Rule	Explanation of Rule		
Prior Authorization	Your physician will need to complete a prior au Contact EnvisionRXOptions Customer Service	nthorization form to determine if the Help Desk at 1-800-361-4542 to sta	<u>'</u>
Quantity Limit	a quantity limit. If you are taking one of the me do not need to do anything. If you are in need your prescribing physician submit a letter of me	dications mandating a quantity limit of a medication that requires a high edical necessity explaining why it is	tilization of medication. Certain medications are subject to and the amount you take does not exceed the limit, you er quantity than that which is listed, you will need to have medically necessary for you to be on the exact dosage sessity process by contacting EnvisionRXOptions
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			valuable brand agents in the certain drug categories. If physician to determine what alternative covered
Step Therapy	savings without compromising your quality of c mostly generic proven safe, effective and affor medications. You will first try a recognized 1st	are. In step therapy, medications a dable. These medications should be step medication before a more cost	step therapy approach to care is a way to provide you with re group into categories. 1st Step is a first line medication e tried first. 2nd Step are more higher costing brand name tly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
Drug	Drug Category/Disease State	Applicable Provision	Comments
Absorica	Acne 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 acteaminophen
Aciphex	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantroprazole 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 Actonel	Pain Management Osteoporosis	Quantity Limit Step Therapy	30 Day Limit-120 Iollipops; 90 Day Limit-360  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 1 tab; 90 Day Limit 9 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 Advair Diskus	Osteoporosis Asthma/COPD	Quantity Limit Quantity Limit	30 Day Limit-4 tabs; 90 Day Limit-12 tabs 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 Alendronate 40 mg tabs	Osteoporosis Osteoporosis	Quantity Limit Quantity Limit	30 Day Limit-8 tabs; 90 Day Limit-24 tabs 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 Migraine	Step Therapy Ouantity Limit	Must try and fail Zolpidem IR or Zaleplon first
Amerge Amevive	Rheumatoid Arthritis/Psoriatic Arthritis	Quantity Limit Prior Authorization	30 Day Limit-9 tabs; 90 Day Limit-27 tabs
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	No. 11 to 11
Asacol HD	Inflammatory Bowel Disease Asthma/COPD	Step Therapy Quantity Limit	Must try and fail Apriso or Lialda first  30 Day Limit-2 units (2 inh); 90 Day Limit-6 units
Asmanex Atacand/HCT	Angiotensin Receptor Blocker	Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first

Rule	Explanation of Rule		
Prior Authorization	Certain medications require a prior authorizati	uthorization form to determine if the	nedications requiring prior authorization are listed below. medication will be approved for your medical condition. art the Prior Authorization process.
Quantity Limit	a quantity limit. If you are taking one of the m do not need to do anything. If you are in need your prescribing physician submit a letter of m	edications mandating a quantity limit of a medication that requires a high edical necessity explaining why it is	tillization of medication. Certain medications are subject to t and the amount you take does not exceed the limit, you er quantity than that which is listed, you will need to have medically necessary for you to be on the exact dosage cessity process by contacting EnvisionRXOptions
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 Pharmal 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.		determine whether or not the medication will be covered. vill reject due to the medications New-to-Market
Non-Covered Brand Medications	, , ,	,	valuable brand agents in the certain drug categories. If physician to determine what alternative covered
Step Therapy	Step therapy is a process to ensure you are re savings without compromising your quality of mostly generic proven safe, effective and affo medications. You will first try a recognized 1s	care. In step therapy, medications a rdable. These medications should b t step medication before a more cos	step therapy approach to care is a way to provide you with re group into categories. 1st Step is a first line medication e tried first. 2nd Step are more higher costing brand name tly and complex therapy is approved - 2nd step. If the step n may write a prescription for the 2nd step medication.
Drug	Drug Category/Disease State Multiple Sclerosis	Applicable Provision	Comments  Must true and fail Aveney Consume Clience or
Aubagio Avalide	Angiotensin Receptor Blocker	Step Therapy Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first  Must try and fail Losartan/HCT, Valsartan HCT or
Avapro	Angiotensin Receptor Blocker	Step Therapy	Irbesartan/HCT first  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 Benicar/HCT	Anti-obesity Angiotensin Receptor Blocker	Prior Authorization Step Therapy	Must try and fail Losartan/HCT, Valsartan HCT or
Benlysta	Systemic Lupus Erythematosis	Prior Authorization	Irbesartan/HCT first
Betaseron	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or
Blincyto	Antineoplastics	Prior Authorization	Tecifidera first
Boniva	Osteoporosis	Step Therapy	Must try and fail Alendronate first
Bosulif	Oral Oncology Agent	Prior Authorization	mast any and ranny nemaronate most
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 Ceenu	Erectile Dysfunction Oral Oncology Agent	Quantity Limit Prior Authorization	30 Day Limit-6 inj; 90 Day Limit-18 inj
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 Cimzia	Rheumatoid Arthritis/Psoriatic Arthritis Inflammatory Conditions	Prior Authorization Step Therapy	Must try and fail Enbrel or Humira first
Cinryze	Hereditary Angioedema	Prior Authorization	The state of the s
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

Rule	Explanation of Rule			
Prior Authorization		#		
Prior Authorization		uthorization form to determine if the	e medications requiring prior authorization are listed below. he medication will be approved for your medical condition. o start the Prior Authorization process.	
Quantity Limit	a quantity limit. If you are taking one of the me do not need to do anything. If you are in need your prescribing physician submit a letter of me	edications mandating a quantity li of a medication that requires a h edical necessity explaining why it	e utilization of medication. Certain medications are subject to imit and the amount you take does not exceed the limit, you igher quantity than that which is listed, you will need to have t is medically necessary for you to be on the exact dosage necessity process by contacting EnvisionRXOptions	
New-to-Market Medications	Any medication approved to enter the market vand Therapeutics Committee who reviews safe	ety, efficacy and cost information w-to-Market medication, the clair	al review decision has been made by the Envision Pharmacy to determine whether or not the medication will be covered. In will reject due to the medications New-to-Market It 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	savings without compromising your quality of c mostly generic proven safe, effective and affor medications. You will first try a recognized 1st	care. In step therapy, medication dable. These medications should step medication before a more of	he step therapy approach to care is a way to provide you with s are group into categories. 1st Step is a first line medication d be tried first. 2nd Step are more higher costing brand name costly and complex therapy is approved - 2nd step. If the step cian may write a prescription for the 2nd step medication.	
Drug	Drug Category/Disease State	Applicable Provision		
Cymbalta	Serotonin (SSRI) and Norepinephrine Reuptal	ke Inf 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 Dexilant	Inflammatory Bowel Disease Proton Pump Inhibitor (PPI)	Step Therapy Step Therapy	Must try and fail Apriso or Lialda first  Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantroprazole first	
Diethlpropion	Anti-obesity	Prior Authorization		
Drospirenone-ethinyl estradiol	Oral Contraceptives	Non-Covered Brand	Drugs Covered: Yasmin, Yaz	
Duexis	Gastrointestinal	Non-Covered Brand	Drugs Covered: Famotidine PLUS ibuprofen or	
Dulera	Asthma/COPD	Quantity Limit	Omeprazole PLUS naproxen 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 Erwinaze	Oral Oncology Agent Injectable Anti-Neoplastics	Prior Authorization Prior Authorization		
Esomeprazole	Proton Pump Inhibitor	Non-Covered Brand	Drug Covered: Nexium	
Etoposide	Oral Oncology Agent	Prior Authorization	Drug covered. Nexium	
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	4	
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	

Rule	Explanation of Rule		
Prior Authorization	Certain medications require a prior authorizati	on effective January 1, 2016. The m	edications requiring prior authorization are listed below.
		uthorization form to determine if the r	nedication will be approved for your medical condition.
Quantity Limit	Quantity limits are clinically recommended lim	nits put in place to help ensure safe ut	ilization of medication. Certain medications are subject to
•			and the amount you take does not exceed the limit, you
			er quantity than that which is listed, you will need to have
			medically necessary for you to be on the exact dosage essity process by contacting EnvisionRXOptions
	Helpdesk at 1-800-361-4542.	an can begin the letter of medical nec	essity process by contacting EnvisionAcoptions
New-to-Market Medications		will only be covered after a clinical re	view decision has been made by the Envision Pharmacy
ivew-to-ivial ket iviedications			determine whether or not the medication will be covered.
			ill reject due to the medications New-to-Market
	classification. You should work with your phys	sician to determine which covered me	edication options are best for you.
Non-Covered Brand Medications	Your prescription drug benefit will cover only t	he most clinically and economically v	aluable brand agents in the certain drug categories. If
	your physician prescribes a non-covered bran	d medication for you, work with your	physician to determine what alternative covered
	medication is an appropriate option for you.		
Step Therapy			tep therapy approach to care is a way to provide you with
			e group into categories. 1st Step is a first line medication
			e tried first. 2nd Step are more higher costing brand name
			ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
	Titlerapy does not provide you with the therap	Dedilo berient desired, your priysician	may write a prescription for the 2nd step medication.
Drug	Drug Category/Disease State	Applicable Provision	Comments
	Gastrointestinal	Prior Authorization	Comments
Fluzaq			Must have the and fail Visiters and a second
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	brugs covered. Tashiiri, Taz
Gleevex		Prior Authorization	
	Oral Oncology Agent		
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	
	Hepatitis C		
Infergen		Prior Authorization	+
Inlyta	Oral Oncology Agent	Prior Authorization	20 D. 11-11 44 2 - 11 41 11 20 2 11 11 45 2 15
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	25 tabb per 5 days
Kineret	Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
			Must the and fail Enhant and Lucation Cont
Kineret	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
I/ a all usa	Cushing's Disease or Cystic Fibrosis	Prior Authorization	
-		IDrian Authorization	1
•	Gout	Prior Authorization	
Korlym Krystexxa Kuvan	Phenylketonuria Treatment	Prior Authorization	
Krystexxa			30 Day Limit-60 caps; 90 Day Limit-180 caps
Krystexxa Kuvan	Phenylketonuria Treatment	Prior Authorization	30 Day Limit-60 caps; 90 Day Limit-180 caps

Rule	Explanation of Rule			
Prior Authorization		on effective January 1, 2016. The me	dications requiring prior authorization are listed below.	
	Your physician will need to complete a prior a Contact EnvisionRXOptions Customer Service	uthorization form to determine if the me Help Desk at 1-800-361-4542 to star	edication will be approved for your medical condition. t the Prior Authorization process.	
Quantity Limit	a quantity limit. If you are aking one of the modo not need to do anything. If you are in need your prescribing physician submit a letter of m	· ·		
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	savings without compromising your quality of omostly generic proven safe, effective and afformedications. You will first try a recognized 1s	care. In step therapy, medications are rdable. These medications should be t step medication before a more costly	ep therapy approach to care is a way to provide you with a group into categories. 1st Step is a first line medication tried first. 2nd Step are more higher costing brand name and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.	
Drug	Drug Category/Disease State	Applicable Provision	Comments	
Drug Lenmiva	Drug Category/Disease State Antineoplastics	Applicable Provision Prior Authorization	Comments	
Lescol/XL	Cholesterol/ Fibric Acid Derivative		Must try and fail a gaparic Eanofibrate first	
Lescol/XL	Cholesterol/Statin	Step Therapy Step Therapy	Must try and fail a generic Fenofibrate first  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first	
Leukeran	Oral Oncology Agent	Prior Authorization	or reor rustaem moe	
Leukine	Neutrophil Formation	Prior Authorization		
Levitra	Erectile Dysfunction	Quantity Limit	30 Day Limit-6 tabs; 90 Day Limit-18 tabs	
Lipitor 10mg /20mg	Cholesterol/ Fibric 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/ Fibric 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 Mevacor	Cholesterol/Fibric Acid Derivative Cholesterol/Statin	Step Therapy Step Therapy	Must try and fail a generic Fenofibrate first  Must try and fail Simvastatin, Pravastatin, Lovastatin	
Micardis/HCT	Angiotensin Receptor Blocker	Step Therapy	or Atorvastatin first  Must try and fail Losartan/HCT, Valsartan HCT or Irbesartan/HCT first	
Myleran	Oral Oncology Agent	Prior Authorization	in besartary from inst	
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 Pantroprazole 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	

Rule	Explanation of Rule		
Prior Authorization		thorization form to determine if the r	edications requiring prior authorization are listed below. nedication will be approved for your medical condition. art the Prior Authorization process.
Quantity Limit	Quantity limits are clinically recommended limits put in place to help ensure safe utilization of medication. Certain medications are subject to a quantity limit. If you are taking one of the medications mandating a quantity limit and the amount you take does not exceed the limit, you do not need to do anything. If you are in need of a medication that requires a higher quantity than that which is listed, you will need to have your prescribing physician submit a letter of medical necessity explaining why it is medically necessary for you to be on the exact dosage and quantity. You or your prescribing physician can begin the letter of medical necessity process by contacting EnvisionRXOptions Helpdesk at 1-800-361-4542.		
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 rec savings without compromising your quality of c mostly generic proven safe, effective and affor medications. You will first try a recognized 1st	are. In step therapy, medications and dable. These medications should be step medication before a more cost	step therapy approach to care is a way to provide you with re group into categories. 1st Step is a first line medication e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step 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 Prior Authorization	30 Day Limit-60 tabs; 90 Day Limit-180 tabs
Opdivo Orencia	Antineoplastics  Rheumatoid Arthritis/Psoriatic Arthritis	Prior Authorization	
Orencia	Inflammatory Conditions	Step Therapy	Must try and fail Enbrel or Humira first
Orfadin	Hereditary Tyrosinemia	Prior Authorization	INVASE CLY and ran Embrer of Flamma mise
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	· ·
Praulent	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 Pantroprazole first
Prilosec 40mg	Proton Pump Inhibitor (PPI)	Step Therapy	Must try and fail Prilosec OTC, Omeprazole, Prevacid OTC, Lansoprazole or Pantroprazole 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 Pantroprazole 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 Turbihaler 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 Pantroprazole first
Raptiva Regimex	Rheumatoid Arthritis/Psoriatic Arthritis Anti-Obesity	Prior Authorization Prior Authorization	
Reif	Multiple Sclerosis	Step Therapy	Must try and fail Avonex, Copaxone, Glienya or Tecifidera first
Relenza	Flu	Quantity Limit	5 days therapy

Rule	Explanation of Rule		
Prior Authorization		on official length 4 2040. The	modications requiring prior outborization and listed by
Filo Addionzation		thorization form to determine if the	medications requiring prior authorization are listed below.  medication will be approved for your medical condition.  start the Prior Authorization process.
Quantity Limit	a quantity limit. If you are taking one of the me do not need to do anything. If you are in need your prescribing physician submit a letter of me	dications mandating a quantity lim of a medication that requires a hig edical necessity explaining why it is	utilization of medication. Certain medications are subject to it and the amount you take does not exceed the limit, you her quantity than that which is listed, you will need to have s medically necessary for you to be on the exact dosage excessity process by contacting EnvisionRXOptions
New-to-Market Medications	and Therapeutics Committee who reviews safe	ty, efficacy and cost information to w-to-Market medication, the claim	review decision has been made by the Envision Pharmacy of determine whether or not the medication will be covered. will reject due to the medications New-to-Market nedication options are best for you.
Non-Covered Brand Medications	,	,	valuable brand agents in the certain drug categories. If r physician to determine what alternative covered
Step Therapy	savings without compromising your quality of c mostly generic proven safe, effective and affor medications. You will first try a recognized 1st	are. In step therapy, medications dable. These medications should step medication before a more co	step therapy approach to care is a way to provide you with are group into categories. 1st Step is a first line medication be tried first. 2nd Step are more higher costing brand name stly and complex therapy is approved - 2nd step. If the step in may write a prescription for the 2nd step medication.
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 Serevent diskus 50mcg	Acromegaly, Profuse Diarrhea Asthma/COPD	Prior Authorization  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	Wast try and rail Entire of Hamilia hist
Sonata	Insomnia Agents	Step Therapy	Must try and fail Zolpidem IR or Zaleplon first
Sovaldi	Hepatitis C	Prior Authorization	Widst try and fair Zoipidem in or Zaiepion mist
Spiriva	Asthma/COPD	Quantity Limit	30 Day Limit-30 caps; 90 Day Limit-90 caps
Sprycel	Oral Oncology Agent	Prior Authorization	30 Day Limit-30 caps, 30 Day Limit-30 caps
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	ividst try and fail Levitra or Viagra inst
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	ividst try and fail Levitra or Viagra inst
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	50 24 2 2 2 2 2 2 2 4 2 2 2 2 2 2 2 2 2 2
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	

Rule	Explanation of Rule			
Prior Authorization		thorization form to determine if the r	edications requiring prior authorization are listed below. nedication will be approved for your medical condition. art the Prior Authorization process.	
Quantity Limit	a quantity limit. If you are taking one of the me do not need to do anything. If you are in need your prescribing physician submit a letter of me and quantity. You or your prescribing physician	Quantity limits are clinically recommended limits put in place to help ensure safe utilization of medication. Certain medications are subject to a quantity limit. If you are taking one of the medications mandating a quantity limit and the amount you take does not exceed the limit, you do not need to do anything. If you are in need of a medication that requires a higher quantity than that which is listed, you will need to have your prescribing physician submit a letter of medical necessity explaining why it is medically necessary for you to be on the exact dosage and quantity. You or your prescribing physician can begin the letter of medical necessity process by contacting EnvisionRXOptions Helpdesk at 1-800-361-4542.		
New-to-Market Medications	Any medication approved to enter the market wand Therapeutics Committee who reviews safe	ty, efficacy and cost information to overto-Market medication, the claim w	eview decision has been made by the Envision Pharmacy determine whether or not the medication will be covered. ill reject due to the medications New-to-Market edication options are best for you.	
Non-Covered Brand Medications		•	valuable brand agents in the certain drug categories. If physician to determine what alternative covered	
Step Therapy	Step therapy is a process to ensure you are rec savings without compromising your quality of c mostly generic proven safe, effective and affor medications. You will first try a recognized 1st	are. In step therapy, medications and dable. These medications should be step medication before a more cost	step therapy approach to care is a way to provide you with re group into categories. 1st Step is a first line medication a tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.	
Drug	Drug Category/Disease State	Applicable Provision	Comments	
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 Teveten/HCT	Androgens Angiotensin Receptor Blocker	Non-Covered Brand Step Therapy	Drugs Covered: Androgel, generic testosterone  Must try and fail Losartan/HCT, Valsartan HCT or	
Tilade	Asthma/COPD	Quantity Limit	Irbesartan/HCT first  30 Day Limit-49 gm (3 inh); 90 Day Limit-147 gm (9	
Tobi	Cystic Fibrosis	Quantity Limit	inh) 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	
Tradjenta	Diabetes	эсер тистиру	Onglyza first	
Tretinoin	Oral Oncology Agent	Prior Authorization	Ongry20 mist	
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	Corticosteriods	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	
Viibryd Vimovo	Selective Serotonin Reuptake Inhibitor (SSRI) Gastrointestinal	Step Therapy Non-Covered Brand	Must try and fail a generic SSRI first  Drugs Covered: Famotidine PLUS ibuprofen or	
			Omeprazole PLUS naproxen	
Votrient Vytorin	Oral Oncology Agent Cholesterol/ Fibric Acid Derivative	Prior Authorization 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 Pantroprazole first	
Zelforaf	Oral Oncology Agent	Prior Authorization		
Zocor	Cholesterol/ Fibric Acid Derivative	Step Therapy	Must try and fail a generic Fenofibrate first	
	- Character of A Latin Acid Delivative	1200pc. upy	1ast a y and ran a generic renormate mist	

Rule	Explanation of Rule		
Prior Authorization		uthorization form to determine if the n	edications requiring prior authorization are listed below. nedication will be approved for your medical condition. art the Prior Authorization process.
Quantity Limit	a quantity limit. If you are taking one of the m do not need to do anything. If you are in need your prescribing physician submit a letter of m and quantity. You or your prescribing physicial Helpdesk at 1-800-361-4542.	edications mandating a quantity limit of a medication that requires a higher dedical necessity explaining why it is an can begin the letter of medical necessity	tilization of medication. Certain medications are subject to and the amount you take does not exceed the limit, you er quantity than that which is listed, you will need to have medically necessary for you to be on the exact dosage essity process by contacting EnvisionRXOptions
New-to-Market Medications	and Therapeutics Committee who reviews saf	ety, efficacy and cost information to dew-to-Market medication, the claim wi	eview decision has been made by the Envision Pharmacy determine whether or not the medication will be covered. ill reject due to the medications New-to-Market edication 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 re		step therapy approach to care is a way to provide you with
Sep metapy	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s	rdable. These medications should be t step medication before a more cost	re group into categories. 1st Step is a first line medication e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s 1 therapy does not provide you with the therap	rdable. These medications should be t step medication before a more cost peutic benefit desired, your physician	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
Drug	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s 1 therapy does not provide you with the therap Drug Category/Disease State	rdable. These medications should be t step medication before a more cost peutic benefit desired, your physician Applicable Provision	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s 1 therapy does not provide you with the therap	rdable. These medications should be t step medication before a more cost peutic benefit desired, your physician	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.
Drug	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s 1 therapy does not provide you with the therap Drug Category/Disease State	rdable. These medications should be t step medication before a more cost peutic benefit desired, your physician Applicable Provision	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin
Drug Zocor	mostly generic proven safe, effective and affo medications. You will first try a recognized 1s 1 therapy does not provide you with the therap Drug Category/Disease State Cholesterol/Statin	rdable. These medications should be to step medication before a more cost peutic benefit desired, your physician  Applicable Provision  Step Therapy	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin
Drug Zocor Zohydro	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy Drug Category/Disease State  Cholesterol/Statin  Pain Management – Zohydro	rdable. These medications should be to step medication before a more cost peutic benefit desired, your physician  Applicable Provision  Step Therapy  Prior Authorization	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin
Drug Zocor Zohydro Zolinza	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you with the therapy does not provid	rdable. These medications should be to step medication before a more cost obtained benefit desired, your physician step Therapy  Prior Authorization Prior Authorization	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first
Drug Zocor Zohydro Zolinza Zolpidem	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy therapy does not provide you with the therapy does not provide you will have a factor of the provide you with the therapy does not provide you with the the	rdable. These medications should be to step medication before a more cost oeutic benefit desired, your physician  Applicable Provision  Step Therapy  Prior Authorization Prior Authorization Quantity Limit	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Drug Zocor Zohydro Zolinza Zolpidem Zolpidem CR	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy therapy does not provide you with the therapy does not provide you will be a factor of the therapy does not provide you will be a factor of the therapy does not provide you will be a factor of the therapy does not provide you will be a factor of the therapy does not provide you will be a factor of the therapy does not provide you with the ther	rdable. These medications should be t step medication before a more cost beutic benefit desired, your physician  Applicable Provision  Step Therapy  Prior Authorization Prior Authorization Quantity Limit Step Therapy	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first
Drug Zocor Zohydro Zolinza Zolpidem Zolpidem CR Zolpidem CR	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy does not provide you will be a factor of the provide you will first try a recognized 1s and a factor of the provide you will first try a recognized 1s and a factor of the provide you will first try a recognized 1s and a factor of the provide you will be a factor of the p	rdable. These medications should be t step medication before a more cost beutic benefit desired, your physician  Applicable Provision  Step Therapy  Prior Authorization Prior Authorization Quantity Limit Step Therapy Quantity Limit	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first 30 Day Limit-30 tabs; 90 Day Limit-90 tabs
Drug Zocor Zohydro Zolinza Zolpidem Zolpidem CR Zolpidem CR Zolpidem CR Zolpidem CR	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy doe	rdable. These medications should be t step medication before a more cost beutic benefit desired, your physician  Applicable Provision  Step Therapy  Prior Authorization Prior Authorization Quantity Limit Step Therapy Quantity Limit Step Therapy	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first 30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first
Drug Zocor Zohydro Zolinza Zolpidem Zolpidem CR Zolpidem CR Zolpidem CR Zolpimist Zomacton	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy doe	Applicable Provision  Step Therapy  Prior Authorization Quantity Limit Step Therapy  Quantity Limit Step Therapy  Quantity Limit Step Therapy  Quantity Limit Step Therapy  Step Therapy  Step Therapy  Step Therapy	e tried first. 2nd Step are more higher costing brand name ly and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first 30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first  Must try and fail Zolpidem IR or Zaleplon first  Must try and fail Genotropin, Norditropin first
Zocor  Zohydro Zolinza Zolpidem Zolpidem CR Zolpidem CR Zolpidem CR Zolpimist Zomacton Zomig NS	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy therapy does not provide you with the the	Applicable Provision  Step Therapy  Prior Authorization Quantity Limit Step Therapy Quantity Limit Step Therapy Quantity Limit Step Therapy Quantity Limit Quantity Limit Quantity Limit Quantity Limit Quantity Limit Quantity Limit Step Therapy Quantity Limit Quantity Limit Step Therapy Quantity Limit	Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs Must try and fail Solpidem IR or Zaleplon first Must try and fail Solpidem IR or Zaleplon first Must try and fail Solpidem IR or Zaleplon first Must try and fail Solpidem IR or Jaleplon first Must try and fail Solpidem IR or Jaleplon first Must try and fail Solpidem IR or Jaleplon first Must try and fail Solpidem IR or Jaleplon first Must try and fail Solpidem IR or Jaleplon first Must try and fail Genotropin, Norditropin first Joay Limit-6 units (1 pack); 90 Day Limit-18 units
Zohydro Zohydro Zolinza Zolpidem Zolpidem CR Zolpidem CR Zolpidem CR Zolpimist Zomacton Zomig NS Zomig tabs	mostly generic proven safe, effective and afformedications. You will first try a recognized 1s 1 therapy does not provide you with the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you will be a facility of the therapy does not provide you with the therapy does not pr	Applicable Provision  Applicable Provision  Step Therapy  Prior Authorization Quantity Limit Step Therapy  Quantity Limit	e tried first. 2nd Step are more higher costing brand name by and complex therapy is approved - 2nd step. If the step may write a prescription for the 2nd step medication.  Comments  Must try and fail Simvastatin, Pravastatin, Lovastatin or Atorvastatin first  30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first 30 Day Limit-30 tabs; 90 Day Limit-90 tabs  Must try and fail Zolpidem IR or Zaleplon first  Must try and fail Genotropin, Norditropin first 30 Day Limit-6 units (1 pack); 90 Day Limit-18 units