




BAPTIST HEALTH PLAN®

MASTER PREFERRED DRUG LIST

(DRUG FORMULARY)

Effective January 1, 2017



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Master Preferred Drug List (PDL)
(Drug Formulary)
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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

1ST-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.

2ND 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 3rd Tier status and the generic medication will become the preferred 1st Tier medication unless listed otherwise in the PDL.

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

4TH 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 4th 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 (½T) – 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 1st and 2nd 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, except for OTC medications provided for Covered Persons meeting the qualifications under Preventive Health Services as specifically indicated on BHP’s Covered Preventive Guidelines;
- 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;

- J. Medications for which the quantity to be dispensed exceeds the FDA’s maximum daily dose 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, dependency on drugs, alcohol, or chemicals. 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 (except special formulas Medically Necessary for the treatment of certain inborn errors of metabolism or genetic conditions);
- N. Non-injectable medications given in a Physician’s office (this Exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office);
- O. Drugs used for diagnostic purposes are not covered under the Pharmacy benefit;
- 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, adoption, are not covered;
- Q. Human growth hormone for children born small for gestational age (It is only a Covered Service in other situations when allowed by Us through PA);
- R. Drugs which are prescribed, dispensed or intended for usage during an Inpatient stay;
- S. Prescription Drug Products furnished to You at no cost by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided free to You from the local, state or federal government (for example, health fairs, free health clinics, health departments, mission clinics, clinical trials);
- T. Prescription Drug Products for any condition, illness, sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any Workers’ Compensation Law or other similar laws, whether or not a Claim for such benefits is made or payment or benefits are received;
- U. Prescription Drugs when prescribed to treat Infertility (unless Infertility is covered under Your plan. Refer to Your Schedule of Benefits);
- V. A Prescription Drug Product that contains (an) active ingredient(s) available in and therapeutically equivalent to another covered Prescription Drug product. Such determinations may be made up to six (6) times during a Calendar Year, and We may decide at any time to reinstate benefits for a Prescription Drug product that was previously Excluded under this provision;
- W. A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and therapeutically equivalent to another covered Prescription Drug product. Such determinations may be made up to six (6) times during a Calendar Year, and We may decide at any time to reinstate benefits for a Prescription Drug product that was previously Excluded under this provision;
- X. Certain Prescription Drugs that have not been prescribed by a Specialist Physician. Criteria for these Prescription Drugs may be found under “Prior Authorization Information” on Our website under the tab for Pharmacy Services: [<https://www.baptisthealthplan.com/pharmacy-services/prior-auth-info/>]. Specific Prescription Drugs are under “Prior Authorization Drug List,” and labeled “Medication.” Links for Criteria and Forms are provided for each Medication that requires Prior Authorization (PA); and
- Y. Test reagent kits.

EXCEPTIONS POLICY – Prescription drugs specifically listed as not covered will be approved at your (third) 3rd 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. We will make a coverage determination no later than twenty-four (24) hours after receipt of an expedited review request based on Emergency circumstances (such as when a person is suffering from a health condition that may seriously jeopardize his/her life, ability to regain maximum function or in a current course of treatment using a non-formulary drug); and no later than seventy-two (72) hours if additional information is needed for an expedited review decision. We will notify the Covered Person or Authorized Representative and the prescribing Physician (or other Practitioner/Provider, as appropriate) of our determination. We will continue to provide the non-formulary drug for the duration of the Emergency circumstances at the Member's Prescription Drug Cost-Sharing amount.

REFUNDS – If you pay out-of-pocket for a prescription at a participating pharmacy, you may return to the pharmacy within sixty (60) days, have the claim reprocessed electronically and be reimbursed for the eligible out-of-pocket expense. 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, minus your applicable prescription cost share. 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 six (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 – Applicable state law requires that when there is a Generic Substitution medication available for a branded medication that the pharmacist dispense the Generic Substitution product unless 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 one hundred percent (100%) of the difference between the amount we would have paid the dispensing pharmacy for the brand-name medication and the amount we would have paid the pharmacy for the generic substitution medication.

SPECIALTY DRUGS/INJECTABLES – Specialty drugs and injectables may only be obtained through Accredo Specialty Pharmacy Services under the Prescription Drug Benefit. You or your physician may contact the BHP Pharmacy Services Department to obtain information on this process. PA is required for certain specialty drugs including those delivered in the physician office, clinic, or home setting. Please refer to the Medical Prior Authorization List as reference to these medications. Self-injectable drugs are only covered under the member's prescription drug benefit.

For additional information, visit us on the web at www.baptisthealthplan.com.

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 (brand name)			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		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Allopurinol	✓			
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) (brand name)			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 ST	2 ND	3 RD	
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
Armour Thyroid			✓	
Arranon			PA	See Definitions
Arzerra			PA	See Definitions
Asacol HD*			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 Tab	✓			
Azelastine	✓			
Azelex			SE PA	PA Required < 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 ST	2 ND	3 RD	
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 Sublingual Tablet	PA QL			See Definitions 90 x 30 days; 9 months per lifetime
Buprenorphine/ Naloxone Tablet	PA QL			See Definitions 90 x 30 days; 9 months per lifetime
Bupropion XL 150mg	QL			90 x 30 days
Bupropion XL 300mg	QL			30 x 30 days
Bupropion/SR	✓			
Buspirone HCl	✓			
Butalbital/APAP/ Caffeine	QL			372 x 30 days
Butalbital/Aspirin/ Caffeine (tabs only)	QL			372 x 30 days
Butorphanol Nasal Spray	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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Byetta		SE PA QL		See Definitions 1 x 30 days
Bystolic		½T		See Definitions
Carisoprodol	✓			
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	✓			
Ceprotin			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	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Codeine/APAP# 2,3,4	QL			372 x 30 days
Combivent Respimat		✓		
Cometriq			PA	See Definitions
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 Tab	✓			
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	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Differin*			SE PA	PA Required over 25 years old
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
Effxor XR*			SE QL	Generics First 225mg/day
Elelyso			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 ST	2 ND	3 RD	
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
Epclusa			PA QL	See Definitions 28 x 28 days
Epiduo		SE PA		PA Required < 25 years old
Epipen/JR		QL		1 twin pack per co-payment
Epivir/HBV		✓		
Epogen			PA QL	See Definitions 12 vials x 30 days
Erbitux			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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Exalgo ER*			QL	60 x 30 days
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		✓		
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
Fluticasone Nasal Spray	QL			1 x 30 days
Fluvoxamine	½T			See Definitions
FML Forte/S		✓		
Focalin*/XR*			SE	Generics First

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Gelsyn-3			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/ER/XL	✓			
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 ST	2 ND	3 RD	
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
Hydrocodone/ CPM/PSE	QL			372 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
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
Invokamet XR			PA QL	See Definitions 30 x 30 days
Invokana			PA QL	See Definitions 30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Iprivask			QL	20 x 30 days
Irbesartan	½T			See Definitions
Iressa			PA	See Definitions
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
Jentaduetto		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 Tab	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
Lamisil*			QL	30 x 30 days; max of 90 days
Lamotrigine	½T			See Definitions
Lansoprazole	Not Covered			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Lansoprazole ODT	SE PA QL			PA Required < 12 years old 30 x 30 days
Lantus		✓		
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	✓			
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	✓			
Lovaza*			PA	See Definitions
Lovenox*			QL	20 syringes x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 Dose Pak	✓			
Metoclopramide Tab	✓			
Metoprolol/HCTZ/ ER	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 Tab	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
Neupogen			PA QL	See Definitions 14 syringes x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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		✓		
Novolog		✓		
Nplate			PA	See Definitions
NP Thyroid	✓			
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 powder)	✓			
Obizur			PA	See Definitions
Ocaliva			PA QL	See Definitions 30 x 30 days
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
Ondansetron 24mg Tabs	QL			3 x 3 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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		QL		60 x 30 days
Opdivo			PA	See Definitions
Opsumit			PA QL	See Definitions 30 x 30 days
Optichamber		✓		
Oralair	Not Covered			
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
Oxycontin*			QL	60 x 30 days
Oxymorphone ER	QL			60 x 30 days
Pantoprazole	✓			
Paroxetine HCl	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 TMP Eye Drops	✓			
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 Tab	✓			
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
ProAir HFA		✓		
Probuphine	Not Covered			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 ST	2 ND	3 RD	
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
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
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
Saizen			PA	See Definitions
Sancuso			QL	2 patches x 15 days
Sandostatin/LAR Depot			PA	See Definitions
Sarafem			SE QL	Generics First 14 x 30 days
Savaysa			PA QL	See Definitions 30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Savella			SE	Generics First
Selective Serotonin Reuptake Inhibitors (SSRIs) (brand name)			SE	Generics First
Sensipar			QL	60 x 30 days
Serevent Diskus		✓		
Seroquel XR*			✓	
Serostim			PA	See Definitions
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) (brand name)			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
Sovaldi			PA QL	See Definitions 28 x 28 days
Spiriva		✓		
Spironolactone/HCTZ	✓			
Sporanox*			PA QL	See Definitions 60 x 30 days; max of 90 days
Spritam			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Sprix			SE PA QL	See Definitions 5 x 30 days
Sprycel			PA	See Definitions
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
Sucralfate Tablets	✓			
Sulfacetamide Eye Drops	✓			
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
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 < 18 years old

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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		✓		
Tecentriq			PA	See Definitions
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
Testosterone Agents (generics)	PA			See Definitions
Tetracycline Caps	✓			
Teveten*			SE	Generics First
Tev-Tropin			PA	See Definitions
Thalomid			PA	See Definitions
Thioguanine		✓		
Tizanidine	½T			See Definitions
TOBI Inhalation Soln*			QL	280mL x 56 days
TOBI Podhaler			QL	224 x 56 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Tobramycin Drops	✓			
Tolterodine Tartrate	✓			
Topiramate Tab	½T			See Definitions
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 QL	See Definitions 4 x 28 days
Tussionex*			QL	180mL x 30 days
Tykerb			PA	See Definitions
Tylenol #3*			QL	372 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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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 QL	See Definitions 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			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Zinbryta			PA QL	See Definitions 1 x 30 days
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 QL	See Definitions 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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Zurampic			PA QL	See Definitions 30 x 30 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

Specialty Drug List by Disease State

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

ANTICOAGULANT

Arixtra
Enoxaparin
Fondaparinux
Fragmin
Iprivask
Lovenox
Refludan

Caprelsa
Carboplatin
Cerubidine
Cisplatin
Cladribine
Clolar
Cometriq
Cosmegen
Cotellic

Gemzar
Gilotrif
Gleevec
Halaven
Herceptin
Hycamtin
Idamycin PFS
Idarubicin HCL
Ifex

BLOOD CELL DEFICIENCY

Aranesp
Epogen
Granix
Leukine
Mozobil
Neulasta
Neumega
Neupogen
Omontys
Procrit
Promacta

Cyclophosphamide
Cyramza
Cytarabine
Dacarbazine
Dacogen
Dactinomycin
Darzalex
Daunorubicin HCL

Ifosfamide
Ifosfamide-Mesna
Inlyta
Intron A
Iressa
Irinotecan HCL
Istodax
Ixempra

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

Daunaxome
Decitabine
Depocyt
Docefrez
Docetaxel
Doxil
Doxorubicin
Eligard
Elitek
Ellence
Eloxatin
Elspar
Empliciti
Epirubicin
Eribitux
Erivedge
Erwinaze
Ethyol
Etopophos
Etoposide
Faslodex
Firmagon
Floxuridine
Fludara
Fludarabine Phosphate
Fluorouracil
Folotyn
FUDR
Fusilev
Gazyva
Gemcitabine HCL

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

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

Specialty Drug List by Disease State

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HEPATITIS B

Hepagam B
HyperHEP B S/D
Nabi-HB

HEPATITIS C

Copegus
Daklinza
Epclusa
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
RA

Nevirapine
Norvir
Prezista
Rescriptor
Retrovir
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

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Xeljanz XR

IRON TOXICITY

Deferoxamine

Desferal

Exjade

Ferriprox

MISCELLANEOUS SPECIALTY

CONDITIONS

8-Mop

Apokyn

Arcalyst

Arestin

Berinert

Botox

Botox Cosmetic

Ceprotrin

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

RA

Rilutek

Ruconest

Sabril

Solesta

Soliris

Strensiq

Supprelin LA

Sylvant

Vimizim

Vivitrol

Xenazine

Xenomim

Xiaflex

Xyrem

Zecuity

MULTIPLE SCLEROSIS

Acthar H.P.

Ampyra

Aubagio

Avonex

Betaseron

Copaxone

Extavia

Gilenya

Plegridy

Rebif

Rebif Rebidos

Tecfidera

Tysabri

Zinbryta

OPHTHALMIC CONDITIONS

Cystaran

Eylea

Jetrea

Lucentis

Macugen

Ozurdex

Visudyne

OSTEOARTHRITIS

Euflexxa

Gel-One

Gelsyn-3

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

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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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