



BAPTIST HEALTH PLAN

MASTER PREFERRED DRUG LIST

(DRUG FORMULARY)

Effective October 1, 2015



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Master Preferred Drug List (PDL) (Drug Formulary) Effective October 1, 2015

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. Medications that require (PA) do so because of their potential for misuse and/or abuse and will require that Plan criteria be met before approval is given. Claims exceeding \$2,999.99 will reject for PA required. 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 EDIT (SE) – Step edit is an electronic (PA) process that takes place at the time the pharmacist files the claim. A step edit may include an age edit, a specialty prescriber edit, or a therapeutic alternative edit. If the step edit criterion is met, the system will approve the claim. If the step edit criterion is not met, the system will not approve the claim and will send a message back to the pharmacy advising that the step edit 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) – Quantity limits have been placed on medications to be consistent with the maximum dosages that the Food and Drug Administration (FDA) has designated to be both safe and effective. Prescriptions for which the quantity to be dispensed exceeds the FDA’s maximum daily dose are excluded. Quantity Limits 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 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.

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, 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 – Non-preferred brand medications not included in the PDL are covered at your 3rd Tier cost-sharing amount. Prescription drugs specifically listed as not covered in the PDL will be approved at your 3rd Tier cost-sharing amount **ONLY** when clear medical documentation from the requesting 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 included in the PDL.

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.

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Abilify Maintena			PA	See Definitions
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
Actonel*			✓	
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		✓		
Advicor		✓		
Aerochamber		✓		
Afinitor			PA QL	See Definitions 30 x 30 days
Aggrenox*			✓	
Akynzeo			PA	See Definitions
Albuterol	✓			
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 Besylate	½T			See Definitions
Amlodipine/ Benazepril	✓			
Amnesteem	PA			See Definitions
Amoxicillin	✓			
Amoxicillin, Clavulanate Potassium/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 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
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
Avodart		✓		
Avonex			PA QL	Preferred Drug See Definitions 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		✓		
Beleodaq			PA	See Definitions
Belsomra			SE QL	Generics First 30 x 30 days
Benazepril	✓			
Benicar		SE ½T		Generics First See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Benicar HCT		SE		Generics First
Benlysta			PA	See Definitions
Benzocaine/ Antipyrine Otic	✓			
Benzonatate	✓			
Bepreve			QL	5mL x 30 days
Berinert			PA	See Definitions
Betaseron			PA QL	See Definitions 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		✓		
Carisoprodol	✓			
Carvedilol	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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	✓			
Ceprotrin			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
Chloromycetin Opth		✓		
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
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
Citolith		✓		
Claravis	PA			See Definitions
Clarinox/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 Phos/APAP # 2,3,4	QL			372 x 30 days
Combivent Respimat		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Cometriq			PA	See Definitions
Concerta*			SE	Generics First
ConZip ER*			QL	30 x 30 days
Copaxone			PA QL	Preferred Drug See Definitions 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
Creon		✓		
Crestor		½T		See Definitions
Crinone			PA	See Definitions
Crixivan		✓		
Cuprimine		✓		
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
Dapsone		✓		
Daraprim		✓		
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	✓			
Dibenzylidine		✓		
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 ST	2 ND	3 RD	
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*			PA QL	See Definitions 10 x 30 days
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
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
Enalapril	✓			
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
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
Erbitux			PA	See Definitions
Erythromycin	✓			
Esbriet			PA	See Definitions
Escitalopram	½T			See Definitions
Esomeprazole Strontium				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
Exelon Patch/Soln		✓		
Exjade			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Extavia			PA QL	Preferred Drug See Definitions 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
FML Forte/S		✓		
Focalin*/XR*			SE	Generics First
Folic Acid	✓			
Foradil		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Forfivo			SE QL	Generics First 30 x 30 days
Forteo			PA	See Definitions
Fortesta				Not Covered
Fortical NS*	✓			
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
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
Horizant			PA QL	See Definitions 60 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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	✓			
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
Increlex			PA	See Definitions
Indomethacin/SR	✓			
Infergen Injection			PA QL	See Definitions 30 vials x 30 days
Inlyta			PA	See Definitions
Inspirease		✓		
Intermezzo			SE QL	Generics First 30 x 30 days
Intron A Vials/Pens			PA	See Definitions
Intuniv*			QL	30 x 30 days
Invega Sustenna			PA	See Definitions
Invega Tab			PA	See Definitions
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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Irbesartan	½T			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	See Definitions
Januvia			SE	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			QL	84 x 28 days
Kadcyla			PA	See Definitions
Kadian*			QL	60 x 30 days
Kalydeco			PA	See Definitions
Kapvay*			SE PA QL	PA required over 17 years old 120 x 30 days
Kazano			SE QL	See Definitions 60 x 30 days
Kerydin			PA	See Definitions
Ketoconazole	✓			
Ketoralac Tromethamine	QL			20 x 30 days
Keytruda			PA	See Definitions
Kineret			SE PA	RA doc required See Definitions
Kombiglyze XR		SE		Generics First
Korlym			PA	See Definitions
K-Phos		✓		
Krystexxa			PA	See Definitions
Kuvan			PA	See Definitions
Kynamro			QL	4 syringes x 28 days
Kyprolis			PA	See Definitions
Kytril*			QL	6 every 3 days
Lamisil*			QL	30 x 30 days; max of 90 days
Lamotrigine	½T			See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Lansoprazole				Not Covered
Lansoprazole ODT	SE PA QL			PA Required over 12 years old 30 x 30 days
Lantus		✓		
Lariam*			QL	5 x 30 days
Latanoprost	SE PA			PA Required < 60 years old
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			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	✓			
Lorazepam	✓			
Losartan	½T			See Definitions
Losartan/HCTZ	✓			
Lotemax Opth Susp		✓		
Lotronex*			PA QL	See Definitions 60 x 30 days
Lovastatin	✓			
Lovaza*			PA	See Definitions

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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	✓			
Metoclopramide	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
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 HCl	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		✓		
Naproxen	✓			
Naratriptan	QL			9 x 30 days
Nardil		✓		
Nasonex		✓		
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
Neupro			PA QL	See Definitions 30 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		✓		
Nitrofurantoin	✓			
Nitroglycerin Ointment/ Patches/SL Tab	✓			
Norditropin			PA	See Definitions
Northera			PA	See Definitions
Nortriptyline	✓			
Norvir		✓		
Novolin Vials only		✓		
Novolog		✓		
Nplate			PA	See Definitions
Nucynta			QL	120 x 30 days
Nucynta ER			QL	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
Ofev			PA	See Definitions
Ofloxacin Tab	QL			28 x 30 days
Ogestrel	✓			
Olanzapine/ Fluoxetine	QL			30 x 30 days
Olysio			PA QL	See Definitions 28 x 28 days
Omeprazole	✓			
Omnitrope			PA	See Definitions
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		SE		Generics First
Onmel			PA QL	See Definitions 30 x 30 days; max of 90 days
Onsolis			PA QL	See Definitions 120 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Opana ER (new formulation only)		QL		60 x 30 days
Opdivo			PA	See Definitions
Opium Tincture	SE QL			See Definitions 118mL x 30 days
Opsumit			PA QL	See Definitions 30 x 30 days
Optichamber		✓		
Optihaler		✓		
Optipranolol		✓		
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
Ortho Evra*			QL	1 pack of 3 x 28 days - No Indiv. Packs
Orthovisc			PA	See Definitions
Oseni			SE QL	Generics First 30 x 30 days
Otezla			PA QL	See Definitions 1 starter kit x 365 days, 60 x 30 days
Otrexup			PA	See Definitions
Oxecta			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	✓			
Patanol		✓		
Pegasys			PA QL	Preferred Drug See Definitions 4 vials/syr x 30 days
Peg-Intron			PA QL	Preferred Drug See Definitions 4 vials/ pens x 30 days
Penicillin VK	✓			
Pentasa		✓		
Percocet*			QL	100 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Percodan*			QL	100 x 30 days
Perjeta			PA	See Definitions
Phenazopyridine	✓			
Pioglitazone	✓			
Pioglitazone/metformin	✓			
Plegridy			PA QL	Preferred Drug See Definitions 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
Potassium Chloride	✓			
Pradaxa			PA QL	See Definitions 60 x 30 days
Prandimet		✓		
Pravastatin	✓			
Prednisolone	✓			
Prednisone	✓			
Premarin		✓		
Premphase		✓		
Prempro		✓		
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		✓		
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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Quillivant XR			SE	Generics First
Quinapril HCl	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
Rebetol Soln			PA QL	See Definitions 900mL x 30 days
Rebif			PA QL	See Definitions 12 syringes x 30 days
Reclast*			PA	See Definitions
Regranex			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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Ribasphere			PA QL	See Definitions 1200mg/day
Ribatab			PA QL	See Definitions 1200mg/day
Ribavirin			PA QL	See Definitions 1200mg/day
Ridaura		✓		
Risperdal Consta			PA	See Definitions
Ritalin LA*/ SR*			SE	Generics First
Rituxan			PA QL	See Definitions 300mL x 30 days
Rizatriptan/ODT	QL			9 x 30 days
Roferon-A			PA	See Definitions
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
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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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	✓			
Sporanox*			PA QL	See Definitions 60 x 30 days; max of 90 days
Sprintec	✓			
Sprix			SE PA QL	See Definitions 5 x 30 days
Sprycel			PA	See Definitions
Stadol Nasal Spray*			QL	2 canisters x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
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
Sumavel DosePro			SE PA QL	See Definitions 6 syringes 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
Synribo			PA	See Definitions
Synthroid*		✓		
Synvisc/Synvisc-One			PA	See Definitions
Tacrolimus ointment	SE PA			PA Required over 18 years old

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Tafinlar			PA QL	See Definitions 300mg/day
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
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	✓			
Teveten*			SE	Generics First
Tev-Tropin			PA	See Definitions
Thalomid			PA	See Definitions
Thioguanine		✓		
Thyroid, Desiccated	✓			
Tilade Inhaler		✓		
Tizanidine	✓			
TOBI Inhalation Soln*			QL	280mL x 56 days
TOBI Podhaler			QL	224 x 56 days
Tobramycin Drops	✓			
Tolterodine Tartrate	✓			
Topiramate	✓			
Toradol*			QL	20 x 30 days
Toujeo		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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	✓			
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
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
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
Ultram*			QL	240 x 30 days
Ultram ER*			QL	30 x 30 days
Valacyclovir HCl	✓			
Valsartan HCTZ	✓			
Vantas			PA	See Definitions
Vascepa			PA QL	See Definitions 120 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
Vectibix			PA	See Definitions
Velettri*			PA	See Definitions
Veltin			SE PA	PA Required over 25 years old
Venlafaxine HCl	½T QL			See Definitions 90 x 30 days
Venlafaxine HCl ER Cap	QL			225mg/day
Venlafaxine HCl ER Tab			SE QL	Generics First 225mg/day
Ventavis			PA QL	See Definitions 270 x 30 days
Ventolin HFA		✓		
Vexol eye drops		✓		
Viagra				Not Covered
Vicodin*			QL	120 x 30 days
Vicoprofen*			QL	50 x 30 days
Victoza			PA QL	See Definitions 3 x 30 days
Victrelis			PA QL	See Definitions 2400mg/day
Vidaza*			PA	See Definitions
Viekira Pak			PA QL	Preferred Drug See Definitions 1 pak x 28 days
Vigamox		✓		
Viiibryd			SE	Generics First
Vimizim			PA	See Definitions
Vimovo				Not Covered
Viracept		✓		
Viramune XR		✓		
Visudyne			PA	See Definitions
Vivitrol			PA	See Definitions
Vogelxo				Not Covered
Vpriv			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

DRUG NAME	TIER			INSTRUCTIONS
	1 ST	2 ND	3 RD	
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
Xeloda*			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
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
Zavesca			PA	See Definitions
Zegerid				Not Covered
Zelboraf			PA QL	See Definitions 120 x 30 days
Zenatane	PA			See Definitions
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 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
Zydelig			PA	See Definitions
Zykadia			PA QL	See Definitions 150 x 30 days
Zyprexa Relprevv			PA	See Definitions
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

Carboplatin
Cerubidine
Cisplatin
Cladribine
Clolar
Cometriq
Cosmegen
Cyclophosphamide

Herceptin
Hycamtin
Idamycin PFS
Idarubicin HCL
Ifex
Ifosfamide
Ifosfamide-Mesna
Inlyta

Proleukin
Purixan
Revlimid
Rituxan
Sprycel
Stivarga
Sutent
Sylatron

BLOOD CELL DEFICIENCY

Aranesp
Epogen
Granix
Leukine
Mozobil
Neulasta
Neumega
Neupogen
Omontys
Procrit
Promacta

Cyramza
Cytarabine
Dacarbazine
Dacogen
Dactinomycin
Daunarubicin HCL
Daunaxome
Decitabine
Depocyt
Docefrez
Docetaxel
Doxil
Doxorubicin
Eligard
Elitek

Intron A
Irinotecan HCL
Istodax
Ixempra
Jakafi
Jevtana
Kadcyla
Kepivance
Kyprolis
Leucovorin Calcium
Leuprolide Acetate
Leustatin
Lipodox
Lipodox 50
Lupron

Synribo
Tafinlar
Tarceva
Tasigna
Taxotere
Temodar
Temozolomide
Thalomid
Theracys
Thiotepa
Thyrogen
TICE BCG
Toposar
Topotecan
Torisel

CANCER

Abraxane
Adcetris
Adriamycin
Adrucil
Afinitor/Disperz
Alferon N
Alimta
Alkeran
Amifostine
Aredia
Arranon
Arzerra
Avastin
Azacitadine
Beleodaq
Bexxar
Bicnu
Bleomycin Sulfate
Bosulif
Busulfex
Calcium Folate
Camptosar
Capecitabine
Caprelsa

Ellence
Eloxatin
Elspar
Epirubicin
Eribitux
Erivedge
Erwinaze
Ethyol
Etopophos
Etoposide
Faslodex
Firmagon
Floxuridine
Fludara
Fludarabine Phosphate
Fluorouracil
Folotyn
FUDR
Fusilev
Gazyva
Gemcitabine HCL
Gemzar
Gilotrif
Gleevec
Halaven

Lupron Depot
Lupron Depot-PED
Matulane
Mekinist
Melphalan HCL
Mesna
Mesnex
Methotrexate
Methotrexate
Mitomycin
Mitoxantrone
Mustargen
Navelbine
Nexavar
Nipent
Oforta
Oncaspar
Onxol
Oxaliplatin
Paclitaxel
Pamidronate Disodium
Paraplatin
Perjeta
Photofrin
Pomalyst

Treanda
Trelstar Depot
Trelstar LA
Trisenox
Tykerb
Valchlor
Valstar
Vandetanib
Vantas
Vectibix
Velcade
Veletri
Vidaza
Vincasar
Vinblastine
Vincristine
Vinorelbine
Votrient
Vumon
Xalkori
Xeloda
Xgeva
Xofigo
Xtandi
Yervoy

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.

Zaltrap	Omnitrope	Ribatab	Zidovudine
Zanosar	Saizen	Ribavirin	
Zelboraf	Serostim	Sovaldi	IMMUNE DEFICIENCY
Zevalin	Tev-Tropin	Victrelis	Actimmune
Zoladex	Zorbtive		Bivigam
Zolinza		HIV	Carimune NF
Zydelig	HEMOPHILIA	Abacavir-Lamivudine-	Cytogam
Zykadia	Advate	Zidovudine	Flebogamma
Zytiga	Alphanate	Aptivus	Flebogamma DIF
	Alphanine SD	Atripla	GamaSTAN S/D
ENDOCRINE	Alprolix	Combivir	Gammagard Liquid
DISORDERS	Bebulin	Complera	Gammagard S/D
DDVAP	Benefix	Crixivan	Gammaked
Desmopressin Acetate	Cortifact	Didanosine	Gammaplex
Korlym	Eloctate	Edurant	Gamunex
Kuvan	Feiba	Emtriva	Gamunex C
Octreotide Acetate	Helixate FS	Epivir	Hizentra
Sandostatin	Hemofil M	Epivir HBV	HyperHEP B SD
Sandostatin LAR	Humate-P	Epzicom	HyperRAB S/D
Signifor	Koate-DVI	Fuzeon	HyperRHO S/D
Somatuline Depot	Kogenate FS	Intelence	Hyqvia
Somavert	Monarc-M	Invirase	Immune Globulin
Testopel	Monoclata-P	Isentress	Imogam Rabies-HT
	Mononine	Kaletra	MICRhoGAM
ENZYME DEFICIENCIES	Novoseven	Lexiva	Octagam
Adagen	Profilnine SD	Nevirapine	Privigen
Aldurazyme	Recombinate	Norvir	RhoGam
Carbaglu	Rixubis	Prezista	RhoGam Plus
Cerezyme	Tretten	Rescriptor	Rhophylac
Elaprase	Xyntha	Retrovir	Varicella-Zoster-
Elelyso		Reyataz	Imm Globulin
Fabrazyme	HEPATITIS B	Selzentry	Vivaglobin
Lumizyme	Hepagam B	Stavudine	Winrho SDF
Myozyme	HyperHEP B S/D	Stribild	
Naglazyme	Nabi-HB	Sustiva	IMMUNOLOGICALS AND
Orfadin		Tivicay	VACCINES
Sucraid	HEPATITIS C	Triumeq	Provenge
Vpriv	Copegus	Trizivir	
Zavesca	Harvoni	Truvada	INFERTILITY
	Infergen	Tybost	Bravelle
GROWTH DEFICIENCY	Moderiba	Videx	Cetrotide
Genotropin	Olysio	Videx EC	Chorionic Gonadotropin
Humatrope	Pegasys	Viracept	Follistim AQ
Increlex	Peg-Intron	Viramune	Ganirelix Acetate
Norditropin Flexpro	Peg-Intron Redipen	Viramune XR	Gonal-F
Norditropin Nordiflex	Rebetol	Viread	Gonal-F RFF
Nutropin	Ribapak	Zerit	Luveris
Nutropin AQ	Ribasphere	Ziagen	Makena

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.

Menopur
Novarel
Ovidrel
Pregnyl
Progesterone
Repronex

INFLAMMATORY CONDITIONS

Actemra
Amevive
Benlysta
Cimzia
Enbrel
Entyvio
Humira
Kineret
Krystexxa
Orencia
Otezla
Remicade
Vimizim
Vivitrol
Xenazine
Xenomin
Xiaflex
Xyrem

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
RA08/15.727

Simponi
Simponi ARIA
Stelara
Xeljanz

IRON TOXICITY

Deferoxamine
Desferal
Exjade
Ferriprox

MISCELLANEOUS SPECIALTY CONDITIONS

8-Mop
Apokyn
Arcalyst
Arestin
Berinert
Botox
Botox Cosmetic

Ceprothin
Chenodal
Cinryze
Cuvposa
Cystagon
Dysport
Firazyr
Gattex
Hetlio
Ilaris
Implanon
Juxtapid
Kalbitor
Kynamro
Mirena
MuGard
Myalept
Myobloc
Nexplanon
Northera
Nplate
Ozurdex
Visudyne

OSTEOARTHRITIS

Euflexxa
Gel-One
Hyalgan
Monovisc
Orthovisc
Supartz
Synvisc

OSTEOPOROSIS

Boniva
Forteo
Ibandronate
Prolia
Reclast
Zoledronic Acid
Zometa

PULMONARY HYPERTENSION

Adcirca
Adempas
Epoprostenol
Flolan
Letairis

Onsolis
Panretin
Paragard T 380a
Prialt
Procysbi
Qutenza
Ravicti
Rilutek
Ruconest
Sabril
Solesta
Soliris
Supprelin LA
Sylvant

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.

Opsumit
Orenitram ER
Remodulin
Revatio
Sildenafil
Tracleer
Tyvaso
Ventavis

RESPIRATORY CONDITIONS

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

RSV PREVENTION

Synagis

TRANSPLANT

Astagraf
Atgam
Azasan
Azathioprine
Cellcept
Cyclosporine
Gengraf
Hecoria
Imuran
Mycophenolate Mofetil
Mycophenolic Acid
Myfortic
Neoral
Nulojix
Orthoclone Okt-3
Prograf
Rapamune
Sandimmune
Simulect
Sirolimus
Tacrolimus
Thymoglobulin
Zortress

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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