



Preferred Drug List 11/07/2013

<u>Brand Name</u>	<u>Copay Tier</u>	<u>Generic Available</u>	<u>Requirements</u>	<u>Comments</u>
ABILIFY	3			Use ziprasidone, risperidone, quetiapine, SEROQUEL XR
ABSTRAL	3		PA	
ACANYA	3			
ACCU-CHEK STRIPS	2		QL	Limited to 300 strips in 30 days.
ACIPHEX	3		ST	Use lansoprazole, omeprazole, pantoprazole, DEXILANT, NEXIUM
ACTEMRA	M		PA SP	
ACTHAR HP	3		PA SP	
ACTIMMUNE NF	3		PA SP	
ACTIQ	3		PA	
ACTIVELLA	3			
ACTONEL	2			
ACTONEL WITH CALCIUM	3			Use ACTONEL with calcium supplement
ACTOPLUS MET	3			
ACTOPLUS MET XR	3			Use glipizide, glyburide, glimepiride, JANUVIA or ONGLYZA plus metformin
ACTOS	3			
ACULAR	2			
ACULAR LS	2			
ADCIRCA	3		PA SP	
ADDERALL XR	3		ST	
ADRENACLICK	3		QL	Limited to 2 syringes in 30 days, use EPIPEN OR EPIPEN JR
ADVAIR DISKUS	2			
ADVAIR HFA	2			
ADVICOR	3			Use lovastatin plus niacin
AFINITOR	3		SP	
AFINITOR DISPERZ	3		SP	
AGENERASE	2			
AGGRENOX	2			
ALAMAST	3			Use ALOCRIIL, ALOMIDE, azelastine, cromolyn sod, PATANOL
ALDURAZYME	M		PA SP	
ALINIA	2			
ALKERAN	2			
ALOCRIIL	2			
ALOMIDE	2			
ALORA	3			Use estradiol, ESTADERM, VIVELLE DOT
ALOXI INJ	3		QL	Limited to 1 vial in 25 days, use granisetron, ondansetron
ALREX	2			
ALTABAX	2			
ALTOPREV	3			Use lovastatin
ALVESCO	3			Use ASMANEX, FLOVENT, QVAR
AMBIEN CR	3			
AMERGE	3		QL	Limited to 18 tablets in 30 days
AMEVIVE	M		PA SP	
AMPYRA	3		PA SP	
ANALPRAM-HC	2			
ANDRODERM	2		PA	
ANDROGEL	2		PA	Males only
ANGELIQ	3			Use PREMPRO, PREMPHASE
ANTABUSE	3			
ANTARA	3			Use clofibrate, fenofibrate, TRICOR, TRILIPIX
ANZEMET	3		QL	Limited to 10 tablets in 30 days, use granisetron, ondansetron
ANZEMET INJECTION	M		QL	Limited to 1 vial in 30 days
APIDRA	2			
APTIVUS	2			

ARALAST NP	M		PA SP	
ARANESP	2		PA SP	
ARCALYST	3		PA SP	
ARICEPT 23MG	3	✔		Use donepezil 5 or 10mg
ARZERRA	M		SP	
ASACOL	2			
ASACOL HD	2			
ASCENSIA TEST STRIPS	3		QL	Limited to 300 strips per fill, use ACCU-CHEK, ONETOUGH
ASMANEX	2			
ASTEPRO	2			
ATACAND	3	✔		
ATACAND HCT	3	✔		
ATRIPLA	2			
ATROVENT HFA	2			
AUBAGIO	3		PA SP	
AUVI-Q	3		QL	Limited to 2 injections in 30 days
AVALIDE	3	✔		
AVANDAMET	3			Use glipizide, glyburide, glimepiride, JANUVIA or ONGLYZA plus metformin
AVANDARYL	3			Use JANUVIA, metformin OR ONGLYZA plus glimepiride
AVANDIA	3			glipizide, glyburide, glimepiride, JANUVIA, metformin, ONGLYZA
AVAPRO	3	✔		
AVASTIN	M		SP	
AVELOX	2			
AVINZA	3			Use morphine sulfate, oxycodone
AVODART	2			
AVONEX	2		SP	
AXERT	3		QL	Limited to 12 tablets in 30 days, use sumatriptan, MAXALT, MAXALT MLT, ZOMIG
AXIRON	3		PA	
AZASAN	2			
AZELEX	3			Use benzoyl peroxide/clindamycin, erythromycin-benzoyl peroxide, tretinoin
AZMACORT	3			Use FLOVENT DISKUS, FLOVENT HFA
AZOPT	2			
AZOR	2			
BACTROBAN CREAM	2	✔		
BARACLUDE	2			
BD INSULIN SYRINGES & NEEDLES	2			Limited to 500 syringes/needles or a 90 day supply whichever is less.
BD LANCETS	2			Limited to 500 lancets or a 90 day supply whichever is less.
BECONASE AQ	3			Use fluticasone, triamcinolone AQ, NASONEX
BENICAR	2			
BENICAR HCT	2			
BENLYSTA	M		PA SP	
BERINERT	M		PA SP	
BETASERON	2		SP	
BETIMOL	2			
BETOPTIC S	2			
BIDIL	2			
BIOSULIF	3		SP	
BIVIGAM	M		PA SP	
BLEPHAMIDE SOP	2			
BONIVA	3	✔		
BOSULIF	3		SP	
BOTOX	M		PA SP	
BREEZE 2	3		QL	Limited to 300 strips per fill, use ACCUCHEK, ONETOUGH
BRILINTA	2		PA	
BUPHENYL	3		PA	

BUTRANS	3		QL ST	Limited to #4 patches in 30 days, use fentanyl patches, morphine ER, OxyContin
BYDUREON	3		PA	
BYETTA	3		PA	
BYSTOLIC	2			
CADUET	3	✔		
CAFERGOT SUPPOSITORY	2			
CAMPRAL	2			
CANASA	2			
CAPITROL	2			
CAPRELSA	3		SP	
CARAFATE SUSPENSION	2			
CARIMUNE NF	M		PA SP	
CAYSTON	3			
CEDAX	3			Use cefaclor, cephalixin, cefdinir
CEENU	2			
CEFZIL	3			Use cefaclor, cephalixin, cefdinir
CELEBREX	3		ST	Use diclofenac, etodolac, meloxicam, nabumetone, sulindac
CENESTIN	3			Use estradiol, estropipate, PREMARIN
CEREZYME	M		PA SP	
CERUMENEX	2			
CESAMET	3		QL	Limited to 20 tablets in 30 days, use dronabinol, granisetron, ondansetron
CILOXAN	2			
CIMZIA	3		PA SP	
CINRYZE	M		PA SP	
CIPRO SUSPENSION	2			
CIPRODEX	2			
CLARINEX	3	✔		
CLARINEX REDITABS	3			Use fexofenadine, OTC loratadine, OTC Zyrtec
CLARINEX-D	3			Use fexofenadine, OTC loratadine, OTC Zyrtec plus pseudoephedrine
CLEOCIN SUPPOSITORY	2			
CLIMARA PRO	2			
CLINDESSE	2			
COMBIGAN	3			Use brimonidine and timolol
COMBIPATCH	2			
COMBIVENT	2			
COMBIVENT RESPIMAT	3			Use Combivent
COMBIVIR	2			
COMBUNOX	3			Use ibuprofen, oxycodone, oxycodone/asa, oxycodone/apap
COMTAN	3	✔		
CONDYLOX GEL	2			
CONZIP	3		ST	
COPAXONE	2		SP	
COPEGUS	3	✔	PA SP	
COREG CR	2			
CORTIFOAM	2			
COZAAR	3			Use BENICAR, DIOVAN, losartan
CREON	2			Tier 2 for HKC
CRESTOR	3		ST	Use lovastatin, pravastatin, simvastatin, atorvastatin
CRIXIVAN	2			
CUPRIMINE	3			Use hydroxychloroquine, leflunonide, methotrexate
CUTIVATE	3	✔		
CYMBALTA	2			
CYTOGAM	M		SP	
DACOGEN	M		SP	
DALIRESP	3			

DESOWEN KIT	2			
DETROL	3	✔		
DETROL LA	2			
DEXILANT	2			
DIASTAT ACUDIAL	3	✔	QL	Limited to 1 kit in 30 days
DIFFERIN 0.3% CREAM	2			
DIFFERIN LOTION	2			
DIFFERIN SOLUTION	2			
DIFFERIN SWABS	2			
DILANTIN 30MG	2			
DILANTIN INFATABS	2	✔		
DILAUDID LIQUID	2			
DIOVAN	2			
DIOVAN HCT	3	✔		
DIPENTUM	2			
DORIBAX	M			
DOVONEX CREAM	2			
DUAC	3	✔		
DUETACT	3	✔		
DYSPORT	M		PA SP	
EFFIENT	2			
EGRIFTA	3		PA SP	
ELAPRASE	M		SP	
ELELYSO	M		PA	
ELESTAT	3			Use ALOCRIIL, ALOMIDE, azelastine, cromolyn sod, PATANOL
ELIDEL	2			
ELIGARD	3		SP	
ELIQUIS	3		PA	
ELMIRON	2			
EMCYT	2			
EMEND 125MG	2		QL	Limited to 2 capsules in 30 days
EMEND 80MG	2		QL	Limited to 4 capsules in 30 days
EMEND PACK	2		QL	Limited to 2 packs in 30 days
EMTRIVA	2			
ENABLEX	2			
ENBREL 25MG	2		PA QL SP	Limited to 8 injections in 30 days
ENBREL 50MG	2		PA QL SP	Limited to 4 injections in 30 days.
ENJUVA	2			
EPIPEN	2		QL	Limited to 2 injections in 30 days
EPIPEN JR.	2		QL	Limited to 2 injections in 30 days
EPIVIR	3	✔		
EPIVIR-HBV	2			
EPOGEN	3		PA SP	
EPZICOM	2			
EQUETRO	3			Use carbamazepine
ERIVEDGE	3		PA SP	
ESTRACE VAGINAL CREAM	2			
ESTRASORB	3			Use estradiol
ESTRING	2			
EUFLEXXA	M		PA SP	PA for use other than knee
EVISTA	2			
EVOCLIN	3			Use clindamycin
EXALGO	3		ST	Use fentanyl patches, morphine ER, OxyContin
EXELON PATCH	2			
EXFORGE	2			
EXFORGE HCT	2			
EXJADE	3		SP	

EXTAVIA	3		SP	
FABRAZYME	M		PA SP	
FANAPT	3			Use ziprasidone, risperidone, quetiapine, SEROQUEL XR
FARESTON	2			
FASLODEX	2			
FAZACLO	3	✔		
FEMHRT	3			Use PREMPHASE, PREMPRO
FEMHRT LOW	3			Use PREMPHASE, PREMPRO
FEMRING	2			
FEMTRACE	3			Use estradiol, estropipate, PREMARIN
FENTORA	3		PA	Use fentanyl
FIRAZYR	3		PA	
FIRMAGON	M		SP	
FIRST-PROGESTERONE	3			Use medroxyprogesterone, progesterone
FLEBOGAMMA	M		PA SP	
FLOLAN	M	✔	PA SP	
FLOVENT DISKUS	2			
FLOVENT HFA	2			
FML SOP	2			
FOCALIN XR	3			Use METADATE CD, methylphenidate ER
FORADIL AEROLIZER	2			
FORTEO	2		SP	
FORTESTA	3		PA	
FOSAMAX PLUS D	3			Use alendronate plus vitamin D
FOSRENOL	2			
FRAGMIN	2			
FREESTYLE TEST STRIPS	3		QL	Limited to 300 strips per fill, use ACCUCHEK, ONETOUCH
FROVA	3		QL	Limited to 18 tablets in 30 days, use sumatriptan, MAXALT, MAXALT MLT, ZOMIG
FULYZAQ	3		PA	
FUSILEV	M		SP	
FUZEON	2		SP	
GABITRIL	2	✔		
GAMMAGARD S/D	M		PA SP	
GAMMAPLEX	M		PA SP	
GAMMAR-PIV	M		PA SP	
GAMMASTAN	3		SP	
GAMUNEX	M		PA SP	
GAMUNEX-C	M		PA SP	
GEL-ONE	M		PA SP	PA for other than knee
GENOTROPIN	3		PA SP	
GEODON	3	✔		
GILENYA	3		PA SP	
GILOTRIF	3		SP	
GLASSIA	M		PA SP	
GLEEVEC	2		SP	
GLUCAGEN	2			Tier 2 for HKC
GLUCAGON	2		QL	Limited to 2 kits in 30 days
GOLYTELY PACKET	2			
GRIS-PEG	2			
HALFLYTELY-BISACODYL	2			
HECTORAL	2			
HELIDAC	3			Use individual products
HEMOPHILIA FACTORS	M		PA	
HEPSERA	2	✔		
HERCEPTIN	M		SP	

HEXALEN	2			
HIZENTRA	M		PA SP	
HP ACTHAR	M		SP	
HUMALOG	2			
HUMALOG MIX 50/50	2			
HUMALOG MIX 75/25	2			
HUMATROPE	3		PA SP	Use NORDITROPIN
HUMIRA	2		PA QL SP	Limited to 2 injections in 30 days
HUMULIN 50/50	2			
HUMULIN 70/30	2			
HUMULIN N	2			
HUMULIN R	2			
HYALGAN	M		PA SP	PA if for other than knee
HYCAMTIN CAPSULE	3		SP	
HYZAAR	3			Use BENICAR HCT, DIOVAN HCT, losartan HCT
ILARIS	3		PA SP	
IMITREX INJECTION	3	✔	QL	Limited to 5 vials in 30 days
IMITREX INJECTION KITS	3	✔	QL	Limited to 3 kits (6 inj) in 30 days
IMITREX NASAL SOLUTION	3	✔	QL	Limited to 12 units in 30 days
IMITREX TABLET	3	✔	QL	Limited to 18 tablets in 30 days
INCIVEK	3		PA SP	
INCLUSIG	3		SP	
INCRELEX	3		PA SP	
INDOCIN	2			
INFERGEN	2		PA SP	
INLYTA	3		SP	
INNOHEP	2			
INNOPRAN XL	3			Use atenolol, metoprolol, metoprolol ext rel, nadolol, pindolol, propranolol
INTELENCE	2			
INTRON A	2		PA SP	
INTUNIV	3			Use clonidine, guanfacine
INVEGA	3			Use ziprasidone, risperidone, quetiapine, SEROQUEL XR
INVIRASE	2			
ISENTRESS	2			
IVEEGAM EN	M		PA SP	
IXEMPRA	M		SP	
JAKAFI	3		SP	
JANUMET	2			
JANUMET XR	2			
JANUVIA	2			
JUXTAPID	3		PA	
KALBITOR	M		PA SP	
KALETRA	2			
KALYDECO	3		PA SP	
KAPIDEX	2			
KAPVAY	3			Use clonidine or guanfacine
KETEK	3			Use azithromycin, clarithromycin, erythromycin
KINERET	2		PA SP	
KLARON	3			Use ACANYA, benzoyl peroxide/clindamycin, erythromycin/benzoyl peroxide, tretinoin
KOMBIGLYZE XR	2			
KRISTALOSE	2			
KRYSTEXXA	M		SP	
KUVAN	2		SP	
KYNAMRO	3		PA SP	
KYTRIL INJECTION	3	✔	QL	Limited to 2 vials in 30 days
KYTRIL SOLUTION	3	✔	QL	Limited to 60ml in 30 days

KYTRIL TABLET	2	✔	QL	Limited to 8 tablets in 30 days
LAMASIL GRANULES	3		PA	
LAMICTAL	3		ST	Use lamotrigine
LAMICTAL ODT	3			Use lamotrigine
LAMICTAL XR	3	✔		
LAMISIL GRANULES	3		PA	
LANTUS	2			
LAZANDA	3		PA	
LESCOL	3	✔		
LESCOL XL	3			Use atorvastatin, lovastatin, pravastatin, simvastatin
LETAIRIS	2		PA SP	
LEUKERAN	2			
LEUKINE	M		SP	
LEVEMIR	2			
LEXAPRO	3	✔		
LEXIVA	2			
LIDODERM	2	✔		
LINZESS	3			Use OTC laxatives
LIPITOR	3	✔		
LIVALO	3			Use atorvastatin, lovastatin, pravastatin, simvastatin
LIVOSTIN	3			Use ALOCRI, ALOMIDE, azelastine, cromolyn sod, PANTANOL
LOESTRIN 24 FE	3			Use Junel, Microgestin both generics
LORABID	3			Use cefaclor, cephalixin, cefdinir
LOVAZA	3		PA	Use fenofibrate, gemfibrosil, niacin
LUCENTIS	M		SP	
LUMIGAN	2			
LUMIZYME	M		PA SP	
LUNESTA	3		ST	Use flurazepam, temazepam, zaleplon, zolpidem
LUPRON	3	✔	SP	
LUPRON DEPOT	2		SP	
LUPRON DEPOT PEDIATRIC	3		SP	
LUVOX CR	3	✔		
LYRICA	2			
LYSODREN	2			
MACUGEN	M		SP	
MAKENA	M		PA SP	PA managed by pharmacy, use compounded 17 alpha hydroxyprogesterone injection
MARINOL	3	✔	QL	Limited to 60 capsules in 30 days
MATULANE	2			
MAXAIR AUTOHALER	3			Use PROAIR HFA, PROVENTIL HFA
MAXALT	3	✔	QL	Limited to 18 tablets in 30 days
MAXALT-MLT	3	✔	QL	Limited to 18 tablets in 30 days
MEGACE ES SUSPENSION	2			
MENEST	3			Use estradiol, ESTRADERM, estropipate, PREMARIN
MEPHYTON	2			
MESTINON SYRUP	2			
MESTINON TIMESPAN	2			
METADATE CD	3	✔		
METHYLIN CHEWABLE TABLET	2			
METROGEL	2	✔		
METROGEL KIT	2			
MICARDIS	3			Use BENICAR, DIOVAN, losartan
MICARDIS HCT	3			Use BENICAR HCT, DIOVAN HCT, losartan HCT
MIGRANAL	2	✔	QL	Limited to 2 kits in 30 days
MOZOBIL	3		PA SP	

MYLERAN	2			
MYOBLOC	M		PA SP	
MYOZYME	M		PA SP	
NAGLAZYME	M		PA SP	
NAMENDA	2			
NASAREL	3			Use fluticasone, triamcinolone AQ, NASONEX
NASONEX	2			
NEOPRO	2			
NEUDEXTA	3		PA	
NEULASTA	2		SP	
NEUMEGA	3		SP	
NEUPOGEN	2		SP	
NEXAVAR	2		SP	
NEXICLON	3			Use clonidine or guanfacine
NEXIUM	2			
NIASPAN	2			
NILANDRON	2			
NIRAVAM	3			Use alprazolam
NITROLINGUAL	3			Use nitroglycerin
NORDITROPIN NORDIFLEX/FLEXPRO	2		PA SP	
NORITATE	3			Use metronidazole cream
NOROXIN	3			Use ciprofloxacin, AVELOX, CIPRO SUSP, LEVAQUIN
NORPACE CR	2			
NORVIR	2			
NOVANTRONE	M		SP	
NOVOLIN 70/30 (not RELION version)	2			
NOVOLIN N (not RELION version)	2			
NOVOLIN R (not RELION version)	2			
NOVOLOG	2			
NOVOLOG MIX 70/30	2			
NPLATE	3		PA SP	
NUCYNTA	3		QL ST	Limited to 180 tablets in 30 days, use hydromorphone, methadone, morphine, oxycodone, tramadol
NUCYNTA ER	3		ST	
NUTROPIN	3		PA SP	Use NORDITROPIN
NUTROPIN AQ	3		PA SP	Use NORDITROPIN
NUVARING	2			
NUVIGIL	3		PA QL	Limited to 30 tablets in 30 days, use methyphenidate, amphetamine/dextroamphetamine
OCTAGAM	M		PA SP	
OCULINUM	M		PA SP	
OFORTA	3		SP	
OMNARIS	3			Use fluticasone, triamcinolone AQ, NASONEX
OMNITROPE	3		PA SP	
ONE TOUCH STRIPS	2		QL	Limited to 300 strips in 30 days.
ONFI	3		PA	
ONGLYZA	2			
ONMEL	3		PA	
ONSOLIS	3		PA	Use fentanyl citrate
OPANA	3		QL	Limited to 120 tablets in 30 days
OPANA ER	3		QL ST	Limited to 120 tablets in 30 days, use fentanyl patches, morphine ER, OxyContin
ORENCIA IV	M		PA SP	
ORENCIA SC	3		PA SP	
ORTHO EVRA	2			
ORTHO TRICYCLEN LO	2			









ORTHOVISC	M		PA SP	Other than knee
OVIDE	2	✔		
OXECTA	3		ST	Use hydromorphone, methadone, morphine, oxycodone, tramadol
OXSORALEN-ULTRA	2			
OXYCONTIN	2			
OXYTROL	2			
OZURDEX	M		SP	
PALLIDONE	3			Use hydromorphone, methadone, oxycodone
PANCREASE MT	3			Use CREON, pancrelipase
PANGLOBULIN	M		PA SP	
PATANASE	3			Use azelastine, ASMANEX, fluticasone, triamcinolone AQ
PCE	3			Use azithromycin, clarithromycin, erythromycin
PEGASYS	2		PA SP	
PEG-INTRON	2		PA SP	
PENTASA	2			
PEXEVA	3			Use paroxetine
PLAN B	3	✔		Limited to age 17
PLAVIX	3	✔		
POLYGAM SD	M		PA SP	
POMALYST	3		SP	
PRADAXA	3		PA	
PRANDIN	2	✔		
PRAVIGARD PAC	3			Use aspirin and pravastatin
PREFEST	3			Use PREMPHASE, PREMPRO
PREMARIN	2			
PREMARIN CRM	2			
PREMPHASE	2			
PREMPRO	2			
PREVPAC	3	✔		Use lansoprazole and amoxicillin
PREZISTA	2			
PRIALT	M		PA	
PRISTIQ	3	✔		
PRIVIGEN	M		PA SP	
PROAIR HFA	2			
PROCRIT	2		PA SP	
PROCTOFOAM-HC	2			
PROLASTIN	M		PA	
PROLASTIN-C	M		PA	
PROLEUKIN	M		SP	
PROLIA	M		SP	
PROMACTA	3		PA SP	
PROMETRIUM	3	✔		
PROTOPIC	2			
PROTROPIN	3		PA SP	
PROVENTIL HFA	3			Use PROAIR HFA, VENTOLIN HFA
PROVIGIL	3	✔	PA QL	Limited to 30 tablets in 30 days
PROZAC WEEKLY	3			Use fluoxetine
PULMOZYME	2		PA SP	
QUILLIVANT XR	3		ST	Use amphetamine salt combo ER, methylphenidate ER
QUIXIN	3	✔		
QVAR	2			
RANEXA	2			
RAVICTI	3		SP	
REBETOL	3	✔	PA SP	
REBETOL SOLUTION	2		PA SP	
REBIF	3		SP	Use Avonex, Betaseron, Copaxone
RELENZA	2		QL	Limited to 20 capsules in 180 days
RELISTOR	3		PA	
RELPAX	3		QL	Limited to 12 tablets in 30 days

REMICADE	M		PA SP	
REMODULIN	M		PA SP	
RENAGEL	2			
REVELA	2			
RESCRIPTOR	2			
RESCULA	3			Use LUMIGAN, TRAVATAN, XALATAN
RESTASIS	2			
RETIN-A MICRO	2	✔		
RETISERT	M		SP	
REVATIO	3	✔	PA SP	
REVATIO INJECTION	M		PA SP	
REVLIMID	3		SP	
REYATAZ	2			
RHEUMATREX	2			
RHINOCORT AQUA	3			Use fluticasone, triamcinolone AQ, NASONEX
RHOPHYLAC	M		SP	
RIDAURA	3			Use hydroxychloroquine, leflunomide; methotrexate
RISPERDAL CONSTA	3			Use risperidone
RITALIN LA	3	✔		
RITUXAN	M		SP	
RYTHMOL SR	3	✔		
SABRIL	3		PA SP	
SAIZEN	3		PA SP	Use NORDITROPIN
SANCTURA XR	3	✔		
SANCUSO	3		QL	Limited to 2 patches in 30 days.
SANDOSTATIN	3	✔	SP	
SARAFEM	3			Use fluoxetine
SAVELLA	2			
SELSEB	3			Use selenium sulfide
SELZENTRY	2			
SENSIPAR	3		SP	
SEREVENT DISKUS	2			
SEROQUEL	3	✔		
SEROQUEL XR	2			
SEROSTIM	3		PA SP	
SIGNIFOR	3		PA	
SIMCOR	2			
SIMPONI	3		PA SP	
SINGULAIR	2	✔		
SKYLA	M		SP	
SOLIRIS	M		SP	
SOLODYN	3		ST	
SOMATULINE DEPOT	3		SP	
SOMAVERT	3		SP	
SORIATANE	2			
SORIATANE CK	2			
SPIRIVA	2			
SPORANOX	3	✔	PA	Use generic equivalent
SPRYCEL	2		SP	
STALEVO	3	✔		
STELARA	3		PA SP	
STIMATE	3		SP	
STIVARGA	3		SP	
STRATTERA	3			Use amphetamine combo ER, methylphenidate ER
STRIANT	3		PA	Use ANDROGEL
SUBOXONE FILM	3			
SUBOXONE SL	3	✔		
SUBSYS	3		PA	
SUMAVEL	3		QL	Limited to 6 syringes in 30 days.

SUPARTZ	M		PA SP	PA for other than knee
SUPPRELIN LA	M		SP	
SUSTIVA	2			
SUTENT	2		SP	
SYLATRON	3		PA SP	
SYMBICORT	2			
SYNAGIS	M		PA SP	
SYNAREL	2			
SYNRIBO	3		SP	
SYNVISC	M		PA SP	PA for other than knee
SYNVISC ONE	M		PA SP	PA for other than knee
TAMIFLU 30MG	2		QL	Limited to 20 capsules in 180 days
TAMIFLU 45MG/75MG	2		QL	Limited to 10 capsules in 180 days
TAMIFLU SUSPENSION	2		QL	Limited to 75ml in 180 days
TARCEVA	2		SP	
TARGRETIN CAPSULE	2			
TASIGNA	2		SP	
TECFIDERA	3		PA SP	
TEKTURNA	2			
TEKTURNA HCT	2			
TEMODAR	2	🟢	SP	
TEQUIN	3			Use ciprofloxacin, AVELOX, CIPRO SUSP, LEVAQUIN
TESTIM	3		PA	Use ANDROGEL
TESTOSTERONE COMPOUNDS	3		PA	
TEV-TROPIN	3		PA SP	
THALOMID	3		SP	
THYROGEN	M		SP	
TILADE	2			
TINDAMAX	3	🟢		
TOBI	2		SP	
TOBI PODHALER	3		SP	
TORISEL	M		SP	
TOVIAZ	3			Use ENABLEX, OXYTROL, SANCTURA XR, tolterodine, VESICARE
TRACLEER	2		PA SP	
TRAVATAN Z	2	🟢		
TREANDA	3		SP	
TRELSTAR	2		SP	
TRELSTAR DEPOT	2		SP	
TRELSTAR LA	2		SP	
TREXIMET	3		QL	Limited to 18 tablets in 30 days
TRICOR	2	🟢		
TRIGLIDE	3			Use fenofibrate, TRICOR, TRILIPIX
TRILIPIX	2	🟢		
TRIZIVIR	2			
TRUETEST TEST STRIPS	3		QL	Limited to 300 strips per fill, use ACCU-CHEK, ONETOUGH
TRUETRACK TEST STRIPS	3		QL	Limited to 300 strips per fill, use ACCU-CHEK, ONETOUGH
TRUVADA	2			
TWINJECT	3			Use EPIPEN, EPIPEN JR
TYGACIL	3			Use minocycline, tetracycline
TYKERB	3		SP	
TYSABRI	M		PA SP	
TYVASO	M		PA SP	
TYZEKA	3			Use BARACLUDE, HEPSERA
UROXATRAL	3	🟢		
UROXATROL	3			Use doxazosin, tamsulosin, terazosin

VAGIFEM	2			
VALCYTE	2			
VANCOCIN	3	✔		
VANTAS	M		SP	
VASCEPA	3		PA	
VECTIBIX	M		SP	
VELCADE	M		SP	
VELETRI	M		SP	
VENOGLOBULIN	M		PA SP	
VENTAVIS	M		PA SP	
VENTOLIN HFA	2			
VERAMYST	2			
VESICARE	2			
VIADUR	M		SP	
VICTOZA	3		PA	
VICTRELIS	3		PA SP	
VIDAZA	M		SP	
VIDEX	2			
VIGAMOX	2			
VIIBRYD	3			Use citalopram, escitalopram, fluoxetine, paroxetine, sertraline
VIRACEPT	2			
VIRAMUNE	3	✔		
VIREAD	2			
VISICOL	2			
VISUDYNE	M		SP	
VIVAGLOBULIN	M		PA SP	
VIVELLE-DOT	2			
VIVITROL	M		SP	
VOLPAC	3			Use acetaminophen/codeine
VOTRIENT	3		SP	
VPRIV	M		PA SP	
VYTORIN	3			Use simvastatin and ZETIA
VYVANSE	3		ST	Use amphetamine combo ER, methylphenidate ER
WELCHOL	2			
WINRHO SDF	M		SP	
XALKORI	3		SP	
XARELTO	3		PA	
XELJANZ	3		PA SP	
XELODA	2	✔	SP	
XENAZINE	3		PA SP	
XEOMIN	M		PA SP	
XGEVA	3		SP	
XIAFLEX	M		PA	
XIFAXAN 550MG	3		PA	
XOLAIR	2		PA SP	
XOPENEX	3	✔		
XOPENEX HFA	3			Use PROAIR HFA, PROVENTIL HFA
XTANDI	3		SP	
ZAVESCA	3		PA SP	
ZELBORAF	3		SP	
ZEMAIRA	M		PA	
ZEMPLAR	2			
ZETIA	2			
ZIAGEN	3	✔		
ZIANA	3			Use clindamycin and tretinoin
ZMAX	3			Use azithromycin, clarithromycin, erythromycin
ZOFRAN 24MG	3	✔	QL	Limited to 2 tablets in 30 days
ZOFRAN INJ	3	✔	QL	Limited to 5 vials in 30 days
ZOFRAN ODT	3	✔	QL	Limited to 24 tablets per fill

ZOFRAN SOLN	3		QL	Limited to 100ml in 30 days
ZOFRAN TABS	3		QL	Limited to 24 tablets per fill
ZOLADEX	2		SP	
ZOLINZA	2		SP	
ZOMIG	2		QL	Limited to 12 tablets in 30 days
ZOMIG NS	2		QL	Limited to 12 units in 30 days
ZOMIG-ZMT	2		QL	Limited to 12 tablets in 30 days
ZORBTIVE	3		PA SP	
ZUPLENZ	3		QL	Limited to 20 tablets in 30 days.
ZYLET	2			
ZYPREXA	3			
ZYPREXA ZYDIS	3			
ZYVOX	3		PA	

## PacificSource Drug List Information

The PacificSource Preferred and Value Drug Lists are guides to help your doctor identify medications that can provide the best clinical results at the lowest cost.

To find out which list applies to your pharmacy plan, check your Summary of Benefits—available online through your InTouch account or from your benefits administrator. You are also welcome to call our Customer Service Department for assistance. To find out which list applies to your pharmacy plan, check your Summary of Benefits—available online through your InTouch account or from your benefits administrator.

Although they are not on this list, all covered generic drugs are available for your plan's Tier 1 generic copay. Compounded prescriptions and brand name drugs not listed here are nonpreferred and are available for your plan's Tier 3 copay (unless the drug is excluded, and therefore, not covered by the plan). This list is subject to change, as new drugs are constantly entering the market.

**Please note: Some plans only provide coverage for certain drugs on this list.** A separate benefit may apply to some drugs, such as **specialty drugs**. If you have questions about your coverage, please contact our Customer Service Department at (888) 977-9299 or by email at [cs@pacificsource.com](mailto:cs@pacificsource.com).

### Continuation of Therapy

If your group is new to PacificSource and you have been taking a medication that would normally require preauthorization from us, we help ease your transition by allowing you to fill the medication for the first 90 days without going through the preauthorization process. Our only requirements are that:

- The medication was covered by your previous insurance company and you were using it within the 120 days before coming to PacificSource.
- The medication is not excluded under your PacificSource plan.

Please note that step therapy requirements; quantity limits; and age, gender, and dosage criteria still apply.

To continue to fill the medication beyond the initial 90 days, your provider will need to submit a preauthorization request to us for review.

### Abbreviations and Terms

**2 or 3** The numbers 2 and 3 refer to drug copay tiers. Tier 1 drugs are generics and are not included in this list. For Tier 2 drugs you will pay the copay for preferred brands (also called “formulary” drugs). For Tier 3 drugs you will pay the copay for nonpreferred brands (also called “nonformulary” drugs). If you also see SP in the Requirements column of the drug list table, it means the drug is a specialty drug and your plan's specialty drug copay applies, which may be higher than the Tier 2 or Tier 3 copay.

**Comments** The Comments section includes listings for lower-cost alternatives, descriptions of quantity limits, and other helpful information.

**Generic** A check in the Generic Available column means a generic equivalent for the drug is available. Although they are not on our drug list, all generic drugs are available for your plan's Tier 1 generic copay (unless they are excluded from the plan).

**M** Covered under your medical plan.

- PA** If PA appears in the Requirements column, the drug requires preauthorization from your physician before the drug will be covered.
- PDL** PDL stands for Preferred Drug List. This list applies to PacificSource pharmacy plans that have PDL listed in the Preferred Drugs section of the plan's Summary of Benefits. This list includes approximately 430 preferred brand name prescription medications and is updated monthly.
- QL** QL stands for quantity limits. If QL appears in the Requirements column, the drug may be covered by your plan, but only up to a certain quantity or limit. If you need quantities higher than the limit shown, have your provider fax a preauthorization request to us.
- SP** SP stands for specialty or biotech drug, which are used to treat chronic or genetic disorders. In most cases, specialty drugs require a higher copay than other Tier 2 or Tier 3 drugs. Check your Member Handbook or Summary of Benefits to find the specialty drug copay amount.
- ST** ST stands for Step Therapy, a program that requires you to try a lower-cost alternative medication ("Step 1 drugs") before using the more expensive ("Step 2") medication. If it is medically necessary for you to use a Step 2 medication as initial therapy, your provider can submit a preauthorization request to us.
- VDL** VDL stands for Value Drug List. This list applies to our Tiered Value prescription drug plan and any pharmacy plan that has the VDL listed in the Preferred Drugs section of the Summary of Benefits. This list includes approximately 120 preferred brand name prescription medications and is updated monthly.

For more insurance terms, please see [PacificSource.com/glossary.aspx](http://PacificSource.com/glossary.aspx).

### Note for Providers

For preauthorizations for drugs covered under the pharmacy benefit, please call our Pharmacy Services Department.

- All regions: (800) 624-6052 ext. 3784, or fax (541) 225-3665.

For preauthorizations for drugs covered under the medical benefit, please contact our Health Services Department.

- Oregon: (800) 624-6052 ext. 2584, or fax (541) 225-3625
- Idaho: (208) 333-1563 or toll-free (800) 688-5008 ext. 1563, or fax (208) 333-1597

### Questions?

For answers to many common questions about our drug lists and pharmacy benefits, see the Prescription Drugs section of our FAQ at [PacificSource.com/faq.aspx](http://PacificSource.com/faq.aspx).

You are also welcome to contact our Pharmacy Services Department at (541) 225-3784 or (800) 624-6052, ext. 3784, or use our online form at [PacificSource.com/contact-us.aspx](http://PacificSource.com/contact-us.aspx).

### Requesting Drug List Additions

If you have a prescription for a nonpreferred drug and don't have a nonpreferred drug benefit, you or your doctor can request an addition to the Preferred Drug List. Please mail your written request to:

PacificSource Health Plans  
Attn. Pharmacy Services  
PO Box 7068  
Springfield, OR 97475-0068

The PacificSource Pharmacy and Therapeutics Committee considers requests on a quarterly basis in February, May, August, and November. Once we receive your request, we will notify you of the date your request will be reviewed. After the review, we will notify you of the Committee's decision. There is no guarantee that any change will be made to the Preferred Drug List.