

2016 List of Rule Based Prescription Drugs

Rule	Explanation of Rule		
Prior Authorization	Certain medications require a prior authorization effective January 1, 2016. The medications requiring prior authorization are listed below. Your physician will need to complete a prior authorization form to determine if the medication will be approved for your medical condition. Contact EnvisionRXOptions Customer Service Help Desk at 1-800-361-4542 to start the Prior Authorization process.		
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New-to-Market Medications	Any medication approved to enter the market will only be covered after a clinical review decision has been made by the Envision Pharmacy and Therapeutics Committee who reviews safety, efficacy and cost information to determine whether or not the medication will be covered. If you attempt to fill or claim a non-covered New-to-Market medication, the claim will reject due to the medications New-to-Market classification. You should work with your physician to determine which covered medication options are best for you.		
Non-Covered Brand Medications	Your prescription drug benefit will cover only the most clinically and economically valuable brand agents in the certain drug categories. If your physician prescribes a non-covered brand medication for you, work with your physician to determine what alternative covered medication is an appropriate option for you.		
Step Therapy	Step therapy is a process to ensure you are receiving cost effective therapy. The step therapy approach to care is a way to provide you with savings without compromising your quality of care. In step therapy, medications are group into categories. 1st Step is a first line medication mostly generic proven safe, effective and affordable. These medications should be tried first. 2nd Step are more higher costing brand name medications. You will first try a recognized 1st step medication before a more costly and complex therapy is approved - 2nd step. If the step 1 therapy does not provide you with the therapeutic benefit desired, your physician may write a prescription for the 2nd step medication.		
Drug	Drug Category/Disease State	Applicable Provision	Comments
Absorica	Acne	Non-Covered Brand	Drugs Covered: Amnesteem, Calravis, Myorisan, Zenatene
Abstral	Pain Management – Fentanyl	Prior Authorization	
Acetaminophen/Codeine, Acetaminophen/Hydrocodone, Acetaminophen/Oxycodone	Pain Management	Quantity Limit	Quantity varies per product; up to 4,000 mg/day of acetaminophen
Aciphex	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Actemra	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Acthar HP	Corticotropin	Prior Authorization	
Actiq	Pain Management – Fentanyl	Prior Authorization	
Actiq	Pain Management	Quantity Limit	30 Day Limit-120 units; 90 Day Limit-360 units
Actiq Buccal Lollipop	Pain Management	Quantity Limit	30 Day Limit-120 lollipops; 90 Day Limit-360
Actonel	Osteoporosis	Step Therapy	Must try and fail Alendronate first
Actonel 150 mg	Osteoporosis	Quantity Limit	30 Day Limit-1 tab; 90 Day Limit-3 tabs
Actonel 30 mg	Osteoporosis	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Actonel 35 mg	Osteoporosis	Quantity Limit	30 Day Limit-4 tabs; 90 Day Limit-4 tabs
Actonel 5 mg	Osteoporosis	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Actonel 75 mg	Osteoporosis	Quantity Limit	30 Day Limit-2 tabs; 90 Day Limit-6 tabs
Actonel plus Calcium	Osteoporosis	Quantity Limit	30 Day Limit-4 tabs; 90 Day Limit-12 tabs
Advair Diskus	Asthma/COPD	Quantity Limit	30 Day Limit-60 blisters (1 inh); 90 Day Limit-180 blisters (3 inh)
Advair HFA	Asthma/COPD	Quantity Limit	30 Day Limit-12 gm (1 inh); 90 Day Limit-35 gm (3 inh)
Afinitor	Oral Oncology Agent	Prior Authorization	
Aldurazyme	Mucopolysaccharidosis	Prior Authorization	
Alendronate 10 mg	Osteoporosis	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Alendronate 35 mg tabs	Osteoporosis	Quantity Limit	30 Day Limit-8 tabs; 90 Day Limit-24 tabs
Alendronate 40 mg tabs	Osteoporosis	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Alendronate 5 mg	Osteoporosis	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Alendronate 70 mg tabs	Osteoporosis	Quantity Limit	30 Day Limit-4 tabs; 90 Day Limit-12 tabs
Altoprev	Cholesterol/ Fibric Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Altoprev	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Ambien	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Ambien Cr	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Amerge	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Amevive	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Androderm	Androgens	Non-Covered Brand	Drugs Covered: Androgel, generic testosterone
Anzemet tabs	Nausea	Quantity Limit	30 Day Limit-21 tabs; 90 Day Limit-63 tabs
Anzemet vial	Nausea	Quantity Limit	30 Day Limit-10 ml; 90 Day Limit-30 ml
Apidra	Insulin	Non-Covered Brand	Drugs Covered: Novolog, Novolin
Aranesp	Red Blood Cell Formation	Prior Authorization	
Asacol HD	Inflammatory Bowel Disease	Step Therapy	Must try and fail Apriso or Lialda first
Asmanex	Asthma/COPD	Quantity Limit	30 Day Limit-2 units (2 inh); 90 Day Limit-6 units
Atacand/HCT	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Atrovent HFA	Asthma/COPD	Quantity Limit	30 Day Limit-13 gm (1 inh); 90 Day Limit-39 gm (3 inh)

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Drug	Drug Category/Disease State	Applicable Provision	Comments
Aubagio	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first
Avalide	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Avapro	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Axert	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Axiron	Androgens	Non-Covered Brand	Drugs Covered: Androgel, generic testosterone
Azmacort 100mcg/20ml	Asthma/COPD	Quantity Limit	30 Day Limit-40 ml (2 inh); 90 Day Limit-120 ml (6 inh)
Belviq	Anti-obesity	Prior Authorization	
Benicar/HCT	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Benlysta	Systemic Lupus Erythematosus	Prior Authorization	
Betaseron	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first
Blinicyto	Antineoplastics	Prior Authorization	
Boniva	Osteoporosis	Step Therapy	Must try and fail Alendronate first
Bosulif	Oral Oncology Agent	Prior Authorization	
Brintellix	Antidepressant	Step Therapy	Must try and fail any generic antidepressant first
Budesonide respules	Asthma/COPD	Quantity Limit	30 Day Limit-120 ml (60 units); 90 Day Limit-360 ml (180 units)
Bunavail	Opioid Abuse	Step Therapy	Must try and fail Suboxone Film first
Buprenorphine/naloxone	Opioid Abuse	Step Therapy	Must try and fail Suboxone Film first
Butorphanol NS 2.5ml	Pain Management	Quantity Limit	30 Day Limit-6 ml (2 units); 90 Day Limit-18 ml
Caprelsa	Oral Oncology Agent	Prior Authorization	
Carbaglu	Hyperammonemia Treatment	Prior Authorization	
Caverject	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 inj; 90 Day Limit-18 inj
Ceenu	Oral Oncology Agent	Prior Authorization	
Celebrex	Cox II Inhibitor	Step Therapy	Must have been on one generic NSAID in the last 180 days or currently be on GI, Steroid or Anticoagulant therapy or be greater than age 50
Cialis	Erectile Dysfunction	Step Therapy	Must try and fail Levitra or Viagra first
Cialis 10 mg, 20 mg	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs
Cialis 2.5 mg, 5 mg	Erectile Dysfunction	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Cialis 2.5mg & 5mg (Daily)	Benign Prostatic Hyperplasia (BPH)	Prior Authorization	
Cimzia	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Cimzia	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Cinryze	Hereditary Angioedema	Prior Authorization	
Combivent Inh 15ml	Asthma/COPD	Quantity Limit	30 Day Limit-30 ml (2 inh); 90 Day Limit-90 ml (6 inh)
Combivent Respimat 20/100 Metered Dose Inhaler	Asthma/COPD	Quantity Limit	30 Day Limit-1 inh; 90 Day Limit-3 inh
Contrave	Anti-obesity	Prior Authorization	
Cosentyx	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Cozaar	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Crestor 5 mg	Cholesterol/ Fibric Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Crestor 5 mg	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first

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Cymbalta	Serotonin (SSRI) and Norepinephrine Reuptake In	Step Therapy	If diagnosi is depression, mus try and fail a generic SSRI or SNRI first. If diagnosis is chronic paid, the member is exempt from step therapy.
Cystadane	Homocytinuria	Prior Authorization	
Daytrana	ADD/ADHD	Step Therapy	Must have try and fail Vyvanse and a generic ADD/ADHD medication first
Delzicol	Inflammatory Bowel Disease	Step Therapy	Must try and fail Apriso or Lialda first
Dexilant	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Diethylpropion	Anti-obesity	Prior Authorization	
Drosiprenone-ethinyl estradiol	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Duexis	Gastrointestinal	Non-Covered Brand	Drugs Covered: Famotidine PLUS ibuprofen or Omeprazole PLUS naproxen
Dulera	Asthma/COPD	Quantity Limit	30 Day Limit-13gm (1 inh); 90 Day Limit-39 gm (3 inh)
Duragesic	Pain Management – Fentanyl	Prior Authorization	
Edarbi	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Edex	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 inj; 90 Day Limit-18 inj
Edluar	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Elaprase	Mucopolysaccharidosis	Prior Authorization	
Emcyt	Oral Oncology Agent	Prior Authorization	
Enbrel	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Epogen	Red Blood Cell Formation	Prior Authorization	
Erivedge	Oral Oncology Agent	Prior Authorization	
Erwinaze	Injectable Anti-Neoplastics	Prior Authorization	
Esomeprazole	Proton Pump Inhibitor	Non-Covered Brand	Drug Covered: Nexium
Etoposide	Oral Oncology Agent	Prior Authorization	
Extavia	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first
Fabrazyme	Fabry Disease	Prior Authorization	
Fareston	Oral Oncology Agent	Prior Authorization	
Farydak	Antineoplastics	Prior Authorization	
Fentanyl	Pain Management – Fentanyl	Prior Authorization	
Fentanyl Citrate	Pain Management – Fentanyl	Prior Authorization	
Fentanyl patches	Pain Management	Quantity Limit	30 Day Limit-10 patches; 90 Day Limit-30 patches
Fentora	Pain Management – Fentanyl	Prior Authorization	
Fentora buccal tab	Pain Management	Quantity Limit	30 Day Limit-120 tabs; 90 Day Limit-360 tabs
Firazyr	Hereditary Angioedema	Prior Authorization	
Flovent HFA 110 mcg inh 12gm	Asthma/COPD	Quantity Limit	30 Day Limit-24 gm (2 inh); 90 Day Limit-72 gm (6 inh)
Flovent HFA 220 mcg inh 12gm	Asthma/COPD	Quantity Limit	30 Day Limit-24 gm (2 inh); 90 Day Limit-72 gm (6 inh)
Flovent HFA 44 mcg inh 10.6gm	Asthma/COPD	Quantity Limit	30 Day Limit-22 gm (2 inh); 90 Day Limit-66 gm (6 inh)
Flovent Rotadisk	Asthma/COPD	Quantity Limit	30 Day Limit-4 pak (60 discs); 90 Day Limit-12 pak (180 discs)
Fluvastatin	Cholesterol/ Fibric Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Fluvastatin	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first

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Drug	Drug Category/Disease State	Applicable Provision	Comments
Fluzaq	Gastrointestinal	Prior Authorization	
Focalin XR	ADD/ADHD	Step Therapy	Must have try and fail Vyvanse and a generic ADD/ADHD medication first
Foradil Inhalant Caps/Aerolizer, 60s	Asthma/COPD	Quantity Limit	30 Day Limit-60 caps; 90 Day Limit-180 caps
Forteo	Osteoporosis	Prior Authorization	
Fortesta	Androgens	Non-Covered Brand	Drugs Covered: Androgel, generic testosterone
Fosamax	Osteoporosis	Step Therapy	Must try and fail Alendronate first
Frova	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Fycompa	Anti-Seizure	Prior Authorization	
Gianvi	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Gilotrif	Oral Oncology Agent	Prior Authorization	
Gleevec	Oral Oncology Agent	Prior Authorization	
Granisetron tabs	Nausea	Quantity Limit	30 Day Limit-21 tabs; 90 Day Limit-63 tabs
Granisol	Nausea	Quantity Limit	30 Day Limit-30 ml; 90 Day Limit-90 ml
Harvoni	Hepatitis C	Prior Authorization	
Hexalen	Oral Oncology Agent	Prior Authorization	
Humalog	Insulin	Non-Covered Brand	Drugs Covered: Novolog, Novolin
Humatrope	Growth Hormone	Step Therapy	Must try and fail Genotropin, Norditropin first
Humira	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Humulin	Insulin	Non-Covered Brand	Drugs Covered: Novolog, Novolin
Hycamtin	Oral Oncology Agent	Prior Authorization	
Hydrea	Oral Oncology Agent	Prior Authorization	
Hyzaar	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Ibrance	Antineoplastics	Prior Authorization	
Iclusig	Oral Oncology Agent	Prior Authorization	
Imbruvica	Antineoplastics	Prior Authorization	
Incivek	Hepatitis C	Prior Authorization	
Infegen	Hepatitis C	Prior Authorization	
Inlyta	Oral Oncology Agent	Prior Authorization	
Intal Inhaler 14.2 gm	Asthma/COPD	Quantity Limit	30 Day Limit-14.2 gm (1 inh); 90 Day Limit-42.6 gm (3 inh)
Intal Inhaler 8.1 gm	Asthma/COPD	Quantity Limit	30 Day Limit-16.2 gm (2 inh); 90 Day Limit-48.6 gm (6 inh)
Intron A	Hepatitis C	Prior Authorization	
Iressa	Oral Oncology Agent	Prior Authorization	
Itraconazole 100 mg	Anti-fungal	Quantity Limit	240 caps per year
Jakafi	Oral Oncology Agent	Prior Authorization	
Jentadueto	Diabetes	Step Therapy	Must try and fail Janumet, Januvia, Kombiglyze or Onglyza first
Kalbitor	Hereditary Angioedema	Prior Authorization	
Ketorolac (Toradol)	Pain Management	Quantity Limit	20 tabs per 5 days
Keytruda	Antineoplastics	Prior Authorization	
Kineret	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Kineret	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Korlym	Cushing's Disease or Cystic Fibrosis	Prior Authorization	
Krystexxa	Gout	Prior Authorization	
Kuvan	Phenylketonuria Treatment	Prior Authorization	
Lansoprazole	Proton Pump Inhibitors	Quantity Limit	30 Day Limit-60 caps; 90 Day Limit-180 caps
Lazanda	Pain Management – Fentanyl	Prior Authorization	
Lazanda Nasal Soln	Pain Management	Quantity Limit	30 Day Limit-30 units; 90 Day Limit-90 units

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Lenmiva	Antineoplastics	Prior Authorization	
Lescol/XL	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Lescol/XL	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Leukeran	Oral Oncology Agent	Prior Authorization	
Leukine	Neutrophil Formation	Prior Authorization	
Levitra	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs
Lipitor 10mg /20mg	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Lipitor 10mg /20mg	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Livalo	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Livalo	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Loryna	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Lumizyme	GAA Deficiency Treatment	Prior Authorization	
Lunesta	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Lynparza	Antineoplastics	Prior Authorization	
Lysodren	Oral Oncology Agent	Prior Authorization	
Matulane	Oral Oncology Agent	Prior Authorization	
Maxair Autoinhaler 14gm	Asthma/COPD	Quantity Limit	30 Day Limit-28 gm (2 inh); 90 Day Limit-84 gm (6 inh)
Maxalt	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Mekinist	Oral Oncology Agent	Prior Authorization	
Mevacor	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Mevacor	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Micardis/HCT	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Myleran	Oral Oncology Agent	Prior Authorization	
Myozyme	GAA Deficiency Treatment	Prior Authorization	
Naglazyme	Mucopolysaccharidosis	Prior Authorization	
Natpara	Hypoparathyroidism	Prior Authorization	
Neulasta	Neutrophil Formation	Prior Authorization	
Neupogen	Neutrophil Formation	Prior Authorization	
Nexavar	Oral Oncology Agent	Prior Authorization	
Nexium	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Nexium	Proton Pump Inhibitors	Quantity Limit	30 Day Limit-60 caps; 90 Day Limit-180 caps
Nilandron	Oral Oncology Agent	Prior Authorization	
Northera	Orthostatic Hypotension	Prior Authorization	
Nuedexta	Pseudobulbar Affect	Prior Authorization	
Nutropin AQ	Growth Hormone	Step Therapy	Must try and fail Genotropin, Norditropin first
Ocella	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Oforta	Oral Oncology Agent	Prior Authorization	
Olysio	Hepatitis C	Non-Covered Brand	Drugs Covered: Harvoni, Sovaldi
Olysio	Hepatitis C	Prior Authorization	
Omeprazole	Proton Pump Inhibitors	Quantity Limit	30 Day Limit-60 caps; 90 Day Limit-180 caps
Omnitrope	Growth Hormone	Step Therapy	Must try and fail Genotropin, Norditropin first
Ondansetron soln	Nausea	Quantity Limit	30 Day Limit-50 ml; 90 Day Limit-150 ml
Ondansetron tabs	Nausea	Quantity Limit	30 Day Limit-21 tabs; 90 Day Limit-63 tabs

2016 List of Rule Based Prescription Drugs

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Non-Covered Brand Medications	Your prescription drug benefit will cover only the most clinically and economically valuable brand agents in the certain drug categories. If your physician prescribes a non-covered brand medication for you, work with your physician to determine what alternative covered medication is an appropriate option for you.		
Step Therapy	Step therapy is a process to ensure you are receiving cost effective therapy. The step therapy approach to care is a way to provide you with savings without compromising your quality of care. In step therapy, medications are group into categories. 1st Step is a first line medication - mostly generic proven safe, effective and affordable. These medications should be tried first. 2nd Step are more higher costing brand name medications. You will first try a recognized 1st step medication before a more costly and complex therapy is approved - 2nd step. If the step 1 therapy does not provide you with the therapeutic benefit desired, your physician may write a prescription for the 2nd step medication.		
Drug	Drug Category/Disease State	Applicable Provision	Comments
Onsolis	Pain Management – Fentanyl	Prior Authorization	
Onsolis Buccal Film	Pain Management	Quantity Limit	30 Day Limit-120 films; 90 Day Limit-360 films
Opana 7.5, 15 mg ER	Pain Management	Quantity Limit	30 Day Limit-60 tabs; 90 Day Limit-180 tabs
Opdivo	Antineoplastics	Prior Authorization	
Orencia	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Orencia	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Orfadin	Hereditary Tyrosinemia	Prior Authorization	
Orkambi	Cystic Fibrosis	Prior Authorization	
Otezla	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Oxycontin	Pain Management	Quantity Limit	30 Day Limit-60 tabs; 90 Day Limit-180 tabs
Oxymorphone Hydrochloride 40mg	Pain Management	Quantity Limit	30 Day Limit-120 tabs; 90 Day Limit-360 tabs
Oxymorphone Hydrochloride 5 - 30 mg ER	Pain Management	Quantity Limit	30 Day Limit-60 tabs; 90 Day Limit-180 tabs
Pantoprazole	Proton Pump Inhibitors	Quantity Limit	30 Day Limit-60 caps; 90 Day Limit-180 caps
Pegasys	Hepatitis C	Prior Authorization	
Peg-Intron	Hepatitis C	Prior Authorization	
Pentasa	Inflammatory Bowel Disease	Step Therapy	Must try and fail Apriso or Lialda first
Phentemine	Anti-obesity	Prior Authorization	
Praluent	Hyperlipidemia	Prior Authorization	
Pravachol	Cholesterol/ Fibric Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Pravachol	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Prevacid	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Prilosec 40mg	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
ProAir HFA	Asthma/COPD	Quantity Limit	30 Day Limit-17 gm (2 inh); 90 Day Limit-51 gm (6 inh)
Procrit	Red Blood Cell Formation	Prior Authorization	
Protonix	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Proventil	Asthma	Step Therapy	Must try and fail Proair HRA or Ventolin HFA first
Proventil HFA	Asthma/COPD	Quantity Limit	30 Day Limit-20.1 gm (3 inh); 90 Day Limit-60.3 gm (9 inh)
Pulmicort Flexhaler	Asthma/COPD	Quantity Limit	30 Day Limit-2 inh; 90 Day Limit-6 inh
Pulmicort Turbinaler Pwd 200mcg	Asthma/COPD	Quantity Limit	30 Day Limit-2 inh; 90 Day Limit-6 inh
Pulmozyme	Cystic Fibrosis	Quantity Limit	30 Day Limit-2 boxes; 90 Day Limit-6 boxes
Qsymia	Anti-obesity	Prior Authorization	
Quillivant	ADD/ADHD	Step Therapy	Must have try and fail Vyvanse and a generic ADD/ADHD medication first
QVAR	Asthma/COPD	Quantity Limit	30 Day Limit-14.6 gm (2 inh); 90 Day Limit-43.8 gm (6 inh)
Rabeprazole	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Raptiva	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Regimex	Anti-Obesity	Prior Authorization	
Reif	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first
Relenza	Flu	Quantity Limit	5 days therapy

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Drug	Drug Category/Disease State	Applicable Provision	Comments
Relpax	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Remicade	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Revatio	Pulmonatry Arterial Hypertension	Quantity Limit	30 Day Limit-90 caps; 90 Day Limit-270 caps
Ribavirin	Hepatitis C	Prior Authorization	
Ritalin LA	ADD/ADHD	Step Therapy	Must have try and fail Vyvanse and a generic ADD/ADHD medication first
Saizen	Growth Hormone	Step Therapy	Must try and fail Genotropin, Norditropin first
Sandostatin	Acromegaly, Profuse Diarrhea	Prior Authorization	
Sandostatin LAR	Acromegaly, Profuse Diarrhea	Prior Authorization	
Serevent diskus 50mcg	Asthma/COPD	Quantity Limit	30 Day Limit-60 blisters; 90 Day Limit-180 blisters
Simponi	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Simponi	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Sonata	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Sovaldi	Hepatitis C	Prior Authorization	
Spiriva	Asthma/COPD	Quantity Limit	30 Day Limit-30 caps; 90 Day Limit-90 caps
Sprycel	Oral Oncology Agent	Prior Authorization	
Staxyn	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs
Staxyn	Erectile Dysfunction	Step Therapy	Must try and fail Levitra or Viagra first
Stelara	Hereditary Angioedema	Prior Authorization	
Stendra	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs
Stendra	Erectile Dysfunction	Step Therapy	Must try and fail Levitra or Viagra first
Stivarga	Oral Oncology Agent	Prior Authorization	
Stribild	HIV Agents	Prior Authorization	
Sublimaze	Pain Management – Fentanyl	Prior Authorization	
Suboxone	Opioid Addiction	Prior Authorization	
Suboxone 12mg/3mg Oral Strip	Anti-addiction	Quantity Limit	30 Day Limit-90 strips; 90 Day Limit-270 strips
Suboxone 2mg/0.5mg Oral Strip	Anti-addiction	Quantity Limit	30 Day Limit-480 strips; 90 Day Limit-1,440 strips
Suboxone 4mg/1mg Oral Strip	Anti-addiction	Quantity Limit	30 Day Limit-240 strips; 90 Day Limit-720 strips
Suboxone 8mg/2mg Oral Strip	Anti-addiction	Quantity Limit	30 Day Limit-120 strips; 90 Day Limit-360 strips
Subsys	Pain Management – Fentanyl	Prior Authorization	
Subsys 0.1–0.8 mg/Actuat Mucosal Spray	Pain Management	Quantity Limit	30 Day Limit-360 tabs; 90 Day Limit-1,080 tabs
Subutex	Opioid Addiction	Prior Authorization	
Sumatriptan	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Sumatriptan Ini. (cartridges)	Migraine	Quantity Limit	30 Day Limit-2 kits; 90 Day Limit-6 kits
Sumatriptan Inj. Vial	Migraine	Quantity Limit	30 Day Limit-5 vials (5 doses/2.5ml); 90 Day Limit-15 vials
Sumatriptan NS 20 mg	Migraine	Quantity Limit	30 Day Limit-1 box (6 doses/6 ml); 90 Day Limit-3 boxes
Sumatriptan NS 5 mg	Migraine	Quantity Limit	30 Day Limit-3 boxes (18 doses/18 ml); 90 Day Limit-9 boxes
Sutent	Oral Oncology Agent	Prior Authorization	
Syeda	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Symbicort	Asthma/COPD	Quantity Limit	30 Day Limit-11 gm (1 inh); 90 Day Limit-33 gm (3 inh)
Synribo	Injectable Anti-Neoplastics	Prior Authorization	
Tabloid	Oral Oncology Agent	Prior Authorization	
Tafinlar	Oral Oncology Agent	Prior Authorization	
Tamiflu	Flu	Quantity Limit	10 caps per 5 days
Tanzeum	Injectable anti-diabetic	Non-Covered Brand	Drugs Covered: Bydureon, Byetta, Victoza
Tarceva	Oral Oncology Agent	Prior Authorization	

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Targretin	Oral Oncology Agent	Prior Authorization	
Tasigna	Oral Oncology Agent	Prior Authorization	
Technivie	Hepatitis C	Non-Covered Brand	Drugs Covered: Harvoni, Sovaldi
Temodar	Oral Oncology Agent	Prior Authorization	
Terbinafine 250 mg	Anti-fungal	Quantity Limit	90 caps per year
Testim	Androgens	Non-Covered Brand	Drugs Covered: Androgel, generic testosterone
Teveten/HCT	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first
Tilade	Asthma/COPD	Quantity Limit	30 Day Limit-49 gm (3 inh); 90 Day Limit-147 gm (9 inh)
Tobi	Cystic Fibrosis	Quantity Limit	30 Day Limit-280 ml; 90 Day Limit-840 ml
Tobi Podhaler Kit	Anti-infective	Quantity Limit	30 Day Limit-224 caps; 90 Day Limit-672 caps
Tradjenta	Diabetes	Step Therapy	Must try and fail Janumet, Januvia, Kombiglyze or Onglyza first
Tretinoin	Oral Oncology Agent	Prior Authorization	
Treximet	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Trulicity	Injectable Anti-diabetics	Non-Covered Brand	Drugs Covered: Bydureon, Byetta, Victoza
Tykerb	Oral Oncology Agent	Prior Authorization	
Uceris	Corticosteroids	Prior Authorization	
Uloric	Gout	Step Therapy	Must try and fail Allopurinol first
Unituxin	Antineoplastics	Prior Authorization	
Vandetanib	Oral Oncology Agent	Prior Authorization	
Ventolin HFA 18 gm inhaler	Asthma/COPD	Quantity Limit	30 Day Limit-36 gm (2 inh); 90 Day Limit-180 gm (6 inh)
Vestura	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Viagra	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs
Victrelis	Hepatitis C	Prior Authorization	
Viekira	Hepatitis C	Non-Covered Brand	Drugs Covered: Harvoni, Sovaldi
Viiibryd	Selective Serotonin Reuptake Inhibitor (SSRI)	Step Therapy	Must try and fail a generic SSRI first
Vimovo	Gastrointestinal	Non-Covered Brand	Drugs Covered: Famotidine PLUS ibuprofen or Omeprazole PLUS naproxen
Votrient	Oral Oncology Agent	Prior Authorization	
Vytorin	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first
Vytorin	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Xalkori	Oral Oncology Agent	Prior Authorization	
Xeljanz	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Xeljanz	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Xeloda	Oral Oncology Agent	Prior Authorization	
Xenical	Anti-Obesity	Prior Authorization	
Xolair	Asthma	Prior Authorization	
Xopenex	Asthma	Step Therapy	Must try and fail Proair HRA or Ventolin HFA first
Xtandi	Oral Oncology Agent	Prior Authorization	
Xyrem Oral Solution	Stimulants	Prior Authorization	
Zarah	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz
Zegerid	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantoprazole first
Zelforaf	Oral Oncology Agent	Prior Authorization	
Zocor	Cholesterol/ Fibrin Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first

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Drug	Drug Category/Disease State	Applicable Provision	Comments
Zocor	Cholesterol/Statin	Step Therapy	Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Zohydro	Pain Management – Zohydro	Prior Authorization	
Zolinza	Oral Oncology Agent	Prior Authorization	
Zolpidem	Sleep Aid	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Zolpidem CR	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Zolpidem CR	Sleep Aid	Quantity Limit	30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Zolpimist	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Zomacton	Growth Hormone	Step Therapy	Must try and fail Genotropin, Norditropin first
Zomig NS	Migraine	Quantity Limit	30 Day Limit-6 units (1 pack); 90 Day Limit-18 units
Zomig tabs	Migraine	Quantity Limit	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
Zubsolv	Opioid Abuse	Step Therapy	Must try and fail Suboxone Film first
Zyloprim	Gout	Step Therapy	Must try and fail Allopurinol first
Zytiga	Oral Oncology Agent	Prior Authorization	