

# *Bluegrass* **Family Health**

## **TENNESSEE PREFERRED DRUG LIST** *(DRUG FORMULARY)*

Effective July 1, 2010

# Bluegrass Family Health

## Tennessee Preferred Drug List (Drug Formulary) Effective July 1, 2010

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

### GENERAL DEFINITIONS OF TERMS

**1<sup>ST</sup> TIER MEDICATIONS** – 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.

**2<sup>ND</sup> 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 3<sup>rd</sup> Tier status and the generic medication will become the preferred 1<sup>st</sup> Tier medication unless listed otherwise in this document.

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

**4<sup>TH</sup> 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 4<sup>th</sup> Tier medications.

### Bluegrass Family Health (BFH) requires special processing for some medications. Types of this special processing are:

**PRIOR AUTHORIZATION (PA)** – Due to the nature of some medications, Prior Authorization (PA) may be required for certain medications to be covered at any cost-sharing tier. Medications that require (PA) do so because of their potential for misuse and/or abuse and will require that Plan criteria be met before approval is given. If a medication requires (PA), the ordering physician must contact BFH's Pharmacy Services Department before we will cover the medication. Prior Authorizations for brand name medications also apply to generic alternatives.

**STEP EDIT (SE)** – Step edit is an electronic (PA) process that takes place at the time the pharmacist files the claim. A step edit may include an age edit, a specialty prescriber edit, or a therapeutic alternative edit. If the step edit criterion is met, the system will approve the claim. If the step edit criterion is not met, the system will not approve the claim and will send a message back to the pharmacy advising that the step edit protocol has not been met. At that time, the pharmacy may contact your physician and request that they contact the plan for (PA). If this does not happen, you will be responsible for contacting the physician to get the drug prior authorized. Step Edits for brand name medications also apply to generic alternatives.

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

**TABLET SPLITTING PROGRAM (½T)** – Certain medications are eligible for the BFH Tablet Splitting Program. The Tablet Splitting Program provides an opportunity for you to reduce your prescription medication copayments or coinsurance by using double-strength tablets and splitting them in half. The program is voluntary. Consult your doctor before splitting any prescription tablets. Only those medications determined to be appropriate for splitting are included in the Tablet Splitting Program.

## HOW TO ACCESS YOUR PHARMACY BENEFITS

You must use a participating pharmacy and present your valid BFH member ID card to access your pharmacy benefits. To be eligible for coverage, medications must be processed **online** by your pharmacist. Claims not filed online by a participating pharmacy may not be eligible for reimbursement. If you are at the pharmacy and you do not have your ID card, or if the pharmacist is having trouble filing the claim online, you or the pharmacist may contact the BFH Pharmacy Services Department at (877) 205-6308 or (859) 335-3755.

## IMPORTANT INFORMATION REGARDING YOUR PHARMACY BENEFITS

**URGENT AND EMERGENT SITUATIONS** – If you are out of the area and need to have a prescription filled for an urgent or emergent condition, for your convenience you may take the prescription and your BFH ID card to any participating chain pharmacy. If the pharmacist has difficulty processing the claim, he or she may contact the BFH Pharmacy Services Department at (877) 205-6308.

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

The following general exclusions pertain to all covered individuals unless specified in plan documentation:

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

**EXCEPTIONS POLICY** – Non-preferred brand medications not included in this PDL are covered at your 3<sup>rd</sup> Tier cost-sharing amount. Prescription drugs specifically excluded on this PDL will be covered at your 3<sup>rd</sup> Tier cost-sharing amount **ONLY** when clear medical documentation from the requesting provider includes evidence that the requested medication is appropriate and medically necessary. Clear medical documentation must include adequate trial and failure, contraindications, or an established allergy, of other prescription drugs of the same class or those used to treat your condition, which are included on this PDL.

**PRESCRIPTIONS DRUG OVERRIDES** – BFH provides prescription drug overrides as required by applicable state law. Prescription drug overrides do not apply to any controlled medication. Only 12 fills per year of a medication are allowed, regardless of override and no more than 3 refills of a covered drug may be obtained within a 90 day period.

**REFUNDS** – If you pay out-of-pocket for a prescription at a participating pharmacy, you may return to the pharmacy within 60 days, have the claim processed online and be reimbursed the eligible out-of-pocket expenses. If you are reimbursed by BFH for an eligible out-of-pocket prescription expense, you will be paid based on the BFH's contracted pharmacy rates. These contracted rates are usually less than the pharmacy's retail charges, resulting in a net cost to you greater than your usual co-payment or coinsurance. Requests for out-of-pocket prescription reimbursement received more than 6 months after the prescription was filled will not be eligible for reimbursement.

ALL requests for reimbursement must include your BFH ID #, a pharmacy receipt that includes the name of the medication, the name of the pharmacy where the medication was purchased, the quantity dispensed, the day supply, the amount the pharmacy charged, and a BFH Prescription Claim Form. You will be reimbursed based on your benefits and the applicable co-payment or coinsurance will be deducted from your reimbursement.

**DISPENSE AS WRITTEN (DAW)** – 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](http://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
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		✓		
Afinitor			PA QL	(See Definitions) (QL = 30 x 30 days)
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	✓			
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	✓			
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	✓			
Amnesteem	PA			(See Definitions)
Amoxicillin	✓			
Amoxicillin, Clavulanate Potassium	✓			
Amphetamine Salt Combo	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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		✓		
Arixtra			QL	20 x 30 days
Arranon			PA	(See Definitions)
Ascensia Test Strips		✓		
Asmanex		✓		
Astelin NS		✓		
Astepro NS		✓		
Atenolol/Chlorthalidone	✓			
Atralin			SE PA	(PA Required over 25 years old)
Atripla		✓		
Atropine Sulfate	✓			
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
Azathioprine	✓			
Azelex			SE PA	(PA Required over 25 years old)
Azithromycin	✓			
Azopt		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
Bisoprolol/HCTZ	✓			
Botox			PA	(See Definitions)
Bumetanide	✓			
Bupropion ER 150mg	QL			90 x 30 days
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		✓		
Calcipotriene Soln	✓			
Calcitonin Nasal Soln	✓			
Camila	✓			
Captopril/HCTZ	✓			
Carbamazepine/ER	✓			
Carbidopa/ Levodopa	✓			
Carisoprodol	✓			
Carvedilol	✓			
Cayston			QL	168mL x 56 days
Cefaclor	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
Chlorpromazine	✓			
Chlorpropamide	✓			
Chlorthalidone	✓			
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
Claravis	PA			(See Definitions)
Clemastine	✓			
Climara Pro		✓		
Clindamycin	✓			
Clobetasol	✓			
Clofibrate	✓			
Clonazepam	✓			
Clonidine/TDS	✓			
Clorazepate	✓			
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	✓			
Combivent		✓		
Concerta			SE PA	(PA Required over 18 years old)
Copaxone			PA QL	(See Definitions) (QL = 1 kit x 30 days)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Copegus			PA QL	(See Definitions) (QL = 180 x 30 days)
Coreg CR		✓		
Crestor		½T		(See Definitions)
Crinone			PA	(See Definitions)
Cromolyn Opth Soln	✓			
Cryselle	✓			
Cyclobenzaprine	✓			
Cyclophosphamide	✓			
Cyclosporine	✓			
Cymbalta 20 & 30mg			QL	60 x 30 days
Cymbalta 60mg			QL	30 x 30 days
Cyproheptadine	✓			
Dacogen			PA	(See Definitions)
Darvocet N-100*			QL	120 x 30 days
Daytrana Patch			PA	(See Definitions)
Desipramine	✓			
Desmopressin Nasal Spray	✓			
Detrol/LA		✓		
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)
Dextroamphetamine	SE PA			(PA Required over 18 years old)
Diabetic Needles & Lancets		✓		
Diazepam	✓			
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	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Diltiazem/ER Tabs & Caps	✓			
Diphenoxylate/ Atropine	✓			
Dipivefrin	✓			
Dipyridamole	✓			
Disopyramide/CR	✓			
Divalproex Sodium/ER	✓			
Doxazosin Mesylate	✓			
Doxepin	✓			
Doxycycline Tabs, Caps Only	✓			
Duragesic*			PA QL	(See Definitions) (QL = 10 x 30 days)
Dysport			PA	(See Definitions)
Easivent Spacer		✓		
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)
Embeda			QL	60 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)
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

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Endodan	QL			100 x 30 days
Endometrin			PA	(See Definitions)
Enjuvia		✓		
Enpresse	✓			
Epiduo			SE PA	(PA Required over 25 years old)
Epinephrine	✓			
Epipen/JR		QL		1 twinpack per co-payment
Epogen			PA QL	(See Definitions) (QL = 12 x 30 days)
Erbix			PA	(See Definitions)
Errin	✓			
Erythromycin	✓			
Estraderm		✓		
Estradiol Tabs & Patches	✓			
Estropipate	✓			
Etodolac	✓			
Euflexxa			PA	(See Definitions)
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	✓			
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 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

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Flovent/HFA/Diskus		✓		
Floxin Tab*			QL	28 x 30 days
Fluconazole 150mg	QL			1 tab per prescription (max of 2 scripts x 30 days)
Fludrocortisone Acetate	✓			
Flunisolide	✓			
Fluocinolone	✓			
Fluocinonide	✓			
Fluoride/Polyvit/FE	✓			
Fluoxetine HCl	✓			
Fluoxetine Weekly	QL			4 x 30 days
Fluoxymesterone	PA			(See Definitions)
Fluphenazine	✓			
Flurazepam	✓			
Fluticasone	QL			1 x 30 days
Focalin*/XR			SE PA	(PA Required over 18 years old)
Folic Acid	✓			
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	✓			
Geodon			QL	60 x 30 days
Gleevec			PA	(See Definitions)
Glipizide	✓			
Glucagon Emergency Kit		✓		
Glyburide	✓			
Granisetron	QL			6 every 3 days
Guaifenesin	✓			
Guanabenz	✓			
Guanfacine	✓			
Halcion*			QL	30 x 30 days
Haloperidol	✓			
Helidac			QL	1 per year
Homatropine	✓			
Humalog/Mix		✓		

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
Hydrochloro- thiazide	✓			
Hydrocod/ Homatropine	QL			372 x 30 days
Hydrocod/APAP	QL			120 x 30 days
Hydrocod/IBU	QL			50 x 30 days
Hydrocortisone	✓			
Hydromorphone	✓			
Hydroxy- chloroquine	✓			
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)
Intron A Vials/Pens			PA QL	(See Definitions) (QL = 12 vials/pens x 30 days)
Invega			PA	(See Definitions)
Isoniazid	✓			
Isosorbide Dinitrate	✓			
Isosorbide Mononitrate	✓			
IVIG			PA	(See Definitions)
Kadian			QL	100 x 30 days
Kariva	✓			
Ketoconazole	✓			
Ketoprofen	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Ketoralac Tromethamine	QL			20 x 30 days
Kineret			SE PA	RA doc required (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
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)	✓			
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		✓		
Lotronex			PA QL	(See Definitions) (QL = 60 x 30 days)
Lovastatin	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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 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
Maxalt/MLT			QL	9 x 30 days
Mebendazole	✓			
Meclizine HCl	✓			
Medroxy-progesterone	✓			
Mefloquine	QL			5 x 30 days
Megestrol	✓			
Meperidine	✓			
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	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
Mycophenolate	PA			(See Definitions)
Myobloc			PA	(See Definitions)
Nabumetone	✓			
Nadolol	✓			
Namenda		✓		
Naphazoline	✓			
Naproxen Sodium	✓			
Nasonex		✓		
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	✓			
Nitrofurantoin	✓			
Nitroglycerin Ointment	✓			
Nitroglycerin Patches	✓			
Nitroglycerin Sublingual	✓			
Nora-be	✓			
Norditropin			PA	(See Definitions)
Nor-QD	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Nortrel 7/7/7	✓			
Nortriptyline	✓			
Novolin		✓		
Novolog/Mix		✓		
Nplate			PA	(See Definitions)
Nucynta			QL	120 x 30 days
Nutropin/AQ			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		✓		
Onsolis			PA QL	(See Definitions) (QL = 120 x 30 days)
Opana ER			QL	100 x 30 days
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)
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
Pantoprazole				Not Covered
Papaverine CR	✓			
Paroxetine HCl	½T			(See Definitions)

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 VK	✓			
Pentoxifylline	✓			
Percocet*			QL	100 x 30 days
Percodan*			QL	100 x 30 days
Perphenazine	✓			
Phenazopyridine	✓			
Phenobarbital	✓			
Phenylephrine	✓			
Phenytoin	✓			
Pilocarpine	✓			
Pindolol	✓			
Piroxicam	✓			
Polymixin B Sulfate/TMP	✓			
Portia	✓			
Potassium Chloride	✓			
Pramoxine/ Hydrocort	✓			
Pravastatin	½T			(See Definitions)
Prazosin	✓			
Prednisolone	✓			
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
Pristiq			QL	30 x 30 days
ProAir HFA		✓		
Probenecid	✓			
Procainamide/SR	✓			
Prochieve			PA	(See Definitions)
Prochlorperazine Maleate	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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
Promethazine/DM	✓			
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	✓			
Pulmicort Flexhaler		✓		
Quinapril/HCTZ	✓			
Quinidine Gluconate	✓			
Quinidine Sulfate/SR	✓			
Qutenza			QL	4 x 90 days
Ramipril	✓			
Ranexa			QL	60 x 30 days
Ranitidine	✓			
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)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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)
Reprexain*			QL	50 x 30 days
Retin-A Micro			SE PA	(PA Required over 25 years old)
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)
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
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	✓			
Selenium Sulfide	✓			
Sensipar			QL	60 x 30 days
Serevent Diskus		✓		
Serostim			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
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)
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)			QL	60 x 30 days
Strattera 80 & 100mg			QL	30 x 30 days
Striant			PA	(See Definitions)
Sucrafate Tablets	✓			
Sulfacetamide/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
Supartz			PA	(See Definitions)
Supprelin LA			PA	(See Definitions)
Sutent			PA	(See Definitions)
Symbicort		✓		
Symbyax			QL	30 x 30 days

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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	✓			
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	✓			
Thioridazine	✓			
Thyroid, Desiccated	✓			
Ticlopidine	✓			
Timolol	✓			
Tizanidine	✓			
TOBI			QL	280mL x 56 days
Tobramycin Drops	✓			
Tolbutamide	✓			
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	QL			240 x 30 days
Tramadol ER	QL			30 x 30 days
Travatan/Z		✓		
Trazodone	✓			
Tretinoin	✓			
Treximet		QL		9 x 30 days
Triamcinolone/ Nystatin	✓			

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
Triamterene/HCTZ	✓			
Triazolam	QL			30 x 30 days
Tricor 48mg			QL	60 x 30 days
Tricor 145mg			QL	30 x 30 days
Trihexyphenidyl	✓			
Trimetho- benzamide	✓			
Trimethoprim	✓			
Trivora	✓			
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)
Ultram*			QL	240 x 30 days
Ultram ER*			QL	30 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	✓			
Vicodin*			QL	120 x 30 days
Vicoprofen*			QL	50 x 30 days
Victoza			PA	(See Definitions)
Vidaza			PA	(See Definitions)
Visudyne			PA	(See Definitions)
Vivelle/Dot		✓		
Vivitrol			PA	(See Definitions)

DRUG NAME	TIER			INSTRUCTIONS
	1ST	2ND	3RD	
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)
Zaleplon	QL			14 x 30 days
Zegerid				Not Covered
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 Tabs		QL		9 x 30 days
Zorbtive			PA	(See Definitions)
Zortress			PA	(See Definitions)
Zovia	✓			
Zyvox			SE PA	(See Definitions)
* Brands with Generic Alternatives				

# Specialty Pharmacy Product (SPP) List

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

## ALLERGIC ASTHMA

Xolair\*

## CROHN'S DISEASE

Cimzia\*

Humira

Remicade

Tysabri\*

## CYSTIC FIBROSIS

Pulmozyme

TOBI

## GROWTH HORMONE & RELATED DISORDERS

*Growth Hormone  
Disorders*

Genotropin<sup>2</sup>

Humatrope

Norditropin<sup>2</sup>

Nutropin<sup>2</sup>

Omnitrope

Saizen<sup>2</sup>

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

NovoSeven<sup>2</sup>

Profilnine SD

Proplex T

Recombinate

Refacto

RiaSTAP

Stimate

Wilate

Xyntha

## HEPATITIS C

Infergen

Pegasys<sup>2</sup>

PEG-Intron<sup>2</sup>

Rebetol Solution

ribavirin caps

(REBETOL)<sup>1</sup>

ribavirin tabs

(COPEGUS)<sup>1</sup>

## HEREDITARY ANGIOEDEMA

Berinert\*

Cinryze\*

## HIV MEDICATIONS

Fuzeon

Serostim\*

## HORMONAL THERAPIES

Eligard

Firmagon

H.P. Acthar Gel

leuprolide acetate  
(LUPRON)<sup>1</sup>

Lupron Depot<sup>2</sup>

Supprelin LA\*

Trelstar<sup>2</sup>

Vantas

Zoladex

## IMMUNE DEFICIENCIES & RELATED DISORDERS

*IV Immune globulins*

Carimune<sup>2</sup>

Cytogam

Flebogamma<sup>2</sup>

GamaSTAN S/D

Gammagard<sup>2</sup>

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)<sup>1</sup>

Follistim AQ

Ganirelix

Gonal-F<sup>2</sup>

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 (4<sup>th</sup>) tier copayment/coinsurance on all fourth (4<sup>th</sup>) tier plans. Restrictions may apply.

## ONCOLOGY - INJECTABLE<sup>3</sup>

### 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)<sup>1</sup>  
Promacta\*  
Sabril\*  
Sandostatin LAR  
Soliris\*  
Somatuline Depot\*  
Somavert\*  
Thyrogen\*  
Vivitrol  
Xenazine\*  
Xiaflex\*

## PSORIASIS

Amevive  
Enbrel  
Humira  
Remicade  
Stelara

## PULMONARY ARTERIAL HYPERTENSION

Adcirca  
epoprostenol sodium<sup>1\*</sup>  
Letairis\*  
Remodulin\*  
Revatio  
Tracleer\*  
Tyvaso\*  
Ventavis\*

## PULMONARY DISEASE

Aralast<sup>2\*</sup>

## RENAL DISEASE

Sensipar

## RESPIRATORY SYNCYTIAL VIRUS

Synagis

## RHEUMATOID ARTHRITIS

Actemra  
Cimzia\*  
Enbrel  
Humira  
Kineret  
Orencia  
Remicade  
Simponi

<sup>1</sup> 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.

<sup>2</sup> Multiple dosage formulations and injectable devices are available

<sup>3</sup> 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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