




BAPTIST HEALTH PLAN®

**MASTER PREFERRED DRUG LIST**

*(DRUG FORMULARY)*

Effective October 1, 2016



**BAPTIST HEALTH PLAN®**  
**Master Preferred Drug List (PDL)**  
**(Drug Formulary)**  
**Effective October 1, 2016**

***THE BAPTIST HEALTH PLAN MASTER PREFERRED DRUG LIST (DRUG FORMULARY) HAS BEEN COMPILED TO RESPOND TO THE CONSTANTLY CHANGING NATURE OF MEDICATION THERAPY. ALTHOUGH EVERY EFFORT HAS BEEN MADE TO ENSURE THE ACCURACY OF THIS DOCUMENT, THE LIST IS DYNAMIC AND SUBJECT TO CHANGE. YOU WILL BE NOTIFIED AT LEAST 30 DAYS IN ADVANCE OF ALL CHANGES.***

#### **GENERAL DEFINITIONS OF TERMS**

**1<sup>ST</sup>-TIER MEDICATIONS** – Typically generic medications. A generic medication is called by its chemical name; a manufacturer assigns a brand name. The price of the generic medication is usually lower than that of a brand name medication. Both generic and brand name products have the same active ingredients. Overall, the generic medication is just as safe and effective as the brand name medication.

**2<sup>ND</sup> TIER MEDICATIONS** – Typically preferred brand medications. Preferred brand medications may have generic equivalents. Once a branded medication is available as a generic product, the branded medication will move to a non-preferred 3<sup>rd</sup> Tier status and the generic medication will become the preferred 1<sup>st</sup> Tier medication unless listed otherwise in the PDL.

**3<sup>RD</sup> TIER MEDICATIONS** – Typically non-preferred brand medications. Only those 3<sup>rd</sup> Tier medications that have restrictions are listed. All other brand medications not listed within the PDL are 3<sup>rd</sup> Tier medications unless 4-Tier Benefit applies.

**4<sup>TH</sup> TIER MEDICATIONS** – Applies to 4-Tier Benefit plans **ONLY** and includes ALL Specialty Pharmacy medications. A list of the most commonly utilized Specialty Pharmacy medications is included in this document. All other Specialty Pharmacy medications not listed within this document are 4<sup>th</sup> Tier medications.

**Baptist Health Plan (BHP) requires special processing for some medications. Types of this special processing are:**

**PRIOR AUTHORIZATION (PA)** – Due to the nature of some medications, Prior Authorization (PA) may be required for certain medications to be covered at any cost-sharing tier. PAs are based on established clinical guidelines and the patient's medical history and only Practitioners or Providers may request a medication PA. Prescription Drug claims exceeding \$2,999.99 will require a PA. Experimental or investigational use of a medication is not covered, unless such use is consistent with standard medical practice and has been demonstrated as effective in published peer review medical literature. If a medication requires PA, the ordering physician must contact BHP's Pharmacy Services Department **PRIOR** to you receiving your medication. PA's will **NOT** be issued after the prescription has been filled. PA's for brand name medications also apply to generic alternatives.

**STEP-THERAPY (ST)** – Step-therapy (ST) is an electronic PA process that takes place at the time the pharmacist files the claim. A ST may include an age edit, a specialty prescriber edit, or a therapeutic alternative edit. If ST criterion is met, the system will approve the claim. If ST criterion is not met, the system will not approve the claim and will send a message back to the pharmacy advising that the ST protocol has not been met. At that time, the pharmacy may contact your physician and request that they contact the plan for PA. If this does not happen, you will be responsible for contacting the physician to get the drug prior authorized. Step Edits for brand name medications also apply to generic alternatives.

**QUANTITY LIMITS (QL)** – In accordance with the Food and Drug Administration (FDA) guidelines, the quantity dispensed and/or timeframe of use of certain covered medications may be limited. Prescriptions for which the quantity to be dispensed exceeds the FDA’s maximum daily dose are excluded. QLs for brand name medications also apply to generic alternatives.

**TABLET SPLITTING PROGRAM ( $\frac{1}{2}T$ )** – Certain medications are eligible for the BHP Tablet Splitting Program. The Tablet Splitting Program provides an opportunity for you to reduce your prescription medication copayments or coinsurance by using double-strength tablets and splitting them in half. The program is voluntary. Consult your doctor before splitting any prescription tablets. Only those medications determined to be appropriate for splitting are included in the Tablet Splitting Program.

### **HOW TO ACCESS YOUR PHARMACY BENEFITS**

You must use a participating pharmacy and present your valid BHP member ID card to access your pharmacy benefits. To be eligible for coverage, medications must be processed **online** by your pharmacist. Claims not filed online by a participating pharmacy may not be eligible for reimbursement. If you are at the pharmacy and you do not have your ID card, or if the pharmacist is having trouble filing the claim online, you or the pharmacist may contact the BHP Pharmacy Services Department at (877) 205-6308 (TTY 844-708-1389) or (859) 335-3755.

**URGENT AND EMERGENT SITUATIONS** – If you are out of the area and need to have a prescription filled for an urgent or emergent condition, for your convenience you may take the prescription and your BHP ID card to any participating chain pharmacy. If the pharmacist has difficulty processing the claim, he or she may contact the BHP Pharmacy Services Department at (877) 205-6308 (TTY 844-708-1389).

### **IMPORTANT INFORMATION REGARDING YOUR PHARMACY BENEFITS**

**BENEFIT EXCLUSIONS** – BHP will not cover, at any cost-sharing tier, any medications prescribed for the treatment of diagnoses excluded from coverage. The list of 1<sup>st</sup> and 2<sup>nd</sup> Tier medications does not provide information regarding the specific coverage and limitations an individual member may have. The list applies only to outpatient medications provided to members and does not apply to medications used in inpatient settings. If you have any specific questions regarding their coverage, you should contact BHP.

The following general exclusions pertain to all covered individuals unless specified in plan documentation:

- A. Over the Counter (OTC) medications or their equivalents are not covered, unless otherwise specified in the PDL.
- B. Medication Products specifically listed as not covered.
- C. Any medication products used for cosmetic purposes, including hair loss, are not covered.
- D. Replacement of lost, stolen, misplaced, damaged, or spilled medication is not covered.
- E. Weight loss medications are not covered.
- F. Medications for the treatment of sexual dysfunction are not covered.
- G. Medications for travel prophylaxis are not covered.
- H. Compounded medications, which are prepared by a pharmacist and are not FDA-approved in their final form, are not covered.
- I. Medications obtained from out-of-network pharmacies are not covered.
- J. Medications for which the quantity to be dispensed exceeds BHP Quantity Limit (QL) are not covered.
- K. Convenience kits are not covered when active ingredient products are available individually.
- L. Medications or other prescription drugs used by an Outpatient to maintain a treatment plan of an addiction or dependency on drugs, alcohol, or chemicals are not covered. This includes: Medications used by an Outpatient to maintain a treatment plan of a drug addiction, drug dependency, or a drug maintenance program with methadone or buprenorphine-containing products.

- M. Modified food or supplements for the treatment of lactose intolerance, protein intolerance, food allergy, food sensitivity, or any other condition or disease are not covered except special formulas Medically Necessary for the treatment of certain inborn errors of metabolism or genetic conditions.
- N. New prescription drugs to the market which contain a new manner of action or new delivery system will not be considered for coverage until six (6) months after the product is widely available.
- O. Drugs used for diagnostic purposes are not covered.
- P. Vaccines when recommended and/or required by a third-party entity for the purpose of sports, school (except approved well visits), camp, employment, license requirements, travel, insurance, marriage, or adoption are not covered.

**EXCEPTIONS POLICY** – Prescription drugs specifically listed as not covered will be approved at your (third) 3<sup>rd</sup> Tier cost-sharing amount **ONLY** when clear medical documentation from the requesting practitioner or provider includes evidence that the requested medication is appropriate and medically necessary. Clear medical documentation must include adequate trial and failure, contraindications, or an established allergy, of other prescription drugs of the same class or those used to treat your condition, which are covered by the plan.

**PRESCRIPTIONS DRUG OVERRIDES** – BHP provides prescription drug overrides as required by applicable state law. Prescription drug overrides do not apply to any controlled medication. Only 12 fills per year of a medication are allowed, regardless of override and no more than 3 refills of a covered drug may be obtained within a 90 day period.

**REFUNDS** – If you pay out-of-pocket for a prescription at a participating pharmacy, you may return to the pharmacy within 60 days, have the claim processed online and be reimbursed the eligible out-of-pocket expenses. If you are reimbursed by BHP for an eligible out-of-pocket prescription expense, you will be paid based on the BHP’s contracted pharmacy rates. These contracted rates are usually less than the pharmacy’s retail charges, resulting in a net cost to you greater than your usual co-payment or coinsurance. Requests for out-of-pocket prescription reimbursement received more than 6 months after the prescription was filled will not be eligible for reimbursement.

ALL requests for reimbursement must include your BHP ID #, a pharmacy receipt that includes the name of the medication, the name of the pharmacy where the medication was purchased, the quantity dispensed, the day supply, the amount the pharmacy charged, and a BHP Prescription Claim Form. You will be reimbursed based on your benefits and the applicable co-payment or coinsurance will be deducted from your reimbursement.

**DISPENSE AS WRITTEN (DAW) 1 AND 2 PENALTY** – State law requires that when there is a generic medication available for a branded medication that the pharmacist dispense the generic product unless otherwise stated by the prescriber to dispense as written or it is requested by the patient. If a prescriber or a member specifically requests a brand name medication when a generic medication is available, the member will be subject to their applicable co-payment and will be responsible for any difference in price between the generic medication and the brand name medication.

**SPECIALTY DRUGS/INJECTABLES** – Specialty drugs and Injectables may only be obtained through Accredo Specialty Pharmacy Services. You or your physician may contact the BHP Pharmacy Services Department to obtain information on this process. Prior Authorization is required for certain specialty drugs when delivered in the physician office, clinic, or home setting. Please refer to the Medical Prior Authorization List as reference to these medications. A list of the most commonly utilized Specialty Pharmacy medications is included in this document.

For additional information, visit us on the web at [www.baptisthealthplan.com](http://www.baptisthealthplan.com).

	TIER			
DRUG NAME	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	INSTRUCTIONS

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Abilify Tab			½T	See Definitions
Abraxane			PA	See Definitions
Absorica			PA	See Definitions
Abstral			PA QL	See Definitions 120 x 30 days
Accu-Chek Test Strips			SE	See Definitions
Acebutolol	✓			
Acetamin/Butalbital	QL			372 x 30 days
Acetamin/Codeine Elixir	QL			3750mL x 30 days
Acetamin/Codeine Tablets	QL			372 x 30 days
Aciphex*				Not Covered
Actemra 162mg SQ			PA QL	See Definitions 4 syringes x 28 days
Actemra IV			PA QL	See Definitions 800mg x 28 days
Acthar, H.P.			PA	See Definitions
Actiq*			PA QL	See Definitions 120 x 30 days
Acyclovir	✓			
Aczone			SE PA	PA Required over 25 years old
Adapalene	SE PA			PA Required over 25 years old
Adcetris			PA	See Definitions
Adcirca			PA	See Definitions
Adderall XR*			SE QL	Generics First 30mg/day
Adempas			PA QL	See Definitions 90 x 30 days
ADHD Stimulants			SE	Generics First
Advair Diskus/HFA		✓		
Adzenys XR-ODT			SE	Generics First
Aerochamber		✓		
Afinitor			PA QL	See Definitions 30 x 30 days
Akynzeo			PA	See Definitions
Albuterol	✓			
Alecensa			PA QL	See Definitions 240 x 30 days
Alendronate	✓			
Alimta			PA	See Definitions
Alkeran Tabs		✓		
Allopurinol	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Aloxi Injection			PA QL	See Definitions 5mL x 30 days
Alphagan P 0.1% only		✓		
Alprazolam/XR	✓			
Alprolix			PA	See Definitions
Ambien*/CR*			SE QL	Generics First 30 x 30 days
Amerge*			QL	9 x 30 days
Amitiza		QL		60 x 30 days
Amitriptyline	✓			
Amlodipine	½T			See Definitions
Amlodipine/Benazepril	✓			
Amnesteem	PA			See Definitions
Amoxicillin	✓			
Amoxicillin, Clavulanic Acid/ER	✓			
Amphetamine Salt Combo	✓			
Amphetamine Salt Combo ER	QL			30mg/day
Ampyra			PA QL	See Definitions 60 x 30 days
Anastrozole	✓			
Androderm			PA	See Definitions
Androgel		PA		Preferred Drug See Definitions
Androxy	PA			See Definitions
Angiotensin II Receptor Blockers (ARBs)			SE	Generics First
Antabuse*			PA	See Definitions
Antihemophilic Factor Agents			PA	See Definitions
Antineoplastic Inj. & Powders			PA	See Definitions
Anzemet Tab		QL		3 per prescription
Aplenzin			SE QL	Generics First 30 x 30 days
Apriso		✓		
Aranesp			PA QL	See Definitions 4 vials/syr x 30 days
Arava 10mg*			SE PA QL	See Definitions 30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Arava 20mg*			SE PA QL	See Definitions 42 x 30 days
Arcalyst			PA QL	See Definitions 4 vials x 30 days
Arixtra*			QL	20 x 30 days
Arranon			PA	See Definitions
Arzerra			PA	See Definitions
Asacol			SE	See Definitions
Atenolol	✓			
Atenolol/ Chlorthalidone	✓			
Atorvastatin	½T			See Definitions
Atralin*			SE PA	PA Required over 25 years old
Atripla		✓		
Atrovent Inhaler		✓		
Aubagio			PA QL	See Definitions 28 x 28 days
Avastin			PA	See Definitions
Avinza*			QL	60 x 30 days
Avita			SE PA	PA Required over 25 years old
Avonex			QL	4 syringes x 30 days
Axert*			QL	9 x 30 days
Axiron				Not Covered
Azathioprine	✓			
Azelastine	✓			
Azelex			SE PA	PA Required over 25 years old
Azithromycin	✓			
Azopt		✓		
Azor		SE		Generics First
Baclofen	✓			
Bayer Contour Test Strips		✓		
Belbuca			PA QL	See Definitions 60 x 30 days
Beleodaq			PA	See Definitions
Belsomra			SE QL	Generics First 30 x 30 days
Benazepril	✓			
Bendeka			PA	See Definitions
Benicar		SE ½T		Generics First See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Benicar HCT		SE ½T		Generics First See Definitions
Benlysta			PA	See Definitions
Benzocaine/ Antipyrine Otic	✓			
Benzonatate	✓			
Bepreve			QL	5mL x 30 days
Berinert			PA	See Definitions
Betaseron			QL	15 vials x 30 days
Betoptic S		✓		
Bisoprolol	✓			
Bisoprolol/HCTZ	✓			
Blincyto			PA	See Definitions
Bosulif			PA QL	See Definitions 30 x 30 days
Botox			PA	See Definitions
Breo Ellipta		✓		
Brilinta		✓		
Bunavail			PA QL	See Definitions 60 x 30 days; 9 months per lifetime
Buprenex*			PA	See Definitions
Buprenorphine/ Naloxone Tablet	PA QL			See Definitions 90 x 30 days; 9 months per lifetime
Bupropion ER 150mg	QL			90 x 30 days
Bupropion ER 300mg	QL			30 x 30 days
Bupropion/SR	✓			
Buspiron HCl	✓			
Butalbital/APAP/ Caffeine	QL			372 x 30 days
Butalbital/Aspirin/ Caffeine (tabs only)	QL			372 x 30 days
Butorphanol Tartrate	QL			2 canisters x 30 days
Butrans			PA QL	See Definitions 4 x 30 days
Bydureon		SE PA QL		See Definitions 4 x 28 days
Byetta		SE PA QL		See Definitions 1 x 30 days
Bystolic		½T		See Definitions
Carisoprodol	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Carvedilol	✓			
Cayston			QL	168mL x 56 days
Cefdinir	✓			
Cefuroxime	✓			
Celebrex			QL	60 x 30 days
Celecoxib	QL			60 x 30 days
Celexa 10mg*			SE QL	Generics First 30 x 30 days
Celexa 20mg*			SE QL	Generics First 90 x 30 days
Celexa 40mg*			SE QL	Generics First 45 x 30 days
Cephalexin	✓			
Ceprozin			PA	See Definitions
Cerdelga			PA	See Definitions
Cerezyme			PA	See Definitions
Cesamet			PA QL	See Definitions 12 tabs per Rx
Chantix	SE QL			Age ≥ 18 years 180 days per year
Chlorthalidone	✓			
Chlorzoxazone	✓			
Cholbam			PA	See Definitions
Cialis 5mg only			PA QL	See Definitions 30 x 30 days
Cimetidine	✓			
Cimzia			PA QL	See Definitions 2 x 30 days
Cinqair			PA	See Definitions
Cinryze			PA	See Definitions
Ciprofloxacin ER	✓			
Citalopram 10mg	QL			30 x 30 days
Citalopram 20mg	QL			90 x 30 days
Citalopram 40mg	QL			45 x 30 days
Claravis	PA			See Definitions
Clarinet/D*				Not Covered
Clarithromycin	✓			
Climara Pro		✓		
Clindamycin	✓			
Clobetasol	✓			
Clonazepam	✓			
Clonidine/TDS	✓			
Clopidogrel	✓			
Codeine/Aspirin	QL			372 x 30 days
Codeine/CPM/PSE	QL			372 x 30 days
Codeine/APAP# 2,3,4	QL			372 x 30 days
Combivent Respimat		✓		
Cometriq			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Concerta*			SE	Generics First
ConZip ER*			QL	30 x 30 days
Copaxone			QL	1 x 30 days
Copegus*			PA QL	See Definitions 180 x 30 days
Coreg CR		✓		
Corlanor			PA QL	See Definitions 60 x 30 days
Corifact			PA	See Definitions
Cosentyx			PA QL	See Definitions 2 x 28 days
Cotellic			PA QL	See Definitions 63 x 28 days
Creon		✓		
Crestor		½T		See Definitions
Crinone			PA	See Definitions
Crixivan		✓		
Cyclobenzaprine	✓			
Cymbalta 20 & 30mg*			SE QL	Generics First 60 x 30 days
Cymbalta 60mg*			SE QL	Generics First 30 x 30 days
Cyramza			PA	See Definitions
Dacogen*			PA	See Definitions
Daklinza			PA QL	See Definitions 28 x 28 days
Dapsone	✓			
Daraprim		✓		
Darzalex			PA	See Definitions
Daytrana Patch			SE	Generics First
Delzicol			SE	See Definitions
Desvenlafaxine ER (tab only)			SE QL	Generics First 30 x 30 days
Dexamethasone	✓			
Dexedrine/ Spansules*			SE	Generics First
Dexilant			QL	30 x 30 days
Dextro-amphetamine	✓			
Diabetic Needles & Lancets		✓		
Diazepam Tab/Gel	✓			
Diclegis			PA QL	See Definitions 120 x 30 days
Diclofenac Sodium	✓			
Dicyclomine	✓			
Differin*			SE PA	PA Required over 25 years old



DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Diflucan 150mg*			QL	1 tab per prescription (max of 2 scripts x 30 days)
Dilantin (30mg only)		✓		
Diltiazem/ER Tabs & Caps	✓			
Diphenoxylate/ Atropine	✓			
Doxycycline Tabs, Caps only	✓			
Duexis				Not Covered
Duloxetine 20 & 30mg	QL			60 x 30 days
Duloxetine 60mg	QL			30 x 30 days
Duragesic*			QL	10 x 30 days
Dyanavel XR			SE QL	Generics First 240 mL per day
Dysport			PA	See Definitions
Edarbi			SE QL	Generics First 30 x 30 days
Edarbyclor			SE QL	Generics First 30 x 30 days
Edluar			SE QL	Generics First 30 x 30 days
Effexor*			SE QL	Generics First 90 x 30 days
Effexor XR*			SE QL	Generics First 225mg/day
Ellelyso			PA	See Definitions
Elidel		SE PA		PA Required over 18 years old
Eligard 7.5mg			PA QL	See Definitions 1 kit x 30 days
Eligard 22.5mg			PA QL	See Definitions 1 kit x 90 days
Eligard 30mg			PA QL	See Definitions 1 kit x 120 days
Eligard 45mg			PA QL	See Definitions 1 kit x 180 days
Eliquis			PA QL	See Definitions 60 x 30 days
Ellence*			PA	See Definitions
Elmiron		✓		
Embeda			PA QL	See Definitions 60 x 30 days
Emcyt		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Emend 40mg, 115mg, 125mg, & 150mg			PA QL	See Definitions 2 x 30 days
Emend 80mg			PA QL	See Definitions 4 x 30 days
Emend Therapy Pack			PA QL	See Definitions 6 x 30 days
Empliciti			PA	See Definitions
Enalapril	½T			See Definitions
Enbrel			PA QL	Preferred Drug See Definitions 4 x 30 days
Endocet*	QL			100 x 30 days
Endodan*	QL			100 x 30 days
Endometrin			PA	See Definitions
Enjuvia		✓		
Enoxaparin	QL			20 syringes x 30 days
Entresto			PA QL	See Definitions 60 x 30 days
Entyvio			PA QL	See Definitions Initial = 4 x 4 months, Maintenance = 7 x Calendar Year
Epiduo		SE PA		PA Required over 25 years old
Epipen/JR		QL		1 twin pack per co-payment
Epivir HBV		✓		
Epogen			PA QL	See Definitions 12 vials x 30 days
Erbix			PA	See Definitions
Erivedge			PA	See Definitions
Erythromycin	✓			
Esbriet			PA	See Definitions
Escitalopram	½T			See Definitions
Esomeprazole				Not Covered
Estradiol Tabs & Patches	✓			
Eszopiclone	QL			30 x 30 days
Euflexxa			PA	See Definitions
Evekeo			PA QL	See Definitions 60mg/day
Exalgo ER*			QL	60 x 30 days



DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Exforge*			½T	See Definitions
Exforge HCT*			½T	See Definitions
Exjade			PA	See Definitions
Extavia			QL	15 vials x 30 days
Eylea			PA	See Definitions
EZ-Spacer		✓		
Factor VIII Concentrates			PA	See Definitions
Factor IX Concentrates			PA	See Definitions
Famotidine	✓			
Fanapt			QL	60 x 30 days
Farxiga			PA QL	See Definitions 30 x 30 days
Farydak			PA	See Definitions
Fenofibrate 48mg	QL			60 x 30 days
Fenofibrate 145mg	QL			30 x 30 days
Fentanyl Lozenge	PA QL			See Definitions 120 x 30 days
Fentanyl Patch	PA QL			See Definitions 10 x 30 days
Fentora			PA QL	See Definitions 120 x 30 days
Ferriprox			PA	See Definitions
Fexofenadine				Not Covered
Finacea			SE PA	PA Required over 25 years old
Finasteride	✓			
Firazyr			PA QL	See Definitions 3 syringes x 30 days
Flolan*			PA	See Definitions
Flonase*			QL	1 x 30 days
Flovent/HFA/Diskus		✓		
Floxin Tab*			QL	28 x 30 days
Fluconazole 150mg	QL			1 tab per prescription (max of 2 scripts x 30 days)
Fluoxetine HCl (excluding 60mg)	✓			
Fluoxetine Weekly	QL			4 x 30 days
Fluoxymesterone	PA			See Definitions
Fluticasone	QL			1 x 30 days
Fluvoxamine	½T			See Definitions
FML Forte/S		✓		
Focalin*/XR*			SE	Generics First

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Folic Acid	✓			
Forfivo			SE QL	Generics First 30 x 30 days
Forteo			PA	See Definitions
Fortesta				Not Covered
Fosinopril	½T			See Definitions
Fragmin			QL	20 x 30 days
Freestyle Test Strips			PA	See Definitions
Frova*			QL	9 x 30 days
Furosemide	✓			
Gabapentin	✓			
Gazyva			PA	See Definitions
Gelnique		✓		
Gel-One			PA	See Definitions
Gemfibrozil	✓			
Genotropin (Miniquick not covered)			PA QL	Preferred Drug See Definitions 30 cartridges/syr x 30 days
Genvisc			PA	See Definitions
Geodon*			QL	60 x 30 days
Gilenya			PA QL	Preferred Drug See Definitions 30 x 30 days
Gilotrif			PA QL	See Definitions 30 x 30 days
Gleevec*			PA	See Definitions
Glimepiride	✓			
Glipizide	✓			
Glucagon Emergency Kit		✓		
Glyburide	✓			
Glyxambi			PA	See Definitions
Gralise			PA QL	See Definitions 90 x 30 days
Granisetron	QL			6 every 3 days
Granix			PA	See Definitions
Grastek				Not Covered
Guanfacine	✓			
Guanfacine ER	QL			30 x 30 days
Halaven			PA	See Definitions
Halcion*			QL	30 x 30 days
Harvoni			PA QL	See Definitions 28 x 28 days
Helidac			QL	1 per year
Herceptin			PA	See Definitions
Hetlioz			PA QL	See Definitions 30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Horizant			PA QL	See Definitions 60 x 30 days
Humalog/Mix		✓		
Humatrope			PA	Preferred Drug See Definitions
Humira			PA QL	Preferred Drug See Definitions 2 x 30 days
Humulin		✓		
Hyalgan			PA	See Definitions
Hycet		QL		1800mL x 30 days
Hydrochlorothiazide	✓			
Hydrocod/APAP	QL			120 x 30 days
Hydrocod/Chlorphen ER Susp	QL			180mL x 30 days
Hydrocod/ Homatropine	QL			372 x 30 days
Hydrocod/IBU	QL			50 x 30 days
Hydroxychloroquine	✓			
Hydroxyzine	✓			
Hymovis			PA	See Definitions
Hysingla ER			PA QL	See Definitions 30 x 30 days
Ibrance			PA	See Definitions
Ibuprofen	✓			
Iclusig			PA	See Definitions
Ilaris			PA	See Definitions
Imbruvica			PA	See Definitions
Imitrex Tablets, Nasal Spray, Inj.*			QL	9 tabs; 6 nasal sprays/vials/ syringes; 2 inj. kits x 30 days
Imlygic				Not Covered
Increlex			PA	See Definitions
Indomethacin/SR	✓			
Inlyta			PA	See Definitions
Inspirease		✓		
Intermezzo*			SE QL	Generics First 30 x 30 days
Intuniv*			QL	30 x 30 days
Invirase		✓		
Invokamet			PA QL	See Definitions 60 x 30 days
Invokana		PA QL		See Definitions 30 x 30 days
Iprivask			QL	20 x 30 days
Irbesartan	½T			See Definitions
Iressa			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Isosorbide Mono-/Di-nitrate	✓			
Itraconazole	PA QL			See Definitions 60 x 30 days; max of 90 days
IVIG			PA	See Definitions
Ixempra			PA	See Definitions
Jadenu			PA	See Definitions
Janumet/XR		SE		Generics First
Januvia		SE ½T		Generics First See Definitions
Jardiance			PA QL	See Definitions 30 x 30 days
Jentadueto		SE		Generics First
Jetrea			PA QL	See Definitions 2 injections per lifetime
Jevtana			PA	See Definitions
Jublia			PA	See Definitions
Juvisync			SE	Generics First
Juxtapid				Not Covered
Kadcyla			PA	See Definitions
Kadian*			QL	60 x 30 days
Kalydeco			PA	See Definitions
Kanuma			PA	See Definitions
Kazano*			SE QL	See Definitions 60 x 30 days
Kerydin			PA	See Definitions
Ketoconazole	✓			
Ketoralac Tromethamine	QL			20 x 30 days
Keveyis			PA	See Definitions
Keytruda			PA	See Definitions
Kineret			SE PA	RA doc required See Definitions
Kombiglyze XR			SE	See Definitions
Korlym			PA	See Definitions
K-Phos		✓		
Krystexxa			PA	See Definitions
Kuvan			PA	See Definitions
Kynamro				Not Covered
Kyprolis			PA	See Definitions
Kytril*			QL	6 every 3 days
Lamisil*			QL	30 x 30 days; max of 90 days
Lamotrigine	½T			See Definitions
Lansoprazole				Not Covered
Lansoprazole ODT	SE			PA Required

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
	PA QL			over 12 years old 30 x 30 days
Lantus		✓		
Lariam*			QL	5 x 30 days
Latanoprost	SE PA			PA Required < 60 years old
Latuda			½T	See Definitions
Lazanda			PA QL	See Definitions 30 x 30 days
Leflunomide 10mg	SE PA QL			See Definitions 30 x 30 days
Leflunomide 20mg	SE PA QL ½T			See Definitions 42 x 30 days
Lemtrada			PA	See Definitions
Lenvima			PA	See Definitions
Letairis			PA QL	Preferred Drug See Definitions 30 x 30 days
Leukeran		✓		
Leukine			PA	See Definitions
Levemir		✓		
Levetiracetam	✓			
Levitra				Not Covered
Levocetirizine				Not Covered
Levofloxacin	✓			
Levora	✓			
Levothyroxine	✓			
Levoxyl*	✓			
Lialda		✓		
Lidocaine Viscous	✓			
Lindane Lotion	✓			
Lindane Shampoo			QL	60mL per 30 days
Linzess		QL		30 x 30 days
Lisinopril/HCTZ	✓			
Lithium Carbonate	✓			
Lonsurf			PA	See Definitions
Lorazepam	✓			
Losartan	½T			
Losartan/HCTZ	✓			
Lotemax Opth Susp		✓		
Lotronex*			PA QL	See Definitions 60 x 30 days
Lovastatin	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Lovaza*			PA	See Definitions
Lovenox*			QL	20 syringes x 30 days
Lucentis			PA	See Definitions
Lumigan		SE PA		Generics First PA Required < 60 years old
Lunesta*			SE QL	Generics First 30 x 30 days
Lupron Depot 3.75 & 7.5mg & All Pediatric Formulations			PA QL	See Definitions 1 kit x 30 days
Lupron Depot 11.25 & 22.5mg			PA QL	See Definitions 1 kit x 90 days
Lupron Depot 30mg			PA QL	See Definitions 1 kit x 120 days
Lupron Depot 45mg			PA QL	See Definitions 1 kit x 180 days
Luzu			SE PA QL	Generics First 60g x 30 days
Lynparza			PA	See Definitions
Lyrica			PA	See Definitions
Macugen			PA	See Definitions
Makena			PA QL	See Definitions 5 vials per 365 days
Malarone*			QL	12 x 30 days
Matulane		✓		
Maxalt/MLT*			QL	9 x 30 days
Meclizine HCl	✓			
Medroxy-progesterone	✓			
Mefloquine	QL			5 x 30 days
Mekinist			PA QL	See Definitions 2mg/day
Meloxicam	QL			30 x 30 days
Metadate CD*			SE QL	Generics First 30 x 30 days
Metaxalone	✓			
Metformin	✓			
Methadone Liquid	QL			500mL x 30 days
Methadone Tablets	QL			100 x 30 days
Methadose*	QL			100 x 30 days
Methocarbamol	✓			
Methotrexate	✓			
Methylphenidate/ER/SR	✓			
Methylprednisolone	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Metoclopramide	✓			
Metoprolol/HCTZ/ ER	✓			
Metronidazole	✓			
Miacalcin Injection		QL		15 vials x 30 days
Migranal*			QL	8 x 30 days
Minocycline ER	PA			See Definitions
Mircera			PA	See Definitions
Mirtazapine	½T			See Definitions
Mirvaso			SE PA	PA Required over 25 years old
Mobic*			QL	30 x 30 days
Modafinil	PA QL			See Definitions 30 x 30 days
Moexipril	½T			See Definitions
Moexipril/HCTZ	½T			See Definitions
Monovisc			PA	See Definitions
Montelukast Sodium	½T			See Definitions
Morphine Sulfate	QL			100 x 30 days
Morphine Sulfate SR	QL			60 x 30 days
Mozobil			PA	See Definitions
Multaq			SE PA	See Definitions
Mupirocin	✓			
Myalept			PA QL	See Definitions 30 x 30 days
Myleran		✓		
Myobloc			PA	See Definitions
Myorisan	PA			See Definitions
Nabumetone	✓			
Namenda XR		✓		
Namzaric		✓		
Naproxen	✓			
Naratriptan	QL			9 x 30 days
Natesto				Not Covered
Natpara			PA QL	See Definitions 2 x 28 days
Nebupent		✓		
Nefazodone	½T			See Definitions
Neomycin/ Polymyxin/HC	✓			
Nesina*			SE QL	See Definitions 30 x 30 days
Neulasta			PA	See Definitions
Neumega			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Neupogen			PA QL	See Definitions 14 syringes x 30 days
Nexavar			PA QL	See Definitions 120 x 30 days
Nexium				Not Covered
Nilandron		✓		
Ninlaro			SE QL	See Definitions 3 x 28 days
Nitrofurantoin	✓			
Nitroglycerin Ointment/ Patches/SL Tab	✓			
Norditropin			PA	See Definitions
Northera			PA	See Definitions
Nortriptyline	✓			
Norvir		✓		
Novolin Vials only		✓		
Novolog		✓		
Nplate			PA	See Definitions
Nucala			PA QL	See Definitions 100mg x 28 days
Nucynta			QL	120 x 30 days
Nucynta ER			QL	60 x 30 days
Nuplazid			PA QL	See Definitions 60 x 30 days
Nutropin			PA	See Definitions
Nuvaring		QL		1 x 28 days
Nuvigil*			PA QL	See Definitions 30 x 30 days
Nystatin (except oral powder)	✓			
Obizur			PA	See Definitions
Odomzo			PA	See Definitions
Ofev			PA	See Definitions
Ofloxacin Tab	QL			28 x 30 days
Ogestrel	✓			
Olanzapine	½T			See Definitions
Olanzapine/ Fluoxetine	QL			30 x 30 days
Olysio			PA QL	See Definitions 28 x 28 days
Omeprazole	✓			
Omeprazole/Sodium Bicarbonate				Not Covered
Omnitrope			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Ondansetron 24mg Tabs	QL			3 x 3 days
Ondansetron 4mg & 8mg Tabs/ODT	QL			9 x 3 days
Ondansetron Oral Soln	QL			50mL x 30 days
One Touch Ultra Test Strips		✓		
Onglyza			PA ½T	See Definitions
Onivyde			PA	See Definitions
Onmel			PA QL	See Definitions 30 x 30 days; max of 90 days
Onsolis			PA QL	See Definitions 120 x 30 days
Onzetra Xsail				Not Covered
Opana ER (new formulation only)		QL		60 x 30 days
Opdivo			PA	See Definitions
Opsumit			PA QL	See Definitions 30 x 30 days
Optichamber		✓		
Optihaler		✓		
Oralair				Not Covered
Oramorph SR			QL	100 x 30 days
Orencia			PA QL	See Definitions 4 vials/ syr x 30 days
Orenitram ER			PA	See Definitions
Orfadin			PA	See Definitions
Orkambi			PA QL	See Definitions 120 x 30 days
Ortho Evra*			QL	1 pack of 3 x 28 days - No Indiv. Packs
Orthovisc			PA	See Definitions
Oseni*			SE	See Definitions
Otezla			PA QL	See Definitions 1 starter kit x 365 days, 60 x 30 days
Otrexup			PA	See Definitions
Oxaydo			QL	100 x 30 days
Oxybutynin/ER	✓			
Oxycodone HCl Tabs	QL			100 x 30 days
Oxycodone/APAP	QL			100 x 30 days
Oxycodone/Aspirin	QL			100 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Oxycontin*			QL	60 x 30 days
Oxymorphone ER	QL			60 x 30 days
Pantoprazole	✓			
Paroxetine HCl	✓			
Pegasys			PA QL	Preferred Drug See Definitions 4 vials/syr x 30 days
Penicillin VK	✓			
Pennsaid			SE	Generics First
Pentasa		✓		
Percocet*			QL	100 x 30 days
Percodan*			QL	100 x 30 days
Perjeta			PA	See Definitions
Phenazopyridine	✓			
Pioglitazone	✓			
Pioglitazone/metformin	✓			
Plegridy			QL	1 starter pack x 365 days; 2 pens/syringes x 28 days
Polymyxin B Sul-Trimethoprim	✓			
Pomalyst			PA QL	See Definitions 21 x 28 days
Portrazza			PA	See Definitions
Potassium Chloride	✓			
Pradaxa			PA QL	See Definitions 60 x 30 days
Praluent				Not Covered
Pravastatin	½T			See Definitions
Prednisolone	✓			
Prednisone	✓			
Premarin		✓		
Premphase		✓		
Prempro		✓		
Prestalia			SE	Generics First
Prevacid SoluTab Only*			SE PA QL	PA Required over 12 years old 30 x 30 days
Prevacid* (except SoluTab)				Not Covered
Prevpac*			QL	1 per year
Prialt			PA	See Definitions
Primaquine		✓		
Pristiq*			SE QL	Generics First 30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
ProAir HFA		✓		
Procentra Soln*			SE PA	PA Required over 18 years old
Procrit			PA QL	See Definitions 12 vials x 30 days
Prolia			PA	See Definitions
Promacta 12.5mg			PA QL	See Definitions 60 x 30 days
Promacta 25mg			PA QL	See Definitions 90 x 30 days
Promacta 50 & 75mg			PA QL	See Definitions 30 x 30 days
Promethazine/ Codeine	QL			120mL x 30 days
Promethazine/ Codeine/PE	QL			120mL x 30 days
Promethazine/DM	✓			
Propranolol HCl/ER	✓			
Protonix*				Not Covered
Protopic ointment*			SE PA	PA Required over 18 years old
Provenge			PA QL	See Definitions 1 treatment cycle per lifetime
Provigil*			PA QL	See Definitions 30 x 30 days
Prozac Weekly*			SE QL	Generics First 4 x 30 days
Pulmicort Flexhaler		✓		
Qualaquin*			QL	42 x 30 days
Quetiapine	½T			See Definitions
QuilliChew ER			SE QL	Generics First 60 mg per day
Quillivant XR			SE	Generics First
Quinapril	½T			See Definitions
Qvar		✓		
Ragwitek				Not Covered
Ramipril	✓			
Ranexa		QL		60 x 30 days
Ranitidine	✓			
Rasuvo			PA	See Definitions
Ravicti			PA	See Definitions
Rayos			SE	Generics First
Rebetol 200mg Tabs			PA QL	See Definitions 180 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Rebetol Soln			PA QL	See Definitions 900mL x 30 days
Rebif			QL	12 syringes x 30 days
Reclast*			PA	See Definitions
Relenza			QL	1 box per year
Relpax		QL		9 x 30 days
Remicade			PA QL	See Definitions 4 vials x 6 weeks
Remodulin			PA	See Definitions
Renova			SE PA	PA Required over 25 years old
Repatha				Not Covered
Reprexain*	QL			50 x 30 days
Rescriptor		✓		
Rescula			SE PA	Generics First PA Required < 60 years old
Retin-A Micro*			SE PA	PA Required over 25 years old
Retrovir*		✓		
Revatio*			PA	See Definitions
Rexulti			PA	See Definitions
Ribasphere			PA QL	See Definitions 1200mg/day
Ribatab			PA QL	See Definitions 1200mg/day
Ribavirin			PA QL	See Definitions 1200mg/day
Ridaura		✓		
Risperidone	½T			See Definitions
Ritalin LA*/ SR*			SE	Generics First
Rituxan			PA QL	See Definitions 300mL x 30 days
Rizatriptan/ODT	QL			9 x 30 days
Roxicet Soln			QL	500mL x 30 days
Roxicodone Tabs*			QL	100 x 30 days
Rozerem			SE QL	Generics First 30 x 30 days
Ruconest			PA	See Definitions
Rybix ODT			QL	240 x 30 days
Ryzolt*			QL	30 x 30 days
Saizen			PA	See Definitions
Sancuso			QL	2 patches x 15 days
Sandostatin/LAR Depot			PA	See Definitions



DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Sarafem			SE QL	Generics First 14 x 30 days
Savaysa			PA QL	See Definitions 30 x 30 days
Savella			SE	Generics First
Selective Serotonin Reuptake Inhibitors (SSRIs)			SE	Generics First
Sensipar			QL	60 x 30 days
Serevent Diskus		✓		
Seroquel XR		✓		
Serostim			PA	See Definitions
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			SE	Generics First
Sertraline	½T			See Definitions
Signifor			PA QL	See Definitions 60 x 30 days
Signifor LAR			PA QL	See Definitions 1 kit x 28 days
Silenor			SE QL	Generics First 30 x 30 days
Simponi Aria (IV)			PA QL	See Definitions 5 vials per 8 weeks
Simponi SQ			PA QL	See Definitions 1 x 30 days
Simvastatin	½T			See Definitions
Sitavig			PA QL	See Definitions 2 x 30 days
Sivextro			SE PA	See Definitions
Smoking Cessation Products (Generic Rx and OTC only)	SE QL			Age ≥ 18 years 180 days per year
Soliris			PA	See Definitions
Solodyn*			PA	See Definitions
Somavert			PA	See Definitions
Sonata*			SE QL	Generics First 14 x 30 days
Soolantra			PA	See Definitions
Soriatane		PA		See Definitions
Sotret	PA			See Definitions
Sovaldi			PA QL	See Definitions 28 x 28 days
Spiriva		✓		
Spironolactone/HCTZ	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Sporanox*			PA QL	See Definitions 60 x 30 days; max of 90 days
Sprintec	✓			
Spritam			PA	See Definitions
Sprix			SE PA QL	See Definitions 5 x 30 days
Sprycel			PA	See Definitions
Stadol Nasal Spray*			QL	2 canisters x 30 days
Stelara			PA QL	See Definitions 1 vial x 12 weeks
Stivarga			PA QL	See Definitions 84 x 28 days
Strattera (all strengths except 80 & 100mg)		QL		60 x 30 days
Strattera 80 & 100mg		QL		30 x 30 days
Strensiq			PA	See Definitions
Striant			PA	See Definitions
Suboxone Tab*/Film			PA QL	See Definitions 90 x 30 days; 9 months per lifetime
Subsys			PA QL	See Definitions 120 x 30 days
Subutex			PA QL	See Definitions 90 x 30 days; 9 months per lifetime
Sucralfate Tablets	✓			
Sulfacetamide/Pred SMZ/TMP	✓			
Sumatriptan	QL			9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days
Supartz			PA	See Definitions
Supprelin LA			PA	See Definitions
Sustiva		✓		
Sutent			PA	See Definitions
Sylatron			PA QL	See Definitions 4 vials x 30 days
Sylvant			PA	See Definitions
Symbicort		✓		
Symbyax*			QL	30 x 30 days
Symlin			PA	See Definitions



DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Synagis			PA QL	See Definitions 2 vials x 30 days
Synarel			PA	See Definitions
Synjardy			PA QL	See Definitions 60 x 30 days
Synribo			PA	See Definitions
Synthroid*		✓		
Synvisc/ Synvisc-One			PA	See Definitions
Tacrolimus ointment	SE PA			PA Required over 18 years old
Tafinlar			PA QL	See Definitions 300mg/day
Tagrisso			PA QL	See Definitions 30 x 30 days
Taltz			PA QL	See Definitions 1 x 28 days
Tamiflu - Liquid			QL	150mL x 1 year
Tamiflu - Tablets			QL	10 x 30 days; 20 per year
Tamsulosin HCl	✓			
Tanzeum			PA QL	See Definitions 4 x 28 days
Tarceva			PA QL	See Definitions 30 x 30 days
Tasigna			PA QL	See Definitions 112 x 28 days
Tazorac		✓		
Tecfidera 120mg			PA QL	Preferred Drug See Definitions 14 x 30 days
Tecfidera 240mg			PA QL	Preferred Drug See Definitions 60 x 30 days
Technivie			PA QL	See Definitions 1 monthly carton x 28 days
Temazepam	✓			
Temodar 5, 20, & 100mg*			QL	20 x 30 days
Temodar 140 & 180mg*			QL	14 x 30 days
Temodar 250mg*			QL	10 x 30 days
Terbinafine	QL			30 x 30 days; max of 90 days
Testim				Not Covered
Testopel			PA QL	See Definitions 6 pellets every 3 months

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Testosterone Agents (generics)	PA			See Definitions
Tetracycline	✓			
Teveten*			SE	Generics First
Tev-Tropin			PA	See Definitions
Thalomid			PA	See Definitions
Thioguanine		✓		
Thyroid, Desiccated	✓			
Tizanidine	½T			See Definitions
TOBI Inhalation Soln*			QL	280mL x 56 days
TOBI Podhaler			QL	224 x 56 days
Tobramycin Drops	✓			
Tolterodine Tartrate	✓			
Topiramate	½T			See Definitions
Toradol*			QL	20 x 30 days
Toujeo		✓		
Toviaz		✓		
Tracleer			PA QL	See Definitions 60 x 30 days
Tradjenta		SE		Generics First
Tramadol	QL			240 x 30 days
Tramadol ER	QL			30 x 30 days
Travatan Z		SE PA		Generics First PA Required < 60 years old
Travoprost	SE PA			PA Required < 60 years old
Trazodone	✓			
Tresiba		✓		
Tretinoin	✓			
Tretinoin Micro	SE PA			PA Required over 25 years old
Tretin-X			SE PA	PA Required over 25 years old
Tretten			PA	See Definitions
Treximet		QL		9 x 30 days
Triamcinolone/ Nystatin	✓			
Triamterene/HCTZ	✓			
Triazolam	QL			30 x 30 days
Tribenzor		SE		Generics First
Tricor 48mg*			QL	60 x 30 days
Tricor 145mg*			QL	30 x 30 days
Trintellix			SE	Generics First
Truetest Test Strips			SE	See Definitions
Truetrack Test Strips			SE	See Definitions
Trulicity			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
			QL	4 x 28 days
Tussionex*			QL	180mL x 30 days
Tykerb			PA	See Definitions
Tylenol #3*			QL	372 x 30 days
Tylenol with Codeine Elixir*			QL	3750mL x 30 days
Tysabri			PA QL	See Definitions 1 vial x 30 days
Tyvaso			PA QL	See Definitions 30 amp x 30 days
Uloric			½T	See Definitions
Ultram*			QL	240 x 30 days
Ultram ER*			QL	30 x 30 days
Unituxin			PA	See Definitions
Uptravi			PA QL	See Definitions 60 x 30 days
Valacyclovir	½T			See Definitions
Valsartan	½T			See Definitions
Valsartan/HCTZ	½T			See Definitions
Vantas			PA	See Definitions
Varubi			PA QL	See Definitions 4 x 30 days
Vascepa			PA QL	See Definitions 120 x 30 days
Vectibix			PA	See Definitions
Veletri*			PA	See Definitions
Veltin			SE PA	PA Required over 25 years old
Venclexta			PA QL	See Definitions 120 x 30 days
Venlafaxine	½T QL			See Definitions 90 x 30 days
Venlafaxine ER Cap	QL			225mg/day
Venlafaxine ER Tab			SE QL	Generics First 225mg/day
Ventavis			PA QL	See Definitions 270 x 30 days
Ventolin HFA		✓		
Vesicare			½T	See Definitions
Vexol eye drops		✓		
Viagra				Not Covered
Viberzi			PA QL	See Definitions 60 x 30 days
Vicodin*			QL	120 x 30 days
Vicoprofen*			QL	50 x 30 days
Victoza			PA QL	See Definitions 3 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
Vidaza*			PA	See Definitions
Viekira Pak			PA QL	Preferred Drug See Definitions 1 pak x 28 days
Vigamox		✓		
Viibryd			SE	Generics First
Vimizim			PA	See Definitions
Vimovo				Not Covered
Viracept		✓		
Visudyne			PA	See Definitions
Vivitrol			PA	See Definitions
Vivlodex				Not Covered
Vogelxo				Not Covered
Vpriv			PA	See Definitions
Vraylar			PA	See Definitions
Vyvanse			SE QL	Generics First 30 x 30 days
Warfarin Sodium	✓			
Wellbutrin XL 150mg*			SE QL	Generics First 90 x 30 days
Wellbutrin XL 300mg*			SE QL	Generics First 30 x 30 days
Xalatan*			SE PA	Generics First PA Required < 60 years old
Xalkori			PA QL	See Definitions 60 x 30 days
Xarelto 10mg		PA QL		See Definitions 35 x 60 days
Xarelto 15mg		PA QL		See Definitions 60 x 30 days
Xarelto 20mg		PA QL		See Definitions 30 x 30 days
Xarelto Starter Pack		PA		See Definitions
Xartemis XR			QL	100 x 30 days
Xeljanz			PA QL	See Definitions 60 x 30 days
Xeljanz XR			PA QL	See Definitions 30 x 30 days
Xeloda*			PA	See Definitions
Xenazine*			PA	See Definitions
Xeomin			PA	See Definitions
Xgeva			PA	See Definitions
Xiaflex			PA	See Definitions
Xifaxan			PA	See Definitions
Xigduo XR			PA QL	See Definitions 30 x 30 days
Xolair			PA	See Definitions
Xtampza ER			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
			QL	60 x 30 days
Xtandi			PA QL	See Definitions 120 x 30 days
Xyrem			PA	See Definitions
Xyzal*				Not Covered
Yervoy			PA	See Definitions
Yodoxin		✓		
Zaleplon	QL			14 x 30 days
Zaltrap			PA	See Definitions
Zarxio			PA QL	See Definitions 14 syringes x 30 days
Zavesca			PA	See Definitions
Zecuity				Not Covered
Zegerid*				Not Covered
Zelboraf			PA QL	See Definitions 120 x 30 days
Zembrace SymTouch				Not Covered
Zenatane	PA			See Definitions
Zepatier			PA QL	See Definitions 28 x 28 days
Ziana*			SE PA	PA Required over 25 years old
Zioptan			SE PA	PA Required < 60 years old
Ziprasidone HCl	QL			60 x 30 days
Zofran Oral Soln*			QL	50mL x 30 days
Zofran 4 & 8mg Tabs/ODT *			QL	9 x 3 days
Zofran 24mg Tabs*			QL	3 x 3 days
Zohydro ER			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	
			QL	60 x 30 days
Zoladex 3.6mg			PA QL	See Definitions 1 kit x 30 days
Zoladex 10.8mg			PA QL	See Definitions 1 kit x 90 days
Zoledronic Acid			PA	See Definitions
Zolpidem/ER	QL			30 x 30 days
Zolpimist			SE QL	Generics First 1 container x 30 days
Zolvit			QL	1800mL x 30 days
Zometa*			PA	See Definitions
Zomig Spray		QL		6 x 30 days
Zomig/ZMT*			QL	9 x 30 days
Zontivity			PA	See Definitions
Zorbtive			PA	See Definitions
Zortress			PA	See Definitions
Zubsolv			PA QL	See Definitions 90 x 30 days; 9 months per lifetime
Zuplenz			QL	9 x 3 days
Zydelig			PA	See Definitions
Zykadia			PA QL	See Definitions 150 x 30 days
Zytiga			PA	See Definitions
Zyvox*			SE PA	See Definitions

\* Brands with Generic Alternatives

## ANTICOAGULANT

Arixtra  
Enoxaparin

## Specialty Drug List by Disease State

*The following Specialty Medications are subject to the fourth (4<sup>th</sup>) tier copayment/coinsurance on all fourth (4<sup>th</sup>) tier plans. Restrictions may apply.*

Fondaparinux  
Fragmin  
Iprivask  
Lovenox  
Refludan

### **BLOOD CELL DEFICIENCY**

Aranesp  
Epogen  
Granix  
Leukine  
Mozobil  
Neulasta  
Neumega  
Neupogen  
Omontys  
Procrit  
Promacta

### **CANCER**

Abraxane  
Adecetris  
Adriamycin  
Adrucil  
Afinitor/Disperz  
Alecensa  
Alferon N  
Alimta  
Alkeran  
Amifostine  
Aredia  
Arranon  
Arzerra  
Avastin  
Azacitadine  
Beleodaq  
Bendeka  
Bexxar  
Bicnu  
Bleomycin Sulfate  
Bosulif  
Busulfex  
Calcium Folate  
Camptosar  
Capecitabine  
Caprelsa  
Carboplatin  
Cerubidine  
RA08/16.945

Cisplatin  
Cladribine  
Clolar  
Cometriq  
Cosmegen  
Cotellic  
Cyclophosphamide  
Cyramza  
Cytarabine  
Dacarbazine  
Dacogen  
Dactinomycin  
Darzalex  
Daunorubicin HCL  
Daunaxome  
Decitabine  
Depocyt  
Docefrez  
Docetaxel  
Doxil  
Doxorubicin  
Eligard  
Elitek  
Ellence  
Eloxatin  
Elspar  
Empliciti  
Epirubicin  
Erbitux  
Erivedge  
Erwinaze  
Ethyol  
Etopophos  
Etoposide  
Faslodex  
Firmagon  
Floxuridine  
Fludara  
Fludarabine Phosphate  
Fluorouracil  
Folotyn  
FUDR  
Fusilev  
Gazyva  
Gemcitabine HCL  
Gemzar  
Gilotrif  
Gleevec

Halaven  
Herceptin  
Hycamtin  
Idamycin PFS  
Idarubicin HCL  
Ifex  
Ifosfamide  
Ifosfamide-Mesna  
Inlyta  
Intron A  
Iressa  
Irinotecan HCL  
Istodax  
Ixempra  
Jakafi  
Jevtana  
Kadcyla  
Kepivance  
Kyprolis  
Leucovorin Calcium  
Leuprolide Acetate  
Leustatin  
Lipodox  
Lipodox 50  
Lonsurf  
Lupron  
Lupron Depot  
Lupron Depot-PED  
Matulane  
Mekinist  
Melphalan HCL  
Mesna  
Mesnex  
Methotrexate  
Methotrexate  
Mitomycin  
Mitoxantrone  
Mustargen  
Navelbine  
Nexavar  
Ninlaro  
Nipent  
Odomzo  
Oforta  
Oncaspar  
Onivyde  
Onxol  
Oxaliplatin

## Specialty Drug List by Disease State

*The following Specialty Medications are subject to the fourth (4<sup>th</sup>) tier copayment/coinsurance on all fourth (4<sup>th</sup>) tier plans. Restrictions may apply.*

Paclitaxel	Vincristine	Zavesca
Pamidronate Disodium	Vinorelbine	
Paraplatin	Votrient	<b>GROWTH DEFICIENCY</b>
Perjeta	Vumon	Genotropin
Photofrin	Xalkori	Humatrope
Pomalyst	Xeloda	Increlex
Portrazza	Xgeva	Norditropin Flexpro
Proleukin	Xofigo	Norditropin Nordiflex Nutropin
Purixan	Xtandi	Nutropin AQ
Revlimid	Yervoy	Omnitrope
Rituxan	Zaltrap	Saizen
Sprycel	Zanosar	Serostim
Stivarga	Zelboraf	Tev-Tropin
Sutent	Zevalin	Zorbtive
Sylatron	Zoladex	
Synribo	Zolinza	<b>HEMOPHILIA</b>
Tafinlar	Zydelig	Advate
Tagrisso	Zykadia	Adynovate
Tarceva	Zytiga	Alphanate
Tasigna		Alphanine SD
Taxotere	<b>ENDOCRINE DISORDERS</b>	Alprolix
Temodar	DDVAP	Bebulin
Temozolomide	Desmopressin Acetate	Benefix
Thalomid	Korlym	Coagadex
Theracys	Kuvan	Cortifact
Thiotepa	Octreotide Acetate	Eloctate
Thyrogen	Sandostatin	Feiba
TICE BCG	Sandostatin LAR	Helixate FS
Toposar	Signifor	Hemofil M
Topotecan	Somatuline Depot	Humate-P
Torisel	Somavert	Idelvion
Treanda	Testopel	Koate-DVI
Trelstar Depot		Kogenate FS
Trelstar LA	<b>ENZYME DEFICIENCIES</b>	Kovaltry
Trisenox	Adagen	Monarc-M
Tykerb	Aldurazyme	Monoclalte-P
Unituxin	Carbaglu	Mononine
Valchlor	Cerezyme	Novoseven
Valstar	Elaprase	Profilnine SD
Vandetanib	ElELYso	Recombinate
Vantas	Fabrazyme	Rixubis
Vectibix	Kanuma	Tretten
Velcade	Lumizyme	Xyntha
Velettri	Myozyme	
Venclexta	Naglazyme	<b>HEPATITIS B</b>
Vidaza	Orfadin	Hepagam B
Vincasar	Sucraid	HyperHEP B S/D
Vinblastine	Vpriv	

## Specialty Drug List by Disease State

The following Specialty Medications are subject to the fourth (4<sup>th</sup>) tier copayment/coinsurance on all fourth (4<sup>th</sup>) tier plans. Restrictions may apply.

Nabi-HB

### HEPATITIS C

Copegus  
Daklinza  
Harvoni  
Infergen  
Moderiba  
Olysio  
Pegasys  
Peg-Intron  
Peg-Intron Redipen  
Rebetol  
Ribapak  
Ribasphere  
Ribatab  
Ribavirin  
Sovaldi  
Technivie  
VICTRELIS  
Viekira Pak  
Zepatier

### HIV

Abacavir-Lamivudine-  
Zidovudine  
Aptivus  
Atripla  
Combivir  
Complera  
Crixivan  
Didanosine  
Edurant  
Emtriva  
Epivir  
Epivir HBV  
Epzicom  
Fuzeon  
Intelence  
Invirase  
Isentress  
Kaletra  
Lexiva  
Nevirapine  
Norvir  
Prezista  
Rescriptor  
Retrovir

RA08/16.945

Reyataz  
Selzentry  
Stavudine  
Stribild  
Sustiva  
Tivicay  
Triumeq  
Trizivir  
Truvada  
Tybost  
Videx  
Videx EC  
Viracept  
Viramune  
Viramune XR  
Viread  
Zerit  
Ziagen  
Zidovudine

### IMMUNE DEFICIENCY

Actimmune  
Bivigam  
Carimune NF  
Cytogam  
Flebogamma  
Flebogamma DIF  
GamaSTAN S/D  
Gammagard Liquid  
Gammagard S/D  
Gammaked  
Gammaplex  
Gamunex  
Gamunex C  
Hizentra  
HyperHEP B SD  
HyperRAB S/D  
HyperRHO S/D  
Hyqvia  
Immune Globulin  
Imogam Rabies-HT  
MICRhoGAM  
Octagam  
Privigen  
RhoGam  
RhoGam Plus  
Rhophylac  
Varicella-Zoster-

Imm Globulin  
Vivaglobin  
Winrho SDF

### IMMUNOLOGICALS AND VACCINES

Provenge

### INFERTILITY

Bravelle  
Cetrotide  
Chorionic Gonadotropin  
Follistim AQ  
Ganirelix Acetate  
Gonal-F  
Gonal-F RFF  
Luveris  
Makena  
Menopur  
Novarel  
Ovidrel  
Pregnyl  
Progesterone  
Repronex

### INFLAMMATORY CONDITIONS

Actemra  
Amevive  
Benlysta  
Cimzia  
Cosentyx  
Enbrel  
Entyvio  
Humira  
Kineret  
Krystexxa  
Orencia  
Otezla  
Remicade  
Simponi  
Simponi ARIA  
Stelara  
Taltz  
Xeljanz  
Xeljanz XR

### IRON TOXICITY

Deferoxamine  
Desferal

## Specialty Drug List by Disease State

The following Specialty Medications are subject to the fourth (4<sup>th</sup>) tier copayment/coinsurance on all fourth (4<sup>th</sup>) tier plans. Restrictions may apply.

Exjade  
Ferriprox

### MISCELLANEOUS SPECIALTY CONDITIONS

8-Mop  
Apokyn  
Arcalyst  
Arestin  
Berinert  
Botox  
Botox Cosmetic  
Ceprotin  
Chenodal  
Cinryze  
Cuvposa  
Cystagon  
Dysport  
Firazyr  
Gattex  
Hetlioz  
Ilaris  
Implanon  
Juxtapid  
Kalbitor  
Keveyis  
Kynamro  
Mirena  
MuGard  
Myalept  
Myobloc  
Nexplanon  
Northera  
Nplate  
Onsolis  
Panretin  
Paragard T 380a  
Praluent  
Prialt  
Procysbi  
Qutenza  
Ravicti  
Repatha  
Rilutek  
Ruconest  
Sabril  
Solesta

Soliris  
Strensiq  
Supprelin LA  
Sylvant  
Vimizim  
Vivitrol  
Xenazine  
Xenomin  
Xiaflex  
Xyrem  
Zecuity

### MULTIPLE SCLEROSIS

Acthar H.P.  
Ampyra  
Aubagio  
Avonex  
Betaseron  
Copaxone  
Extavia  
Gilenya  
Plegridy  
Rebif  
Rebif Rebidos  
Tecfidera  
Tysabri

### OPHTHALMIC CONDITIONS

Cystaran  
Eylea  
Jetrea  
Lucentis  
Macugen  
Ozurdex  
Visudyne

### OSTEOARTHRITIS

Euflexxa  
Gel-One  
Genvisc  
Hyalgan  
Hymovis  
Monovisc  
Orthovisc  
Supartz  
Synvisc

### OSTEOPOROSIS

Boniva  
Forteo  
Ibandronate  
Prolia  
Reclast  
Zoledronic Acid  
Zometa

### PULMONARY HYPERTENSION

Adcirca  
Adempas  
Epoprostenol  
Flolan  
Letairis  
Opsumit  
Orenitram ER  
Remodulin  
Revatio  
Sildenafil  
Tracleer  
Tyvaso  
Uptravi  
Ventavis

### RESPIRATORY CONDITIONS

Aralast NP  
Bethkis  
Cayston  
Cinqair  
Esbriet  
Glassia  
Kalydeco  
Nucala  
Orkambi  
Prolastin  
Pulmozyme  
Tobi  
Tobi Podhaler  
Tobramycin  
Xolair  
Zemaira

### RSV PREVENTION

Synagis

**NOTE:** This drug list is provided as a guide and is updated periodically based on information from Express Scripts. For



*precise details related to your specialty-drug benefit, please contact BHP Pharmacy Services Department at (877) 205-6308 or (859) 335-3755.*



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