



BAPTIST HEALTH PLAN

SMALL BUSINESS PREFERRED DRUG LIST *(DRUG FORMULARY)*

Effective January 1, 2015

**KE
KS14**



**Small Business Preferred Drug List (PDL)
(Drug Formulary)**

Effective January 1, 2015

THE BAPTIST HEALTH PLAN SHOP 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. All other brand medications not listed within the PDL are 3rd Tier medications unless considered a Specialty Pharmacy medication.

4TH TIER MEDICATIONS – 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 THERAPY (ST) – Step therapy is an electronic (PA) process that takes place at the time the pharmacist files the claim. If the (ST) criterion is met, the system will approve the claim. If the (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. Suggested preferred alternatives are listed in this document.

QUANTITY LEVEL LIMITS (QLL) – Quantity level 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. (QLL) for brand name medications also apply to generic alternatives.

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.

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.

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 are not covered.
- 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 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 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 or adoption, are not covered.
- Q. Human growth hormone for children born small for gestational age is not covered.
- R. Treatment of onychomycosis (dermatophytic onychomycosis, ringworm of the nail and tinea unguium - fungal infection of the nail) is 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.

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 under 4th Tier.

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

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
ABILIFY				X		generics, SEROQUEL XR
ABILIFY DISCMELT				X		generics, SEROQUEL XR
ABILIFY MAINTENA	PA			X		
ABRAXANE	PA				X	
absorica	PA	X				
ABSTRAL	PA/QLL			X		fentanyl citrate
ACANYA				X		clindamycin-benzoyl peroxide
acarbose		X				
ACCOLATE				X		SINGULAIR
ACCU-CHEK				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK ACTIVE				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK AVIVA				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK AVIVA PLUS				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK COMFORT CURVE				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK COMPACT				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK COMPACT BLUE CONTROL				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK FASTCLIX				X		
ACCU-CHEK NANO SMARTVIEW				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK SMARTVIEW				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
ACCU-CHEK SOFTCLIX			X			
acebutolol hcl		X				
acetaminophen-codeine	QLL	X				
acetazolamide		X				
ACIPHEX	PA			X		omeprazole, pantoprazole, DEXILANT
ACTEMRA	PA/QLL				X	
ACTHAR, H.P.	PA				X	
ACTIQ	PA/QLL			X		
ACTIVELLA				X		ee/noreth ac, PREMPHASE/PREMPRO
ACTONEL			X			
ACTOPLUS MET				X		pioglitazone/metformin
ACTOPLUS MET XR			X			
ACTOS				X		pioglitazone
ACUVAIL				X		
acyclovir		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
adapalene	AGE >=25 Requires PA	X				
ADCETRIS	PA				X	
ADCIRCA	PA				X	
ADDERALL XR	ST/QLL			X		amphetamine salt combo
ADEMPAS	PA/QLL				X	
ADVAIR DISKUS			X			
ADVAIR HFA			X			
ADVICOR			X			
AFINITOR	PA/QLL				X	
AGGRENOX			X			
AKYNZEO	PA			3		
albuterol sulfate		X				
alclometasone dipropionate		X				
alendronate sodium		X				
alfuzosin hcl		X				
ALIMTA	PA				X	
ALLEGRA-D 24 HOUR						NOT COVERED
allopurinol		X				
ALOCRIAL				X		OTC KETOTIFEN, PATANOL
ALOMIDE				X		OTC KETOTIFEN, PATANOL
ALOXI INJECTION	PA/QLL				X	
ALPHAGAN P				X		
alprazolam		X				
alprazolam er		X				
alprazolam xr		X				
ALPROLIX	PA				X	
ALREX				X		OTC KETOTIFEN, PATANOL
ALTABAX				X		
altavera	QLL	X				
ALTOPREV				X		generic HMG, CRESTOR
ALVESCO				X		FLOVENT, PULMICORT FLEXHALER
amantadine		X				
AMBIEN/CR	QLL			X		zolpidemer
AMERGE	QLL			X		sumatriptan tab, RELPAX, ZOMIG
AMEVIVE	PA				X	
amiloride hcl		X				
amiodarone hcl		X				
AMITIZA	QLL		X			
amitriptyline hcl		X				
amlodipine besylate		X				
amlodipine besylate-benazepril		X				
amlodipine-atorvastatin		X				
amnesteen	PA	X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
amox tr-potassium clavulanate		X				
amoxicillin		X				
amoxicillin-clavulanate er		X				
amphetamine salt combo ER	QLL	X				
AMPYRA	PA/QLL				X	
AMRIX ER				X		cyclobenzaprine ER
AMTURNIDE				X		
anagrelide hcl		X				
ANALPRAM ADVANCED				X		
ANALPRAM E				X		
ANALPRAM HC				X		
anastrozole		X				
ANDRODERM	PA			X		
ANDROGEL	PA		X			
ANDROXY	PA	X				
ANGELIQ				X		ee/noreth ac, PREMPHASE/PREMPRO
ANTABUSE	PA			X		disulfiram
ANTARA				X		fenofibrate
ANTIHEMOPHILIC FACTOR AGENTS	PA				X	
ANTINEOPLASTIC INJ. & POWDERS	PA				X	
antipyrine-benzocaine		X				
anucort-hc		X				
ANZEMET	QLL		X			
APIDRA/SOLOSTAR				X		HUMALOG, NOVOLOG
APLENZIN	ST/QLL			X		bupropion, budeprion SR
apri	QLL	X				
APRISO				X		balsalaside, ASACOL/HD
aranelle	QLL	X				
ARANESP	PA/QLL				X	
ARAVA	PA/QLL			X		leflunomide
arbinoxa		X				
ARCALYST	PA/QLL				X	
ARCAPTA NEOHALER				X		
ARICEPT/ODT				X		donepezil hcl
ARIMIDEX				X		anastrozole
ARIXTRA	QLL				X	enoxaparin sodium
ARMOUR THYROID				X		
ARRANON	PA				X	
ARZERRA	PA				X	
ASACOL HD			X			
ASCENSIA AUTODISC				X		SOLUTIONS NOT COVERED
ASMANEX				X		QVAR, PULMICORT FLEXHALER

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
aspirin		X				OTC - NOT COVERED
aspirin ec		X				OTC - NOT COVERED
ASTELIN				X		azelastine hcl
ASTEPRO				X		azelastine hcl
ATACAND	ST			X		generic ARBs, BENICAR
ATACAND HCT	ST			X		generic ARBs/HCT, BENICAR HCT
AELVIA				X		alendronate, Actonel
atenolol		X				
atenolol-chlorthalidone		X				
atorvastatin calcium		X				
atovaquone-proguanil hcl	QLL	X				
ATRALIN	AGE >=25 Requires PA			X		tretinoin
ATRIPLA					X	
atropine sulfate		X				
atropine sulfate		X				
ATROVENT HFA			X			
AUBAGIO	PA/QLL				X	COPAXONE, AVONEX, EXTAVIA
AUTODISC NORMAL				X		SOLUTIONS NOT COVERED
AVALIDE	ST			X		irbesartan/hctz
AVANDAMET					X	
AVANDARYL					X	
AVANDIA					X	
AVAPRO	ST			X		irbesartan
AVASTIN	PA				X	
AVELOX/ABC PACK				X		ciprofloxacin, ofloxacin
aviane	QLL	X				
AVINZA	QLL			X		morphine sulfate er
AVODART			X			
AVONEX	PA/QLL				X	
AVONEX ADMINISTRATION PACK	PA/QLL				X	
AVONEX PEN	PA/QLL				X	
AXERT	QLL			X		SUMATRIPTAN TAB, RELPAX, ZOMIG
AXIRON	PA			X		ANDROGEL
AZASITE				X		
azathioprine		X				
azelastine hcl		X				
AZELEX	AGE >=25 Requires PA			X		tretinoin
AZILECT				X		
azithromycin		X				
AZOPT			X			
AZOR	ST		X			generic ARBs
azurette	QLL	X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
bacitracin		X				
bacitracin-polymyxin		X				
baclofen		X				
BACTROBAN				X		mupirocin
balsalazide disodium		X				
balziva	QLL	X				
BARACLUDE				X		
BECONASE AQ				X		generics, NASONEX
BELEODAQ	PA				X	
benazepril hcl		X				
benazepril-hydrochlorothiazide		X				
BENICAR	ST		X			generic ARBs
BENICAR HCT	ST		X			generic ARBs
BENLYSTA	PA				X	
BENZACLIN				X		clindamycin-benzoyl peroxide
benzonatate		X				
benzoyl peroxide		X				OTC - NOT COVERED
benztropine mesylate		X				
BEPREVE	QLL			X		OTC KETOTIFEN, PATANOL
BERINERT	PA				X	
BESIVANCE				X		generics, VIGAMOX
betamethasone dipropionate		X				
betamethasone valerate		X				
BETASERON	PA/QLL				X	AVONEX, EXTAVIA
bethanechol chloride		X				
BETIMOL				X		betaxolol,timolol
BETOPTIC S			X			
BEYAZ	QLL			X		gianvi
bicalutamide		X				
BIDIL				X		isosorbide dn + hydralazine
BIFERA RX				X		
BINOSTO				X		alendronate, ACTONEL
bisoprolol fumarate		X				
bisoprolol-hydrochlorothiazide		X				
BONIVA inj					X	
BONIVA tabs				X		
BOSULIF	PA/QLL				X	
BOTOX	PA				X	
BRAVELLE					X	
BREEZE 2				X		
BREO ELLIPTA			X			
BRILINTA			X			
brimonidine tartrate		X				
bromocriptine mesylate		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
BROVANA				X		
budesonide		X				
budesonide ec		X				
bumetanide		X				
BUNAVAIL	PA/QLL			X		
BUPRENEX	PA			X		
buprenorphine hcl	PA/QLL	X				
bupropion hcl		X				
bupropion hcl sr		X				
bupropion xl	QLL	X				
buspirone hcl		X				
butalbital compound-codeine		X				
butalbital-aspirin-caffeine	QLL	X				
butorphanol tartrate	QLL	X				
BUTRANS	PA/QLL			X		
BYDUREON	ST/QLL		X			
BYETTA	ST/QLL		X			
BYSTOLIC			X			
CADUET			X			
calcipotriene		X				
calcitonin nasal spray		X				
calcitrene		X				
calcitriol		X				
calcium acetate		X				
CAMBIA				X		
camila	QLL	X				
camrese	QLL	X				
CANASA				X		mesalamine
captopril		X				
captopril-hydrochlorothiazide		X				
CARAC				X		
CARAFATE				X		sucralfate
carbamazepine		X				
carbamazepine xr		X				
CARBATROL				X		carbamazepine
carbidopa-levodopa		X				
carbidopa-levodopa-entacapone		X				
CARDENE SR				X		nicardipine hcl
CARDIZEM LA				X		diltiazem/er
CARDURA XL				X		doxazosn,tamsulosn,UROXATRAL
carisoprodol		X				
cartia xt		X				
carvedilol		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
CAYSTON	QLL				X	
CEDAX				X		cefpodoxime,cefuroxime,cefdir
cefaclor er		X				
cefadroxil		X				
cefdinir		X				
cefpodoxime proxetil		X				
cefprozil		X				
cefuroxime		X				
CELEBREX	QLL			X		
CELEXA	ST/QLL			X		citalopram
CELLCEPT					X	mycophenolate mofetil
CENESTIN				X		estradiol, PREMARIN, ENJUVIA
cephalexin		X				
CEPROTIN	PA				X	
CERDELGA	PA			X		
CEREFOLIN				X		I-methyl-mc
CEREFOLIN NAC				X		I-methylfolate-mecobalamin-nac
CESAMET	PA/QLL			X		ondansetron
cesia	QLL	X				
cetirizine syrup		X				OTC - NOT COVERED
cetirizine tab						NOT COVERED
CETRAXAL				X		
CETROTIDE					X	
CHANTIX				X		
chlordiazepoxide hcl		X				
chlordiazepoxide-clidinium		X				
chlorpromazine hcl		X				
chlorthalidone		X				
chlorzoxazone		X				
cholestyramine		X				
choline mag trisalicylate		X				
chorionic gonadotropin					X	
CIALIS 5MG ONLY	PA/QLL			X		
ciclopirox		X				
cilostazol		X				
cimetidine		X				OTC - NOT COVERED
CIMZIA	PA/QLL				X	
CINRYZE	PA				X	
CIPRO HC				X		
CIPRODEX				X		
ciprofloxacin er		X				
ciprofloxacin hcl		X				
citalopram hbr	QLL	X				
claravis	PA	X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
CLARINEX SYRUP				X		
CLARINEX TAB						NOT COVERED
CLARINEX-D 12 HOUR						NOT COVERED
clarithromycin/er		X				
CLIMARA PRO			X			
clindamycin hcl		X				
clindamycin phosphate		X				
clindamycin-benzoyl peroxide		X				
CLINDESSE				X		CLEOCIN, CLINDAMAX
clobetasol emollient		X				
clobetasol propionate		X				
CLOBEX				X		clobetasol
clomiphene citrate		X				
clomipramine hcl		X				
clonazepam		X				
clonidine		X				
clonidine hcl		X				
clorazepate dipotassium		X				
clotrimazole		X				OTC - NOT COVERED
clotrimazole		X				OTC - NOT COVERED
clotrimazole-betamethasone		X				
clozapine		X				
codeine phos/apap #2, 3, 4	QLL	X				
codeine/aspirin	QLL	X				
codeine/cpm/pse	QLL	X				
COLCRYS				X		
colestipol hcl		X				
COMBIGAN				X		generics
COMBIPATCH				X		estradiol, ALORA
COMBIVENT			X			
COMBIVENT RESPIMAT			X			
COMBIVIR					X	lamivudine/zidovudine
COMETRIQ	PA				X	
COMPLERA					X	
COMTAN				X		entacapone
CONCEPTION	QLL			X		
CONCERTA	ST			X		methylphenidate long-acting
CONDYLOX				X		podofilox
CONTOUR				X		
CONTOUR NEXT				X		METERS NOT COVERED
CONTOUR NEXT EZ				X		METERS NOT COVERED
CONTOUR NEXT USB				X		METERS NOT COVERED
CONTOUR USB				X		METERS NOT COVERED
CONTROL SOLUTION				X		SOLUTIONS NOT COVERED

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
CONZIP ER	QLL			X		
COPAXONE	PA/QLL				X	
COPEGUS	PA/QLL				X	ribasphere, ribavirin
COREG CR			X			
COSOPT PF				X		dorzolamide-timolol
COUMADIN				X		warfarin sodium
COZAAR	ST			X		losartan potassium
CREON			X			
CRESTOR			X			
CRINONE	PA			X		
cromolyn sodium		X				
cryselle	QLL	X				
cyclafem	QLL	X				
cyclobenzaprine hcl		X				
cyclosporine modified					X	
CYMBALTA	ST/QLL			X		generic SSRI/SNRI
cyproheptadine hcl		X				
CYRAMZA	PA				X	
CYTOMEL				X		liothyronine
DACOGEN	PA				X	
DALIRESP				X		
DAPSONE			X			
DAYTRANA	ST			X		methylphenidate long-acting
DELZICOL			X			
DENAVIR				X		
DEPAKOTE ER				X		divalproex sodium
DEPLIN				X		L-METHYLFOLATE CALCIUM
desipramine hcl		X				
desmopressin acetate		X				
desonide		X				
desoximetasone		X				
DESVENLAFAXINE ER	ST/QLL			X		generic SSRI/SNRI
DETROL/LA				X		
dexamethasone		X				
dexamethasone sodium phosphate		X				
DEXCOM G4				X		
DEXEDRINE/SPANSULES	ST			X		dextroamphetamine er
DEXILANT	QLL		X			omeprazole, pantoprazole
dexmethylphenidate hcl		X				
dextroamphetamine sulfate		X				
dextroamphetamine-amphetamine		X				
diazepam		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
DICLEGIS	PA/QLL			X		
diclofenac potassium		X				
diclofenac sodium		X				
dicloxacillin sodium		X				
dicyclomine hcl		X				
DIFFERIN	AGE>24 Requires PA			X		adapalene
DIFICID				X		
DIFLUCAN 150MG	QLL			X		fluconazole
diflunisal		X				
digoxin		X				
DILANTIN				X		phenytoin sodium extended
diltiazem/er		X				
DIOVAN/HCT	ST			X		valsartan/valsartan-hydrochlorothiazide
DIPENTUM				X		BALSALASIDE, ASACOL/HD
diphenhydramine hcl		X				OTC - NOT COVERED
diphenoxylate-atropine		X				
dipyridamole		X				
divalproex sodium		X				
divalproex sodium er		X				
DIVIGEL				X		generic estradiol patch
donepezil hcl		X				
DORYX				X		doxycycline hyclate tabs/caps
dorzolamide hcl		X				
dorzolamide-timolol		X				
doxazosin mesylate		X				
doxepin hcl		X				
doxycycline hyclate		X				
doxycycline monohydrate		X				
dronabinol		X				
DUAC				X		
DUETACT				X		
DUEXIS						NOT COVERED
DULERA				X		
DURAGESIC	PA/QLL			X		fentanyl citrate
DUREZOL				X		generic steroids, LOTEMAX
DYMISTA				X		
DYSPORT	PA				X	
econazole nitrate		X				
EDARBI	ST/QLL			X		generic ARBs, BENICAR
EDARBYCLOR	ST/QLL			X		generic ARBs
EDLUAR	QLL			X		zolpidem/er
EFFEXOR/XR	ST/QLL			X		venlafaxine hcl/er
EFFIENT				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
ELESTRIN				X		generic estradiol patch
ELIDEL	AGE >=18 Requires PA		X			
ELIGARD	PA/QLL				X	
eliphos		X				
ELIQUIS	PA/QLL			X		
ELLEENCE	PA				X	
ELMIRON			X			
ELOCTATE	PA				X	
EMADINE				X		OTC KETOTIFEN, PATANOL
EMBEDA	QLL			X		
EMEND	PA/QLL			X		
ENABLEX				X		generics, TOVIAZ
enalapril maleate		X				
enalapril-hydrochlorothiazide		X				
ENBREL	PA/QLL				X	
endocet	QLL	X				
endodan	QLL	X				
ENDOMETRIN	PA			X		
ENJUVA			X			
enoxaparin sodium	QLL				X	
enpresse	QLL	X				
ENTYVIO	PA/QLL				X	
enulose		X				
EPICERAM				X		
EPIDUO	AGE>24 Requires PA		X			
epinastine hcl		X				
epinephrine	QLL	X				
EPIPEN/JR	QLL		X			
EPIVIR					X	lamivudine
EPIVIR HBV					X	
eplerenone		X				
EPOGEN	QLL				X	
eprosartan mesylate		X				
EPZICOM					X	
ERBITUX	PA				X	
errin	QLL	X				
ERTACZO				X		GENERIC/OTC ANTIFUNGAL
erythromycin		X				
erythromycin-benzoyl peroxide		X				
escitalopram oxalate		X				
estazolam		X				
ESTRACE				X		estradiol

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
estradiol		X				
ESTRASORB				X		generic estradiol patch
ESTRING	QLL			X		estradiol, PREMARIN
ESTROGEL				X		generic estradiol patch
estrogen & methyltestosterone		X				
estrogen-methyltestosterone		X				
estropipate		X				
etidronate disodium		X				
etodolac		X				
EUFLEXXA	PA				X	
EURAX				X		
EVAMIST				X		
EVISTA				X		raloxifene hcl
EXALGO	QLL			X		morphine sulfate er
EXELDERM				X		GENERIC/OTC ANTIFUNGAL
EXELON			X			
exemestane		X				
EXFORGE/HCT	ST			X		generic ARBs
EXJADE	PA				X	
EXTAVIA	PA/QLL				X	
EYLEA	PA				X	
FACTIVE				X		ciprofloxacin, ofloxacin
FACTOR IX CONCENTRATES	PA				X	
famciclovir		X				
famotidine		X				OTC - NOT COVERED
FANAPT	QLL			X		generics, SEROQUEL XR
FARXIGA	PA/QLL			X		
felodipine er		X				
FEMARA				X		
FEMCON FE	QLL			X		generics, NUVARING
FEMHRT				X		ee/noreth ac, PREMPHASE/PREMPRO
fenofibrate	QLL	X				
FENOGLIDE				X		fenofibrate
fentanyl	PA/QLL	X				
FENTORA	PA/QLL			X		fentanyl citrate otc lozenge
FERRIPROX	PA				X	
fexofenadine hcl						NOT COVERED
FINACEA	AGE>24 Requires PA			X		
finasteride		X				
FIRAZYR	PA/QLL				X	
flecainide acetate		X				
FLECTOR				X		
FLOLAN	PA				X	

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
FLOMAX				X		tamsulosin hcl
FLONASE	QLL			X		fluticasone propionate
FLOVENT DISKUS			X			
FLOVENT HFA			X			
FLOXIN TAB	QLL			X		
fluconazole 150mg	QLL	X				
fludrocortisone acetate		X				
flunisolide		X				
fluocinolone acetonide		X				
fluocinonide		X				
fluorometholone		X				
FLUOROPLEX				X		
fluorouracil		X				
fluoxetine hcl		X				
fluoxetine weekly	QLL	x				
fluoymesterone	PA	X				
fluphenazine hcl		X				
flurazepam hcl		X				
flurbiprofen		X				
fluticasone propionate	QLL	X				
fluvastatin sodium		X				
fluvoxamine maleate		X				
FML FORTE				X		generic steroids, LOTEMAX
FOCALIN XR	ST			X		methylphenidate er
folic acid		X				OTC - NOT COVERED
FOLLISTIM AQ					X	
FOLTX				X		
FORA LANCING DEVICE				X		
FORA TEST STRIP				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
FORA V30A				X		METERS NOT COVERED
FORACARE LANCETS			X			
FORADIL			X			
FORFIVO	ST/QLL			X		bupropion
FORTAMET				X		
FORTEO	PA				X	
FORTESTA	PA			X		ANDROGEL
FOSAMAX PLUS D				X		alendronate + Vit D, ACTONEL
fosinopril sodium		X				
fosinopril-hydrochlorothiazide		X				
FOSRENOL				X		
FRAGMIN	QLL				X	enoxaparin sodium
FREESTYLE FREEDOM LITE				X		METERS NOT COVERED
FREESTYLE INSULINX				X		METERS NOT COVERED

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
FREESTYLE INSULINX				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
FREESTYLE INSULINX TEST STRIPS				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
FREESTYLE LITE METER				X		METERS NOT COVERED
FREESTYLE LITE STRIPS				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
FREESTYLE TEST STRIPS				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
FROVA	QLL			X		sumatriptan tab , RELPAX, ZOMIG
furosemide		X				
gabapentin		X				
galantamine hbr		X				
GANIRELIX ACETATE					X	
GAZYVA	PA				X	
GELNIQUE			X			
gemfibrozil		X				
GENERESS FE	QLL			X		
GENOTROPIN	PA/QLL				X	
gentamicin sulfate		X				
GEODON	QLL			X		olanzapine, quetiapine, risperidone
gildess fe	QLL	X				
GILENYA	PA/QLL				X	
GILOTRIF	PA/QLL				X	
GLEEVEC	PA				X	
glimepiride		X				
glipizide/er		X				
glipizide-metformin		X				
GLUCAGEN			X			
GLUCAGON EMERGENCY KIT				X		
GLUCOSE TEST STRIP				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
glyburide		X				
glyburide micronized		X				
glyburide-metformin hcl		X				
GOLYTELY				X		peg 3350-electrolyte
GONAL-F					X	
GONAL-F RFF					X	
GRALISE	PA/QLL			X		gabapentin
granisetron hcl	QLL	X				
GRANIX	PA				X	
GRASTEK						NOT COVERED
GRIFULVIN V				X		
griseofulvin		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
guaifenesin/codiene		X				OTC - NOT COVERED
guanfacine hcl		X				
GUARDIAN RT STARTER KIT				X		METERS NOT COVERED
HALAVEN	PA				X	
HALCION	QLL			X		triazolam
HALFLYTELY-BISACODYL				X		
halobetasol propionate		X				
HALOG				X		betmet dp crm/oint,desoxi .25%
HALOG				X		betmeth val, triamcin 0.1% crm
haloperidol		X				
HARVONI	PA/QLL				X	
HECTOROL				X		
HELIDAC	QLL			X		BISMUTH+METRONI+TETRACY
heparin sodium		X				
HERCEPTIN	PA				X	
HETLIOZ	PA/QLL				X	
HORIZANT	PA/QLL			X		gabapentin
HUMALOG products			X			
HUMATROPE	PA				X	
HUMIRA	PA/QLL				X	
HUMULIN products			X			
HYALGAN	PA				X	
HYCET	QLL		X			hydrocodone w/acetaminophen
hydrochlorothiazide		X				
hydrocodone bit-ibuprofen	QLL	X				
hydrocodone/chlorphen er susp	QLL	X				
hydrocodone/homatropine	QLL	X				
hydrocodone-acetaminophen	QLL	X				
hydrocortisone		X				OTC - NOT COVERED
hydrocortisone acetate		X				
hydrocortisone butyrate		X				
hydrocortisone valerate		X				
hydromorphone hcl		X				
hydroxychloroquine sulfate		X				
hydroxyurea		X				
hydroxyzine		X				
hyoscyamine sulfate		X				
HYQVIA	PA				X	
HYZAAR	ST			X		losartan-hctz
ibandronate sodium		X				
ibuprofen		X				OTC - NOT COVERED
ICLUSIG	PA				X	
ILARIS	PA				X	
ILEVRO				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
IMBRUVICA	PA			X		
imipramine hcl		X				
imiquimod		X				
IMITREX	QLL			X		sumatriptan
INCIVEK	PA/QLL				X	
INCRELEX	PA				X	
indapamide		X				
indomethacin		X				
INFERGEN	PA/QLL				X	
INLYTA	PA				X	
INTELENCE					X	
INTERMEZZO	QLL			X		
INTRON A VIALS/PENS	PA				X	
INTUNIV	QLL			X		guanfacine ER
INVEGA	PA			X		generics, SEROQUEL XR
INVEGA SUSTENNA	PA			X		
INVOKAMET	PA/QLL			X		metformin
INVOKANA	PA/QLL			X		metformin
ipratropium bromide		X				
ipratropium-albuterol		X				
IPRIVASK	QLL			X		
irbesartan		X				
irbesartan-hydrochlorothiazide		X				
ISENTRESS					X	
isoniazid		X				
isosorbide		X				
isosorbide dinitrate		X				
isotretinoin	PA	X				
ISTALOL				X		timolol maleate
itraconazole	PA/QLL	X				
IVIG	PA				X	
IXEMPRA	PA				X	
JALYN				X		
JANUMET/XR	ST			X		metformin, ONGLYZA, KOMBIGLYZE XR
JANUVIA	ST			X		metformin, ONGLYZA, KOMBIGLYZE XR
JARDIANCE	PA/QLL			X		metformin
JENTADUETO	ST		X			metformin
JETREA	PA/QLL			X		
JEVTANA	PA				X	
jinteli		X				
jolessa	QLL	X				
jolivette	QLL	X				
junel	QLL	X				
junel fe	QLL	X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
JUVISYNC				X		
JUXTAPID	QLL				X	
KADCYLA	PA				X	
KADIAN	QLL			X		morphine sulfate er
KALETRA					X	
KALYDECO	PA				X	
KAPVAY	PA/QLL			X		generic clonidine(imm release)
kariva	QLL	X				
KAZANO	ST/QLL			X		metformin
KCENTRA	PA				X	
kelnor 1-35	QLL	X				
KENALOG				X		triamcinolone (non aerosol)
KEPPRA/XR				X		levetiracetam/XR
ketoconazole		X				
ketoprofen		X				
ketorolac tromethamine	QLL	X				
ketotifen fumarate		X				OTC - NOT COVERED
KEYTRUDA	PA				X	
KINERET	PA				X	
KOMBIGLYZE XR	ST		X			metformin
KORLYM	PA				X	
KRISTALOSE				X		lactulose
KUVAN	PA				X	
KYNAMRO	QLL			X		
KYPROLIS	PA				X	
KYRYSTEXXA	PA				X	
KYTRIL	QLL			X		
labetalol hcl		X				
lactulose		X				
LAMICTAL				X		lamotrigine
LAMICTAL ODT				X		lamotrigine
LAMICTAL XR				X		lamotrigine
LAMISIL	QLL			X		terbinafine
lamivudine		X				
lamivudine-zidovudine		X				
lamotrigine		X				
LANOXIN				X		digoxin
lansoprazole						NOT COVERED
lansoprazole odt	AGE>12 Requires PA/QLL	X				
LANTUS/SOLOSTAR			X			
LARIAM	QLL			X		
LASTACAFT				X		OTC KETOTIFEN, PATANOL

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
latanoprost	PA	X				
LATUDA				X		generics, SEROQUEL XR
LAZANDA	PA/QLL			X		
leena	QLL	X				
leflunomide	PA/QLL	X				
LESCOL				X		fluvastatin
LESCOL XL				X		generic HMG, CRESTOR
lessina	QLL	X				
LETAIRIS	PA/QLL				X	
letrozole		X				
leucovorin calcium					X	
LEUKINE	PA				X	
leuprolide acetate	PA/QLL				X	
LEVAQUIN				X		ciprofloxacin, ofloxacin
LEVEMIR/FLEXPEN			X			
levetiracetam		X				
levobunolol hcl		X				
levocarnitine		X				
levocetirizine soln		X				
levocetirizine tab						NOT COVERED
levora-28	QLL	X				
levothyroxine sodium		X				
LEXAPRO	ST			X		generic SSRI
LEXIVA					X	
LIALDA				X		
lidocaine hcl		X				
lidocaine-prilocaine		X				
LIDODERM				X		
LINDANE	QLL			X		
LINZESS	QLL		X			
LIPITOR				X		generic HMG, CRESTOR
LIPOFEN				X		fenofibrate
LIPTRUZET				X		CRESTOR
lisinopril		X				
lisinopril-hydrochlorothiazide		X				
lithium carbonate		X				
LIVALO				X		generic HMG, CRESTOR
LO LOESTRIN FE	QLL			X		
LOCOID				X		hydrocortisone butyrate
LOCOID LIPOCREAM				X		hydrocortisone buty
LOESTRIN 24 FE	QLL			X		JUNEL FE, MICROGESTIN FE
loperamide		X				OTC - NOT COVERED
loratadine						NOT COVERED
lorazepam		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
loryna	QLL	X				
losartan potassium		X				
losartan-hydrochlorothiazide		X				
LOSEASONIQUE	QLL			X		amethia lo, camrese lo
LOTEMAX			X			
LOTREL				X		amlodipine besylate-benazepril
LOTRONEX	PA/QLL		X			
lovastatin		X				
LOVAZA	PA			X		
LOVENOX	QLL				X	enoxaparin sodium
low-ogestrel	QLL	X				
LUCENTIS	PA				X	
LUMIGAN	PA		X			
LUNESTA				X		
LUPRON DEPOT	PA/QLL				X	
lutra	QLL	X				
LUVOX CR	ST			X		generic SSRI
LUZU	PA/QLL			X		
LYRICA	PA			X		
LYSTEDA				X		
MACUGEN	PA				X	
MAKENA	PA/QLL				X	
MALARONE	QLL			X		
MAXAIR AUTOHALER				X		PROAIR HFA, VENTOLIN HFA
MAXALT/MLT	QLL			X		SUMATRIPTAN TAB, RELPAX, ZOMIG
meclizine hcl		X				OTC - NOT COVERED
medroxyprogesterone acetate		X				
mefloquine hcl	QLL	X				
MEGACE ES				X		megestrol acetate
megestrol acetate		X				
MEKINIST	PA/QLL				X	
meloxicam	QLL	X				
MENEST				X		estradiol, PREMARIN, ENJUVIA
MENOSTAR				X		estradiol, ALORA
mercaptapurine		X				
METADATE CD	ST/QLL			X		methylphenidate er
metaproterenol sulfate		X				
metaxalone		X				
metformin hcl/er		X				
methadone hcl	QLL	X				
methimazole		X				
methocarbamol		X				
methotrexate					X	
methyl dopa		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
methylphenidate er	QLL	X				
methylphenidate hcl		X				
methylphenidate sr		X				
methylprednisolone		X				
metoclopramide hcl		X				
metolazone		X				
metoprolol succinate		X				
metoprolol tartrate		X				
metoprolol-hydrochlorothiazide		X				
METROGEL				X		metronidazole
metronidazole		X				
MIACALCIN INJ	QLL		X			
MICARDIS	ST			X		generic ARBs, BENICAR
MICARDIS HCT	ST			X		generic ARBs/HCT, BENICAR/HCT
microgestin	QLL	X				
microgestin fe	QLL	X				
MIGRANAL	QLL			X		dihydroergotamine spray
MINASTRIN 24 FE	QLL			X		
MINILINK REAL-TIME TRANSMITTER				X		
MINIMED				X		
MINIMED RESERVOIR				X		
MINIVELLE				X		
minocycline er	PA	X				
minoxidil		X				
MIRAPEX/ER				X		pramipexole/er
mirtazapine		X				
MIRVASO	PA			X		
misoprostol		X				
MOBIC	QLL			X		meloxicam
modafinil	PA/QLL	X				
moexipril hcl		X				
moexipril-hydrochlorothiazide		X				
mometasone furoate		X				
monessa	QLL	X				
MONOVISC	PA				X	
montelukast sodium		X				
morphine sulfate/sr	QLL	X				
MOVIPREP				X		
MOXEZA				X		
MOZOBIL	PA				X	
MULTAQ	PA			X		
mupirocin		X				
MUSE				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
MYALEPT	PA/QLL				X	
mycophenolate mofetil		X				
MYFORTIC					X	
MYOBLOC	PA				X	
myorisan	PA	X				
MYRBETRIQ				X		
nabumetone		X				
nadolol		X				
NAFTIN				X		
naltrexone hcl		X				
NAMENDA/XR			X			
NAPRELAN				X		NAPROXEN SODIUM
naproxen		X				
naproxen sodium		X				OTC - NOT COVERED
naratriptan hcl	QLL	X				
NASACORT AQ				X		generics, NASONEX
NASCOBAL				X		
NASONEX			X			
NATAZIA	QLL			X		generics, NUVARING
nateglinide		X				
necon	QLL	X				
neomycin-bacitracin-polymyxin		X				
neomycin-polymyxin-dexameth		X				
neomycin-polymyxin-hc		X				
neomycin-polymyxin-hydrocort		X				
NESINA	ST/QLL			X		metformin
NEULASTA	PA				X	
NEUMEGA	PA				X	
NEUPOGEN	PA/QLL				X	
NEUPRO	PA/QLL			X		
NEVANAC				X		
nevirapine		X				
NEXAVAR	PA/QLL				X	
NEXIUM caps, susp						NOT COVERED
NIASPAN				X		
nifediac cc		X				
nifedical xl		X				
nifedipine er		X				
nisoldipine		X				
nitrofurantoin		X				
nitrofurantoin mono-macro		X				
nitroglycerin		X				
nitroglycerin patch		X				
NITROSTAT				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
nizatidine		X				
nora-be	QLL	X				
NORCO	QLL			X		hydrocodone w/acetaminophen
NORDITROPIN FLEXPRO	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
NORDITROPIN NORDIFLEX	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
norethindrone	QLL	X				
norethindrone acetate		X				
NOROXIN				X		ciprofloxacin, ofloxacin
NORTHERA	PA				X	
nortrel	QLL	X				
nortriptyline hcl		X				
NORVIR					X	
novarel					X	
NOVOEIGHT	PA				X	
NOVOFINE			X			
NOVOFINE 32			X			
NOVOFINE AUTOCOVER			X			
NOVOLIN products			X			
NOVOLOG products			X			
NPLATE	PA				X	
NUCYNTA	QLL			X		
NUCYNTA ER	QLL			X		
NUEDEXTA				X		
NULYTELY WITH FLAVOR PACKS				X		peg 3350-electrolyte
NUTROPIN	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
NUTROPIN AQ	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
NUTROPIN AQ NUSPIN	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
NUVARING	QLL		X			
NUVIGIL	PA/QLL			X		
nystatin		X				
nystatin-triamcinolone		X				
ocella	QLL	X				
ofloxacin	QLL	X				
ogestrel	QLL	X				
olanzapine		X				
olanzapine odt		X				
olanzapine-fluoxetine hcl	QLL	X				
OLUX/-E				X		clobetasol propionate crm,oint
OLYSIO	PA/QLL				X	

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
OMECLAMOX-PAK				X		
omeprazole		X				
omeprazole-sodium bicarbonate						NOT COVERED
OMNARIS				X		generics, NASONEX
OMNITROPE	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
ondansetron hcl/odt	QLL	X				
ONE TOUCH LANCETS			X			
ONE TOUCH TEST STRIPS			X			
ONE TOUCH ULTRA 2				X		METERS NOT COVERED
ONE TOUCH ULTRA SMART				X		METERS NOT COVERED
ONE TOUCH ULTRA SYSTEM				X		METERS NOT COVERED
ONE TOUCH ULTRA TEST STRIPS			X			
ONE TOUCH ULTRAMINI				X		METERS NOT COVERED
ONE TOUCH VERIO				X		
ONE TOUCH VERIO IQ				X		METERS NOT COVERED
ONGLYZA	ST		X			metformin
ONMEL	PA/QLL			X		
ONSOLIS	PA/QLL				X	fentanyl citrate otfc lozenge
OPANA				X		oxymorphone hcl
OPANA ER	QLL		X			
opium tincture	ST/QLL	X				loperamide, paregoric
OPSUMIT	PA/QLL				X	
OPTICHAMBER				X		
ORACEA				X		doxycycline hyclate tabs/caps
ORALAIR						NOT COVERED
ORAMORPH SR	QLL			X		
ORAVIG				X		gen nystat, clotrimazol troche
ORENITRAM ER	PA				X	
ORENCIA	PA/QLL				X	
ORFADIN	PA				X	
orphenadrine citrate		X				
ORTHO EVRA	QLL			X		xulane
ORTHO TRI-CYCLEN	QLL			X		trinessa, tri-previfem
ORTHO TRI-CYCLEN LO	QLL			X		
ORTHOVISC	PA				X	
OSENI	ST/QLL			X		metformin
OSMOPREP				X		
OTEZLA	PA/QLL				X	
OTREXUP	PA			X		
OVIDREL					X	chorionic gonadotropin
oxaprozin		X				
oxazepam		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
oxcarbazepine		X				
OXECTA	QLL			X		
OXISTAT				X		GENERIC/OTC ANTIFUNGAL
oxybutynin chloride/er		X				
oxycodone hcl	QLL	X				
oxycodone-acetaminophen	QLL	X				
OXYCONTIN	QLL			X		morphine sulfate er
oxymorphone hcl er	QLL	X				
OXYTROL				X		oxybutynin er, trospium, GELNIQUE
PANCREAZE				X		CREON DR
pantoprazole sodium		X				
PARADIGM				X		
PARADIGM INFUSION				X		
PARADIGM REAL-TIME				X		
PARADIGM SILHOUETTE				X		
paroxetine hcl		X				
PATADAY				X		
PATANASE				X		
PATANOL			X			
peg 3350-electrolyte		X				
PEGASYS/PROCLICK	PA/QLL				X	
PEGINTRON/REDIPEN	PA/QLL				X	
penicillin v potassium		X				
PENNSAID				X		
PENTASA			X			
pentoxifylline		X				
PERCOCET	QLL			X		oxycodone w/acetaminophen
PERCODAN	QLL			X		
PERFOROMIST				X		
PERJETA	PA				X	
permethrin		X				
perphenazine		X				
PERTZYE				X		
phenazopyridine hcl		X				
phenobarbital		X				
phentermine hcl		X				
PHENYTEK			X			
phenytoin sodium extended		X				
PHOSLYRA				X		
PICATO				X		
pilocarpine hcl		X				
pindolol		X				
piroxicam		X				
PLAVIX				X		clopidogrel

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
POLYFIN				X		
POLYFIN QR				X		
polymyxin b sul-trimethoprim		X				
POMALYST	PA/QLL				X	
portia	QLL	X				
potassium chloride		X				
potassium citrate		X				
POTIGA				X		
PRADAXA	PA/QLL			X		
pramipexole dihydrochloride		X				
PRAMOSONE				X		OTC HYDROCORT 1% RECTAL CRM
PRAMOSONE E				X		hydrocort 2.5/pramoxine 1% crm
PRANDIMET			X			
PRANDIN				X		
pravastatin sodium		X				
prazosin hcl		X				
PRECISION			X			
PRECISION XTRA				X		
PRECISION XTRA				X		METERS NOT COVERED
prednisolone		X				
prednisolone acetate		X				
prednisolone sodium phosphate		X				
prednisone		X				
PREFERA OB				X		
PREFERA-OB ONE				X		
PREFERA-OB PLUS DHA				X		
PREFEST				X		ee/noreth ac, PREMPHASE/PREMPRO
PREMARIN			X			
PREMPHASE			X			
PREMPRO			X			
PRENATE DHA				X		
PRENATE ELITE				X		
PRENATE ESSENTIAL				X		
PREPOPIK				X		
PREVACID						NOT COVERED
PREVACID SOLUTAB ONLY	PA/QLL			X		
previfem	QLL	X				
PREVPAC	QLL			X		
PREZISTA					X	
PRIALT	PA				X	
PRIMABELLA				X		
primidone		X				
PRISTIQ ER	ST/QLL			X		generic SSRI/SNRI

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
PROAIR HFA			X			
probenecid		X				
PROCENTRA SOLN	PA	X				methylphenidate hcl
prochlorperazine maleate		X				
PROCRIT	PA/QLL				X	
proctosol-hc		X				
proctozone-hc		X				
PRODIGY				X		METERS NOT COVERED
PRODIGY INSULIN SYRINGE			X			
PRODIGY NO CODING				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
PRODIGY PEN NEEDLE			X			
PRODIGY POCKET				X		METERS NOT COVERED
PRODIGY VOICE				X		METERS NOT COVERED
progesterone in oil		X				
PROGRAF					X	tacrolimus
PROLENSA				X		
PROLIA	PA				X	
PROMACTA	PA/QLL				X	
promethazine hcl		X				
promethazine vc		X				
promethazine vc-codeine	QLL	X				
promethazine-codeine	QLL	X				
promethazine-dm		X				
promethegan		X				
PROMETRIUM			X			
PROMISEB				X		
propafenone hcl		X				
propranolol hcl		X				
propylthiouracil		X				
PROTONIX						NOT COVERED
PROTOPIC	AGE >=18 Requires PA		X			
PROVENGE	PA/QLL				X	
PROVENTIL HFA				X		PROAIR HFA, VENTOLIN HFA
PROVIGIL	PA/QLL			X		
PROZAC WEEKLY	QLL			X		fluoxetine
PULMICORT				X		budesonide
PULMICORT FLEXHALER			X			
PULMOZYME					X	
PYLERA				X		
pyridostigmine bromide		X				
QNASL				X		generics, NASONEX
QSYMIA				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
QUALAQUIN	QLL			X		quinine sulfate
QUARTETTE	QLL			X		
quasense	QLL	X				
quetiapine fumarate		X				
QUICK RELEASE SOFT TEFLON				X		
QUILLIVANT XR	ST			X		methylphenidate ER
quinapril hcl		X				
quinapril-hydrochlorothiazide		X				
QVAR			X			
ramipril		X				
RAGWITEK						NOT COVERED
RANEXA	QLL		X			
ranitidine hcl		X				OTC - NOT COVERED
RAPAFLO				X		doxazosin,tamsulosin
RAPAMUNE					X	
RASUVO	PA			X		
RAVICTI	PA				X	
RAYOS	ST			X		prednisone
REBETOL	PA/QLL				X	ribavirin
REBIF/REBIDOSE	PA/QLL				X	AVONEX, EXTAVIA
RECLAST	PA				X	
reclipsen	QLL	X				
RECTIV				X		
REGRANEX	PA			X		
RELENZA	QLL			X		
RELISTOR				X		
RELPAX	QLL		X			
REMICADE	PA/QLL				X	
REMODULIN	PA				X	
RENAGEL				X		
RENOVA	AGE >=25 Requires PA			X		
REVELA				X		
reprexain	QLL	X				
REQUIP XL				X		ropinirole hcl er
RESCULA	PA			X		
RESTASIS				X		
RETIN-A MICRO/PUMP	AGE >=25 Requires PA			X		tretinoin
REVATIO	PA				X	
REVLIMID					X	
REYATAZ					X	
REZIRA				X		
RHINOCORT AQUA				X		generics, NASONEX

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
ribapak	PA/QLL				X	
RIBASPHERE	PA/QLL				X	
ribavirin	PA/QLL				X	
rifampin		X				
RIOMET				X		
RISPERDAL CONSTA	PA			X		
risperidone		X				
RITALIN LA	ST/QLL			X		methylphenidate er
RITUXAN	PA/QLL				X	
rivastigmine		X				
RIXUBIS	PA				X	
rizatriptan	QLL	X				
ropinirole hcl		X				
ROXICET	QLL			X		oxycodone hcl
ROXICODONE TABS	QLL			X		oxycodone hcl
ROZEREM				X		
RUCONEST	PA				X	
RYBIX ODT	QLL			X		
RYTHMOL SR				X		propafenone hcl er
RYZOLT	QLL			X		tramadol er
SAFYRAL	QLL			X		generics, NUVARING
SAIZEN	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
salsalate		X				
SANCTURA XR				X		generics, TOVIAZ
SANCUSO	QLL			X		
SANDOSTATIN LAR	PA				X	
SANTYL				X		
SAPHRIS				X		generics, SEROQUEL XR
SARAFEM	ST/QLL			X		fluoxetine
SAVELLA	ST			X		generic SSRI/SNRI
SEASONIQUE	QLL			X		
selenium sulfide		X				OTC - NOT COVERED
SENSIPAR	QLL			X		
SEREVENT DISKUS			X			
SEROQUEL				X		quetiapine fumarate
SEROQUEL XR			X			
sertraline hcl		X				
SFROWASA				X		mesalamine
SIGNIFOR	PA/QLL				X	
SILENOR				X		zolpidem/er
SILHOUETTE				X		
silver sulfadiazine		X				
SIMBRINZA				X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
SIMCOR				X		
SIMPONI	PA/QLL				X	ENBREL, HUMIRA
SIMPONI ARIA	PA/QLL				X	
simvastatin		X				
SINGULAIR				X		
SITAVIG	PA/QLL			X		
SIVEXTRO	PA			X		
SKELAXIN				X		metaxalone
sodium fluoride		X				
sodium sulfacetamide-sulfur		X				
SOF-SENSOR				X		
SOF-SET				X		
SOF-SET MICRO				X		
SOFT TOUCH			X			
SOFTCLIX			X			
SOLARAZE				X		fluorouracil
solia	QLL	X				
SOLIRIS	PA				X	
SOLODYN	PA			X		minocycline hcl
SOMA				X		carisoprodol, metaxalone, tizanidine hcl
SOMATULINE DEPOT					X	
SOMAVERT	PA				X	
SONATA	QLL			X		zaleplon
SORIATANE	PA		X			
SORILUX				X		
sotalol		X				
sotret	PA	X				
SOVALDI	PA/QLL				X	
SPIRIVA			X			
spironolactone		X				
spironolactone-hctz		X				
SPORANOX	PA/QLL			X		itraconazole
sprintec	QLL	X				
SPRIX	PA/QLL			X		ketorolac
SPRYCEL	PA				X	
sronyx	QLL	X				
STADOL NS	QLL			X		
STALEVO				X		carbidopa-levodopa-entacapone
STAXYN				X		
STELARA	PA/QLL				X	
STIVARGA	PA/QLL				X	
STRATTERA	QLL		X			
STRIANT	PA			X		
SUBOXONE	PA/QLL			X		

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
SUBSYS	PA/QLL			X		
SUBUTEX	PA/QLL			X		buprenorphine
SUCLEAR				X		
sucrafate		X				
SULAR				X		
sulfacetamide sodium		X				
sulfacetamide sodium		X				
sulfamethoxazole-trimethoprim		X				
sulfasalazine		X				
sulindac		X				
sumatriptan	QLL	X				
SUMAVEL DOSEPRO	ST/QLL			X		sumatriptan vial
SUPARTZ	PA				X	
SUPPRELIN LA	PA				X	
SUPRAX				X		cefpodoxime,cefuroxime,cefdinr
SUPREP				X		peg 3350-electrolyte
SURESTEP				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
SURE-T				X		
SUSTIVA					X	
SUTENT	PA				X	
syeda	QLL	X				
SYLATRON	PA/QLL				X	
SYLVANT	PA				X	
SYMBICORT			X			
SYMBYAX	QLL			X		
SYMLIN PEN	PA			X		
SYNAGIS	PA/QLL				X	
SYNAREL	PA			X		
SYNRIBO	PA				X	
SYNTHROID			X			
SYNVISC	PA				X	
TACLONEX				X		
tacrolimus					X	
TAFLINAR	PA/QLL				X	
TAMIFLU	QLL			X		
tamoxifen citrate		X				
tamsulosin hcl		X				
TANZEUM	PA/QLL			X		
TARCEVA	PA/QLL				X	
TARKA				X		verapamil/trandalopril
TASIGNA	PA/QLL				X	
TAZORAC			X			
TECFIDERA	PA/QLL				X	

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
TEGRETOL XR				X		carbamazepine xr
TEKAMLO				X		
TEKTURNA				X		
TEKTURNA HCT				X		
temazepam		X				
TEMODAR	QLL				X	
terazosin hcl		X				
terbinafine hcl	QLL	X				
terconazole		X				
TESTIM	PA			X		ANDROGEL
TESTOPEL	PA/QLL				X	
testosterone cypionate	PA	X				
tetracycline hcl		X				
TEVETEN	ST			X		generic ARBs, BENICAR
TEVETEN HCT	ST			X		generic ARBs/HCT, BENICAR/HCT
TEV-TROPIN	PA				X	HUMATROPE, GENOTROPIN (non-Miniquick)
THALOMID	PA				X	
theophylline		X				
theophylline anhydrous		X				
thioridazine hcl		X				
thiothixene		X				
TIKOSYN				X		
tilia fe	QLL	X				
timolol maleate		X				
TIMOPTIC OCUDOSE				X		timolol maleate
tizanidine hcl		X				
TOBI/PODHALER	QLL				X	
TOBRADEX				X		tobramycin-dexamethasone
TOBRADEX ST				X		tobramycin-dexamethasone
tobramycin sulfate		X				
tobramycin-dexamethasone		X				
tolterodine tartrate		X				
TOPAMAX				X		topiramate
topiramate		X				
TOPROL XL				X		metoprolol succinate
TORADOL	QLL			X		
torseamide		X				
TOVIAZ			X			
TRACLEER	PA/QLL				X	
TRADJENTA	ST		X			metformin
tramadol hcl	QLL	X				
tramadol hcl er	QLL	X				
tramadol hcl-acetaminophen		X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
trandolapril		X				
TRANSDERM-SCOP				X		meclizine hcl
tranlycypromine sulfate		X				
TRAVATAN Z	PA		X			
trazodone hcl		X				
tretinoin micro	AGE>24 Requires PA	X				
TRETEN	PA				X	
TREXIMET	QLL		X			
triamcinolone acetonide		X				
triamterene-hctz		X				
triazolam	QLL	X				
TRIBENZOR	ST		X			generic ARBs
TRICOR	QLL			X		fenofibrate
trifluoperazine hcl		X				
trifluridine		X				
TRIGLIDE				X		fenofibrate
trihexyphenidyl hcl		X				
tri-legest fe	QLL	X				
TRILIPIX				X		
trilyte with flavor packets		X				
trimethoprim		X				
trinessa	QLL	X				
tri-previfem	QLL	X				
tri-sprintec	QLL	X				
trivora-28	QLL	X				
TRUE2GO BLOOD GLUCOSE SYSTEM				X		METERS NOT COVERED
TRUERESULT BLOOD GLUCOSE SYSTM				X		METERS NOT COVERED
TRUETEST TEST STRIPS				X		
TRUETEST TEST STRIPS				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
TRUETRACK SMART SYSTEM				X		METERS NOT COVERED
TRUETRACK TEST STRIP				X		ONE TOUCH ULTRA, ASCENSIA - METERS NOT COVERED
TRULICITY	PA/QLL			X		
TRUVADA					X	
TUDORZA PRESSAIR				X		
TUSSICAPS				X		
TUSSIONEX	QLL			X		
TWYNSTA	ST			X		generic ARBs
TYKERB	PA				X	
TYLENOL #3	QLL			X		acetaminophen w/codeine

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
TYLENOL WITH CODEINE ELIXIR	QLL			X		
TYSABRI	PA/QLL				X	
TYVASO	PA/QLL				X	
ULESFIA				X		permethrin
ULORIC				X		
ULTRAM/ER	QLL			X		tramadol/er
ULTRAVATE PAC				X		halobetasol propionate oint
ULTRESA				X		
UROXATRAL				X		
ursodiol		X				
VAGIFEM				X		estradiol, PREMARIN
valacyclovir		X				
valproic acid		X				
VALTREX				X		valacyclovir
VANCOGIN HCL				X		
vancomycin hcl		X				
vandazole		X				
VANTAS	PA				X	
VASCEPA	PA/QLL			X		
VECTIBIX	PA				X	
VECTICAL				X		calcipotriene
VELETRI	PA					
velivet	QLL	X				
VELTIN	AGE >=25 Requires PA			X		clindamycin-benzoyl peroxide
venlafaxine hcl	QLL	X				
venlafaxine hcl er	ST/QLL	X				
VENLAFAXINE HCL ER	ST/QLL	X				venlafaxine hcl er
VENTAVIS	PA/QLL				X	
VENTOLIN HFA			X			
VERAMYST				X		generics, NASONEX
verapamil		X				
verapamil er pm		X				
VEREGEN				X		podofilox
veripred 20		X				
VESICARE				X		generics, TOVIAZ
VEXOL				X		generic steroids, LOTEMAX
VGO 20				X		
VGO 30				X		
VGO 40				X		
VICODIN	QLL			X		hydrocodone w/acetaminophen
VICOPROFEN	QLL			X		hydrocodone bit-ibuprofen
VICTOZA	PA/QLL			X		BYETTA, BYDUREON
VICTRELIS	PA/QLL				X	INCIVEK

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
VIDAZA	PA				X	
VIGAMOX			X			
VIIBRYD	ST			X		generic SSRI
VIMIZIM	PA				X	
VIMOVO				X		
VIMPAT				X		
VIRAMUNE/XR					X	
VIREAD					X	
VISUDYNE	PA				X	
vitamin d		X				OTC - NOT COVERED
VIVELLE-DOT			X			
VIVITROL	PA				X	
VOLTAREN				X		
voriconazole		X				
VYTORIN				X		generic HMG, CRESTOR
VYVANSE	ST/QLL			X		methylphenidate long-acting
warfarin sodium		X				
WELCHOL				X		
WELLBUTRIN XL	ST/QLL			X		bupropion xl
XALATAN	PA			X		latanoprost
XALKORI	PA/QLL				X	
XARELTO	PA/QLL		X			
XARTEMIS XR	QLL			X		
XELJANZ	PA/QLL				X	
XELODA	PA				X	
XENAZINE	PA				X	
XEOMIN	PA				X	
XERESE				X		acyclovir + hydrocortisone
XGEVA	PA				X	
XIAFLEX	PA				X	
XIFAXAN	PA			X		
XIGDUO XR	PA/QLL			X		
XOLAIR	PA				X	
XOPENEX				X		levalbuterol hcl
XOPENEX CONCENTRATE				X		levalbuterol hcl
XOPENEX HFA				X		PROAIR HFA, VENTOLIN HFA
XTANDI	PA/QLL				X	
XYREM	PA				X	
XYZAL						NOT COVERED
YASMIN 28	QLL			X		ocella
YAZ	QLL			X		gianvi, NUVARING, TRI-CYCLEN LO
YERVOY	PA				X	
zafirlukast		X				
zaleplon	QLL	X				

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
ZALTRAP	PA				X	
zamicet	QLL	X				
zarah	QLL	X				
ZEGERID						NOT COVERED
ZELBORAF	PA/QLL				X	
ZEMPLAR				X		
zenchent	QLL	X				
ZENPEP				X		CREON DR
ZETIA				X		
ZETONNA				X		generics, NASONEX
ZIAGEN					X	abacavir sulfate
ZIANA	AGE >=25 Requires PA			X		tretinoin+clindamycin
ZIOPTAN	PA			X		latanoprost, TRAVATAN Z, LUMIGAN
ziprasidone hcl	QLL	X				
ZOFRAN/ODT/SOLN	QLL			X		ondansetron
ZOXYDRO ER	PA/QLL			X		
ZOLADEX	PA/QLL				X	
ZOLEDRONIC ACID	PA				X	
zolidem tartrate/er	QLL	X				
ZOLPIMIST	QLL			X		
ZOLVIT	QLL			X		
ZOMETA	PA				X	
ZOMIG/ZMT	QLL			X		
zonisamide		X				
ZONTIVITY	PA			X		
ZORBTIVE	PA				X	
ZORTRESS	PA				X	
ZOSTAVAX				X		
zovia 1-35e	QLL	X				
zovia 1-50e	QLL	X				
ZOVIRAX				X		acyclovir
ZUBSOLV	PA/QLL			X		
ZUPLENZ	QLL			X		ondansetron odt
ZUTRIPRO				X		
ZYCLARA				X		
ZYDELIG	PA			X		
ZYKADIA	PA/QLL			X		
ZYLET				X		tobramycin-dexamethasone
ZYMAXID				X		
ZYPREXA				X		olanzapine
ZYPREXA RELPREVV	PA			X		
ZYPREXA ZYDIS				X		olanzapine
ZYRTEC						NOT COVERED

DRUG NAME	UTILIZATION MANAGEMENT	TIER				SUGGESTED PREFERRED ALTERNATIVES
		1	2	3	4	
ZYRTEC-D						NOT COVERED
ZYTIGA	PA				X	
ZYVOX	PA			X		



651 Perimeter Drive, Suite 300, Lexington, KY 40517
(859) 269-4475 or (800) 787-2680
www.baptisthealthplan.com