

Bluegrass **Family Health**

MASTER PREFERRED DRUG LIST *(DRUG FORMULARY)*

Effective October 1, 2011

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FEHB**

Bluegrass Family Health

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

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

GENERAL DEFINITIONS OF TERMS

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

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

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

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

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 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 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 1st and 2nd 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 3rd Tier cost-sharing amount. Prescription drugs specifically excluded on this PDL will be covered 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 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.

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)
Acebutolol	✓			
Acetamin/Butalbital	QL			372 x 30 days
Acetamin/Codeine Elixir	QL			3750mL x 30 days
Acetamin/Codeine Tablets	QL			372 x 30 days
Acetazolamide	✓			
Acetic Acid/ Hydrocortisone	✓			
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		✓		
Advicor		✓		
Aerochamber		✓		
Afinitor			PA QL	(See Definitions) (QL = 30 x 30 days)
Aggrenox		✓		
Albuterol	✓			
Alendronate	✓			
Alkeran Tabs		✓		
Allopurinol	✓			
Alora		✓		
Aloxi Injection			PA QL	(See Definitions) (QL = 5mL x 30 days)
Alphagan P 0.1% only		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Alprazolam/XR	✓			
Alupent		✓		
Amantadine	✓			
Ambien CR*			QL	14 x 14 days
Ambien*			QL	30 x 30 days
Amerge*			QL	9 x 30 days
Amevive			PA	(See Definitions)
Amiodarone	✓			
Amitriptyline	✓			
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	✓			
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)
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)
Aricept 23		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Arixtra*			QL	20 x 30 days
Arranon			PA	(See Definitions)
Asacol		✓		
Ascensia Test Strips		✓		
Asmanex		✓		
Astepro NS		✓		
Atenolol/ Chlorthalidone	✓			
Atralin			SE PA	(PA Required over 25 years old)
Atripla		✓		
Atropine Sulfate	✓			
Atrovent Inhaler		✓		
Avapro			½T	(See Definitions)
Aviane	✓			
Avinza		QL		100 x 30 days
Avodart		✓		
Avonex			PA QL	(See Definitions) (QL = 4 syringes x 30 days)
Axert			QL	9 x 30 days
Axiron			PA	(See Definitions)
Azathioprine	✓			
Azelex			SE PA	(PA Required over 25 years old)
Azithromycin	✓			
Azopt		✓		
Azor		✓		
Bacitracin	✓			
Baclofen	✓			
Belladonna/ Phenobarb	✓			
Benicar		½T		(See Definitions)
Benicar HCT		✓		
Benlysta			PA	(See Definitions)
Benzocaine/ Antipyrine Otic	✓			
Benzonatate	✓			
Benztrapine Mesylate	✓			
Berinert			PA	(See Definitions)
Betamethasone Dipropionate/ Valerate	✓			
Betaseron			PA QL	(See Definitions) (QL = 15 vials x 30 days)
Betaxolol	✓			
Bethanechol	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Betoptic S		✓		
Bisoprolol/HCTZ	✓			
Botox			PA	(See Definitions)
Bromocriptine	✓			
Bumetanide	✓			
Bupropion ER 150mg	QL			90 x 30 days
Bupropion ER 300mg	QL			30 x 30 days
Bupropion/SR	✓			
Buspiron HCl	✓			
Butalbital/APAP/ Caffeine	QL			372 x 30 days
Butalbital/Aspirin/ Caffeine (tabs only)	QL			372 x 30 days
Butoconazole	✓			
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/HCTZ	✓			
Carbamazepine/ER	✓			
Carbidopa/ Levodopa	✓			
Carisoprodol	✓			
Carvedilol	✓			
Cayston			QL	168mL x 56 days
Ceenu		✓		
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)
Cephalexin	✓			
Ceprotin			PA	(See Definitions)
Cesamet			PA QL	(See Definitions) (QL = 12 tabs per Rx)
Chloral Hydrate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Chlordiazepoxide	✓			
Chloromycetin Opth		✓		
Chloroquine Phosphate	✓			
Chlorpromazine	✓			
Chlorpropamide	✓			
Cholestyramine	✓			
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
Citrolith		✓		
Claravis	PA			(See Definitions)
Clarinox				Not Covered
Clemastine	✓			
Climara Pro		✓		
Clindamycin	✓			
Clobetasol	✓			
Clobex Lotion/Shampoo/Spray		✓		
Clofibrate	✓			
Clonazepam	✓			
Clonidine/TDS	✓			
Clorazepate	✓			
Clotrimazole	✓			
Codeine Phos/APAP # 2,3,4	QL			372 x 30 days
Codeine/Aspirin	QL			372 x 30 days
Codeine/CPM/PSE	QL			372 x 30 days
Colchicine	✓			
Combivent		✓		
Combivir		✓		
Comtan		✓		
Concerta*			SE PA	(PA Required over 18 years old)
Copaxone			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Copegus			PA QL	(See Definitions) (QL = 180 x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Coreg CR		✓		
Cortef 5 mg only		✓		
Creon		✓		
Crestor		½T		(See Definitions)
Crinone			PA	(See Definitions)
Crixivan		✓		
Cromolyn Opth Soln	✓			
Cryselle	✓			
Cuprimine		✓		
Cyclobenzaprine	✓			
Cyclophosphamide	✓			
Cyclosporine	✓			
Cymbalta 20 & 30mg			QL	60 x 30 days
Cymbalta 60mg			QL	30 x 30 days
Cyproheptadine	✓			
Dacogen			PA	(See Definitions)
Dantrium		✓		
Dapsone		✓		
Daraprim		✓		
Daytrana Patch			PA	(See Definitions)
Demeclocycline	✓			
Desipramine	✓			
Desmopressin Nasal Spray	✓			
Detrol/LA		✓		
Dexameth/Poly/Neomycin	✓			
Dexamethasone	✓			
Dexchlorpheniramine	✓			
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	SE PA			(PA Required over 18 years old)
Diabetic Needles & Lancets		✓		
Diazepam Tab/Gel	✓			
Dibenzylidine		✓		
Diclofenac Sodium	✓			
Dicloxacillin	✓			
Dicyclomine	✓			
Differin*			SE PA	(PA Required over 25 years old)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Diflucan 150mg*			QL	1 tab per prescription (max of 2 scripts x 30 days)
Diflunisal	✓			
Digoxin	✓			
Dilantin (30 & 50mg)		✓		
Diltiazem/ER Tabs & Caps	✓			
Diovan/HCT		✓		
Diphenoxylate/Atropine	✓			
Dipivefrin	✓			
Disopyramide/CR	✓			
Divalproex Sodium/ER	✓			
Donepezil/ODT	✓			
Dovonex Crm		✓		
Doxazosin Mesylate	✓			
Doxepin	✓			
Doxycycline Tabs, Caps only	✓			
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 XR*			QL	225mg/day
Effexor*			QL	90 x 30 days
Elidel		SE PA		(PA Required over 18 years old)
Eligard 7.5mg			PA QL	(See Definitions) (QL = 1 kit x 30 days)
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)
Elmiron		✓		
Embeda			QL	60 x 30 days
Emcyt		✓		
Emend 40mg			PA QL	(See Definitions) (QL = 12 x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Emend 80mg			PA QL	(See Definitions) (QL = 8 x 30 days)
Emend 125mg			PA QL	(See Definitions) (QL = 4 x 30 days)
Enalapril	✓			
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
Enpresse	✓			
Epiduo			SE PA	(PA Required over 25 years old)
Epinephrine	✓			
Epipen/JR		QL		1 twinpack per co-payment
Epivir/HBV		✓		
Epogen			PA QL	(See Definitions) (QL = 12 x 30 days)
Erbix			PA	(See Definitions)
Errin	✓			
Erythromycin	✓			
Estraderm		✓		
Estradiol Tabs & Patches	✓			
Estropipate	✓			
Ethambutol	✓			
Ethosuximide	✓			
Etodolac	✓			
Euflexxa			PA	(See Definitions)
Evista		✓		
Evoxac		✓		
Exelon Patch/Soln		✓		
Exjade			PA	(See Definitions)
Extavia			PA QL	(See Definitions) (QL = 15 vials x 30 days)
EZ-Spacer		✓		
Factor IX Concentrates			PA	(See Definitions)
Famciclovir	✓			
Famotidine	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Fanapt			QL	60 x 30 days
Fansidar		QL		3 x 30 days
Felodipine	✓			
Fenoprofen	✓			
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	✓			
Flolan			PA	(See Definitions)
Flonase*			QL	1 x 30 days
Flovent/HFA/Diskus		✓		
Floxin Tab*			QL	28 x 30 days
Fluconazole 150mg	QL			1 tab per prescription (max of 2 scripts x 30 days)
Fludrocortisone Acetate	✓			
Flunisolide	✓			
Fluocinolone	✓			
Fluocinonide	✓			
Fluoride/Polyvit/FE	✓			
Fluorometholone	✓			
Fluorouracil Cream	✓			
Fluoxetine HCl	✓			
Fluoxetine Weekly	QL			4 x 30 days
Fluoxymesterone	PA			(See Definitions)
Flurazepam	✓			
Flurbiprofen Sodium	✓			
Flutamide	✓			
Fluticasone	QL			1 x 30 days
FML Forte/S		✓		
Focalin*/XR			SE PA	(PA Required over 18 years old)
Folic Acid	✓			
Foradil		✓		
Forteo			PA	(See Definitions)
Fortesta			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Fortical NS	✓			
Fragmin			QL	20 x 30 days
Frova			QL	9 x 30 days
Furosemide	✓			
Gabapentin	✓			
Gemfibrozil	✓			
Genotropin			PA QL	(See Definitions) (QL = 30 cartridges/ syringes x 30 days)
Gentamicin Sulfate	✓			
Geodon			QL	60 x 30 days
Gianvi	✓			
Gilenya			PA QL	(See Definitions) (QL = 30 x 30 days)
Gleevec			PA	(See Definitions)
Glipizide	✓			
Glucagon Emergency Kit		✓		
Glyburide	✓			
Granisetron	QL			6 every 3 days
Guaifenesin (all forms)	✓			
Guanabenz	✓			
Guanfacine	✓			
Halcion*			QL	30 x 30 days
Haloperidol	✓			
Helidac			QL	1 per year
Homatropine	✓			
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	✓			
Hydrochlorothiazide	✓			
Hydrocod/ Homatropine	QL			372 x 30 days
Hydrocod/APAP	QL			120 x 30 days
Hydrocod/Chlorphen ER Susp	QL			180mL x 30 days
Hydrocod/IBU	QL			50 x 30 days
Hydrocortisone	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Hydromorphone	✓			
Hydroxychloroquine	✓			
Hydroxyurea	✓			
Hydroxyzine	✓			
Hyoscyamine Sulfate	✓			
Ibuprofen	✓			
Ilaris			PA	(See Definitions)
Imipramine	✓			
Imitrex Tablets, Nasal Spray, Inj.*			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	✓			
Indomethacin/SR	✓			
Infergen Injection			PA QL	(See Definitions) (QL = 30 vials x 30 days)
Inspirease		✓		
Intal Inhaler		✓		
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)
Invirase		✓		
Iprivask			QL	20 x 30 days
Isoniazid	✓			
Isosorbide Mono-/Di-nitrate	✓			
IVIg			PA	(See Definitions)
Kadian			QL	100 x 30 days
Kapvay ER			SE PA QL	(PA required over 17yo) (QL = 60 x 30 days)
Kariva	✓			
Ketoconazole	✓			
Ketoprofen	✓			
Ketoralac Tromethamine	QL			20 x 30 days
Kineret			SE PA	RA doc required (See Definitions)
Kombiglyze XR		✓		
K-Phos		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Krystexxa			PA	(See Definitions)
Kytril*			QL	6 every 3 days
Labetalol	✓			
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)
Leflunomide 20mg	SE PA QL			(See Definitions) (QL = 42 x 30 days)
Lessina	✓			
Letairis			PA QL	(See Definitions) (QL = 30 x 30 days)
Leucovorin	✓			
Leukeran		✓		
Leukine			PA	(See Definitions)
Levobunolol	✓			
Levocetirizine				Not Covered
Levora	✓			
Levothyroxine	✓			
Levoxyl*	✓			
Lexapro		½T		(See Definitions)
Lidocaine Viscous	✓			
Lindane (except shampoo)	✓			
Lindane Shampoo			QL	60mL per 30 days
Lipitor		½T		(See Definitions)
Lisinopril/HCTZ	✓			
Lithium Carbonate	✓			
Lorazepam	✓			
Lortab Elixir*			QL	1800mL x 30 days
Lortab Tablets*			QL	120 x 30 days
Losartan	½T			(See Definitions)
LoSeasonique		✓		
Lotemax Opth Susp		✓		
Lotronex			PA QL	(See Definitions) (QL = 60 x 30 days)
Lovastatin	✓			
Lovaza			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Lovenox*			QL	20 x 30 days
Low-Ogestrel	✓			
Loxapine	✓			
Lucentis			PA	(See Definitions)
Lumigan			SE PA	(PA Required < 60yo)
Lunesta			SE PA QL	(See Definitions) (QL = 30 x 30 days)
Lupron Depot 3.75 & 7.5mg & All Pediatric Formulations			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Lupron Depot 11.25 & 22.5mg			PA QL	(See Definitions) (QL = 1 kit x 90 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
Matulane		✓		
Maxalt/MLT			QL	9 x 30 days
Mebendazole	✓			
Meclizine HCl	✓			
Medroxy-progesterone	✓			
Mefloquine	QL			5 x 30 days
Megestrol	✓			
Meloxicam	QL			30 x 30 days
Meperidine	✓			
Mephobarbital	✓			
Mercaptopurine	✓			
Metadate CD			SE PA QL	(PA Required over 18 years old) (QL = 30 x 30 days)
Metaproterenol Oral	✓			
Metformin	✓			
Methadone Liquid	QL			500mL x 30 days
Methadone Tablets	QL			100 x 30 days
Methadose	QL			100 x 30 days
Methazolamide	✓			
Methimazole	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Methocarbamol	✓			
Methotrexate	✓			
Methyldopa	✓			
Methylphenidate	✓			
Methylphenidate ER			SE PA	(PA Required over 18 years old)
Methylprednisolone	✓			
Methyltestosterone	✓			
Metoclopramide	✓			
Metolazone	✓			
Metoprolol/HCTZ/ER	✓			
Metronidazole	✓			
Miacalcin Injection		QL		15 vials x 30 days
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	QL			100 x 30 days
MS Contin*			QL	100 x 30 days
Multaq			SE PA	(See Definitions)
Mupirocin	✓			
Mycobutin		✓		
Mycophenolate	PA			(See Definitions)
Myleran		✓		
Myobloc			PA	(See Definitions)
Nabumetone	✓			
Nadolol	✓			
Namenda/ER		✓		
Naphazoline	✓			
Naproxen	✓			
Naratriptan	QL			9 x 30 days
Nardil		✓		
Nasonex		✓		
Nebupent		✓		
Necon	✓			
Nefazodone			✓	
Neomycin Sulfate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Neomycin/ Polymyxin/HC	✓			
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		✓		
Nicardipine	✓			
Nilandron		✓		
Nitrofurantoin	✓			
Nitroglycerin Ointment/ Patches/SL Tab	✓			
Nora-be	✓			
Nor-QD	✓			
Nortrel 7/7/7	✓			
Nortriptyline	✓			
Norvir		✓		
Novolin		✓		
Novolog/Mix		✓		
Nplate			PA	(See Definitions)
Nucynta			QL	120 x 30 days
Nutropin			PA	(See Definitions)
Nuvaring		QL		1 x 28 days
Nuvigil			PA QL	(See Definitions) (QL = 30 x 30 days)
Nystatin (except oral powder)	✓			
Ocella-28	✓			
Ofloxacin Otic	✓			
Ofloxacin Tab	QL			28 x 30 days
Ogestrel	✓			
Omeprazole Caps				Not Covered
Omnitrope			PA	(See Definitions)
Ondansetron 4 & 8mg Tabs/ODT	QL			9 x 3 days
Ondansetron Oral Soln	QL			50mL x 30 days
One Touch Test Strips		✓		
Onglyza		✓		
Onsolis			PA QL	(See Definitions) (QL = 120 x 30 days)
Opana ER			QL	100 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Optichamber		✓		
Optihaler		✓		
Optipranolol		✓		
Oramorph SR			QL	100 x 30 days
Orencia			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Orfadin			PA	(See Definitions)
Orphenadrine Citrate	✓			
Ortho Evra		QL		1 pack of 3 x 28 days - No Indiv. Packs
Orthovisc			PA	(See Definitions)
Oxaprozin	✓			
Oxazepam	✓			
Oxybutynin	✓			
Oxycodone HCl Tabs	QL			100 x 30 days
Oxycodone/APAP	QL			100 x 30 days
Oxycodone/Aspirin	QL			100 x 30 days
Oxycontin			QL	60 x 30 days
Oxytrol		✓		
Pantoprazole				Not Covered
Papaverine CR	✓			
Paroxetine HCl	½T			(See Definitions)
Patanol		✓		
Pegasys			PA QL	(See Definitions) (QL = 4 vials/syringes x 30 days)
Peg-Intron			PA QL	(See Definitions) (QL = 4 vials/pens x 30 days)
Penicillin VK	✓			
Pentasa		✓		
Pentoxifylline	✓			
Percocet*			QL	100 x 30 days
Percodan*			QL	100 x 30 days
Perphenazine	✓			
Phenazopyridine	✓			
Phenobarbital	✓			
Phenylephrine	✓			
Phenytoin	✓			
Pilocarpine	✓			
Pindolol	✓			
Piroxicam	✓			
Plavix		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Polymyxin B/ Bacitracin	✓			
Portia	✓			
Potassium Chloride	✓			
Pradaxa			PA QL	(See Definitions) (QL = 60 x 30 days)
Pramoxine/ Hydrocortisone	✓			
Prandimet		✓		
Prandin		✓		
Pravastatin	½T			(See Definitions)
Prazosin	✓			
Prednisolone Acetate	✓			
Prednisone	✓			
Premarin		✓		
Premphase		✓		
Prempro		✓		
Prevacid SoluTab Only*			SE PA QL	(PA Required over 12 years old) (QL = 30 x 30 days)
Prevacid* (except SoluTab)				Not Covered
Prevpac		QL		1 per year
Prialt			PA	(See Definitions)
Prilosec OTC*	✓			
Prilosec*				Not Covered
Primaquine		✓		
Pristiq			QL	30 x 30 days
ProAir HFA		✓		
Probenecid	✓			
Procainamide/SR	✓			
Procentra Soln			SE PA	(PA Required over 18 years old)
Prochieve			PA	(See Definitions)
Prochlorperazine Maleate	✓			
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)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Prometh/ Codeine/PE	QL			120mL x 30 days
Promethazine/ Codeine	QL			120mL x 30 days
Promethazine/DM	✓			
Prometrium		✓		
Propafenone/SR	✓			
Propranolol HCl/ER	✓			
Propylthiouracil	✓			
Protonix*				Not Covered
Protopic		SE PA		(PA Required over 18 years old)
Provigil			PA QL	(See Definitions) (QL = 200mg per day)
Prozac Weekly*			QL	4 x 30 days
PSE/DM	✓			
P-tlox/Chlorphenir/ Phenyleph	✓			
Pulmicort Flexhaler		✓		
Pyrazinamide	✓			
Pyridostigmine DD	✓			
Qualaquin			QL	42 x 30 days
Quinapril/HCTZ	✓			
Quinidine Sulfate/SR	✓			
Qvar		✓		
Ramipril	✓			
Ranexa		QL		60 x 30 days
Ranitidine	✓			
Rebetol 200mg Tabs			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
Relpax		QL		9 x 30 days
Remicade			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Remodulin			PA	(See Definitions)
Renova			SE PA	(PA Required over 25 years old)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Reprexain*			QL	50 x 30 days
Rescriptor		✓		
Retin-A Micro			SE PA	(PA Required over 25 years old)
Retrovir		✓		
Revatio			PA	(See Definitions)
Ribasphere			PA QL	(See Definitions) (QL = 1200mg/day)
Ribatab			PA QL	(See Definitions) (QL = 1200mg/day)
Ribavirin			PA QL	(See Definitions) (QL = 1200mg/day)
Ridaura		✓		
Rifampin	✓			
Rimantadine HCl	✓			
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
Rybix ODT			QL	240 x 30 days
Ryzolt			QL	30 x 30 days
Saizen			PA	(See Definitions)
Salsalate	✓			
Sancuso			QL	2 patches x 15 days
Sandostatin/LAR Depot			PA	(See Definitions)
Sarafem			QL	14 x 30 days
Seasonique		✓		
Selegiline	✓			
Sensipar			QL	60 x 30 days
Serevent Diskus		✓		
Seroquel/XR		✓		
Serostim			PA	(See Definitions)
Sertraline	½T			(See Definitions)
Silver Sulfadiazine	✓			
Simponi			PA QL	(See Definitions) (QL = 1 x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Simvastatin	½T			(See Definitions)
Singulair		½T		(See Definitions)
Sodium Chloride	✓			
Solaraze		✓		
Soliris			PA	(See Definitions)
Solodyn*			PA	(See Definitions)
Somatropin			PA	(See Definitions)
Somavert			PA	(See Definitions)
Sonata*			QL	14 x 30 days
Soriatane		PA		(See Definitions)
Sotalol	✓			
Sotret	PA			(See Definitions)
Spiriva		✓		
Spirolactone/ HCTZ	✓			
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)
Stadol Nasal Spray*			QL	2 canisters x 30 days
Stavudine	✓			
Stelara			PA QL	(See Definitions) (QL = 1 vial x 12 weeks)
Strattera (all strengths except 80 & 100mg)		SE QL		60 x 30 days
Strattera 80 & 100mg		SE QL		30 x 30 days
Striant			PA	(See Definitions)
Stromectol		✓		
Suboxone			PA	(See Definitions)
Subutex			PA	(See Definitions)
Sucalfate Tablets	✓			
Sulfacetamide/Pred SMZ/TMP	✓			
Sulfasalazine	✓			
Sulfisoxazole	✓			
Sulindac	✓			
Sumatriptan	QL			9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days
Sumavel DosePro			SE PA QL	(See Definitions) (QL = 6 syringes x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Supartz			PA	(See Definitions)
Supprelin LA			PA	(See Definitions)
Sustiva		✓		
Sutent			PA	(See Definitions)
Sylatron			PA QL	(See Definitions) (QL = 4 vials x 30 days)
Symbicort		✓		
Symbyax			QL	30 x 30 days
Symlin			PA	(See Definitions)
Synagis			PA QL	(See Definitions) (QL = 2 vials x 30 days)
Synarel			PA	(See Definitions)
Synthroid*		✓		
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 5, 20, & 100mg			QL	20 x 30 days
Temodar 140 & 180mg			QL	14 x 30 days
Temodar 250mg			QL	10 x 30 days
Terazosin	✓			
Terbinafine	QL			30 x 30 days; max of 90 days
Terbutaline Sulfate	✓			
Testosterone	PA			(See Definitions)
Tetracycline	✓			
Tev-Tropin			PA	(See Definitions)
Thalomid			PA	(See Definitions)
Theophylline/SR	✓			
Thioguanine		✓		
Thioridazine	✓			
Thiothixene	✓			
Thyroid, Desiccated	✓			
Ticlopidine	✓			
Tilade Inhaler		✓		
Timolol	✓			
Tizanidine	✓			
TOBI			QL	280mL x 56 days
Tobradex Ointment		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Tobramycin Drops	✓			
Tolazamide	✓			
Tolbutamide	✓			
Tolmetin	✓			
Topiramate	✓			
Toradol*			QL	20 x 30 days
Torsemide	✓			
Toviaz		✓		
Tracleer			PA QL	(See Definitions) (QL = 60 x 30 days)
Tramadol	QL			240 x 30 days
Tramadol ER	QL			30 x 30 days
Travatan/Z		SE PA		(PA Required < 60yo)
Trazodone	✓			
Tretinoin	✓			
Treximet		QL		9 x 30 days
Triamcinolone/ Nystatin	✓			
Triamterene/HCTZ	✓			
Triazolam	QL			30 x 30 days
Tricor 48mg			QL	60 x 30 days
Tricor 145mg			QL	30 x 30 days
Trifluoperazine	✓			
Trifluridine	✓			
Trihexyphenidyl	✓			
Trimethobenzamide	✓			
Trimethoprim	✓			
Trivora	✓			
Tussionex*			QL	180mL x 30 days
Tykerb			PA	(See Definitions)
Tylenol #3*			QL	372 x 30 days
Tylenol with Codeine Elixir*			QL	3750mL x 30 days
Tysabri			PA QL	(See Definitions) (QL = 1 vial x 30 days)
Tyvaso			PA QL	(See Definitions) (QL = 30 ampules x 30 days)
Ultram ER			QL	30 x 30 days
Ultram*			QL	240 x 30 days
Ursodiol	✓			
Valacyclovir HCl	✓			
Valproic Acid	✓			
Vantas			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Vectibix			PA	(See Definitions)
Velettri			PA	(See Definitions)
Veltin			SE PA	(PA Required over 25 years old)
Venlafaxine HCl	QL			90 x 30 days
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 LA/ER	✓			
Vexol eye drops		✓		
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)
Vigamox		✓		
Vimovo				Not Covered
Viracept		✓		
Viramune/XR		✓		
Visudyne			PA	(See Definitions)
Vivelle/Dot		✓		
Vivitrol			PA	(See Definitions)
Vyvanse			SE PA	(PA Required over 18 years old)
Warfarin Sodium	✓			
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)
Xeomin			PA	(See Definitions)
Xgeva			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Xiaflex			PA	(See Definitions)
Xifaxan			PA	(See Definitions)
Xolair			PA	(See Definitions)
Xyrem			PA	(See Definitions)
Xyzal*				Not Covered
Yodoxin		✓		
Zaleplon	QL			14 x 30 days
Zegerid				Not Covered
Ziagen		✓		
Ziana			SE PA	(PA Required over 25 years old)
Zofran 4 & 8mg Tabs/ODT*			QL	9 x 3 days
Zofran Oral Soln*			QL	50mL x 30 days
Zoladex 3.6mg			PA QL	(See Definitions) (QL = 1 kit x 30 days)
Zoladex 10.8mg			PA QL	(See Definitions) (QL = 1 kit x 90 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
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)

* Brands with Generic Alternatives

Specialty Drug List by Disease State

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

ANTICOAGULANT

Arixtra
Enoxaparin 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
Zincard

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
Zorbivte

HEMOPHILIA

Alphanine SD
Bebulin VH
Benefix
Cortifact

Specialty Drug List by Disease State

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

Feiba NF
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
Vitreliis

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 (4th) tier copayment/coinsurance on all fourth (4th) 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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