 7.5 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Trulicity®	N/A	Chapter 7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	May 1, 2017
Xartemis® XR 7.5-325 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Xtampza® ER 9, 13.5, 18 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Zohydro® ER 10, 15, 20, 30, 40 mg	N/A	Chapter 3. Pain, Nervous System, & Psych	July 1, 2017
Zubsolv®	N/A	Chapter 3. Pain, Nervous System, & Psych	May 1, 2017

[www.ibx.com](http://www.ibx.com)

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al número telefónico de Servicio al Cliente que figura en el reverso de su tarjeta de identificación.

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电您ID卡背面的客户服务电话号码。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 고객 서비스 번호로 전화해 주십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para telefone do Atendimento ao Cliente que está no verso do seu cartão de identificação.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપયા તમારા આઈડી કાર્ડની પાછળ ગ્રાહક સેવા નંબર પર કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi số Dịch Vụ Chăm Sóc Khách Hàng ở mặt sau thẻ ID của bạn.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Позвоните в службу поддержки клиентов по номеру телефона, указанном на обратной стороне вашей идентификационной карты.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Obsługi klienta znajdujący się na odwrocie Twojego identyfikatora.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiami il numero dell'Assistenza clienti che troverà sul retro della sua tessera identificativa.

## Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. الرجاء الاتصال برقم "خدمة العملاء" الموجود على ظهر بطاقة هويتك.

**French Creole:** ATANSYON : Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo Sèvis Kliyantèl ki sou do kat idantifikasyon ou a.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Mangyaring tawagan ang numero ng Customer Service na nasa likod ng iyong ID card.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Veuillez composer le numéro du service clientèle indiqué au dos de votre carte d'identité Médicale.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Number uff die hinnerscht Seit vun dei ID Card uff fer schwetze mit ebber as dich helfe kann.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने आईडी कार्ड के पीछे दिए ग्राहक सेवा नंबर पर कॉल करें।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Bitte rufen Sie unsere Kundendienstnummer auf der Rückseite Ihrer Identifikationskarte an.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。ご自分のIDカードの裏面に記載されているカスタマーサービスの番号へお電話ください。

## Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی شما درج شده است تماس بگیرید.



**Navajo:** Díí baa akó nínízin: Díí saad bee yánílti'go  
Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jüik'eh.  
T'áá shqódí hódíílnih kojü'Áká'anídaalwo'jü éí  
binumber naaltsoos nit'izgo nantinígíí bine'déé'  
bikáá'.

**Urdu:**

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے  
مفت میں زبان معاون خدمات دستیاب ہیں۔ آپ کے شناختی کارڈ  
کے پیچھے دیئے گئے صارف خدمات نمبر پر برائے کرم کال  
کریں۔

**Discrimination is Against the Law**

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖  
ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ  
ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥត  
គិតថ្លៃ។ សូមទូរសព្ទទៅលេខសេវាសមាជិក ដែលមាននៅ  
ផ្នែកខាងក្រោយនៃបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក ។

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA, 19103; By phone: 1-888-377-3933 (TTY: 711), By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.