

## 2017 List of Rule Based Prescription Drugs

| Rule  | Explanation of Rule  |                      |   |
|---|--|----------------------|---|
| <b>Prior Authorization</b>  | Certain medications require a prior authorization. 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.  |                      |   |
| <b>Quantity Limit</b>   | 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. |                      |   |
| <b>New-to-Market Medications</b>  | 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.   |                      |   |
| <b>Non-Covered Brand Medications</b>                                      | 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.   |                      |   |
| <b>Step Therapy</b>   | 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   | Autonomic & Central Nervous System   | Non-covered Brand    | Drugs Covered: Fentanyl lozenge                                 |
| Acetaminophen/Codeine, Acetaminophen/Hydrocodone, Acetaminophen/Oxycodone | Pain Management  | Quantity limit       |   |
| Actemra   | Inflammatory Conditions  | Step Therapy         | Must try and fail Enbrel or Humira first                        |
| Acthar HP   | Corticotropin  | Prior Auth           |   |
| Actiq   | Pain Management  | Quantity limit       |   |
| Actiq   | Pain Management – Fentanyl   | Prior Auth           |   |
| Actiq Buccal Lollipop   | Pain Management  | Quantity limit       |   |
| Actonel 150 mg  | Osteoporosis   | Quantity limit       |   |
| Actonel 30 mg   | Osteoporosis   | Quantity limit       |   |
| Actonel 35 mg   | Osteoporosis   | Quantity limit       |   |
| Actonel 5 mg  | Osteoporosis   | Quantity limit       |   |
| Actonel 75 mg   | Osteoporosis   | Quantity limit       |   |
| Actonel plus Calcium  | Osteoporosis   | Quantity limit       |   |
| Advair Diskus   | Asthma/COPD  | Quantity limit       |   |
| Advair HFA  | Asthma/COPD  | Quantity limit       |   |
| Afinitor  | Oral Oncology Agent  | Prior Auth           |   |
| Afrezza   | Diabetes   | Non-covered Brand    | Drugs Covered: Novolog, Novolin                                 |
| Aldurazyme  | Mucopolysaccharidosis  | Prior Auth           |   |
| Alendronate 10 mg   | Osteoporosis   | Quantity limit       |   |
| Alendronate 35 mg tabs  | Osteoporosis   | Quantity limit       |   |
| Alendronate 40 mg tabs  | Osteoporosis   | Quantity limit       |   |
| Alendronate 5 mg  | Osteoporosis   | Quantity limit       |   |
| Alendronate 70 mg tabs  | Osteoporosis   | Quantity limit       |   |
| Amerge  | Migraine   | Quantity limit       |   |
| Amevive   | Rheumatoid Arthritis/Psoriatic Arthritis   | Prior Auth           |   |
| Androderm   | Androgens  | Non-covered Brand    | Drugs Covered: Androgel 1.62%, generic testosterone             |
| Anzemet tabs  | Nausea   | Quantity limit       |   |
| Anzemet vial  | Nausea   | Quantity limit       |   |
| Apidra  | Insulin  | Non-covered Brand    | Drugs Covered: Novolog, Novolin                                 |
| Aranesp   | Hematological  | Step Therapy         | Must try and fail Procrit first                                 |
| Asacol HD   | Gastrointestinal   | Step Therapy         | Must try and fail Apriso or Lialda first                        |
| Asmanex   | Asthma/COPD  | Quantity limit       |   |
| Atrovent HFA  | Asthma/COPD  | Quantity limit       |   |
| Aubagio   | Multiple Sclerosis   | Step Therapy         | Must try and fail Avonex, Copaxone, Glienya or Tecifidera first |
| Axert   | Migraine   | Quantity limit       |   |
| Axiron  | Androgens  | Non-covered Brand    | Drugs Covered: Androgel 1.62%, generic testosterone             |
| Azmacort 100mcg/20ml  | Asthma/COPD  | Quantity limit       |   |
| Belviq  | Anti-obesity   | Prior Auth           |   |
| Benlysta  | Systemic Lupus Erythematosus   | Prior Auth           |   |

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| Drug   | Drug Category/Disease State              | Applicable Provision | Comments   |
|--|--|----------------------|--|
| Betaseron                                      | Multiple Sclerosis                       | Step Therapy         | Must try and fail Avonex, Copaxone, Glienya or Tecifidera first                    |
| Blinicyto                                      | Antineoplastics                          | Prior Auth           |  |
| Bosulif  | Oral Oncology Agent                      | Prior Auth           |  |
| Budesonide respules                            | Asthma/COPD                              | Quantity limit       |  |
| Bunavail                                       | Opioid Abuse                             | Non-covered Brand    | Drugs Covered: Suboxone Film   |
| Buprenorphine/naloxone                         | Opioid Abuse                             | Non-covered Brand    | Drugs Covered: Suboxone Film   |
| Butorphanol NS 2.5ml                           | Pain Management                          | Quantity limit       |  |
| Canasa   | Gastrointestinal                         | Step Therapy         | Must try and fail Apriso or Lialda first   |
| Caprelsa                                       | Oral Oncology Agent                      | Prior Auth           |  |
| Carac  | Dermatology                              | Non-covered Brand    | Drugs Covered: Picato[NP], Zyclara [NP], fluorouracil 5% cream, imiquimod 5% cream |
| Carbaglu                                       | Hyperammonemia Treatment                 | Prior Auth           |  |
| Caverject                                      | Erectile Dysfunction                     | Quantity limit       |  |
| Ceenu  | Oral Oncology Agent                      | Prior Auth           |  |
| Cialis   | Erectile Dysfunction                     | Step Therapy         | Must try and fail Viagra first   |
| Cialis 10 mg, 20 mg                            | Erectile Dysfunction                     | Quantity limit       |  |
| Cialis 2.5 mg, 5 mg                            | Erectile Dysfunction                     | Quantity limit       |  |
| <i>Cialis 2.5mg &amp; 5mg (Daily)</i>          | Benign Prostatic Hyperplasia (BPH)       | Prior Auth           |  |
| Cimzia   | Rheumatoid Arthritis/Psoriatic Arthritis | Prior Auth           |  |
| Cimzia   | Inflammatory Conditions                  | Step Therapy         | Must try and fail Enbrel or Humira first   |
| Cinryze  | Hereditary Angioedema                    | Prior Auth           |  |
| Combivent Inh 15ml                             | Asthma/COPD                              | Quantity limit       |  |
| Combivent Respimat 20/100 Metered Dose Inhaler | Asthma/COPD                              | Quantity limit       |  |
| Contrave                                       | Anti-obesity                             | Prior Auth           |  |
| Cosentyx                                       | Inflammatory Conditions                  | Step Therapy         | Must try and fail Enbrel or Humira first   |
| Cystadane                                      | Homocytinuria                            | Prior Auth           |  |
| Delzicol                                       | Inflammatory Bowel Disease               | Step Therapy         | Must try and fail Apriso or Lialda first   |
| Diethylpropion                                 | Anti-obesity                             | Prior Auth           |  |
| Dipentium                                      | Gastrointestinal                         | Step Therapy         | Must try and fail Apriso or Lialda first   |
| Duexis   | Gastrointestinal                         | Non-covered Brand    | Drugs Covered: Famotidine PLUS ibuprofen or Omeprazole PLUS naproxen               |
| Dulera   | Asthma/COPD                              | Quantity limit       |  |
| Duragesic                                      | Pain Management – Fentanyl               | Prior Auth           |  |
| Edex   | Erectile Dysfunction                     | Quantity limit       |  |
| Elaprase                                       | Mucopolysaccharidosis                    | Prior Auth           |  |
| Emcyt  | Oral Oncology Agent                      | Prior Auth           |  |
| Enablex  | Urological                               | Non-covered Brand    | Drugs Covered: Myrbetriq, oxbutynin, tolterodine, trospium, Vesicare [NP]          |
| Enbrel   | Rheumatoid Arthritis/Psoriatic Arthritis | Prior Auth           |  |
| Epogen   | Hematological                            | Step Therapy         | Must try and fail Procrit first  |
| Erivedge                                       | Oral Oncology Agent                      | Prior Auth           |  |
| Erwinaze                                       | Injectable Anti-Neoplastics              | Prior Auth           |  |
| Etoposide                                      | Oral Oncology Agent                      | Prior Auth           |  |
| Extavia  | Multiple Sclerosis                       | Step Therapy         | Must try and fail Avonex, Copaxone, Glienya or Tecifidera first                    |
| Fabrazyme                                      | Fabry Disease                            | Prior Auth           |  |
| Fareston                                       | Oral Oncology Agent                      | Prior Auth           |  |
| Farydak  | Antineoplastics                          | Prior Auth           |  |
| Fentanyl                                       | Pain Management – Fentanyl               | Prior Auth           |  |
| Fentanyl Citrate                               | Pain Management – Fentanyl               | Prior Auth           |  |
| Fentanyl patches                               | Pain Management                          | Quantity limit       |  |
| Fentora  | Autonomic & Central Nervous System       | Non-covered Brand    | Drugs Covered: Fentanyl lozenge  |
| Fentora buccal tab                             | Pain Management                          | Quantity limit       |  |
| Firazyr  | Hereditary Angioedema                    | Prior Auth           |  |
| Flovent HFA 110 mcg inh 12gm                   | Asthma/COPD                              | Quantity limit       |  |
| Flovent HFA 220 mcg inh 12gm                   | Asthma/COPD                              | Quantity limit       |  |
| Flovent HFA 44 mcg inh 10.6gm                  | Asthma/COPD                              | Quantity limit       |  |
| Flovent Rotadisk                               | Asthma/COPD                              | Quantity limit       |  |
| fluorouracil 0.5% cream                        | Dermatology                              | Non-covered Brand    | Drugs Covered: Picato[NP], Zyclara [NP], fluorouracil 5% cream, imiquimod 5% cream |
| Fluzaq   | Gastrointestinal                         | Prior Auth           |  |
| Foradil Inhalant Caps/Aerolizer, 60s           | Asthma/COPD                              | Quantity limit       |  |
| Fortamet                                       | Diabetes                                 | Non-covered Brand    | Drugs Covered: metformin   |
| Forteo   | Osteoporosis                             | Prior Auth           |  |
| Fortesta                                       | Androgens                                | Non-covered Brand    | Drugs Covered: Androge1 1.62%, generic testosterone                                |
| Frova  | Migraine                                 | Quantity limit       |  |
| Fycompa  | Anti-Seizure                             | Prior Auth           |  |
| Giazo  | Gastrointestinal                         | Step Therapy         | Must try and fail Apriso or Lialda first   |

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|-------------------------|--|----------------------|--|
| Gilotrif                | Oral Oncology Agent                                      | Prior Auth           |  |
| generic Beyaz           | Oral Contraceptives                                      | Non-covered Brand    | Drugs Covered: Beyaz, Natazia, Safyral, Yasmin, Yaz                    |
| generic Glumetza        | Diabetes   | Non-covered Brand    | Drugs Covered: metformin   |
| generic Safyral         | Oral Contraceptives                                      | Non-covered Brand    | Drugs Covered: Beyaz, Natazia, Safyral, Yasmin, Yaz                    |
| generic Yasmin          | Oral Contraceptives                                      | Non-covered Brand    | Drugs Covered: Beyaz, Natazia, Safyral, Yasmin, Yaz                    |
| generiz Yaz             | Oral Contraceptives                                      | Non-covered Brand    | Drugs Covered: Beyaz, Natazia, Safyral, Yasmin, Yaz                    |
| GleeveX                 | Oral Oncology Agent                                      | Prior Auth           |  |
| Glumetza                | Diabetes   | Non-covered Brand    | Drugs Covered: metformin   |
| Granisetron tabs        | Nausea   | Quantity limit       |  |
| Granisol                | Nausea   | Quantity limit       |  |
| Harvoni                 | Hepatitis C  | Prior Auth           |  |
| Hexalen                 | Oral Oncology Agent                                      | Prior Auth           |  |
| 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 Auth           |  |
| Humulin                 | Insulin  | Non-covered Brand    | Drugs Covered: Novolog, Novolin  |
| Hycamtin                | Oral Oncology Agent                                      | Prior Auth           |  |
| Hydrea                  | Oral Oncology Agent                                      | Prior Auth           |  |
| Ibrance                 | Antineoplastics  | Prior Auth           |  |
| Iclusig                 | Oral Oncology Agent                                      | Prior Auth           |  |
| Imbruvica               | Antineoplastics  | Prior Auth           |  |
| Incivek                 | Hepatitis C  | Prior Auth           |  |
| Infergen                | Hepatitis C  | Prior Auth           |  |
| Inlyta                  | Oral Oncology Agent                                      | Prior Auth           |  |
| Intal Inhaler 14.2 gm   | Asthma/COPD  | Quantity limit       |  |
| Intal Inhaler 8.1 gm    | Asthma/COPD  | Quantity limit       |  |
| Intron A                | Hepatitis C  | Prior Auth           |  |
| Iressa                  | Oral Oncology Agent                                      | Prior Auth           |  |
| Itraconazole 100 mg     | Anti-fungal  | Quantity limit       |  |
| Jakafi                  | Oral Oncology Agent                                      | Prior Auth           |  |
| Jardiance               | Diabetes   | Non-covered Brand    | Drugs Covered: Farxiga, Invokana, Invokamet, Xigduo                    |
| Kalbitor                | Hereditary Angioedema                                    | Prior Auth           |  |
| Kazano                  | Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations | Step Therapy         | Must first try and fail Janumet, Januvia, Jentadueto, Tradjenta        |
| Kerydin                 | Antifungals  | Step Therapy         | Must try and fail Jublia first   |
| Ketorolac (Toradol)     | Pain Management  | Quantity limit       |  |
| Keytruda                | Antineoplastics  | Prior Auth           |  |
| Kineret                 | Rheumatoid Arthritis/Psoriatic Arthritis                 | Prior Auth           |  |
| Kineret                 | Inflammatory Conditions                                  | Step Therapy         | Must try and fail Enbrel or Humira first                               |
| Kombiglyze              | Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations | Step Therapy         | Must first try and fail Janumet, Januvia, Jentadueto, Tradjenta        |
| Korlym                  | Cushing's Disease or Cystic Fibrosis                     | Prior Auth           |  |
| Krystexxa               | Gout   | Prior Auth           |  |
| Kuvan                   | Phenylketonuria Treatment                                | Prior Auth           |  |
| Lansoprazole            | Proton Pump Inhibitors                                   | Quantity limit       |  |
| Lazanda                 | Autonomic & Central Nervous System                       | Non-covered Brand    | Drugs Covered: Fentanyl lozenge  |
| Lazanda Nasal Soln      | Pain Management  | Quantity limit       |  |
| Lemtrada                | Multiple Sclerosis                                       | Step Therapy         | Must first try and fail Avonex, Copaxone, Gilenya, Plegridy, Tecfidera |
| Lenmiva                 | Antineoplastics  | Prior Auth           |  |
| Leukeran                | Oral Oncology Agent                                      | Prior Auth           |  |
| Leukine                 | Neutrophil Formation                                     | Prior Auth           |  |
| Levitra                 | Urological   | Step Therapy         | Must try and fail Viagra first   |
| Linzess                 | Gastrointestinal   | Step Therapy         | Must try and fail Amitiza first  |
| Lumizyme                | GAA Deficiency Treatment                                 | Prior Auth           |  |
| Lynparza                | Antineoplastics  | Prior Auth           |  |
| Lysodren                | Oral Oncology Agent                                      | Prior Auth           |  |
| Matulane                | Oral Oncology Agent                                      | Prior Auth           |  |
| Maxair Autoinhaler 14gm | Asthma/COPD  | Quantity limit       |  |
| Maxalt                  | Migraine   | Quantity limit       |  |
| Mekinist                | Oral Oncology Agent                                      | Prior Auth           |  |
| Mircera                 | Hematological  | Step Therapy         | Must try and fail Procrit first  |
| Movantik                | Gastrointestinal   | Step Therapy         | Must try and fail Amitiza first  |
| Myleran                 | Oral Oncology Agent                                      | Prior Auth           |  |
| Myozyme                 | GAA Deficiency Treatment                                 | Prior Auth           |  |
| Naglazyme               | Mucopolysaccharidosis                                    | Prior Auth           |  |

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| Drug                                   | Drug Category/Disease State                              | Applicable Provision | Comments   |
|--|--|----------------------|--|
| Namenda XR                             | Antidementia Agents                                      | Step Therapy         | Must try and fail donepezil, memantine   |
| Namzaric                               | Antidementia Agents                                      | Step Therapy         | Must try and fail donepezil, memantine   |
| Natpara                                | Hypoparathyroidism                                       | Prior Auth           |  |
| Nesina                                 | Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations | Step Therapy         | Must first try and fail Janumet, Januvia, Jentaduetto, Tradjenta                   |
| Neulasta                               | Neutrophil Formation                                     | Prior Auth           |  |
| Neupogen                               | Neutrophil Formation                                     | Prior Auth           |  |
| Nexavar                                | Oral Oncology Agent                                      | Prior Auth           |  |
| Nexium                                 | Proton Pump Inhibitors                                   | Quantity limit       |  |
| Nilandron                              | Oral Oncology Agent                                      | Prior Auth           |  |
| Northera                               | Orthostatic Hypotension                                  | Prior Auth           |  |
| Nucynta                                | Analgesic  | Non-covered Brand    | Covered Drugs: Generic immediate release opioids                                   |
| Nucynta ER                             | Analgesic  | Non-covered Brand    | Covered Drugs: Belbuca, Butrans, Hysingla ER, Opana ER, Oxycontin, Zohydro ER [NP] |
| Nuedexta                               | Pseudobulbar Affect                                      | Prior Auth           |  |
| Nutropin AQ                            | Growth Hormone   | Step Therapy         | Must try and fail Genotropin, Norditropin first                                    |
| Oforta                                 | Oral Oncology Agent                                      | Prior Auth           |  |
| Olysio                                 | Hepatitis C  | Non-covered Brand    | Drugs Covered: Harvoni, Sovaldi, Daklinza  |
| Olysio                                 | Hepatitis C  | Prior Auth           |  |
| Omeprazole                             | Proton Pump Inhibitors                                   | Quantity limit       |  |
| Omnitrope                              | Growth Hormone   | Step Therapy         | Must try and fail Genotropin, Norditropin first                                    |
| Ondansetron soln                       | Nausea   | Quantity limit       |  |
| Ondansetron tabs                       | Nausea   | Quantity limit       |  |
| Onglysa                                | Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations | Step Therapy         | Must first try and fail Janumet, Januvia, Jentaduetto, Tradjenta                   |
| Onsolis                                | Pain Management – Fentanyl                               | Prior Auth           |  |
| Onsolis Buccal Film                    | Pain Management  | Quantity limit       |  |
| Opana 7.5, 15 mg ER                    | Pain Management  | Quantity limit       |  |
| Opdivo                                 | Antineoplastics  | Prior Auth           |  |
| Orencia                                | Rheumatoid Arthritis/Psoriatic Arthritis                 | Prior Auth           |  |
| Orencia                                | Inflammatory Conditions                                  | Step Therapy         | Must try and fail Enbrel or Humira first   |
| Orfadin                                | Hereditary Tyrosinemia                                   | Prior Auth           |  |
| Orkambi                                | Cystic Fibrosis  | Prior Auth           |  |
| Oseni                                  | Dipeptidyl Peptidase-4 Inhibitors (DPP-4) & Combinations | Step Therapy         | Must first try and fail Janumet, Januvia, Jentaduetto, Tradjenta                   |
| Otezla                                 | Inflammatory Conditions                                  | Step Therapy         | Must try and fail Enbrel or Humira first   |
| Oxycontin                              | Pain Management  | Quantity limit       |  |
| Oxymorphone Hydrochloride 40mg         | Pain Management  | Quantity limit       |  |
| Oxymorphone Hydrochloride 5 - 30 mg ER | Pain Management  | Quantity limit       |  |
| Pantoprazole                           | Proton Pump Inhibitors                                   | Quantity limit       |  |
| Pegasys                                | Hepatitis C  | Prior Auth           |  |
| Peg-Intron                             | Hepatitis C  | Prior Auth           |  |
| Pentasa                                | Inflammatory Bowel Disease                               | Step Therapy         | Must try and fail Apriso or Lialda first   |
| Phentemine                             | Anti-obesity   | Prior Auth           |  |
| Praulent                               | Hyperlipidemia   | Prior Auth           |  |
| ProAir HFA                             | Asthma/COPD  | Quantity limit       |  |
| Procrit                                | Red Blood Cell Formation                                 | Prior Auth           |  |
| Proventil                              | Asthma   | Step Therapy         | Must try and fail Proair HRA or Ventolin HFA first                                 |
| Proventil HFA                          | Asthma/COPD  | Quantity limit       |  |
| Pulmicort Flexhaler                    | Asthma/COPD  | Quantity limit       |  |
| Pulmicort Turbinaler Pwd 200mcg        | Asthma/COPD  | Quantity limit       |  |
| Pulmozyme                              | Cystic Fibrosis  | Quantity limit       |  |
| Qsymia                                 | Weight Loss  | Non-covered Brand    | Covered Drugs: Belviq, Contrave  |
| QVAR                                   | Asthma/COPD  | Quantity limit       |  |
| Raptiva                                | Rheumatoid Arthritis/Psoriatic Arthritis                 | Prior Auth           |  |
| Rebif                                  | Multiple Sclerosis                                       | Step Therapy         | Must try and fail Avonex, Copaxone, Glienya or Tecfidera first                     |
| Regimex                                | Anti-Obesity   | Prior Auth           |  |
| Relenza                                | Flu  | Quantity limit       |  |
| Relistor                               | Gastrointestinal   | Step Therapy         | Must try and fail Amitiza first  |
| Relpax                                 | Migraine   | Quantity limit       |  |
| Remicade                               | Rheumatoid Arthritis/Psoriatic Arthritis                 | Prior Auth           |  |
| Revatio                                | Pulmonary Arterial Hypertension                          | Quantity limit       |  |
| Ribavirin                              | Hepatitis C  | Prior Auth           |  |
| Saizen                                 | Growth Hormone   | Step Therapy         | Must try and fail Genotropin, Norditropin first                                    |
| Sandostatin                            | Acromegaly, Profuse Diarrhea                             | Prior Auth           |  |

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| Drug                                   | Drug Category/Disease State              | Applicable Provision | Comments   |
|--|--|----------------------|--|
| Sandostatin LAR                        | Acromegaly, Profuse Diarrhea             | Prior Auth           |  |
| Saxenda                                | Weight Loss                              | Non-covered Brand    | Drugs Covered: Belviq, Contrave  |
| Serevent diskus 50mcg                  | Asthma/COPD                              | Quantity limit       |  |
| Simponi                                | Inflammatory Conditions                  | Step Therapy         | Must try and fail Enbrel or Humira first                                   |
| Simponi                                | Rheumatoid Arthritis/Psoriatic Arthritis | Prior Auth           |  |
| Sovaldi                                | Hepatitis C                              | Prior Auth           |  |
| Spiriva                                | Asthma/COPD                              | Quantity limit       |  |
| Sprycel                                | Oral Oncology Agent                      | Prior Auth           |  |
| Staxyn                                 | Erectile Dysfunction                     | Step Therapy         | Must try and fail Viagra first   |
| Staxyn                                 | Erectile Dysfunction                     | Quantity limit       |  |
| Stelara                                | Hereditary Angioedema                    | Prior Auth           |  |
| Stendra                                | Erectile Dysfunction                     | Step Therapy         | Must try and fail Viagra first   |
| Stendra                                | Erectile Dysfunction                     | Quantity limit       |  |
| Stivarga                               | Oral Oncology Agent                      | Prior Auth           |  |
| Stribild                               | HIV Agents                               | Prior Auth           |  |
| Sublimaze                              | Pain Management – Fentanyl               | Prior Auth           |  |
| Suboxone                               | Opioid Addiction                         | Prior Auth           |  |
| Suboxone 12mg/3mg Oral Strip           | Anti-addicton                            | Quantity limit       |  |
| Suboxone 2mg/0.5mg Oral Strip          | Anti-addicton                            | Quantity limit       |  |
| Suboxone 4mg/1mg Oral Strip            | Anti-addicton                            | Quantity limit       |  |
| Suboxone 8mg/2mg Oral Strip            | Anti-addicton                            | Quantity limit       |  |
| Subsys                                 | Autonomic & Central Nervous System       | Non-covered Brand    | Drugs Covered: Fentanyl lozenge  |
| Subsys 0.1–0.8 mg/Actuat Mucosal Spray | Pain Management                          | Quantity limit       |  |
| Subutex                                | Opioid Addiction                         | Prior Auth           |  |
| Sumatriptan                            | Migraine                                 | Quantity limit       |  |
| Sumatriptan Ini. (cartridges)          | Migraine                                 | Quantity limit       |  |
| Sumatriptan Inj. Vial                  | Migraine                                 | Quantity limit       |  |
| Sumatriptan NS 20 mg                   | Migraine                                 | Quantity limit       |  |
| Sumatriptan NS 5 mg                    | Migraine                                 | Quantity limit       |  |
| Sutent                                 | Oral Oncology Agent                      | Prior Auth           |  |
| Symbicort                              | Asthma/COPD                              | Quantity limit       |  |
| Synjardy                               | Diabetes                                 | Non-covered Brand    | Drugs Covered: Farxiga, Invokana, Invokamet, Xigduo                        |
| Synribo                                | Injectable Anti-Neoplastics              | Prior Auth           |  |
| Tabloid                                | Oral Oncology Agent                      | Prior Auth           |  |
| Tafinlar                               | Oral Oncology Agent                      | Prior Auth           |  |
| Taltz                                  | Inflammatory                             | Step Therapy         | Must first try Enbrel or Humira  |
| Tamiflu                                | Flu                                      | Quantity limit       |  |
| Tanzeum                                | Injectable anti-diabetic                 | Non-covered Brand    | Drugs Covered: Bydureon, Byetta, Victoza                                   |
| Tarceva                                | Oral Oncology Agent                      | Prior Auth           |  |
| Targretin                              | Oral Oncology Agent                      | Prior Auth           |  |
| Tasigna                                | Oral Oncology Agent                      | Prior Auth           |  |
| Technivie                              | Hepatitis C                              | Non-covered Brand    | Drugs Covered: Harvoni, Sovaldi, Daklinza                                  |
| Temodar                                | Oral Oncology Agent                      | Prior Auth           |  |
| Terbinafine 250 mg                     | Anti-fungal                              | Quantity limit       |  |
| Testim                                 | Androgens                                | Non-covered Brand    | Drugs Covered: AndroGel 1.62%, generic testosterone                        |
| Tilade                                 | Asthma/COPD                              | Quantity limit       |  |
| Tobi                                   | Cystic Fibrosis                          | Quantity limit       |  |
| Tobi Podhaler Kit                      | Anti-infective                           | Quantity limit       |  |
| Toviaz                                 | Urological                               | Non-covered Brand    | Drugs Covered: Myrbetriq, oxbutynin, tolterodine, tiroprium, Vesicare [NP] |
| Tretinoin                              | Oral Oncology Agent                      | Prior Auth           |  |
| Treximet                               | Migraine                                 | Quantity limit       |  |
| Trulicity                              | Injectable Anti-diabetics                | Non-covered Brand    | Drugs Covered: Bydureon, Byetta, Victoza                                   |
| Tykerb                                 | Oral Oncology Agent                      | Prior Auth           |  |
| Tysabri                                | Multiple Sclerosis                       | Step Therapy         | Must first try and fail Avonex, Copaxone, Gilenya, Plegridy, Tecfidera     |
| Uceris                                 | Corticosteroids                          | Prior Auth           |  |
| Unituxin                               | Antineoplastics                          | Prior Auth           |  |
| Vandetanib                             | Oral Oncology Agent                      | Prior Auth           |  |
| Ventolin HFA 18 gm inhaler             | Asthma/COPD                              | Quantity limit       |  |
| Viagra                                 | Erectile Dysfunction                     | Quantity limit       |  |
| Victralis                              | Hepatitis C                              | Prior Auth           |  |
| Viekira                                | Hepatitis C                              | Non-covered Brand    | Drugs Covered: Harvoni, Sovaldi, Daklinza                                  |
| Vimovo                                 | Gastrointestinal                         | Non-covered Brand    | Drugs Covered: Famotidine PLUS ibuprofen or Omeprazole PLUS naproxen       |
| Votrient                               | Oral Oncology Agent                      | Prior Auth           |  |
| Xalkori                                | Oral Oncology Agent                      | Prior Auth           |  |
| Xeljanz                                | Inflammatory Conditions                  | Step Therapy         | Must try and fail Enbrel or Humira first                                   |
| Xeljanz                                | Rheumatoid Arthritis/Psoriatic Arthritis | Prior Auth           |  |

## 2017 List of Rule Based Prescription Drugs

| Drug                | Drug Category/Disease State | Applicable Provision | Comments   |
|---------------------|-----------------------------|----------------------|--|
| Xeloda              | Oral Oncology Agent         | Prior Auth           |  |
| Xenical             | Anti-Obesity                | Prior Auth           |  |
| Xolair              | Asthma                      | Prior Auth           |  |
| Xopenex             | Asthma                      | Step Therapy         | Must try and fail Proair HRA or Ventolin HFA first                     |
| Xtandi              | Oral Oncology Agent         | Prior Auth           |  |
| Xyrem Oral Solution | Stimulants                  | Prior Auth           |  |
| Zepatier            | Antiviral                   | Non-covered Brand    | Drugs Covered: Daklinza, Harvoni, Sovaldi                              |
| Zelforaf            | Oral Oncology Agent         | Prior Auth           |  |
| Zinbryta            | Multiple Sclerosis          | Step Therapy         | Must first try and fail Avonex, Copaxone, Gilenya, Plegridy, Tecfidera |
| Zipsor              | Analgesic                   | Non-covered Brand    | Drugs Covered: Diclofenac, Potassium, Zorvolex [NP]                    |
| Zohydro             | Pain Management – Zohydro   | Prior Auth           |  |
| Zolinza             | Oral Oncology Agent         | Prior Auth           |  |
| Zolpidem            | Sleep Aid                   | Quantity limit       |  |
| Zolpidem CR         | Sleep Aid                   | Quantity limit       |  |
| Zomacton            | Growth Hormone              | Step Therapy         | Must try and fail Genotropin, Norditropin first                        |
| Zomig NS            | Migraine                    | Quantity limit       |  |
| Zomig tabs          | Migraine                    | Quantity limit       |  |
| Zubsolv             | Opioid Abuse                | Non-covered Brand    | Drugs Covered: Suboxone Film   |
| Zytiga              | Oral Oncology Agent         | Prior Auth           |  |