

Bluegrass **Family Health**

MASTER PREFERRED DRUG LIST *(DRUG FORMULARY)*

Effective July 1, 2010

Bluegrass Family Health

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

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 (QL) – Quantity limits have been placed on medications to be consistent with the maximum dosages that the Food and Drug Administration (FDA) has designated to be both safe and effective. Prescriptions for which the quantity to be dispensed exceeds the FDA's maximum daily dose are excluded. Quantity Limits for brand name medications also apply to generic alternatives.

TABLET SPLITTING PROGRAM (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) |
| 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 |
| 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 | | ✓ | | |
| Advicor | | ✓ | | |
| Aerochamber | | ✓ | | |
| Afinitor | | | PA QL | (See Definitions) (QL = 30 x 30 days) |
| Aggrenox | | ✓ | | |
| Albuterol | ✓ | | | |
| Alendronate | ✓ | | | |
| Alkeran Tabs | | ✓ | | |
| Allegra 30 & 60mg* | | | QL | 60 x 30 days |
| Allegra 180mg* | | | QL | 30 x 30 days |
| Allegra Susp | | | QL | 300mL x 30 days |
| Allopurinol | ✓ | | | |
| Alora | | ✓ | | |
| Aloxi Caps | | | QL | 9 x 30 days |
| Aloxi Injection | | | PA QL | (See Definitions) (QL = 5mL x 30 days) |
| Alphagan P 0.1% only | | ✓ | | |
| Alprazolam/XR | ✓ | | | |
| Alupent | | ✓ | | |
| Amantadine | ✓ | | | |
| Ambien CR | | | QL | 14 x 14 days |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|------------------------------------|----------------|-----|----------------|---|
| | 1ST | 2ND | 3RD | |
| 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 | ✓ | | | |
| Amphetamine Salt Combo | ✓ | | | |
| Amphetamine Salt Combo ER | SE PA QL | | | (PA Required over 18 years old) (QL = 30mg/day) |
| Ampicillin | ✓ | | | |
| Androderm | | | PA | (See Definitions) |
| Androgel | | PA | | (See Definitions) |
| Androxy* | | | PA | (See Definitions) |
| Antabuse* | | | PA | (See Definitions) |
| 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) |
| Asacol | | ✓ | | |
| Ascensia Test Strips | | ✓ | | |
| Asmanex | | ✓ | | |
| Astelin NS | | ✓ | | |
| Astepro NS | | ✓ | | |
| Atenolol/ Chlorthalidone | ✓ | | | |
| Atralin | | | SE PA | (PA Required over 25 years old) |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|--|------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Atripla | | ✓ | | |
| Atropine Sulfate | ✓ | | | |
| Atrovent Inhaler | | ✓ | | |
| Augmentin XR | | ✓ | | |
| Avalide | | ✓ | | |
| Avandamet | | ✓ | | |
| Avandaryl | | ✓ | | |
| Avandia | | ✓ | | |
| 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 |
| Azathioprine | ✓ | | | |
| Azelex | | | SE PA | (PA Required over 25 years old) |
| Azithromycin | ✓ | | | |
| Azopt | | ✓ | | |
| Azor | | ✓ | | |
| Bacitracin | ✓ | | | |
| Baclofen | ✓ | | | |
| Belladonna/ Phenobarb | ✓ | | | |
| Benicar | | ½T | | (See Definitions) |
| Benicar HCT | | ✓ | | |
| Benzocaine/ Antipyrine Otic | ✓ | | | |
| Benzonatate | ✓ | | | |
| Benztropine Mesylate | ✓ | | | |
| Berinert | | | PA | (See Definitions) |
| Betamethasone Dipropionate/ Valerate | ✓ | | | |
| Betaseron | | | PA QL | (See Definitions) (QL = 15 vials x 30 days) |
| Betaxolol | ✓ | | | |
| Bethanechol | ✓ | | | |
| Betoptic S | | ✓ | | |
| Bisoprolol/HCTZ | ✓ | | | |
| Botox | | | PA | (See Definitions) |
| Bromocriptine | ✓ | | | |
| Bumetanide | ✓ | | | |
| Bupropion ER 150mg | QL | | | 90 x 30 days |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|---|------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Bupropion ER 300mg | QL | | | 30 x 30 days |
| Bupropion/SR | ✓ | | | |
| Buspirone 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 |
| Byetta | | | SE PA | (See Definitions) |
| Bystolic | | ✓ | | |
| Caduet | | ✓ | | |
| Calcipotriene Soln | ✓ | | | |
| Calcitonin Nasal Soln | ✓ | | | |
| Camila | ✓ | | | |
| Captopril/HCTZ | ✓ | | | |
| Carbamazepine/ER | ✓ | | | |
| Carbatrol | | ✓ | | |
| 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 | ✓ | | | |
| Chlordiazepoxide | ✓ | | | |
| Chloromycetin Opth | | ✓ | | |
| Chloroquine Phosphate | ✓ | | | |
| Chlorpromazine | ✓ | | | |
| Chlorpropamide | ✓ | | | |
| Cholestyramine | ✓ | | | |

| 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 |
| Citrolith | | ✓ | | |
| Claravis | PA | | | (See Definitions) |
| 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) |
| Coreg CR | | ✓ | | |
| Cortef 5 mg only | | ✓ | | |
| Creon | | ✓ | | |
| Crestor | | ½T | | (See Definitions) |
| Crinone | | | PA | (See Definitions) |
| Crixivan | | ✓ | | |
| Cromolyn Opth Soln | ✓ | | | |
| Cryselle | ✓ | | | |
| Cuprimine | | ✓ | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|----------------------------|----------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| 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 | | ✓ | | |
| Darvocet N-100* | | | QL | 120 x 30 days |
| 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 | | ✓ | | |
| Diastat | | ✓ | | |
| Diazepam | ✓ | | | |
| Dibenzylidine | | ✓ | | |
| Diclofenac Sodium | ✓ | | | |
| Dicloxacillin | ✓ | | | |
| Dicyclomine | ✓ | | | |
| Differin | | | SE PA | (PA Required over 25 years old) |
| Diflucan 150mg* | | | QL | 1 tab per prescription (max of 2 scripts x 30 days) |
| Diflunisal | ✓ | | | |
| Digoxin | ✓ | | | |
| Dilantin (30 & 50mg) | | ✓ | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|-----------------------------|------|----------|----------|--|
| | 1ST | 2ND | 3RD | |
| Diltiazem/ER Tabs & Caps | ✓ | | | |
| Diphenoxylate/Atropine | ✓ | | | |
| Dipivefrin | ✓ | | | |
| Disopyramide/CR | ✓ | | | |
| Divalproex Sodium/ER | ✓ | | | |
| Dovonex Crm/Oint | | ✓ | | |
| Doxazosin Mesylate | ✓ | | | |
| Doxepin | ✓ | | | |
| Doxycycline Tabs, Caps only | ✓ | | | |
| Duragesic* | | | PA QL | (See Definitions) (QL = 10 x 30 days) |
| Dysport | | | PA | (See Definitions) |
| 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) |
| 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) |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|--------------------------|----------|-----|----------|--|
| | 1ST | 2ND | 3RD | |
| Endocet | QL | | | 100 x 30 days |
| Endodan | QL | | | 100 x 30 days |
| Endometrin | | | PA | (See Definitions) |
| Enjuvia | | ✓ | | |
| Enpresse | ✓ | | | |
| Entocort EC | | ✓ | | |
| 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 | | ✓ | | |
| Exjade | | | PA | (See Definitions) |
| Extavia | | | PA QL | (See Definitions) (QL = 15 vials x 30 days) |
| EZ-Spacer | | ✓ | | |
| Famciclovir | ✓ | | | |
| Famotidine | ✓ | | | |
| Fanapt | | | QL | 60 x 30 days |
| Fansidar | | QL | | 3 x 30 days |
| Felodipine | ✓ | | | |
| Femara | | ✓ | | |
| 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) |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|-------------------------|------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Fexofenadine 30 & 60mg | QL | | | 60 x 30 days |
| Fexofenadine 180mg | QL | | | 30 x 30 days |
| 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) |
| 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 | ✓ | | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|-------------------------------------|------|-----|----------|--|
| | 1ST | 2ND | 3RD | |
| Geodon | | | QL | 60 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 | ✓ | | | |
| 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/IBU | QL | | | 50 x 30 days |
| Hydrocortisone | ✓ | | | |
| 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 |
| Increlex | | | PA | (See Definitions) |
| Indapamide | ✓ | | | |
| Indomethacin/SR | ✓ | | | |
| Infergen Injection | | | PA QL | (See Definitions) (QL = 12 syringes/vials x 30 days) |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|--------------------------------|----------------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Inspirease | | ✓ | | |
| Intal Inhaler | | ✓ | | |
| Intron A Vials/Pens | | | PA QL | (See Definitions) (QL = 12 vials/pens x 30 days) |
| Invega | | | PA | (See Definitions) |
| Invirase | | ✓ | | |
| Isoniazid | ✓ | | | |
| Isosorbide Mono-/Di-nitrate | ✓ | | | |
| IVIG | | | PA | (See Definitions) |
| Kadian | | | QL | 100 x 30 days |
| Kariva | ✓ | | | |
| Ketoconazole | ✓ | | | |
| Ketoprofen | ✓ | | | |
| Ketoralac Tromethamine | QL | | | 20 x 30 days |
| Kineret | | | SE PA | RA doc required (See Definitions) |
| K-Phos | | ✓ | | |
| 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 |
| 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 | ✓ | | | |
| Levora | ✓ | | | |
| Levothyroxine | ✓ | | | |
| Levoxyl* | ✓ | | | |
| Lexapro | | ½T | | (See Definitions) |
| Lidocaine Viscous | ✓ | | | |
| Lindane (except shampoo) | ✓ | | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|---|------|----------|----------------|---|
| | 1ST | 2ND | 3RD | |
| Lindane Shampoo | | | QL | 60mL per 30 days |
| Lipitor | | ½T | | (See Definitions) |
| Liquadd | | | SE PA | (PA Required over 18 years old) |
| 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) |
| Lovenox | | | QL | 20 x 30 days |
| Low-Ogestrel | ✓ | | | |
| Loxapine | ✓ | | | |
| Lucentis | | | PA | (See Definitions) |
| Lumigan | | | PA | (See Definitions) |
| 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) |
| Lyrica | | | PA | (See Definitions) |
| Macugen | | | PA | (See Definitions) |
| 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 | ✓ | | | |
| Meperidine | ✓ | | | |
| Mephobarbital | ✓ | | | |
| Mercaptopurine | ✓ | | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|---------------------|------|-----|----------------|--|
| | 1ST | 2ND | 3RD | |
| 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 | ✓ | | | |
| Methocarbamol | ✓ | | | |
| Methotrexate | ✓ | | | |
| Methyldopa | ✓ | | | |
| Methylphenidate | ✓ | | | |
| Methylprednisolone | ✓ | | | |
| Methyltestosterone | ✓ | | | |
| Metoclopramide | ✓ | | | |
| Metolazone | ✓ | | | |
| Metoprolol/HCTZ/ER | ✓ | | | |
| 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 | 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 | | ✓ | | |
| Naphazoline | ✓ | | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|---------------------------------------|------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Naproxen | ✓ | | | |
| Nardil | | ✓ | | |
| Nasonex | | ✓ | | |
| Nebupent | | ✓ | | |
| Necon | ✓ | | | |
| Neomycin Sulfate | ✓ | | | |
| 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 |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|-----------------------|------|-----|----------|--|
| | 1ST | 2ND | 3RD | |
| One Touch Test Strips | | ✓ | | |
| Onsolis | | | PA QL | (See Definitions) (QL = 120 x 30 days) |
| Opana ER | | | QL | 100 x 30 days |
| 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 Individ. 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 | ✓ | | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|------------------------------|------|----------------|----------|--|
| | 1ST | 2ND | 3RD | |
| Pilocarpine | ✓ | | | |
| Pindolol | ✓ | | | |
| Piroxicam | ✓ | | | |
| Plavix | | ✓ | | |
| Polymyxin B/ Bacitracin | ✓ | | | |
| Portia | ✓ | | | |
| Potassium Chloride | ✓ | | | |
| Pramoxine/ Hydrocortisone | ✓ | | | |
| 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 | ✓ | | | |
| Prochieve | | | PA | (See Definitions) |
| Prochlorperazine Maleate | ✓ | | | |
| 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) |
| Prometh/ Codeine/PE | QL | | | 120mL x 30 days |
| Promethazine/ Codeine | QL | | | 120mL x 30 days |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|----------------------------------|------|----------|----------|---|
| | 1ST | 2ND | 3RD | |
| Promethazine/DM | ✓ | | | |
| Prometrium | | ✓ | | |
| Propafenone | ✓ | | | |
| Propoxy/ASA/ Caffeine | ✓ | | | |
| Propoxyphene | ✓ | | | |
| Propoxyphene-N/ APAP | QL | | | 120 x 30 days |
| 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 | ✓ | | | |
| Quinapril/HCTZ | ✓ | | | |
| Quinidine Sulfate/SR | ✓ | | | |
| Qutenza | | | QL | 4 x 90 days |
| 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) |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|--------------------------|------|-----|----------------|---|
| | 1ST | 2ND | 3RD | |
| Renova | | | SE PA | (PA Required over 25 years old) |
| 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 = 180 x 30 days) |
| 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) |
| Roferon A | | | PA | (See Definitions) |
| Ropinirole | ✓ | | | |
| Roxicet Soln | | | QL | 500mL x 30 days |
| Roxicodone Tabs* | | | QL | 100 x 30 days |
| Rybit ODT | | | QL | 240 x 30 days |
| Rythmol SR | | ✓ | | |
| 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 | | ✓ | | |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|---|------|----------|----------|--|
| | 1ST | 2ND | 3RD | |
| Serostim | | | PA | (See Definitions) |
| Sertraline | ½T | | | (See Definitions) |
| Silver Sulfadiazine | ✓ | | | |
| Simponi | | | PA QL | (See Definitions) (QL = 1 x 30 days) |
| Simvastatin | ½T | | | (See Definitions) |
| Singulair | | ½T | | (See Definitions) |
| Sodium Chloride | ✓ | | | |
| Solaraze | | ✓ | | |
| 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 | | ✓ | | |
| Spironolactone/ HCTZ | ✓ | | | |
| Sporanox | | | PA QL | (See Definitions) (QL = 60 x 30 days; max of 90 days) |
| Sprintec | ✓ | | | |
| 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 | | ✓ | | |
| Sucralfate Tablets | ✓ | | | |
| Sulfacetmide/Pred SMZ/TMP | ✓ | | | |
| Sulfasalazine | ✓ | | | |
| Sulfisoxazole | ✓ | | | |
| Sulindac | ✓ | | | |
| Sumatriptan | QL | | | 9 tabs; 6 nasal sprays/vials/syringes; 2 inj. kits x 30 days |
| Sumavel | | | 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) |
| Symbicort | | ✓ | | |
| Symbyax | | | QL | 30 x 30 days |
| Symlin | | | PA | (See Definitions) |
| Synagis | | | PA QL | (See Definitions) (QL = 2 vials x 30 days) |
| 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 | | ✓ | | |
| Tobramycin Drops | ✓ | | | |
| Tolazamide | ✓ | | | |
| Tolbutamide | ✓ | | | |
| Tolmetin | ✓ | | | |
| Topamax* | | | PA | (See Definitions) |
| Topiramate | PA | | | (See Definitions) |

| 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 | QL | | | 240 x 30 days |
| Tramadol ER | QL | | | 30 x 30 days |
| Travatan/Z | | ✓ | | |
| 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 | (See Definitions) |
| 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 | ✓ | | | |
| 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 LA/ER | ✓ | | | |
| Vexol eye drops | | ✓ | | |
| Vicodin* | | | QL | 120 x 30 days |
| Vicoprofen* | | | QL | 50 x 30 days |

| DRUG NAME | TIER | | | INSTRUCTIONS |
|-----------------------------|------|-----|----------|---|
| | 1ST | 2ND | 3RD | |
| Victoza | | | PA | (See Definitions) |
| Vidaza | | | PA | (See Definitions) |
| Videx | | ✓ | | |
| Vigamox | | ✓ | | |
| Viracept | | ✓ | | |
| Viramune | | ✓ | | |
| 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 | | ✓ | | |
| Xifaxan | | | PA | (See Definitions) |
| Xolair | | | PA | (See Definitions) |
| Xyrem | | | PA | (See Definitions) |
| 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 |
| 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 |
| Zorbive | | | PA | (See Definitions) |
| Zortress | | | PA | (See Definitions) |
| Zovia | ✓ | | | |
| Zovirax Ointment | | ✓ | | |
| Zyprexa/Zydis | | ✓ | | |
| Zyvox | | | SE PA | (See Definitions) |

* Brands with Generic Alternatives

Specialty Pharmacy Product (SPP) List

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

ALLERGIC ASTHMA

Xolair*

CROHN'S DISEASE

Cimzia*

Humira

Remicade

Tysabri*

CYSTIC FIBROSIS

Pulmozyme

TOBI

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone

Disorders

Genotropin²

Humatrope

Norditropin²

Nutropin²

Omnitrope

Saizen²

Tev-Tropin

Zorbtive

IGF-1 Deficiency

Increlex*

HEMATOPOIETICS

Aranesp

Epogen

Leukine

Mozobil*

Neulasta

Neumega

Neupogen

Procrit

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

Advate

Alphanate

Alphanine SD

Bebulin VH

BeneFIX

Feiba VH

Helixate FS

Hemofil M

Humate-P

Koate-DVI

Kogenate FS

Monarc M

Monoclate-P

Mononine

NovoSeven²

Profilnine SD

Proplex T

Recombinate

Refacto

RiaSTAP

Stimate

Wilate

Xyntha

HEPATITIS C

Infergen

Pegasys²

PEG-Intron²

Rebetol Solution

ribavirin caps

(REBETOL)¹

ribavirin tabs

(COPEGUS)¹

HEREDITARY ANGIOEDEMA

Berinert*

Cinryze*

HIV MEDICATIONS

Fuzeon

Serostim*

HORMONAL THERAPIES

Eligard

Firmagon

H.P. Acthar Gel

leuprolide acetate

(LUPRON)¹

Lupron Depot²

Supprelin LA*

Trelstar²

Vantas

Zoladex

IMMUNE DEFICIENCIES & RELATED DISORDERS

IV Immune globulins

Carimune²

Cytogam

Flebogamma²

GamaSTAN S/D

Gammagard²

Gammaplex*

Gamunex

Immune Globulin

Iveegam EN

Hizentra*

Octagam

Polygam S/D

Panglobulin

Privigen

Rhophylac

Venoglobulin S

Vivaglobin*

WinRho SDF

INFERTILITY

Bravelle

Cetrotide

chorionic gonadotropin

(novarel, pregnyl)¹

Follistim AQ

Ganirelix

Gonal-F²

Luveris

Menopur

Ovidrel

Repronex

LYSOSOMAL STORAGE DISORDERS

Aldurazyme*

Ceredase*

Cerezyme*

Elaprase*

Fabrazyme*

Myozyme*

Naglazyme*

VPRIV*

MACULAR DEGENERATION

Lucentis*

Macugen*

Visudyne*

MULTIPLE SCLEROSIS

Ampyra*

Avonex

Betaseron

Copaxone

Extavia

Rebif

Tysabri*

Specialty Pharmacy Product (SPP) List

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

ONCOLOGY - INJECTABLE³

ONCOLOGY - ORAL

Afinitor
Gleevec
Hycamtin*
Nexavar*
Oforta
Revlimid*
Sprycel
Sutent
Tarceva
Tasigna
Temodar
Thalomid
Tykerb*
Votrient*
Xeloda
Zolanza

OSTEOARTHRITIS

Euflexxa
Hyalgan
Orthovisc
Supartz
Synvisc
Synvisc One

OSTEOPOROSIS

Forteo
Reclast

OTHER PRODUCTS

Actimmune*
Arcalyst*
Botox
Dysport
Exjade*
Ilaris*
Implanon*
Kuvan*
Mirena
Myobloc
Nplate*
octreotide acetate
(SANDOSTATIN)¹
Promacta*
Sabril*
Sandostatin LAR
Soliris*
Somatuline Depot*
Somavert*
Thyrogen*
Vivitrol
Xenazine*
Xiaflex*

PSORIASIS

Amevive
Enbrel
Humira
Remicade
Stelara

PULMONARY ARTERIAL HYPERTENSION

Adcirca
epoprostenol sodium^{1*}
Letairis*
Remodulin*
Revatio
Tracleer*
Tyvaso*
Ventavis*

PULMONARY DISEASE

Aralast^{2*}

RENAL DISEASE

Sensipar

RESPIRATORY SYNCYTIAL VIRUS

Synagis

RHEUMATOID ARTHRITIS

Actemra
Cimzia*
Enbrel
Humira
Kineret
Orencia
Remicade
Simponi

¹ Lowercase type indicates generic name and availability; lowercase type within parentheses indicates trademark generics listed only when no brand is available; products in all capital letters within parentheses indicate brand-names of generic products.

² Multiple dosage formulations and injectable devices are available

³ Call CVS Caremark toll-free at 1-800-237-2767 for specific medications available through CVS Caremark Specialty Pharmacy. Listing is subject to change.

* Indicates Limited Distribution products distributed by CVS Caremark Specialty Pharmacy. Limited Distribution defined as less than 15 pharmacy providers.

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