

Bluegrass **Family Health**

GENERIC MASTER PREFERRED DRUG LIST *(DRUG FORMULARY)*

Effective July 1, 2010

Bluegrass Family Health

Generic Master Preferred Drug List (Drug Formulary) Effective July 1, 2010

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

1ST 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.

2ND 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 3rd Tier status and the generic medication will become the preferred 1st 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 2nd Tier medications.

3RD TIER MEDICATIONS – Includes all multi-source branded medications and specialty drugs and injectables. Only those 3rd Tier medications that have restrictions are listed. All other multi-source branded medications not listed within this document are 3rd 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) – 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 physician to dispense as written, or it is requested by the patient. If a member specifically requests a brand name medication, 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 Caremark 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)
Accolate		✓		
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
Actiq			PA QL	(See Definitions) (QL = 120 x 30 days)
Actonel/Ca		✓		
Actoplus Met		✓		
Actos		✓		
Acyclovir	✓			
Adcirca			PA	(See Definitions)
Adderall XR			SE PA QL	(PA Required over 18 years old) (QL = 30mg/day)
Advair Diskus/HFA		✓		
Advanced Natacare	✓			
Aerobid		✓		
Aerochamber		✓		
Afinitor			PA QL	(See Definitions) (QL = 30 x 30 days)
Aggrenox		✓		
Albuterol Sulfate	✓			
Alendronate	✓			
Allegra 180mg			QL	30 x 30 days
Allegra 30 & 60mg			QL	60 x 30 days
Allegra Susp		QL		300mL x 30 days
Allopurinol	✓			
Aloxi Caps		QL		9 x 30 days
Aloxi Injection		PA QL		(See Definitions) (QL = 5mL x 30 days)
Alphagan P 0.1% only		✓		
Alprazolam/ER	✓			
Altprev		✓		
Amantadine HCl	✓			
Ambien			QL	30 x 30 days
Ambien CR		QL		14 x 14 days
Amerge		QL		9 x 30 days
Amevive			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Amiloride/HCTZ	✓			
Amiodarone HCl	✓			
Amitriptyline HCl	✓			
Amlodipine/ Benazepril	✓			
Amnesteem	PA			(See Definitions)
Amoxicillin	✓			
Amoxicillin, Clavulanate Potassium	✓			
Amphetamine Salt Combo	✓			
Amphetamine Salt Combo ER	SE PA QL			(PA Required over 18 years old) (QL = 30mg/day)
Ampicillin Trihydrate	✓			
Analpram HC		✓		
Androderm		PA		(See Definitions)
Androgel		PA		(See Definitions)
Androxy			PA	(See Definitions)
Antabuse		PA		(See Definitions)
Antipyrine w/Benzocaine	✓			
Anucort-HC	✓			
Anzemet		QL		3 per prescription
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)
Aricept		✓		
Arimidex		✓		
Arixtra		QL		20 x 30 days
Arranon			PA	(See Definitions)
Arthrotec		✓		
Asacol		✓		
Ascensia Test Strips		✓		
Asmanex		✓		
Astelin NS		✓		
Astepro NS		✓		
Atacand/HCT		✓		
Atenolol	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Atralin		SE PA		(PA Required over 25 years old)
Atripla		✓		
Atropine Sulfate	✓			
Atrovent/HFA		✓		
Augmentin XR		✓		
Avalide		✓		
Avandamet		✓		
Avandaryl		✓		
Avandia		✓		
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
Azelex		SE PA		(PA Required over 25 years old)
Azithromycin	✓			
Azmacort		✓		
Azor		✓		
Bacitracin/ Polymyxin B	✓			
Baclofen	✓			
Bactroban Nasal		✓		
Belladonna w/Phenobarbital	✓			
Benazepril HCl	✓			
Benicar		½T		(See Definitions)
Benicar HCT		✓		
Benzonatate	✓			
Benzotropine Mesylate	✓			
Berinert			PA	(See Definitions)
Betamethasone Dipropionate	✓			
Betamethasone Valerate	✓			
Betaseron			PA QL	(See Definitions) (QL = 15 vials x 30 days)
Bisoprolol Fumarate	✓			
Boniva		✓		
Botox			PA	(See Definitions)
Bromocriptine Mesylate	✓			
Budeprion SR	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Bupripion ER 150mg	QL			90 x 30 days
Bupropion ER 300mg	QL			30 x 30 days
Bupropion HCl	✓			
Buspiron 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
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	✓			
Cephalexin	✓			
Ceptrotin			PA	(See Definitions)
Cesamet		PA QL		(See Definitions) (QL = 12 tabs per Rx)
Chloral Hydrate	✓			
Chlordiazepoxide HCL	✓			
Chlorpromazine HCL	✓			
Cholestyramine	✓			
Cilostazol	✓			

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

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Cyclobenzaprine HCl	✓			
Cymbalta 20 & 30mg		QL		60 x 30 days
Cymbalta 60mg		QL		30 x 30 days
Dacogen			PA	(See Definitions)
Darvocet N-100			QL	120 x 30 days
Daytrana		PA		(See Definitions)
Derma-Smoothe/FS		✓		
Desmopressin Acetate	✓			
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)
Diastat		✓		
Diazepam	✓			
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	✓			
Dipyridamole	✓			
Divalproex Sodium/ER	✓			
Dovonex Crm/Oint		✓		
Doxazosin Mesylate	✓			
Doxepin HCl	✓			
Doxycycline	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Duac		✓		
Duragesic			PA QL	(See Definitions) (QL = 10 x 30 days)
Dysport			PA	(See Definitions)
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		✓		
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)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Erbix			PA	(See Definitions)
Errin	✓			
Erythromycin	✓			
Erythromycin/ Benzoyl Peroxide	✓			
Esclim		✓		
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)
Famciclovir	✓			
Famotidine	✓			
Fanapt		QL		60 x 30 days
Fansidar		QL		3 x 30 days
Felodipine ER	✓			
Femhrt		✓		
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 HCl 180mg	QL			30 x 30 days
Fexofenadine HCl 30 & 60mg	QL			60 x 30 days
Finacea		SE PA		(PA Required over 25 years old)
Finasteride	✓			
Flecainide Acetate	✓			
Flolan			PA	(See Definitions)
Flonase NS			QL	1 canister 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)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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)
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	✓			
Gleevec			PA	(See Definitions)
Glimepiride	✓			
Glipizide	✓			
Glucagen		✓		
Glucagon		✓		
Glyburide	✓			
Glycopyrrolate	✓			
Halcion			QL	30 x 30 days
Haloperidol	✓			
Helidac		QL		1 per year
Hemorrhoidal HC	✓			
Humalog/Mix		✓		
Humatrope			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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/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
Increlex			PA	(See Definitions)
Indapamide	✓			
Indomethacin	✓			
Infergen Injection			PA QL	(See Definitions) (QL = 12 syringes/vials x 30 days)
Inspirease		✓		
Intron A Vials/Pens			PA QL	(See Definitions) (QL = 12 vials/pens x 30 days)
Invega			PA	(See Definitions)
Ipratropium Bromide	✓			
Isosorbide	✓			
Itraconazole	✓			
IVIG			PA	(See Definitions)
Januvia		✓		
Kadian		QL		100 x 30 days
Kariva	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Ketek		✓		
Ketoconazole	✓			
Ketoprofen	✓			
Ketorolac Tromethamine	QL			20 x 30 days
Kineret			SE PA	RA doc required (See Definitions)
Klor-Con	✓			
Kristalose		✓		
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
Leflunomide 10mg	SE PA QL			(See Definitions) (QL = 30 x 30 days)
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)
Levaquin		✓		
Levemir		✓		
Levora-28	✓			
Levothroid	✓			
Levothyroxine Sodium	✓			
Levoxyl	✓			
Lexapro		½T		(See Definitions)
Lidocaine HCl	✓			
Lindane Shampoo		QL		60mL per 30 days
Lipitor		½T		(See Definitions)
Liquadd		SE PA		(PA Required over 18 years old)
Lisinopril	✓			
Lithium Carbonate	✓			
Loperamide HCl	✓			
Lorazepam	✓			
Lortab Elixir			QL	1800mL x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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		PA		(See Definitions)
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)
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)
Lyrica		PA		(See Definitions)
Macugen			PA	(See Definitions)
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	✓			
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	✓			
Methotrexate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Methyldopa	✓			
Methylin Chew/Soln		✓		
Methylphenidate	✓			
Metoclopramide	✓			
Metoprolol/HCTZ/ER	✓			
Metrogel 1%		✓		
Metronidazole	✓			
Miacalcin Injection		QL		15 vials x 30 days
Micardis/HCT		✓		
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		✓		
Naproxen	✓			
Nasacort AQ		✓		
Nasonex		✓		
Natacare	✓			
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	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Nitroquick	✓			
Norditropin			PA	(See Definitions)
Noritate		✓		
Nortrel	✓			
Nortriptyline HCl	✓			
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	✓			
Ocella-28	✓			
Ofloxacin Otic	✓			
Ofloxacin Tab	QL			28 x 30 days
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
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
Pantoprazole				Not Covered
Paroxetine HCl	½T			(See Definitions)
Patanol		✓		
PEG 3350/ Electrolyte	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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 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	✓			
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		✓		
Primacare		✓		
Primidone	✓			
Pristiq		QL		30 x 30 days
Proair HFA		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Prochieve		PA		(See Definitions)
Procrit			PA QL	(See Definitions) (QL = 12 vials x 30 days)
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		✓		
Propoxyphene HCl w/APAP	QL			120 x 30 days
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		✓		
Quinapril HCl	✓			
Quinine Sulfate	✓			
Quixin		✓		
Qutenza		QL		4 x 90 days
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		✓		
Relpax		QL		9 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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 = 180 x 30 days)
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)
Roferon A			PA	(See Definitions)
Ropinirole	✓			
Roxicet Soln	QL			500mL x 30 days
Roxicodone Tabs			QL	100 x 30 days
Rozerem		✓		
Rybix ODT		QL		240 x 30 days
Rythmol SR		✓		
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)
Singulair		½T		(See Definitions)
Skelaxin		✓		
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)
Spectracef		✓		
Spiriva		✓		
Spiroinolactone	✓			
Sporanox			PA QL	(See Definitions) (QL = 60 x 30 days; max of 90 days)
Sprintec	✓			
Sprycel			PA	(See Definitions)
SSD	✓			
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)		QL		60 x 30 days
Strattera 80 & 100mg		QL		30 x 30 days
Striant		PA		(See Definitions)
Sulfamethoxazole/Trimethoprim	✓			
Sulfasalazine	✓			
Sulindac	✓			
Sumatriptan	QL			9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days
Sumavel		QL		6 syringes x 30 days
Supartz			PA	(See Definitions)
Supprelin LA			PA	(See Definitions)
Suprax		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Sutent			PA	(See Definitions)
Symbicort		✓		
Symbyax		QL		30 x 30 days
Symlin		PA		(See Definitions)
Synagis			PA QL	(See Definitions) (QL = 2 vials x 30 days)
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	✓			
Tarka		✓		
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	✓			
Topamax			PA	(See Definitions)
Topiramate	PA			(See Definitions)
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		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Travatan/Z		✓		
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	(See Definitions)
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	✓			
Vectibix			PA	(See Definitions)
Venlafaxine HCl	QL			90 x 30 days
Venlafaxine HCl ER			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)
Vidaza			PA	(See Definitions)
Visicol		✓		
Visudyne			PA	(See Definitions)
Vivelle-Dot		✓		
Vivitrol			PA	(See Definitions)
Vyvanse		SE PA		(PA Required over 18 years old)
Warfarin Sodium	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Welchol		✓		
Wellbutrin XL 150mg			QL	90 x 30 days
Wellbutrin XL 300mg			QL	30 x 30 days
Xalatan		✓		
Xifaxan		PA		(See Definitions)
Xodol		✓		
Xolair			PA	(See Definitions)
Xopenex HFA		✓		
Xyrem		PA		(See Definitions)
Yaz		✓		
Zaleplon	QL			14 x 30 days
Zebutal	✓			
Zegerid				Not Covered
Zetia		✓		
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

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

Bluegrass **Family Health**

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