

# *Bluegrass* **Family Health**

## **GENERIC MASTER PREFERRED DRUG LIST** *(DRUG FORMULARY)*

Effective October 1, 2011

# Bluegrass Family Health

## Generic Master Preferred Drug List (Drug Formulary) Effective October 1, 2011

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

### GENERAL DEFINITIONS OF TERMS

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

**2<sup>ND</sup> TIER MEDICATIONS** – Includes all single source medications. Single source medications are branded medications that do not have generic equivalents available on the market. Once a single source branded medication is available as a generic product, the branded medication will move to a 3<sup>rd</sup> Tier status and the generic medication will become the preferred 1<sup>st</sup> Tier medication. This drug formulary lists the most commonly utilized single source branded medications and those with restrictions. All other single source branded medications not listed within this document are 2<sup>nd</sup> Tier medications.

**3<sup>RD</sup> TIER MEDICATIONS** – Includes all multi-source branded medications and specialty drugs and injectables. Only those 3<sup>rd</sup> Tier medications that have restrictions are listed. All other multi-source branded medications not listed within this document are 3<sup>rd</sup> Tier medications.

**Bluegrass Family Health (BFH) 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. If a medication requires (PA), the ordering physician must contact BFH's Pharmacy Services Department before we will cover the medication. Prior Authorizations 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 (OL)** – 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 (1/2T)** – Certain medications are eligible for the BFH 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 BFH 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 BFH Pharmacy Services Department at (877) 205-6308 or (859) 335-3755.

## IMPORTANT INFORMATION REGARDING YOUR PHARMACY BENEFITS

**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 BFH ID card to any participating chain pharmacy. If the pharmacist has difficulty processing the claim, he or she may contact the BFH Pharmacy Services Department at (877) 205-6308.

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

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 list of 1<sup>st</sup> and 2<sup>nd</sup> Tier medications.
- B. Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, Chantix, Zyban) are not covered.
- C. Medication Products specifically listed as not covered.
- D. Any medication products used for cosmetic purposes, including hair loss, are not covered.
- E. Experimental medication products or any medication product used in an experimental manner.
- F. Medications used for conditions for which it has not been FDA-approved are not covered unless mandated by State Law.
- G. Replacement of lost, stolen, misplaced, damaged, or spilled medication is not covered.
- H. Medications on the Prior Authorization (*PA*) List that do not meet the medical necessity criteria are not covered.
- I. Weight loss medications are not covered.
- J. Medications for the treatment of sexual dysfunction are not covered.
- K. Compounded medications, which are prepared by a pharmacist and are not FDA-approved in their final form, are not covered.
- L. Medications not approved by the FDA are not covered.
- M. Medications for which the quantity to be dispensed exceeds the FDA's maximum daily dose are not covered.

**EXCEPTIONS POLICY** – Non-preferred brand medications not included in this PDL are covered at your 3<sup>rd</sup> Tier cost-sharing amount. Prescription drugs specifically excluded on this PDL will be covered at your 3<sup>rd</sup> 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 on this PDL.

**PRESCRIPTIONS DRUG OVERRIDES** – BFH 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 BFH for an eligible out-of-pocket prescription expense, you will be paid based on the BFH'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 BFH 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 BFH 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 Curascript Specialty Pharmacy Services. You or your physician may contact the BFH 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 Pre-Certification List as reference to these medications.

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

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Abilify		½T		(See Definitions)
Abstral		PA QL		(See Definitions) (QL = 120 x 30 days)
Accretropin			PA	(See Definitions)
Acetaminophen/ Butalbital	QL			372 x 30 days
Acetaminophen/ Codeine Elixir	QL			3750mL x 30 days
Acetaminophen/ Codeine Tablets	QL			372 x 30 days
Aciphex				Not Covered
Actemra			PA QL	(See Definitions) (QL = 800mg x 30 days)
Acthar			PA	(See Definitions)
Actiq			PA QL	(See Definitions) (QL = 120 x 30 days)
Actonel/Ca		✓		
Actoplus Met		✓		
Actos		✓		
Acyclovir	✓			
Adapalene	SE PA			(PA Required over 25 years old)
Adcirca			PA	(See Definitions)
Adderall XR			SE PA QL	(PA Required over 18 years old) (QL = 30mg/day)
Advair Diskus/HFA		✓		
Advanced Natalcare	✓			
Aerobid		✓		
Aerochamber		✓		
Afinitor			PA QL	(See Definitions) (QL = 30 x 30 days)
Aggrenox		✓		
Albuterol Sulfate	✓			
Alendronate	✓			
Allopurinol	✓			
Aloxi Injection		PA QL		(See Definitions) (QL = 5mL x 30 days)
Alphagan P 0.1% only		✓		
Alprazolam/ER	✓			
Altoprev		✓		
Amantadine HCl	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Ambien			QL	30 x 30 days
Ambien CR			QL	14 x 14 days
Amerge			QL	9 x 30 days
Amevive			PA	(See Definitions)
Amiloride/HCTZ	✓			
Amiodarone HCl	✓			
Amitriptyline HCl	✓			
Amlodipine/ Benazepril	✓			
Amnesteem	PA			(See Definitions)
Amoxicillin	✓			
Amoxicillin, Clavulanate Potassium/ER	✓			
Amphetamine Salt Combo	✓			
Amphetamine Salt Combo ER	SE PA QL			(PA Required over 18 years old) (QL = 30mg/day)
Ampicillin Trihydrate	✓			
Ampyra			PA QL	(See Definitions) (QL = 60 x 30 days)
Androderm		PA		(See Definitions)
Androgel		PA		(See Definitions)
Androxy			PA	(See Definitions)
Antabuse		PA		(See Definitions)
Antihemophilic Factor Agents			PA	(See Definitions)
Antineoplastic Inj. & Powders			PA	(See Definitions)
Antipyrine w/Benzocaine	✓			
Anucort-HC	✓			
Anzemet Tab		QL		3 per prescription
Aplenzin		QL		30 x 30 days
Apri	✓			
Aranesp			PA QL	(See Definitions) (QL = 4 vials/ syringes x 30 days)
Arava 10mg			SE PA QL	(See Definitions) (QL = 30 x 30 days)
Arava 20mg			SE PA QL	(See Definitions) (QL = 42 x 30 days)
Arcalyst			PA QL	(See Definitions) (QL = 4 vials x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Aricept 23		✓		
Arixtra			QL	20 x 30 days
Arranon			PA	(See Definitions)
Arthrotec		✓		
Asacol		✓		
Ascensia Test Strips		✓		
Asmanex		✓		
Astepro NS		✓		
Atacand/HCT		✓		
Atenolol	✓			
Atralin		SE PA		(PA Required over 25 years old)
Atropine Sulfate	✓			
Atrovent/HFA		✓		
Avalide		✓		
Avapro		½T		(See Definitions)
Aviane	✓			
Avinza		QL		100 x 30 days
Avonex			PA QL	(See Definitions) (QL = 4 syringes x 30 days)
Axert		QL		9 x 30 days
Axiron		PA		(See Definitions)
Azelex		SE PA		(PA Required over 25 years old)
Azithromycin	✓			
Azor		✓		
Bacitracin/ Polymyxin B	✓			
Baclofen	✓			
Bactroban Nasal		✓		
Belladonna w/Phenobarbital	✓			
Benazepril HCl	✓			
Benicar		½T		(See Definitions)
Benicar HCT		✓		
Benlysta			PA	(See Definitions)
Benzonatate	✓			
Benzotropine Mesylate	✓			
Berinert			PA	(See Definitions)
Betamethasone Dipropionate	✓			
Betamethasone Valerate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Betaseron			PA QL	(See Definitions) (QL = 15 vials x 30 days)
Bisoprolol Fumarate	✓			
Boniva (except inj)		✓		
Botox			PA	(See Definitions)
Bromocriptine Mesylate	✓			
Budeprion SR	✓			
Bupropion ER 150mg	QL			90 x 30 days
Bupropion ER 300mg	QL			30 x 30 days
Bupropion HCl	✓			
Buspirone HCl	✓			
Butalbital/ APAP/Caffeine	QL			372 x 30 days
Butalbital/ASA/ Caffeine (Tablets Only)	QL			372 x 30 days
Butorphanol Tartrate	QL			2 canisters x 30 days
Butrans		QL		4 x 30 days
Byetta		SE PA		(See Definitions)
Bystolic		✓		
Caduet		✓		
Calcipotriene Soln	✓			
Calcitonin Nasal Soln	✓			
Camila	✓			
Captopril	✓			
Carbamazepine/ER	✓			
Carbidopa/ Levodopa	✓			
Carisoprodol	✓			
Cartia XT	✓			
Carvedilol	✓			
Cayston			QL	168mL x 56 days
Cefaclor	✓			
Cefadroxil	✓			
Cefuroxime	✓			
Celebrex		QL		60 x 30 days
Celexa 10mg			QL	30 x 30 days
Celexa 20mg			QL	90 x 30 days
Celexa 40mg			QL	45 x 30 days
Cellcept			PA	(See Definitions)
Cenestin		✓		
Cephadyn	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Cephalexin	✓			
Ceptrotin			PA	(See Definitions)
Cesamet		PA QL		(See Definitions) (QL = 12 tabs per Rx)
Chloral Hydrate	✓			
Chlordiazepoxide HCL	✓			
Chlorpromazine HCL	✓			
Cholestyramine	✓			
Cilostazol	✓			
Cimetidine	✓			
Cimzia			PA QL	(See Definitions) (QL = 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
Claravis	PA			(See Definitions)
Clarinet				Not Covered
Clarithromycin (except for susp)	✓			
Clindamycin HCl	✓			
Clobetasol Propionate	✓			
Clobex Lotion/Shampoo/Spray		✓		
Clomiphene Citrate	✓			
Clomipramine HCl	✓			
Clonazepam	✓			
Clonidine/TDS	✓			
Clorazepate Dipotassium	✓			
Clotrimazole	✓			
Codeine Phos/Acetaminophen # 2,3,4	QL			372 x 30 days
Codeine/Aspirin	QL			372 x 30 days
Codeine/CPM/PSE	QL			372 x 30 days
Colchicine	✓			
Colestipol HCl	✓			
Combipatch		✓		
Combivent		✓		
Concerta			SE PA	(PA Required over 18 years old)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Copaxone			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Copegus			PA QL	(See Definitions) (QL = 180 x 30 days)
Coreg CR		✓		
Crestor		½T		(See Definitions)
Crinone		PA		(See Definitions)
Cromolyn Sodium	✓			
Cryselle	✓			
Cyanocobalamin	✓			
Cyclobenzaprine HCl	✓			
Cymbalta 20 & 30mg		QL		60 x 30 days
Cymbalta 60mg		QL		30 x 30 days
Dacogen			PA	(See Definitions)
Daytrana		PA		(See Definitions)
Derma-Smoothe/FS		✓		
Detrol/LA		✓		
Dexamethasone	✓			
Dexedrine/Spansules			SE PA	(PA Required over 18 years old)
Dexilant		QL		30 x 30 days
Dexmethylphenidate	SE PA			(PA Required over 18 years old)
Dextro-amphetamine Sulfate	SE PA			(PA Required over 18 years old)
Diazepam Tab/Gel	✓			
Diclofenac Potassium/Sodium	✓			
Dicyclomine HCl	✓			
Differin			SE PA	(PA Required over 25 years old)
Diflucan 150mg			QL	1 tab per prescription (max of 2 scripts x 30 days)
Digitek	✓			
Diltia XT	✓			
Diltiazem HCl	✓			
Diovan/HCT		✓		
Diphenhydramine HCl	✓			
Diphenoxylate w/Atropine	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Dipyridamole	✓			
Divalproex Sodium/ER	✓			
Donepezil/ODT	✓			
Dovonex Crm		✓		
Doxazosin Mesylate	✓			
Doxepin HCl	✓			
Doxycycline	✓			
Duac		✓		
Duragesic			PA QL	(See Definitions) (QL = 10 x 30 days)
Dysport			PA	(See Definitions)
Edarbi		QL		30 x 30 days
Edluar		QL		30 x 30 days
Effexor			QL	90 x 30 days
Effexor XR			QL	225mg/day
Elidel		SE PA		(PA Required over 18 years old)
Eligard 22.5mg			PA QL	(See Definitions) (QL = 1 kit x 90 days)
Eligard 30mg			PA QL	(See Definitions) (QL = 1 kit x 120 days)
Eligard 45mg			PA QL	(See Definitions) (QL = 1 kit x 180 days)
Eligard 7.5mg			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Embeda		QL		60 x 30 days
Emend 125mg		PA QL		(See Definitions) (QL = 4 x 30 days)
Emend 40mg		PA QL		(See Definitions) (QL = 12 x 30 days)
Emend 80mg		PA QL		(See Definitions) (QL = 8 x 30 days)
Enalapril Maleate	✓			
Enbrel			PA QL	(See Definitions) (QL = 4 x 30 days)
Endocet	QL			100 x 30 days
Endodan	QL			100 x 30 days
Endometrin		PA		(See Definitions)
Enjuvia		✓		
Enoxaparin			QL	20 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Enpresse	✓			
Enulose	✓			
Epiduo		SE PA		(PA Required over 25 years old)
Epipen/JR		QL		1 twinpack per co-payment
Epogen			PA QL	(See Definitions) (QL = 12 x 30 days)
Erbitux			PA	(See Definitions)
Errin	✓			
Erythromycin	✓			
Erythromycin/ Benzoyl Peroxide	✓			
Estradiol Patches/Tablets	✓			
Estring		✓		
Estropipate	✓			
Etodolac	✓			
Euflexxa			PA	(See Definitions)
Evista		✓		
Exjade			PA	(See Definitions)
Extavia			PA QL	(See Definitions) (QL = 15 vials x 30 days)
Factor IX Concentrates			PA	(See Definitions)
Famciclovir	✓			
Famotidine	✓			
Fanapt		QL		60 x 30 days
Fansidar		QL		3 x 30 days
Felodipine ER	✓			
Fentanyl Lozenge	PA QL			(See Definitions) (QL = 120 x 30 days)
Fentanyl Patch	PA QL			(See Definitions) (QL = 10 x 30 days)
Fentora		PA QL		(See Definitions) (QL = 120 x 30 days)
Fexofenadine				Not Covered
Finacea		SE PA		(PA Required over 25 years old)
Finasteride	✓			
Flecainide Acetate	✓			
Flolan			PA	(See Definitions)
Flonase NS			QL	1 canister x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Flovent/HFA/Diskus		✓		
Floxin Tab			QL	28 x 30 days
Fluconazole 150mg	QL			1 tab per prescription (max of 2 scripts x 30 days)
Fludrocortisone Acetate	✓			
Flunisolide	✓			
Fluocinolone Acetonide	✓			
Fluorouracil Cream	✓			
Fluoxetine HCl	✓			
Fluoxetine Weekly	QL			4 x 30 days
Fluoxymesterone	PA			(See Definitions)
Flurazepam HCl	✓			
Fluticasone Propionate	QL			1 canister x 30 days
Fluvoxamine Maleate	✓			
Focalin XR		SE PA		(PA Required over 18 years old)
Folic Acid	✓			
Foradil		✓		
Forteo			PA	(See Definitions)
Fortesta		PA		(See Definitions)
Fortical NS	✓			
Fosinopril Sodium	✓			
Fragmin			QL	20 x 30 days
Frova		QL		9 x 30 days
Furosemide	✓			
Gabapentin	✓			
Gabitril		✓		
Gemfibrozil	✓			
Genotropin			PA QL	(See Definitions) (QL = 30 cartridges/ syringes x 30 days)
Gentamicin Sulfate	✓			
Geodon		QL		60 x 30 days
GFN/PSE	✓			
Gianvi	✓			
Gilenya			PA QL	(See Definitions) (QL = 30 x 30 days)
Gleevec			PA	(See Definitions)
Glimepiride	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Glipizide	✓			
Glucagen		✓		
Glucagon		✓		
Glyburide	✓			
Glycopyrrolate	✓			
Halcion			QL	30 x 30 days
Haloperidol	✓			
Helidac		QL		1 per year
Hemorrhoidal HC	✓			
Horizant		QL		30 x 30 days
Humalog/Mix		✓		
Humatrope			PA	(See Definitions)
Humira			PA QL	(See Definitions) (QL = 2 x 30 days)
Humulin		✓		
Hyalgan			PA	(See Definitions)
Hycet		QL		1800mL x 30 days
Hydralazine HCl	✓			
Hydrochlorothiazide	✓			
Hydrocod/IBU	QL			50 x 30 days
Hydrocodone/APAP	QL			120 x 30 days
Hydrocodone/Chlorphen ER Susp	QL			180mL x 30 days
Hydrocodone/Homatropine	QL			372 x 30 days
Hydrocortisone	✓			
Hydromorphone HCL	✓			
Hydroxychloroquine Sulfate	✓			
Hydroxyurea	✓			
Hydroxyzine HCl	✓			
Hyoscyamine Sulfate	✓			
Ilaris			PA	(See Definitions)
Imipramine HCl	✓			
Imitrex			QL	9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days
Incivek			PA QL	(See Definitions) (QL = 2250mg/day)
Increlex			PA	(See Definitions)
Indapamide	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Indomethacin	✓			
Infergen Injection			PA QL	(See Definitions) (QL = 30 vials x 30 days)
Inspirease		✓		
Intron A Vials/Pens			PA QL	(See Definitions) (QL = 12 vials/pens x 30 days)
Intuniv ER		QL		30 x 30 days
Invega		PA		(See Definitions)
Ipratropium Bromide	✓			
Iprivask			QL	20 x 30 days
Isosorbide	✓			
Itraconazole	✓			
IVIG			PA	(See Definitions)
Januvia		✓		
Kadian		QL		100 x 30 days
Kapvay ER		SE PA QL		(PA required over 17yo) (QL = 60 x 30 days)
Kariva	✓			
Ketek		✓		
Ketoconazole	✓			
Ketoprofen	✓			
Ketorolac Tromethamine	QL			20 x 30 days
Kineret			SE PA	RA doc required (See Definitions)
Klor-Con	✓			
Kombiglyze XR		✓		
Kristalose		✓		
Krystexxa			PA	(See Definitions)
Kytril			QL	6 every 3 days
Labetalol HCl	✓			
Lactulose	✓			
Lamisil			QL	30 x 30 days; max of 90 days
Lamotrigine	½T			(See Definitions)
Lansoprazole				Not Covered
Lantus		✓		
Lariam			QL	5 x 30 days
Latanoprost	SE PA			(PA Required < 60yo)
Leflunomide 10mg	SE PA QL			(See Definitions) (QL = 30 x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Leflunomide 20mg	SE PA QL			(See Definitions) (QL = 42 x 30 days)
Lescol/XL		✓		
Lessina	✓			
Letairis			PA QL	(See Definitions) (QL = 30 x 30 days)
Leukine			PA	(See Definitions)
Levemir		✓		
Levocetirizine	SE PA			(See Definitions)
Levofloxacin	✓			
Levora-28	✓			
Levothroid	✓			
Levothyroxine Sodium	✓			
Levoxyl	✓			
Lexapro		½T		(See Definitions)
Lidocaine HCl	✓			
Lindane Shampoo		QL		60mL per 30 days
Lipitor		½T		(See Definitions)
Lisinopril	✓			
Lithium Carbonate	✓			
Loperamide HCl	✓			
Lorazepam	✓			
Lortab Elixir			QL	1800mL x 30 days
Lortab Tablets			QL	120 x 30 days
Losartan	½T			(See Definitions)
LoSeasonique		✓		
Lotronex		PA QL		(See Definitions) (QL = 60 x 30 days)
Lovastatin	✓			
Lovaza		PA		(See Definitions)
Lovenox			QL	20 x 30 days
Low-Ogestrel	✓			
Lucentis			PA	(See Definitions)
Lumigan		SE PA		(PA Required < 60yo)
Lunesta		SE PA QL		(See Definitions) (QL = 30 x 30 days)
Lupron Depot 11.25 & 22.5mg			PA QL	(See Definitions) (QL = 1 kit x 90 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Lupron Depot 3.75 & 7.5mg & All Pediatric Formulations			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Lupron Depot 30mg			PA QL	(See Definitions) (QL = 1 kit x 120 days)
Lupron Depot 45mg			PA QL	(See Definitions) (QL = 1 kit x 180 days)
Lyrica		PA		(See Definitions)
Macugen			PA	(See Definitions)
Makena				Not Covered
Malarone			QL	12 x 30 days
Maxalt/MLT		QL		9 x 30 days
Mebendazole	✓			
Meclizine HCl	✓			
Medroxyprogesterone Acetate	✓			
Mefloquine HCl	QL			5 x 30 days
Megestrol Acetate	✓			
Meloxicam	QL			30 x 30 days
Mentax		✓		
Meperidine HCl	✓			
Meprobamate	✓			
Metadate CD		SE PA QL		(PA Required over 18 years old) (QL = 30 x 30 days)
Metformin HCl	✓			
Methadone Liquid	QL			500mL x 30 days
Methadone Tablets	QL			100 x 30 days
Methadose	QL			100 x 30 days
Methimazole	✓			
Methocarbamol	✓			
Methyldopa	✓			
Methylin Chew		✓		
Methylphenidate	✓			
Methylphenidate ER			SE PA	(PA Required over 18 years old)
Metoclopramide	✓			
Metoprolol/HCTZ/ER	✓			
Metrogel 1%		✓		
Metronidazole	✓			
Miacalcin Injection		QL		15 vials x 30 days
Micardis/HCT		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Microgestin FE	✓			
Migranal		QL		8 x 30 days
Minocycline ER	PA			(See Definitions)
Minoxidil	✓			
Mirtazapine	✓			
Misoprostol	✓			
Mobic			QL	30 x 30 days
Moexipril HCl	½T			(See Definitions)
Mometasone Furoate	✓			
Morphine Sulfate	QL			100 x 30 days
MS Contin			QL	100 x 30 days
Multaq		SE PA		(See Definitions)
Mycophenolate			PA	(See Definitions)
Myobloc			PA	(See Definitions)
Mytussin AC	✓			
Nabumetone	✓			
Nadolol	✓			
Namenda/ER		✓		
Naproxen	✓			
Naratriptan	QL			9 x 30 days
Nasonex		✓		
Natalcare	✓			
Necon	✓			
Nefazodone HCl	✓			
Neomycin Sulfate	✓			
Neulasta			PA	(See Definitions)
Neupogen			PA QL	(See Definitions) (QL = 14 syringes x 30 days)
Nexavar			PA QL	(See Definitions) (QL = 120 x 30 days)
Nexium				Not Covered
Niaspan		✓		
Nitrofurantoin Monohydrate	✓			
Nitroglycerin	✓			
Nitroquick	✓			
Norditropin			PA	(See Definitions)
Noritate		✓		
Nortrel	✓			
Nortriptyline HCl	✓			
Novolog/Mix		✓		
Nplate			PA	(See Definitions)
Nucynta		QL		120 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Nutropin			PA	(See Definitions)
Nuvaring		QL		1 x 28 days
Nuvigil		PA QL		(See Definitions) (QL = 30 x 30 days)
Nystatin	✓			
Ocella-28	✓			
Ofloxacin Otic	✓			
Ofloxacin Tab	QL			28 x 30 days
Omeprazole Caps				Not Covered
Omeprazole OTC	✓			
Omnitrope			PA	(See Definitions)
Ondansetron 4 & 8mg Tabs/ODT	QL			9 x 3 days
Ondansetron Oral Soln	QL			50mL x 30 days
Onglyza		✓		
Onsolis		PA QL		(See Definitions) (QL = 120 x 30 days)
Opana ER		QL		100 x 30 days
Oracea		✓		
Oramorph SR			QL	100 x 30 days
Orencia			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Orfadin		PA		(See Definitions)
Ortho Evra		QL		1 pack of 3 x 28 days - No Individ. Packs
Orthovisc			PA	(See Definitions)
Oxaprozin	✓			
Oxcarbazepine	✓			
Oxistat		✓		
Oxybutynin	✓			
Oxycodone HCl	QL			100 x 30 days
Oxycodone/APAP	QL			100 x 30 days
Oxycodone/ASA	QL			100 x 30 days
Oxycontin			QL	60 x 30 days
Oxymorphone HCl	QL			100 x 30 days
Pantoprazole				Not Covered
Paroxetine HCl	½T			(See Definitions)
Patanol		✓		
PEG 3350/ Electrolyte	✓			
Pegasys			PA QL	(See Definitions) (QL = 4 vials/syringes x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Peg-Intron			PA QL	(See Definitions) (QL = 4 vials/pens x 30 days)
Penicillin V Potassium	✓			
Pentasa		✓		
Pentazocine/ Naloxone	✓			
Pentoxifylline	✓			
Percocet			QL	100 x 30 days
Percodan			QL	100 x 30 days
Perphenazine/ Amitriptyline	✓			
Phenadoz	✓			
Phenazopyridine HCl	✓			
Phenobarbital	✓			
Pindolol	✓			
Piroxicam	✓			
Portia	✓			
Potassium Chloride	✓			
Pradaxa		PA QL		(See Definitions) (QL = 60 x 30 days)
Prandimet		✓		
Prandin		✓		
Pravastatin Sodium	½T			(See Definitions)
Prazosin HCl	✓			
Prednisolone Acetate	✓			
Prednisone	✓			
Premarin		✓		
Premphase		✓		
Prempro		✓		
Prenatal Rx	✓			
Prevacid (except SoluTab)				Not Covered
Prevacid SoluTab Only			SE PA QL	(PA Required over 12 years old) (QL = 30 x 30 days)
Prevpac		QL		1 per year
Prialt			PA	(See Definitions)
Prilosec				Not Covered
Prilosec OTC		✓		
Primidone	✓			
Pristiq		QL		30 x 30 days
Proair HFA		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Procentra Soln		SE PA		(PA Required over 18 years old)
Prochieve		PA		(See Definitions)
Procrit			PA QL	(See Definitions) (QL = 12 vials x 30 days)
Prolia			PA	(See Definitions)
Promacta 25mg			PA QL	(See Definitions) (QL = 90 x 30 days)
Promacta 50 & 75mg			PA QL	(See Definitions) (QL = 30 x 30 days)
Promethazine w/Codeine	QL			120mL x 30 days
Promethazine HCl	✓			
Prometrium		✓		
Propranolol HCl	✓			
Protonix				Not Covered
Protopic		SE PA		(PA Required over 18 years old)
Proventil HFA		✓		
Provigil		PA QL		(See Definitions) (QL = 200mg per day)
Prozac Weekly			QL	4 x 30 days
Pulmicort Flexhaler		✓		
Quaaluan		QL		42 x 30 days
Quinapril HCl	✓			
Quinine Sulfate	✓			
Qvar		✓		
Ramipril	✓			
Ranexa		QL		60 x 30 days
Ranitidine HCl	✓			
Rebetol 200mg Tab			PA QL	(See Definitions) (QL = 180 x 30 days)
Rebetol Soln			PA QL	(See Definitions) (QL = 900mL x 30 days)
Rebif			PA QL	(See Definitions) (QL = 12 syringes x 30 days)
Reclast			PA	(See Definitions)
Regranex		PA		(See Definitions)
Relenza		QL		1 box per year
Relion		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Relpax		QL		9 x 30 days
Remicade			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Remodulin			PA	(See Definitions)
Renagel		✓		
Renova		SE PA		(PA Required over 25 years old)
Reprexain			QL	50 x 30 days
Restasis		✓		
Retin-A Micro		SE PA		(PA Required over 25 years old)
Revatio			PA	(See Definitions)
Rhinocort AQUA		✓		
Ribasphere			PA QL	(See Definitions) (QL = 1200mg/day)
Ribatab			PA QL	(See Definitions) (QL = 1200mg/day)
Ribavirin			PA QL	(See Definitions) (QL = 1200mg/day)
Rifampin	✓			
Risperidone/ODT	✓			
Ritalin LA			SE PA QL	(PA Required over 18 years old) (QL = 30 x 30 days)
Rituxan			PA QL	(See Definitions) (QL = 300mL x 30 days)
Ropinirole	✓			
Roxicet Soln	QL			500mL x 30 days
Roxicodone Tabs			QL	100 x 30 days
Rozerem		✓		
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		QL		14 every 30 days
Seasonique		✓		
Selegiline HCl	✓			
Sensipar			QL	60 x 30 days
Serevent Diskus		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Seroquel/SR		✓		
Serostim			PA	(See Definitions)
Sertraline HCl	½T			(See Definitions)
Simponi			PA QL	(See Definitions) (QL = 1 x 30 days)
Simvastatin	½T			(See Definitions)
Singularir		½T		(See Definitions)
Soliris			PA	(See Definitions)
Solodyn			PA	(See Definitions)
Somatropin			PA	(See Definitions)
Somavert			PA	(See Definitions)
Sonata			QL	14 every 30 days
Soriatane		PA		(See Definitions)
Sotalol	✓			
Sotret	PA			(See Definitions)
Spiriva		✓		
Spirolactone	✓			
Sporanox			PA QL	(See Definitions) (QL = 60 x 30 days; max of 90 days)
Sprintec	✓			
Sprix		SE PA QL		(See Definitions) (QL = 5 x 30 days)
Sprycel			PA	(See Definitions)
SSD	✓			
Stadol Nasal Spray			QL	2 canisters x 30 days
Stelara			PA QL	(See Definitions) (QL = 1 vial x 12 weeks)
Strattera (all strengths except 80 & 100mg)		QL		60 x 30 days
Strattera 80 & 100mg		QL		30 x 30 days
Striant		PA		(See Definitions)
Suboxone		PA		(See Definitions)
Subutex		PA		(See Definitions)
Sulfamethoxazole/Trimethoprim	✓			
Sulfasalazine	✓			
Sulindac	✓			
Sumatriptan	QL			9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Sumavel DosePro		SE PA QL		(See Definitions) (QL = 6 syringes x 30 days)
Supartz			PA	(See Definitions)
Supprelin LA			PA	(See Definitions)
Suprax		✓		
Sutent			PA	(See Definitions)
Sylatron			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Symbicort		✓		
Symbyax		QL		30 x 30 days
Symlin		QL		(See Definitions)
Synagis			PA QL	(See Definitions) (QL = 2 vials x 30 days)
Synarel		PA		(See Definitions)
Synvisc			PA	(See Definitions)
Tamiflu Liquid		QL		150mL x 1 year
Tamiflu Tablets		QL		10 x 30 days; 20 per year
Tamoxifen Citrate	✓			
Tamsulosin HCl	✓			
Tazorac		✓		
Temazepam	✓			
Temodar 140 & 180mg			QL	14 x 30 days
Temodar 250mg			QL	10 x 30 days
Temodar 5, 20, & 100mg			QL	20 x 30 days
Terazosin HCl	✓			
Terbinafine	QL			30 x 30 days; max of 90 days
Terbutaline Sulfate	✓			
Terconazole	✓			
Testosterone Inj	PA			(See Definitions)
Testosterone Patches/Buccal	PA			(See Definitions)
Tetracycline HCl	✓			
Tev-Tropin			PA	(See Definitions)
Thalomid			PA	(See Definitions)
Theophylline ER	✓			
Ticlopidine HCl	✓			
Timolol Maleate	✓			
Tizanidine HCl	✓			
TOBI			QL	280mL x 56 days
Tobradex Oint		✓		
Tobramycin Sulfate	✓			
Topiramate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Toradol			QL	20 x 30 days
Torsemide	✓			
Toviaz		✓		
Tracleer			PA QL	(See Definitions) (QL = 60 x 30 days)
Tramadol ER	QL			30 x 30 days
Tramadol HCl	QL			240 x 30 days
Transderm-Scop		✓		
Travatan/Z		SE PA		(PA Required < 60yo)
Trazodone HCl	✓			
Tretinoin	✓			
Treximet		QL		9 x 30 days
Triamcinolone Acetonide	✓			
Triamterene w/HCTZ	✓			
Triazolam	QL			30 x 30 days
Tricor 145mg		QL		30 x 30 days
Tricor 48mg		QL		60 x 30 days
Trinessa	✓			
Tri-Sprintec	✓			
Tussionex			QL	180mL x 30 days
Tykerb			PA	(See Definitions)
Tylenol #3			QL	372 x 30 days
Tylenol/Codeine Elixir			QL	3750mL x 30 days
Tysabri			PA QL	(See Definitions) (QL = 1 vial x 30 days)
Tyvaso			PA QL	(See Definitions) (QL = 30 ampules x 30 days)
Ultra Natalcare	✓			
Ultram			QL	240 x 30 days
Ultram ER			QL	30 x 30 days
Vagifem		✓		
Valacyclovir HCl	✓			
Valproic Acid	✓			
Vancomycin HCl	✓			
Vantas			PA	(See Definitions)
Vectibix			PA	(See Definitions)
Veletri			PA	(See Definitions)
Veltin		SE PA		(PA Required over 25 years old)
Venlafaxine HCl	QL			90 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Venlafaxine HCl ER Cap	QL			225mg/day
Venlafaxine HCl ER Tab			QL	225mg/day
Ventavis			PA QL	(See Definitions) (QL = 270 x 30 days)
Ventolin HFA		✓		
Verapamil HCl	✓			
Vicodin			QL	120 x 30 days
Vicoprofen			QL	50 x 30 days
Victoza		PA		(See Definitions)
Victrelis			PA QL	(See Definitions) (QL = 2400mg/day)
Vidaza			PA	(See Definitions)
Vimovo				Not Covered
Visicol		✓		
Visudyne			PA	(See Definitions)
Vivelle-Dot		✓		
Vivitrol			PA	(See Definitions)
Vyvanse		SE PA		(PA Required over 18 years old)
Warfarin Sodium	✓			
Welchol		✓		
Wellbutrin XL 150mg			QL	90 x 30 days
Wellbutrin XL 300mg			QL	30 x 30 days
Xalatan			SE PA	(PA Required < 60yo)
Xarelto		PA		(See Definitions)
Xgeva			PA	(See Definitions)
Xiaflex			PA	(See Definitions)
Xifaxan		PA		(See Definitions)
Xeomin			PA	(See Definitions)
Xolair			PA	(See Definitions)
Xopenex HFA		✓		
Xyrem		PA		(See Definitions)
Xyzal				Not Covered
Zaleplon	QL			14 x 30 days
Zebutal	✓			
Zegerid				Not Covered
Zetia		✓		
Ziana		SE PA		(PA Required over 25 years old)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Zofran 4 & 8mg Tabs/ODT			QL	9 x 3 days
Zofran Oral Soln			QL	50mL x 30 days
Zoladex 10.8mg			PA QL	(See Definitions) (QL = 1 kit x 90 days)
Zoladex 3.6mg			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Zolpidem	QL			30 x 30 days
Zolpidem ER	QL			14 x 14 days
Zolpimist		QL		1 container x 30 days
Zolvit		QL		1800mL x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Zometa			PA	(See Definitions)
Zomig Spray		QL		6 x 30 days
Zomig/ZMT		QL		9 x 30 days
Zorbive			PA	(See Definitions)
Zortress			PA	(See Definitions)
Zovia	✓			
Zovirax Ointment		✓		
Zuplenz		QL		9 x 3 days
Zyprexa/Zydis		✓		
Zytiga			PA	(See Definitions)
Zyvox		SE PA		(See Definitions)

## Specialty Drug List by Disease State

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

### ANTICOAGULANT

Arixtra  
Enoxaparin Sodium  
Fragmin  
Innohep  
Iprivask  
Lovenox  
Refludan

### BLOOD CELL DEFICIENCY

Aranesp  
Epogen  
Leukine  
Mozobil  
Neulasta  
Neumega  
Neupogen  
Procrit  
Promacta

### CANCER

Abraxane  
Adriamycin  
Adrucil  
Afinitor  
Alferon N  
Alimta  
Alkeran  
Amifostine  
Aredia  
Arranon  
Arzerra  
Avastin  
Bexxar  
Bicnu  
Blenoxane  
Bleomycin Sulfate  
Busulfex  
Campath  
Camptosar  
Carboplatin  
Cerubidine  
Cisplatin  
Cladribine  
Clolar  
Cosmegen  
Cyclophosphamide  
Cytarabine  
Cytosan  
Dacarbazine  
Dacogen  
Daunorubicin HCL  
Daunoxome  
Degarelix  
Depocyt  
Dexrazoxane

Docetaxel  
Doxil  
Doxorubicin  
DTIC-Dome IV  
Eligard  
Elitek  
Ellence  
Eloxatin  
Elspar  
Epirubicin  
Erbitux  
Ethyol  
Etopophos  
Etoposide  
Faslodex  
Floxuridine  
Fludara  
Fludarabine Phosphate  
Fluorouracil  
Fudr  
Fusilev  
Gemcitabine HCL  
Gemzar  
Gleevec  
Halaven  
Herceptin  
Hycamtin  
Idamycin PFS  
Idarubicin HCL  
Ifex  
Ifex/Mesnex  
Ifosfamide  
Ifosfamide/Mesna  
Intron A  
Iressa  
Irinotecan HCL  
Istodax  
Ixempra  
Jevtana  
Kepivance  
Leucovorin Calcium  
Leuprolide Acetate  
Leustatin  
Lupron  
Lupron Depot  
Lupron Depot-PED  
Melphalan HCL  
Mesna  
Mesnex  
Methotrexate  
  
Methotrexate Sodium  
Mitomycin  
Mitoxantrone HCL  
Mustargen  
Mutamycin  
Mylotarg  
Navelbine

Nexavar  
Nipent  
Novantrone  
Oforta  
Oncaspar  
Ontak  
Onxol  
Oxaliplatin  
Paclitaxel  
Pamidronate Disodium  
Paraplatin  
Photofrin  
Plenaxis  
Proleukin  
Revlimid  
Rituxan  
Roferon-A  
Sprycel  
Sutent  
Sylatron  
Tarabine PFS  
Tarceva  
Tasigna  
Taxol  
Taxotere  
Temodar  
Thalomid  
Theracys  
Thiotepa  
Thyrogen  
TICE BCG  
Toposar  
Torisel  
Totect  
Treanda  
Trelstar Depot  
Trelstar LA  
Trisenox  
Tykerb  
Valstar  
Vandetanib  
Vantas  
Vectibix  
Velcade  
Viadur  
Vidaza  
Vinblastine Sulfate  
Vincristine Sulfate  
Vinorelbine Tartrate  
Votrient  
  
Vumon  
Xeloda  
Xgeva  
Yervoy  
Zanosar  
Zevalin  
Zinecard

Zoladex  
Zolinza  
Zometa  
Zytiga

### ENDOCRINE DISORDERS

DDVAP  
Desmopressin Acetate  
Egrifta  
Kuvan  
Octreotide Acetate  
Sandostatin  
Sandostatin LAR  
Somatuline Depot  
Somavert  
Testopel

### ENZYME DEFICIENCIES

Adagen  
Aldurazyme  
Carbaglu  
Ceredase  
Cerezyme  
Elaprase  
Fabrazyme  
Lumizyme  
Myozyme  
Naglazyme  
Orfadin  
Sucraid  
Vpriv  
Zavesca

### GROWTH DEFICIENCY

Genotropin  
Geref Diagnostic  
Humatrope  
Increlex  
Norditropin  
Norditropin Flexpro  
Norditropin Nordiflex  
Nutropin  
Nutropin AQ  
Omnitrope  
Saizen  
Serostim  
Tev-Tropin  
Zorbtive

### HEMOPHILIA

Alphanine SD  
Bebulin VH  
Benefix  
Cortifact  
Feiba NF

## Specialty Drug List by Disease State

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

Feiba VH  
Helixate FS  
Hemofil M  
Humate-P  
Koate-DVI  
Kogenate FS  
Monarc-M  
Monoclate-P  
Mononine  
Novoseven  
Profilnine SD  
Recombinate  
Refacto  
Xyntha

### HEPATITIS B

Bayhep B  
Hepagam B  
Hyperhep B S/D  
Nabi-HB

### HEPATITIS C

Copegus  
Incivek  
Infergen  
Pegasys  
Peg-Intron  
Peg-Intron Redipen  
Rebetol  
Ribapak  
Ribasphere  
Ribatab  
Ribavirin  
Victrelis

### HIV

Aptivus  
Atripla  
Combivir  
Crixivan  
Didanosine  
Edurant  
Emtriva  
Epivir  
Epivir HBV  
Epzicom  
Fuzeon  
Intelence  
Invirase  
Isentress  
Kaletra  
Lexiva  
Norvir  
Prezista  
Rescriptor  
Retrovir  
Reyataz

Selzentry  
Stavudine  
Sustiva  
Trizivir  
Truvada  
Videx  
Videx EC  
Viracept  
Viramune  
Viramune XR  
Viread  
Zerit  
Ziagen  
Zidovudine

### IMMUNE DEFICIENCY

Actimmune  
Carimune NF  
Nanofiltered  
Cytogam  
Flebogamma  
Flebogamma DIF  
Gamastan  
Gammagard Liquid  
Gammagard S/D  
Gammaplex  
Gamunex  
Gamunex C  
Hizentra  
Hyperrab S/D  
Hyperrho S/D  
Immune Globulin  
Imogam Rabies-HT  
Michogam  
Octagam  
Privigen  
Rhogam  
Rhogam Plus  
Rhophylac  
Varicella-Zoster Imm  
Globulin  
Vivaglobin  
Winrho SDF

### IMMUNOLOGICALS AND VACCINES

Provenge

### INFERTILITY

Bravelle  
Cetrotide  
Chorionic Gonadotropin  
Follistim AQ  
Ganirelix Acetate  
Gonal-F  
Gonal-F RFF  
Luveris  
Makena

Menopur  
Novarel  
Ovidrel  
Pregnyl  
Progesterone  
Progesterone In Oil  
Repronex

### INFLAMMATORY CONDITIONS

Actemra  
Amevive  
Benlysta  
Cimzia  
Enbrel  
Humira  
Kineret  
Krystexxa  
Orencia  
Raptiva  
Remicade  
Simponi  
Stelara

### IRON TOXICITY

Deferoxamine Mesylate  
Desferal Mesylate  
Exjade

### MISCELLANEOUS SPECIALTY CONDITIONS

8-Mop  
Arcalyst  
Apokyn  
Berinert  
Botox  
Botox Cosmetic  
Ceprotin  
Chenodal  
Cinryze  
Cystagon  
Dysport  
Ilaris  
Kalbitor  
Implanon  
Mirena  
Mugard  
Myobloc  
Nplate  
Onsolis  
Panretin  
Prialt  
Qutenza  
Rilutek  
Sabril  
Soliris  
Supplrelin LA

Vivitrol  
Xenazine  
Xeomin  
Xiaflex  
Xyrem

### MULTIPLE SCLEROSIS

Acthar H.P.  
Ampyra  
Avonex  
Betaseron  
Copaxone  
Extavia  
Gilenya  
Rebif  
Tysabri

### OPHTHALMIC CONDITIONS

Lucentis  
Macugen  
Visudyne

### OSTEOARTHRITIS

Euflexxa  
Hyalgan  
Orthovisc  
Supartz  
Synvisc

### OSTEOPOROSIS

Boniva  
Forteo  
Prolia  
Reclast

### PULMONARY HYPERTENSION

Adcirca  
Epoprostenol  
Flolan  
Letairis  
Remodulin  
Revatio  
Tracleer  
Tyvaso  
Ventavis

### RESPIRATORY CONDITIONS

Aralast  
Aralast NP  
Cayston  
Glassia  
Prolastin  
Pulmozyme  
Tobi

## Specialty Drug List by Disease State

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

Xolair  
Zemaira

### **RSV PREVENTION**

Synagis

### **TRANSPLANT**

Atgam  
Cellcept  
Cyclosporine  
Gengraf  
Mofetil  
Mycophenolate  
Myfortic  
Neoral  
Nulojix  
Orthoclone Okt-3  
Prograf  
Rapamune  
Sandimmune  
Simulect  
Tacrolimus  
Thymoglobulin  
Zenapax  
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 BFH Pharmacy Services Department at (877) 205-6308 or (859) 335-3755.*

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