2016 Drugs Requiring Prior Authorization List

1/1/16 Edition

Status	Definition
Clinical	Prior Authorization is required. Please submit a Pharmacy Prior Authorization Request Form.
Non-Formulary	Use another agent similar to requested agent. Specific indication might be required
Step Therapy	An adequate trial of another preferred agent(s) is required before approval.
Specialty	Prior Authorization is required. Please submit a Specialty Pharmacy Prior Authorization Form. Refer to Specialty Pharmacy Medication Policies on CareSource.com
Note: A drug is available generically if its listing includes both a generic and a brand name.	

Drug	Status	Special Instructions
INOVA 8 and 5 % EASY PAD KIT	Non-Formulary	Lower cost agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, or BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
17 ALPHA HYDROXYPROGESTERONE (17P)	Clinical	Specialty; follow policy on CareSource.com.
8-MOP 10 MG CAPSULE	Clinical	Required diagnosis = Cutaneous T-cell Lymphoma (CTCL) OR psoriasis with a trial of calcipotriene
ABILIFY 1 mg/ML SOLUTION	Non-Formulary	Formulary agent: aripiprazole (Abilify) tablet
ABILIFY DISCMELT 10 mg TABLET	Clinical	Required diagnosis=an inability to swallow OR a clinical reason why non-Discmelt aripiprazole (Abilify) cannot be used
ABILIFY DISCMELT 15 mg TABLET	Clinical	Required diagnosis=an inability to swallow OR a clinical reason why non-Discmelt aripiprazole (Abilify) cannot be used
ABSORICA 10 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin

Drug	Status	Special Instructions
ABSORICA 20 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
ABSORICA 30 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
ABSORICA 40 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
ABSTRAL 100 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
ABSTRAL 200 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
ABSTRAL 300 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
ABSTRAL 400 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
ABSTRAL 600 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
ABSTRAL 800 mcg TABLET SUBLINGAL	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy

Drug	Status	Special Instructions
ACANYA GEL PUMP 2.5%-1.2%	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% GEL AND CLINDAMYCIN, CLINDAMAX (CLEOCIN-T) 1% GEL separately used together
ACETAMINOPHEN-ISOMETHEPTENE-CAFFEINE (PRODRIN) TAB 325-65-20 MG	Non-Formulary	Formulary Agents: Butalbital-Acetaminophen 50-325MG tablet (Phrenilin, Marten tabs), Butalbital-Acetaminophen-Caffeine (Esgic-Plus) 50-500-40MG tablet, Butalbital-Aceteminophen-Caffeine (Fioricet) 50-325-40MG tablet
ACETAMINOPHEN-ISOMETHEPTENE-CAFFEINE (PRODRIN) TAB 500-130-20 MG	Non-Formulary	Formulary Agents: Butalbital-Acetaminophen 50-325MG tablet (Phrenilin, Marten tabs), Butalbital-Acetaminophen-Caffeine (Esgic-Plus) 50-500-40MG tablet, Butalbital-Aceteminophen-Caffeine (Fioricet) 50-325-40MG tablet
ACCU-CHEK TEST STRIPS/METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE (PANLOR/PANLOR SS) 712.8-60-32 mg TABLET	Non-Formulary	Formulary agent: Butalbital-Aceteminophen-Caffeine-Codeine (FIORICET-COD) 30-50-325-40 capsule
ACID JELLY	Non-Formulary	Formulary agents: ALIGN, FLORAJEN, FLORA-Q, RESTORA, RISAQUAD, REZYST, or DIFF-STAT (oral probiotics)
ACIPHEX 10 mg SPRINKLE CAPS	Non-Formulary	Formulary agent: RABEPRAZOLE (ACIPHEX EC) 20 MG TABLET
ACIPHEX 5 mg SPRINKLE CAPS	Non-Formulary	Formulary agent: RABEPRAZOLE (ACIPHEX EC) 20 MG TABLET
ACITRETIN (SORIATANE) 10 mg CAPSULE	Non-Formulary	Formulary agent: calcipotriene (Dovonex) or previous approval of Enbrel, Humira, or Stelara
ACITRETIN (SORIATANE) 17.5 mg CAPSULE	Non-Formulary	Formulary agent: calcipotriene (Dovonex) or previous approval of Enbrel, Humira, or Stelara
ACITRETIN (SORIATANE) 25 mg CAPSULE	Non-Formulary	Formulary agent: calcipotriene (Dovonex) or previous approval of Enbrel, Humira, or Stelara
ACLARO, ACLARO PD 4% EMULSION	Excluded benefit	
ACTEMRA 200/10 mL	Clinical	Specialty; follow policy on CareSource.com.
ACTEMRA 400/20 mL	Clinical	Specialty; follow policy on CareSource.com.
ACTEMRA 162 mg/0.9 mL	Clinical	Specialty; follow policy on CareSource.com.
ACTEMRA 80 mg/4 mL	Clinical	Specialty; follow policy on CareSource.com.
ACTHAR HP	Clinical	Specialty; follow policy on CareSource.com.
ACTIMMUNE 2 MILLION UNIT VIAL	Clinical	Required diagnosis = chronic granulomatous disease or malignant osteoporosis
Active OB	Non-Formulary	Formulary agents: any formulary prenatal vitamin
ACTONEL 150 mg TABLET	Non-Formulary	Formulary agent: alendronate
ACTONEL 30 mg TABLET	Non-Formulary	Formulary agent: alendronate
ACTONEL 35 mg TABLET	Non-Formulary	Formulary agent: alendronate
ACTONEL 5 mg TABLET	Non-Formulary	Formulary agent: alendronate
ACTONEL WITH CALCIUM TABLET 35 mg/500 mg	Non-Formulary	Formulary agent: alendronate then Actonel and OTC calcium 500 mg tablet
ACTOPLUS MET XR 15-1,000MG TABLET	Step Therapy	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER)
ACTOPLUS MET XR 30-1,000MG TABLET	Step Therapy	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER)

Drug	Status	Special Instructions
ACUVAIL 0.45% OPHTH SOLUTION	Non-Formulary	Formulary agent: ketorolac (ACULAR) 0.5% EYE DROPS
ACYCLOVIR (ZOVIRAX) 5% OINTMENT	Step Therapy	Required diagnosis= acute outbreak of genital herpes simplex OR cold sores/oral herpes simplex with a trial of Abreva
ACZONE 5% GEL	Non-Formulary	Formulary agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl); erythromycin/benzoyl (Benzamycin); sulfacetamide (Klaron); clindamycin topical (Cleocin T); erythromycin topical; tretinoin cream or gel; adapalene 0.1% gel or cream
ADAPALENE (DIFFERIN) 0.1% LOTION	Non-Formulary	Formulary agent: Adapalene (Differin) 0.1% cream or gel
ADAPALENE (DIFFERIN) 0.3% GEL	Non-Formulary	Formulary agent: Adapalene (Differin) 0.1% cream or gel
ADAPALENE (DIFFERIN) 0.3% GEL PUMP	Non-Formulary	Formulary agent: Adapalene (Differin) 0.1% cream or gel
ADASUVE 10MG INHALATION	Non-Formulary	Formulary agents: aripiprazole (Abilify) tablets (which require a step through: quetiapine, risperidone, clozapine, ziprasadone or olanzapine)
ADCIRCA 20 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
Addyi Tablet	Excluded Benefit	
ADEMPAS 0.5 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, rx prescribed by pulmonologist and/or cardiologist, and WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled
ADEMPAS 1 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, rx prescribed by pulmonologist and/or cardiologist, and WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge

Drug	Status	Special Instructions
ADEMPAS 1.5 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, rx prescribed by pulmonologist and/or cardiologist, and WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge
ADEMPAS 2 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, rx prescribed by pulmonologist and/or cardiologist, and WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge
ADEMPAS 2.5 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, rx prescribed by pulmonologist and/or cardiologist, and WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge
ADOXA PAK 1/TAB 100 mg	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
ADOXA PAK 1/TAB 150 mg	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
ADOXA PAK 2/TAB 100 mg	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
ADRENALIN 1:1,000 NASAL SOLUTION	Clinical	Required diagnosis = nasal congestion Required trial of: OTC nasal decongestants (examples: ANEFRIN, 12 HR NASAL, SINUS NASAL, NRS NASAL, NASAL NODRIP (NEO-SYNEPHRINE, AFRIN, DRISTAN) or NEO-SYNEPHRINE)
ADASUVE 10MG INHALATION	Non-Formulary	Formulary agent: aripiprazole (Abilify) tablets

Drug	Status	Special Instructions
ADVAIR DISKUS 250-50MCG	Non-Formulary	Formulary Agents: Dulera or Symbicort Inhalers
ADVAIR DISKUS 500-50MCG	Non-Formulary	Formulary Agents: Dulera or Symbicort Inhalers
ADVAIR HFA 45-21MCG	Non-Formulary	Formulary Agents: Dulera or Symbicort Inhalers
ADVAIR HFA 115-21MCG	Non-Formulary	Formulary Agents: Dulera or Symbicort Inhalers
ADVAIR HFA 230-21MCG	Non-Formulary	Formulary Agents: Dulera or Symbicort Inhalers
ADVATE 1,201-1,800 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVATE 1,801-2,400 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVATE 2,400-3,600 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVATE 200-400 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVATE 401-800 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVATE 801-1,200 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
ADVICOR 1,000 mg-20 mg TABLET	Non-Formulary	Formulary agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 1,000 mg-40 mg TABLET	Non-Formulary	Formulary agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 500 mg-20 mg TABLET	Non-Formulary	Formulary agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 750 mg-20 mg TABLET	Non-Formulary	Formulary agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVIL 200 mg LIQUI-GEL CAPSULE	Non-Formulary	Formulary agent: IBUPROFEN 200 mg OTC tablet
AFINITOR 10 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant cell astrocytoma
AFINITOR 2.5 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant cell astrocytoma
AFINITOR 5 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant cell astrocytoma

Drug	Status	Special Instructions
AFINITOR 7.5 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant
AFINITOR DISPERZ 2 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant
AFINITOR DISPERZ 3 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant
AFINITOR DISPERZ 5 mg TABLET	Clinical	Required diagnosis = advanced hormone receptor–positive, human epidermal growth receptor 2 (HER2)–negative breast cancer, advanced neuroendocrine tumors of pancreatic origin, advanced renal cell carcinoma, or renal angiomyolipoma and tuberous sclerosis complex, adult and pediatric patients 3 years and older with subependymal giant
AFREZZA 4 UNIT/CARTRIDGE INHALABLE INSULIN	Non-Formulary	Formulary Agents: Humulin R or Novolin R
AKNE-MYCIN 2% OINTMENT	Non-Formulary	Formulary agents: ERYTHROMYCIN 2% GEL, ERYTHROMYCIN 2% PLEDGETS, or ERYTHROMYCIN 2% SOLUTION
AKYNZEO 300-0.5MG CAPSULE	Clinical	Required Dx= Treat nausea and vomiting in patients undergoing cancer chemotherapy
ALAMAST 0.1% DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
ALA-QUIN 3/1% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
ALCORTIN A 1-2-1% GEL	Non-Formulary	Formulary agents: OTC hydrocortisone-aloe vera with topical anti-fungal (clotrimazole, terbinafine, tolnaftate, or miconazole) use separately at the same time
ALCORTIN A GEL (Contains: IODOQUINOL-HYDROCORTISONE-ALOE POLYSACCHARIDE GEL 1-2-1%	Non-Formulary	Formulary agents: OTC hydrocortisone-aloe vera with topical anti-fungal (clotrimazole, terbinafine)
ALDURAZYME	Clinical	Specialty; follow policy on CareSource.com.
ALINIA 100 mg/5 mL SUSPENSION	Clinical	Required diagnosis = diarrhea caused by Giarda lamblia or Cryptosporidium parvum
ALINIA 500 mg TABLET	Clinical	Required diagnosis = diarrhea caused by Giarda lamblia or Cryptosporidium parvum
ALLEGRA 30 mg/5 mL SUSPENSION	Non-Formulary	No longer available; use ALLEGRA ALLERGY 30 mg/5 mL SUSPENSION

Drug	Status	Special Instructions
ALLEGRA ODT 30 mg TABLET	Non-Formulary	Formulary agents: ALLEGRA ALLERGY (OTC) 30 mg tablet OR ALLEGRA ALLERGY 30 mg/5 mL SUSPENSION
ALLFEN CD TABLET	Non-Formulary	Formulary agent: OTC guaifenesin tablet
ALMOTRIPTAN MALATE (AXERT) 12.5MG TABLET	Non-Formulary	Formulary Agent(s): sumatriptan, naratriptan or rizatriptan
ALMOTRIPTAN MALATE (AXERT) 6.25MG TABLET	Non-Formulary	Formulary Agent(s): sumatriptan, naratriptan or rizatriptan
ALOCRIL 2% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
ALOSETRON (LOTRONEX) 0.5 mg TABLET	Clinical	Required diagnosis = severe diarrhea, IBS with a trial of atropine-diphenoxylate (Lomotil) or dicyclomine (Bentyl)
ALOSETRON (LOTRONEX) 1 mg TABLET	Clinical	Required diagnosis = severe diarrhea, IBS with a trial of atropine-diphenoxylate (Lomotil) or dicyclomine (Bentyl)
ALOXI 0.25 mg/ML	Clinical	Required diagnosis=Chemotherapy-induced nausea and vomiting or Postoperative nausea and vomiting
ALPHAGAN P 0.1% DROPS	Non-Formulary	Formulary agent: brimonidine ophthalmic 0.2%
ALPHANATE 1,000-400 UNIT VIAL	Specialty	Specialty
ALPHANATE 1,500-600 UNIT VIAL	Specialty	Specialty
ALPHANATE 2000-800 UNIT VIAL	Specialty	Specialty
ALPHANATE 250-100 UNIT VIAL	Specialty	Specialty
ALPHANATE 500-200 UNIT VIAL	Specialty	Specialty
ALPHANINE SD INJECTION 1000UNIT	Clinical	Specialty
ALPHANINE SD INJECTION 1500UNIT	Clinical	Specialty
ALPHANINE SD INJECTION 500UNIT	Clinical	Specialty
ALPRAZOLAM (XANAX) 1 mg/ML ORAL CONCENTRATE	Non-Formulary	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPRAZOLAM ODT (NIRAVAM) 0.25 mg ORALLY DISINTEGRATING TABLET	Non-Formulary	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPRAZOLAM ODT (NIRAVAM) 0.5 mg ORALLY DISINTEGRATING TABLET	Non-Formulary	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPRAZOLAM ODT (NIRAVAM) 1 mg ORALLY DISINTEGRATING TABLET	Non-Formulary	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPRAZOLAM ODT (NIRAVAM) 2 mg ORALLY DISINTEGRATING TABLET	Non-Formulary	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPROLIX 500 UNIT SOLUTION	Specialty	Specialty
ALPROLIX 1000 UNIT SOLUTION	Specialty	Specialty
ALPROLIX 2000 UNIT SOLUTION	Specialty	Specialty
ALPROLIX 3000 UNIT SOLUTION	Specialty	Specialty
ALREX 0.2% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
ALTABAX 1% OINTMENT	Non-Formulary	Formulary agent: mupirocin ointment
ALTOPREV 20 mg TABLET	Non-Formulary	Formulary agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)
ALTOPREV 40 mg TABLET	Non-Formulary	Formulary agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)

Drug	Status	Special Instructions
ALTOPREV 60 mg TABLET	Non-Formulary	Formulary agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)
ALVESCO 160 mcg INHALER	Non-Formulary	Formulary Agent(s): Aerospan or Asmanex
ALVESCO 80 mcg INHALER	Non-Formulary	Formulary Agent(s): Aerospan or Asmanex
AMCINONIDE 0.1% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
AMCINONIDE 0.1% LOTION	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
AMCINONIDE 0.1% OINTMENT	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
AMETHYST 90-20 mcg TABLET	Non-Formulary	Formulary agents: a formulary birth control option (most similar agent=Sronyx)
AMEVIVE	Clinical	Specialty; follow policy on CareSource.com.
AMITIZA 24 mcg CAPSULE	Step Therapy	Must first try SMOOTH LAX, POLYETHYLENE GLYCOL, PEG 3350, CLEARLAX, GENTLELAX, PURELAX (MIRALAX), Kristalose, Lactulose, or Senna-S, bisacodyl (accepted but not preferred trial: dicyclomine (Bentyl))
AMITIZA 8 mcg CAPSULE	Step Therapy	Must first try SMOOTH LAX, POLYETHYLENE GLYCOL, PEG 3350, CLEARLAX, GENTLELAX, PURELAX (MIRALAX), Kristalose, Lactulose, or Senna-S, bisacodyl (accepted but not preferred trial: dicyclomine (Bentyl))
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-10 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-20 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-40 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-80 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-10 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-20 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-40 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-10 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-20 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-40 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-80 mg TABLET	Non-Formulary	Formulary agent: amlodipine and atorvastatin separately taken together

Drug	Status	Special Instructions
AMNESTEEM 10 mg TABLET	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMNESTEEM 20 mg TABLET	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMNESTEEM 40 mg TABLET	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMOXICILLIN-CLARITHROMYCIN-LANSOPRAZOLE (PREVPAC) PATIENT PACK	Non-Formulary	Formulary agents: amoxicillin, clarithromycin, and lansoprazole separately
AMPYRA ER 10 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
AMTURNIDE 150-5-12.5 mg TABLET	Non-Formulary	Formulary agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
AMTURNIDE 300-10-12.5 mg TABLET	Non-Formulary	Formulary agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
AMTURNIDE 300-10-25 mg TABLET	Non-Formulary	Formulary agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)

Drug	Status	Special Instructions
AMTURNIDE 300-5-12.5 mg TABLET	Non-Formulary	Formulary agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
AMTURNIDE 300-5-25 mg TABLET	Non-Formulary	Formulary agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
ANABAR CAPLET	Non-Formulary	No longer available on the market
ANADROL-50 TABLET	Clinical	Required diagnosis = anemia
ANALPRAM KIT ADVANCED	Non-Formulary	Requires clinical reason supported by chart notes why HYDROCORTISONE Acetate 1%/Pramoxine Hydrochloride 1% (ANALPRAM-HC) CREAM cannot be used
ANDRODERM 2.5 mg/24HR PATCH	Non-Formulary	No longer available on the market: USE ANDRODERM 2 mg/24HR PATCH
ANDRODERM 2 mg/24HR PATCH	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDRODERM 4 mg/24HR PATCH	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDRODERM 5 mg/24HR PATCH	Non-Formulary	No longer available on the market: USE ANDRODERM 4 mg/24HR PATCH
ANDROGEL 1% (50 gM) GEL PACKET	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROGEL 1% GEL PUMP	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROGEL 1.62% (20.25 MG/ACT) GEL PUMP	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROGEL 1.62% (20.25 mg/1.25 gM) GEL PACKET	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROGEL 1.62% (40.5 mg/2.5 gM) GEL PACKET	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROID (TESTRED) 10 mg CAPSULE	Non-Formulary	Formulary agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
ANDROXY 10 mg TABLET	Clinical	Required diagnosis = metastatic mammary cancer or hypogonadism Formulary agents = Axiron or Fortesta (both still require a prior authorization)
ANECREAM, LIDOCREAM (LMX 4 PLUS) KIT 4%	Non-Formulary	Formulary agents: ANECREAM, LIDOCREAM, LC-4 LIDOCAINE (LMX 4) and TRANSPARENT DRESSING separate
ANGELIQ 0.25-0.5 mg TABLET	Non-Formulary	Formulary agents: Femhrt or Prempro
ANGELIQ 0.5 mg-1 mg TABLET	Non-Formulary	Formulary agents: Femhrt or Prempro

Drug	Status	Special Instructions
ANIMI-3 500-1,000-1MG CAPSULE	Non-Formulary	Formulary Agent(s): Omega 3 with EPA/DHA, Vitamin B6, Vitamin B12, and Folate taken separately used together at the same time
ANORO ELLIPTA 62.2-25 MCG/INH	Non-Formulary	Required Dx= COPD; Required 30 day trial of either: Dulera or Symbicort
FENOFIBRATE (ANTARA) 130 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENOFIBRATE (ANTARA) 30 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
ANTARA 43 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
ANTARA 90 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
ANTIVERT 50 mg TABLET	Non-Formulary	Formulary agent: MECLIZINE 12.5 mg OR 25 mg
ANZEMET 100 mg TABLET	Non-Formulary	Formulary agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
ANZEMET 50 mg TABLET	Non-Formulary	Formulary agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
APEXICON E 0.05% CREAM	Non-Formulary	Formulary agent: DIFLORASONE 0.05% CREAM
APHTHASOL PST 5%	Clinical	Required diagnosis = aphthous ulcers in patients with normal immune systems who have failed TRIAMCINOLONE 0.1% PASTE administered 4 times daily; doxycycline capsule of 100 mg in 10 mL of water administered as a mouth rinse for 3 minutes; chlorhexidine gluconate mouth rinses; vitamin B12 used orally
APLENZIN ER 174 mg TABLET	Non-Formulary	Formulary agent: buproprion XL
APLENZIN ER 348 mg TABLET	Non-Formulary	Formulary agent: buproprion XL
APLENZIN ER 522 mg TABLET	Non-Formulary	Formulary agent: buproprion XL
APOKYN 30 mg/3 mL CARTRIDGE	Non-Formulary	Formulary agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
APRACLONIDINE (IOPIDINE) 0.5% EYE DROPS	Non-Formulary	Formulary agent: brimonidine ophthalmic 0.2%
APTENSIO XR 10MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)

Drug	Status	Special Instructions
APTENSIO XR 15MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)
APTENSIO XR 20MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)
APTENSIO XR 30MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)

Drug	Status	Special Instructions
APTENSIO XR 40MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)
APTENSIO XR 50MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)
APTENSIO XR 60MG CAPSULE	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)

Drug	Status	Special Instructions
APTIOM 200MG TABLET	Non-Formulary	Required Diagnosis = Seizure or Epilespsy Formulary agents:gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 400MG TABLET	Non-Formulary	Required Diagnosis = Seizure or Epilespsy Formulary agents:gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 600MG TABLET	Non-Formulary	Required Diagnosis = Seizure or Epilespsy Formulary agents:gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 800MG TABLET	Non-Formulary	Required Diagnosis = Seizure or Epilespsy Formulary agents:gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
ARALAST NP 1000 mg SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
ARALAST NP 400 mg SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
ARALAST NP 500 mg SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
ARALAST NP 800 mg SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 10MCG/0.4ML SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 100 mcg/0.5 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 100 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 150 mcg/0.3 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 150 mcg/0.75 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 200 mcg/0.4 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 200 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
ARANESP 25 mcg/0.42 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 25 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 300 mcg/0.6 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 300 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 40 mcg/0.4 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 40 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 500 mcg/1 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 60 mcg/0.3 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ARANESP 60 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ARCALYST 220 mg INJECTION	Clinical	Request Must Go Through Clinical Review
ARCAPTA NEOHALER 75 mcg	Non-Formulary	Formulary agents: Foradil and Serevent
ARESTIN 1 mg SUBGINGIVAL	Clinical	Required diagnosis = adult periodontitis
ARISTADA 441MG/1.6ML PREFILLED SYRINGE	Non-Formulary	Formulary Agent(s): Aripiprazole (Abilify) Tablet
ARISTADA 662MG/2.4ML PREFILLED SYRINGE	Non-Formulary	Formulary Agent(s): Aripiprazole (Abilify) Tablet
ARISTADA 882MG/3.2ML PREFILLED SYRINGE	Non-Formulary	Formulary Agent(s): Aripiprazole (Abilify) Tablet
ARNUITY ELLIPTA 100MCG INHALER	Non-Formulary	For Ages 6 And Under: Formulary Agent(s): Asmanex Or For Ages 7 And Older: Formulary Agent(s): Asmanex Or Aerospan
ARNUITY ELLIPTA 200MCG INHALER	Non-Formulary	For Ages 6 And Under: Formulary Agent(s): Asmanex Or For Ages 7 And Older: Formulary Agent(s): Asmanex Or Aerospan
ASCENSIA Contour TEST STRIPS/METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
ASPIRIN-DIPYRIDAMOLE ER (AGGRENOX) CAPSULE	Non-Formulary	Formulary agent: aspirin with a diagnosis of transient ischemia of the brain or complete ischemic stroke due to thrombosis
ASTAGRAF XL 0.5 mg CAPSULE	Non-Formulary	Formulary agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
ASTAGRAF XL 1 mg CAPSULE	Non-Formulary	Formulary agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
ASTAGRAF XL 5 mg CAPSULE	Non-Formulary	Formulary agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
ATGAM 50 mg/ML AMPULE	Clinical	Required diagnosis = Diagnosis of management of allograft rejin renal transplant patients or Aplactic anemia
ATOPICLAIR CREAM	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
ATRALIN 0.05% GEL	Non-Formulary	Formulary agent: TRETINOIN (RETIN-A) 0.05% CREAM
AUBAGIO 14 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
AUBAGIO 7 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
AURAX (AURALGAN) 5.5-1.4% OTIC SOLUTION	Non-Formulary	Formulary agent: antipyrine-Benzocaine (AURODEX) OTIC SOLUTION
AURODEX OTIC SOLUTION DAW	Non-Formulary	Formulary agent: Antipyrine-Benzocaine (AURODEX) OTIC SOLUTION
AURYXIA 1G (210MG FERRIC IRON) TABLET	Non-Formulary	Required Diagnosis: For the control of serum phosphorus levels in patients with chronic kidney disease (CKD) receiving dialysis AND Formulary Agent(s): calcium acetate (PhosLo)
Avalide 150-12.5 mg TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
Avalide 300-12.5 mg TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
Avalide 300-25 mg TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
AVANDAMET 2 mg-1,000 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 2 mg-500 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 4 mg-1,000 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 4 mg-500 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDARYL 4 mg-1 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact)
AVANDARYL 4 mg-2 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDARYL 4 mg-4 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDARYL 8 mg-2 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact)
AVANDARYL 8 mg-4 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDIA 2 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND PIOGLITAZONE (ACTOS)
AVANDIA 4 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND PIOGLITAZONE (ACTOS)

Drug	Status	Special Instructions
AVANDIA 8 mg TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage or Glucophage ER) AND PIOGLITAZONE (ACTOS)
AVAPRO 150 mg TABLET	Non-Formulary	Formulary agents: 2 different manufacturers of generic irbesartan tablet
AVAPRO 75 mg TABLET	Non-Formulary	Formulary agents: 2 different manufacturers of generic irbesartan tablet
AVAPRO 300 mg TABLET	Non-Formulary	Formulary agents: 2 different manufacturers of generic irbesartan tablet
AVAR 9.5-5% Cleansing Pads	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
AVAR 9.5-5% FOAM	Non-Formulary	Formulary Agent(s): Sulfacetamide Sodium W/ Sulfur (Avar-E LS) 10-2% Cream
Avar LS 10-2% Cleansing Pads	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
AVAR LS 10-2% FOAM	Non-Formulary	Formulary Agent(s): Sulfacetamide Sodium W/ Sulfur (Avar-E LS) 10-2% Cream
AVASTIN 100 mg/4 mL	Clinical	Required diagnosis = metastatic carcinoma of the colon or rectum, glioblastoma, metastatic renal cell carcinoma, or recurrent or metastatic nonsquamous non–small cell lung cancer or in combo with cisplatin/paclitaxel for recurrent or metastatic cervical cancer per NCCN update For diagnosis related to eyes- following policy on CareSource.com
AVASTIN 400 mg/16 mL	Clinical	Required diagnosis = metastatic carcinoma of the colon or rectum, glioblastoma, metastatic renal cell carcinoma, or recurrent or metastatic nonsquamous non–small cell lung cancer or in combo with cisplatin/paclitaxel for recurrent or metastatic cervical cancer per NCCN update For diagnosis related to eyes- following policy on CareSource.com
AVC 15% VAGINAL CREAM	Non-Formulary	Formulary agent: fluconazole oral tablet or miconazole vaginal suppositories
MOXIFLOXACIN (AVELOX) 400 mg TABLET	Step Therapy	Formulary agent: ciprofloxacin or levofloxacin
AVENOVA 0.1% SPRAY	Non Covered	
MORPHINE SULFATE SR BEADS (AVINZA) 120 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 30 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 45 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 60 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 75 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 90 MG CAPSULE	Non-Formulary	Formulary agent: morphine sulfate ER (MS Contin)
Avo Cream Emulsion	Non-Formulary	Formulary Agent(s): Woun'Dres Wound Dressing

Drug	Status	Special Instructions
AVONEX ADMIN PACK 30 mcg VIAL	Clinical	Specialty; follow policy on CareSource.com.
AVONEX PREFILLED SYRINGE 30 mcg	Clinical	Specialty; follow policy on CareSource.com.
AXID AR 75 mg CAPSULE	Non-Formulary	Formulary agent: NIZATIDINE (AXID) 150 mg CAPSULE, NIZATIDINE (AXID) 300 mg CAPSULE OR NIZATIDINE (AXID) 15 mg/ML SOLUTION
AXIRON 30 mg/ACTUATION SOLUTION	Clinical	Required diagnosis= hypogonadism with total testosterone lab value = ≤ 300 ng/dL before treatment
AXSAIN 4%-0.25% CREAM	Non-Formulary	Formulary Agent(s): Arthritis Pain Relief, Capsaicin, Muscle Relief, Theragen-HP, Trixaicin HP (Zostrix HP) 0.075% Cream
AZACITIDINE (VIDAZA) 100 mg Suspension for INJECTION	Clinical	Required diagnosis = treatment of patients with the following French-American-British (FAB) myelodysplastic syndrome (MDS) subtypes: refractory anemia or refractory anemia with ringed sideroblasts (RARS) (if accompanied by neutropenia or thrombocytopenia or requiring transfusions), refractory anemia with excess blasts (RAEB), refractory anemia with excess blasts in transformation (RAEB-T), and chronic myelomonocytic leukemia (CMMoL)
AZASITE 1% EYE DROPS	Non-Formulary	Formulary agents: ciprofloxacin or ofloxacin ophthalmic
AZELEX 20% CREAM	Non-Formulary	Formulary agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl); erythromycin/benzoyl (Benzamycin); sulfacetamide (Klaron); clindamycin topical (Cleocin T); erythromycin topical; tretinoin cream or gel; adapalene 0.1% gel or cream
AZILECT 0.5 mg TABLET	Non-Formulary	Formulary agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
AZILECT 1 mg TABLET	Non-Formulary	Formulary agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
AZOPT 1% EYE DROPS	Non-Formulary	Formulary agent: DORZOLAMIDE (TRUSOPT) 2% EYE DROPS
AZOR 10-20 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
AZOR 10-40 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
AZOR 5-20 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
AZOR 5-40 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
BACK & BODY (BAYER BACK & BODY) 500-32.5MG TABLET	Non-Formulary	Formulary Agent(s): aspirin 325mg or 500mg

Drug	Status	Special Instructions
BANZEL 200 mg TABLET	Step Therapy	Requires trial of: topiramate (Topamax), gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), phenytoin (Dilantin), VALPROIC ACID (Depakene) or zonisamide or previous approval of Lyrica, Vimpat, Onfi, Stavzor, or Potiga
BANZEL 400 mg TABLET	Step Therapy	Requires trial of: topiramate (Topamax), gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), phenytoin (Dilantin), VALPROIC ACID (Depakene) or zonisamide or previous approval of Lyrica, Vimpat, Onfi, Stavzor, or Potiga
BANZEL 40 mg/ML SUSPENSION	Non-Formulary	Requires trial of: topiramate (Topamax), gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), phenytoin (Dilantin), VALPROIC ACID (Depakene) or zonisamide or previous approval of Lyrica, Vimpat, Onfi, Stavzor, or Potiga AND Banzel tablets (Which also require a PA)
BAYER CONTOR TEST STRIPS	Non-Formulary	Formulary agents: FreeStyle or Precision products
BEBULIN VH 200-1,200 UINTS	Specialty	Specialty; follow policy on CareSource.com.
BECONASE AQ 0.042% SPRAY	Non-Formulary	Formulary agents: triamcinolone (Nasacort AQ) Age 2-3 fluticasone (Flonase) or triamcinolone (Nasacort AQ) Age 4-5 fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) Age 6 and older
BELSOMRA 5MG TABLET	Non-Formulary	Formulary Agents: zaleplon or zolpidem
BELSOMRA 10MG TABLET	Non-Formulary	Formulary Agents: zaleplon or zolpidem
BELSOMRA 15MG TABLET	Non-Formulary	Formulary Agents: zaleplon or zolpidem
BELSOMRA 20MG TABLET	Non-Formulary	Formulary Agents: zaleplon or zolpidem
BELVIQ 10 mg TABLET	Excluded benefit	
BENEFIX 1,000 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
BENEFIX 2,000 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
BENEFIX 250 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
BENEFIX 500 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
BENICAR 20 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR 40 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR 5 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR HCT 20-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 Formulary agents for 60 days.

Drug	Status	Special Instructions
BENICAR HCT 40-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 Formulary agents for 60 days. Elig:
BENICAR HCT 40-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 Formulary agents for 60 days
BENLYSTA	Clinical	Specialty; follow policy on CareSource.com.
BENZACLIN 1-5% GEL PUMP and GEL	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 5% GEL (Panoxyl) WITH CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION separately used together
BENZAMYCIN PAK GEL	Non-Formulary	Formulary agent: BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZEPRO SC, BENZOYL PEROXIDE (BENZEFOAM ULTRA) 9.8% FOAM	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZEPRO, BENZOYL PEROXIDE (BENZEFOAM) 5.3% EMOLLIENT FOAM	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZIQ 5.25% GEL	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZIQ 5.25% WASH	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZONATATE (ZONATUSS) 150 mg CAPSULE	Non-Formulary	Formulary agent: benzonatate capsule

Drug	Status	Special Instructions
BENZOYL PEROXIDE 7% WASH	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZOYL PEROXIDE KIT AC (BPO CREAMY KIT) 8%-5%	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 8% CLEANSER (Panoxyl-8) with Benzoyl Peroxide 5% Lotion or BENZOYL PEROXIDE 5% GEL (Panoxyl)
BENZOYL PEROXIDE KIT AC, BPO CREAMY KIT 4%-5%	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 4% CLEANSER (Panoxyl-4) with Benzoyl Peroxide 5% Lotion or BENZOYL PEROXIDE 5% GEL (Panoxyl)
BENZPHETAMINE (DIDREX) 50 mg TABLET	Excluded benefit	
BEPREVE 1.5% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
BERINERT C1 Esterase Inhibitor (Human) 500 UNIT KIT	Clinical	Required Diagnosis= Treatment Of Acute Abdominal, Facial, Or Laryngeal Attacks Of Hereditary Angioedema In Adult And Adolescent Patients
BESIVANCE 0.6% SUSPENSION	Non-Formulary	Required diagnosis = cataract surgery or corneal ulcer/keratitis or conjunctivitis Formulary agents: ciprofloxacin or ofloxacin ophthalmic
BETAMETHASONE DP AUG 0.05% GEL	Non-Formulary	Formulary agents: BETAMETHASONE DP 0.05% CREAM, LOTION OR OINTMENT
BETAMETHASONE VALERATE (LUXIQ) 0.12% FOAM	Non-Formulary	Formulary agents: BETAMETHASONE VALERATE 0.1% CREAM, LOTION, or OINTMENT
BETASERON 0.3 mg KIT	Non-Formulary	Specialty; follow policy on CareSource.com.
BETHKIS 300/4 mL NEBULIZING SOLUTION	Non-Formulary	Required diagnosis = Cystic Fibrosis Formulary agent: Cayston
BETIMOL 0.25% EYE DROPS	Non-Formulary	Formulary agents: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC) 0.5% EYE DROPS
BETIMOL 0.5% EYE DROPS	Non-Formulary	Formulary agents: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC) 0.5% EYE DROPS
BETOPTIC-S 0.25% EYE DROPS	Non-Formulary	Formulary agent: BETAXOLOL 0.5% EYE DROP
BEXAROTENE (TARGRETIN) 75MG CAPSULE	Clinical	Required diagnosis = Cutaneous T-cell lymphoma
BEYAZ 28 TABLET	Clinical	Requires trial of 90 days of any birth control from the birth control tab (Most similar: OCELLA, Zarah, Syeda) and a clinical reason why unable to use: Gianvi, Loryna, or Vestura (which require a PA) with folic acid separately
Biafine Emulsion	Non-Formulary	Formulary Agent(s): Woun'Dres Wound Dressing
BIDIL TABLET	Non-Formulary	Formulary agent: isosorbide and hydralazine separately
BIMATOPROST (LUMIGAN) 0.03% EYE DROPS	Non-Formulary	Formulary Agent: Latanoprost 0.005% EYE DROPS
BINOSTO 70 mg EFFERVESCENT TABLET	Non-Formulary	Formulary agent: alendronate

Drug	Status	Special Instructions
BIONECT 0.2% CREAM	Clinical	Required diagnosis: Dermal ulcers/wounds/skin irritations/burns with a trial of Santyl and/or TBC (GRANULEX) SPRAY
BIONECT 0.2% GEL	Clinical	Required diagnosis: Dermal ulcers/wounds/skin irritations/burns with a trial of Santyl and/or TBC (GRANULEX) SPRAY
BIONECT 0.2% SPRAY	Clinical	Required diagnosis: Dermal ulcers/wounds/skin irritations/burns with a trial of Santyl and/or TBC (GRANULEX) SPRAY
BIOTIN FORTE 3MG TABLET	Non-Formulary	Formulary agents: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE (NEPHRO-VITE) 0.8MG TABLET
BIOTIN FORTE 5MG TABLET	Non-Formulary	Formulary agents: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE (NEPHRO-VITE) 0.8MG TABLET
BIVIGAM INJECTION 10%	Clinical	Specialty
BLINCYTO 35MCG FOR IV INFUSION	Non-Formulary	Required diagnosis = Chromosome-negative precursor B-cell acute lymphoblastic leukemia (B-cell ALL)
B-NEXA, PRENAISSANCE NEXT, VP-GGR-B6	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
BONIVA IV	Clinical	Specialty
BOSULIF 100 mg TABLET	Clinical	Required diagnosis = chronic, accelerated, or blast phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy
BOSULIF 500 mg TABLET	Clinical	Required diagnosis = chronic, accelerated, or blast phase Philadelphia chromosome-positive (Ph+) chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy
BOTOX	Clinical	Specialty; follow policy on CareSource.com.
BP CLEANSING (BENZOYL PEROXIDE) LOTION 4%	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, OR BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
B-PLEX PLUS TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
BRAVELLE INJECTION 75UNIT	Excluded Benefit	
BREO ELLIPTA 100-25 mcg INHALER	Non-Formulary	Required Dx= Asthma or COPD; Required 30 day trial of either: Dulera or Symbicort
BREVOXYL-4 COMPLETE PACK	Non-Formulary	No longer available on the market
BREVOXYL-8 COMPLETE PACK	Non-Formulary	No longer available on the market
BRILINTA 60MG TABLET	Clinical	Formulary Agent(s): Clopidogrel (Plavix)
BRILINTA 90MG TABLET	Clinical	Formulary Agent(s): Clopidogrel (Plavix)
BRIMONIDINE (ALPHAGAN P) 0.15% EYE DROPS	Non-Formulary	Formulary agent: BRIMONIDINE 0.2% EYE DROP

Drug	Status	Special Instructions
BRINTELLIX 10 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
BRINTELLIX 20 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
BRINTELLIX 5 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
BRISDELLE 7.5 mg CAPSULE	Non-Formulary	Formulary Agent(s): paroxetine IR
BROMDAY 0.09% EYE DROPS	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
BROMFENAC 0.09% EYE DROPS	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
BROVANA 15 mcg/2 mL SOLUTION	Non-Formulary	Formulary agents: Foradil or Serevent
BUNAVAIL 2.1-0.3MG	Non-Formulary	Required 90 day trial of: buprenorphine-naloxone tabets, Suboxone film, or Zubsolv
BUNAVAIL 4.2-0.7MG	Non-Formulary	Required 90 day trial of: buprenorphine-naloxone tabets, Suboxone film, or Zubsolv
BUNAVAIL 6.3-1MG	Non-Formulary	Required 90 day trial of: buprenorphine-naloxone tabets, Suboxone film, or Zubsolv
BUPAP (PROMACET) 50-650 mg TABLET	Non-Formulary	No longer available on the market
BUPAP 50-300 mg TABLET	Non-Formulary	Formulary agent: BUTALBITAL-ACETAMINOPHEN (Phrenilin, Marten tabs) 50-325 mg tablet
BUPHENYL 500 mg TABLET	Clinical	Required diagnosis=urea cycle disorders
BUPHENYL POWDER	Clinical	Required diagnosis=urea cycle disorders
BUPRENORPHINE (SUBUTEX) 2 mg SUBLINGUAL TABLET	Clinical	Request must go through clinical review
BUPRENORPHINE (SUBUTEX) 8 mg SUBLINGUAL TABLET	Clinical	Request must go through clinical review
BUPRENORPHINE-NALOXONE (SUBOXONE) 2 mg-0.5 mg SUBLINGUAL TABLET	Clinical	Request must go through clinical review
BUPRENORPHINE-NALOXONE (SUBOXONE) 8 mg-2 mg SUBLINGUAL TABLET	Clinical	Request must go through clinical review
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE (FIORICET-COD) 30-50-300-40 CAPSULE	Non-Formulary	Formulary agent: BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE (FIORICET-COD) 30-50-325-40 CAPSULE
BUTISOL SODIUM 30 mg TABLET	Non-Formulary	Formulary agent: phenobarbital
BUTISOL SODIUM 30 mg/5 mL ELIXIR	Non-Formulary	Formulary agent: phenobarbital
BUTISOL SODIUM 50 mg TABLET	Non-Formulary	Formulary agent: phenobarbital

Drug	Status	Special Instructions
BUTRANS 10 mcg/HR PATCH	Non-Formulary	Formulary agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 15 mcg/HR PATCH	Non-Formulary	Formulary agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 20 mcg/HR PATCH	Non-Formulary	Formulary agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 5 mcg/HR PATCH	Non-Formulary	Formulary agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BYDUREON 2 mg WEEKLY INJECTION	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR)
BYETTA 10 mcg DOSE PEN	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR)
BYETTA 5 mcg DOSE PEN	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR)
BYSTOLIC 10 mg TABLET	Non-Formulary	Formulary agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 2.5 mg TABLET	Non-Formulary	Formulary agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 20 mg TABLET	Non-Formulary	Formulary agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 5 mg TABLET	Non-Formulary	Formulary agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
C1 INHIBITOR (HUMAN) FOR IV INJECTION 500 UNIT	Clinical	Required diagnosis = prophylaxis against angioedema attacks in patients with hereditary angioedema (HAE)
CALCITRIOL (VECTICAL) 3 mcg/GM OINTMENT	Non-Formulary	Formulary agent: calcipotriene (Dovonex)
CAMBIA 50 mg POWDER PACKET	Non-Formulary	Formulary Agents: diclofenac potassium (Cataflam) tablet and diclofenac sodium (Voltaren) tablet
CAMPTOSAR 300 mg/15 mL VIAL	Clinical	Required diagnosis = metastatic carcinoma of the colon or rectum
CANTIL 25 mg TABLET	Non-Formulary	Formulary agent: glycopyrrolate tablet

Drug	Status	Special Instructions
CAPEX SHAMPOO	Non-Formulary	Formulary agent: ketoconazole shampoo (Nizoral) Required with a diagnosis of seborrhea on scalp OR Formulary agent: coal tar topical shampoo, calcipotriene solution, OR Age 2-11: BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION Age 12-17: BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION, Mometasone (ELOCON) 0.1% LOTION Age 18 and older: FLUOCINOLONE 0.01% Topical SOLUTION , TRIAMCINOLONE 0.025% LOTION, BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION, or Mometasone (ELOCON) 0.1% LOTION for a diagnosis of
CAPITAL WITH CODEINE SUSPENSION	Non-Formulary	Formulary agent: ACETAMINOPHEN-CODEINE 120 mg/5 mL ELIXIR
CAPTRACIN 0.0375-5% PATCH	Non-Formulary	Formulary agent: lidocaine (Lidoderm) 5% patch
CARBAGLU 200 mg DISPER TABLET	Clinical	Required diagnosis = hyperammonemia
CARBIDOPA & LEVODOPA (PARCOPA) 10 mg-100 mg ODT	Non-Formulary	Formulary agent: carbidopa/levodopa non-ODT OR and inability to swallow
CARBIDOPA & LEVODOPA (PARCOPA) 25 mg-100 mg ODT	Non-Formulary	Formulary agent: carbidopa/levodopa non-ODT OR and inability to swallow
CARBINOXAMINE, Arbinoxa (PALGIC) 4MG/5ML LIQUID	Non-Formulary	Formulary Agents: chlorpheniramine OR diphenhydramine
CARBINOXAMINE, Arbinoxa (PALGIC) 4 mg TABLET	Non-Formulary	Formulary agents: chlorpheniramine OR diphenhydramine
CARDENE SR 30 mg CAPSULE	Non-Formulary	Formulary agent: non-SR nicardipine
CARDENE SR 45 mg CAPSULE	Non-Formulary	Formulary agent: non-SR nicardipine
CARDENE SR 60 mg CAPSULE	Non-Formulary	Formulary agent: non-SR nicardipine
CARDURA XL 4 mg TABLET	Non-Formulary	Formulary agent: non-XL doxazosin
CARDURA XL 8 mg TABLET	Non-Formulary	Formulary agent: non-XL doxazosin
CARIMUNE NF 12 gM VIAL	Clinical	Specialty; follow policy on CareSource.com.ets:
CARIMUNE NF 3 gM VIAL	Clinical	Specialty; follow policy on CareSource.com.
CARIMUNE NF 6 gM VIAL	Clinical	Specialty; follow policy on CareSource.com.
CARISOPRODOL (SOMA) 250 mg TABLET	Non-Formulary	Formulary agent: carisoprodol 350 mg tablet (1/2 tab)
CARISOPRODOL-ASPIRIN 200-325 mg COMPOUND TABLET	Clinical	Required diagnosis=acute musculoskeletal conditions with a trial of carisoprodol 350 mg tablet
CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 mg TABLET	Non-Formulary	Formulary agent: carisoprodol 350 mg tablet
CARNITOR SF 100 mg/ML ORAL	Non-Formulary	Formulary agent: levocarnitine (Carnitor) 1000 mg/10 mL (1 gm/10 mL) solution
CAVAN-EC VITAMIN 30-1-440 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CAVAN-FOLATE DHA COMBO PACK 65-1-250 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony

Drug	Status	Special Instructions
CAVAN-HEME OB TABLET 22-6-1 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CAVAREST, DENTAGEL, FLUORIDEX DAILY DEFENSE, FLUORIDEX DEFENSE WHITENING, KARIGEL, KARIGEL-N, NEUTRAGARD ADVANCED, PHOS-FLUR, SF (PREVIDENT, PREVIDENT 5000, PREVIDENT 5000 DRY MOUTH, THERA-FLUR-N) 1.1% GEL	Non-Formulary	Formulary Agent(s): OTC Saliva Substitute (Aquoral, Biotene, Caphosol, Moi-Stir, Mouthkote, Neutrasal Or Numoisyn)
CAVERJECT FOR INJECTION	Excluded Benefit	
CAVIRINSE, NEUTRAL SODIUM FLUORIDE, SODIUM FLUORIDE (PREVIDENT) 0.2% SOLUTION	Non-Formulary	Formulary Agent(s): ControlRx, Denta 5000 Plus, Dentall, SF 5000 Plus (Prevident 5000 Plus) 1.1% Cream
CAYSTON 75 mg INHAL SOLUTION	Clinical	Required diagnosis = cystic fibrosis
CEDAX 90 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFACLOR 125/5 mL SUSPENSION	Non-Formulary	Required trial of: Cefaclor 250MG and 500MG capsule or cephalexin 125MG/5mL suspension
CEFACLOR 250/5 mL SUSPENSION	Non-Formulary	Required trial of: Cefaclor 250MG and 500MG capsule or cephalexin 250MG/5mL suspension
CEFACLOR 375/5 mL SUSPENSION	Non-Formulary	Required trial of: Cefaclor 250MG and 500MG capsule or cephalexin 250MG/5mL suspension
CEFPODOXIME 100 mg TABLET	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 100 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 200 mg TABLET	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 50 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFTIBUTEN (CEDAX) 180 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFTIBUTEN (CEDAX) 400 mg CAPSULE	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
CELESTONE 0.6 mg/5 mL SOLUTION	Non-Formulary	Formulary agent: prednisone tablet
CENESTIN 0.3 mg TABLET	Non-Formulary	Formulary agent: Premarin
CENESTIN 0.45 mg TABLET	Non-Formulary	Formulary agent: Premarin
CENESTIN 0.625 mg TABLET	Non-Formulary	Formulary agent: Premarin
CENESTIN 0.9 mg TABLET	Non-Formulary	Formulary agent: Premarin
CENESTIN 1.25 mg TABLET	Non-Formulary	Formulary agent: Premarin
CEPHALEXIN (KEFLEX) 750 mg CAPSULE	Non-Formulary	Formulary agent: cephalexin 500 MG capsule
CEPHALEXIN 500 mg TABLET	Non-Formulary	Formulary agent: cephalexin 500 MG capsule
CEPROTIN 500 UNIT VIAL	Non-Formulary	Required diagnosis: Prevention of Severe Congenital Protein C Deficiency, Treatment of Venous Thrombosis, or Purpura Fulminans
CEPROTIN 1000 UNIT VIAL	Non-Formulary	Required diagnosis: Prevention of Severe Congenital Protein C Deficiency, Treatment of Venous Thrombosis, or Purpura Fulminans
CERDELGA 84MG CAPSULE	Non-Formulary	Required diagnosis of: Treatment of adult patients with Gaucher disease type 1 (GD1) who are CYP2D6 extensive metabolizers, intermediate metabolizers, or poor metabolizers
CEREDASE INJECTION 80UNT/ML	Clinical	Specialty
CEREFOLIN NAC CAPELET 600-2-6 mg	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP

Drug	Status	Special Instructions
CEREFOLIN TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
CEREZYME	Clinical	Specialty; follow policy on CareSource.com.
CERISA WASH 10-1%, BP 10-1% Emulsion	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
CEROVEL, X-VIATE, UREA 40% GEL	Non-Formulary	Formulary agent: urea 40% cream
CESAMET 1 mg CAPSULE	Non-Formulary	Formulary agents: ondansetron, meclizine, promethazine, prochlorperazine, or granisetron
CETROTIDE KIT 0.25 mg	Excluded Benefit	
CEVIMELINE (EVOXAC) 30 mg CAPSULE	Non-Formulary	Formulary agents: PILOCARPINE TABLET OR OTC saliva substitute (examples: SALIVASURE, SALESE (NUMOISYN) lozenges, AQUORAL AEROSOL SOLUTION, or CAPHOSOL, NUMOISYN, BIOTENE, MOUTHKOTE, MOI-STIR SOLUTION)
CHENODAL 250 mg TABLET	Non-Formulary	Formulary agent: ursodiol
CHILD DELSYM COUGH-COLD NIGHT	Non-Formulary	Formulary agent: ROBITUSSIN PEDIATRIC COUGH 7.5MG/5ML
CHILDREN'S MUCINEX 5 mg-10 mg-325 mg-200 mg/10 mL	Non-Formulary	Formulary agent: CHILD'S MUCINEX 100 mg/5 mL LIQUID
CHILDREN'S ZYRTEC ALLERGY 10MG RAPDIS TAB	Non-Formulary	Formulary agent: cetirizine (Zyrtec) 10MG chewable tablet
CHOLBAM 50MG CAPSULE	Clinical	Request Must Go Through Clinical Review
CHOLBAM 250MG CAPSULE	Clinical	Request Must Go Through Clinical Review
CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL 10,000 UNIT INJECTION	Clinical	Request Must Go Through Clinical Review
CIALIS 10 mg TABLET	Excluded benefit	
CIALIS 2.5 mg TABLET	Excluded benefit Non-Formulary	Excluded benefit except for diagnosis of Benign Prostatic Hypertrophy (BPH) with a trial of doxazosin, terazosin, tamsulosin, or prazosin
CIALIS 20 mg TABLET	Excluded benefit	
CIALIS 5 mg TABLET	Excluded benefit Non-Formulary	Excluded benefit except for diagnosis of Benign Prostatic Hypertrophy (BPH) with a trial of doxazosin, terazosin, tamsulosin, or prazosin
CICLOPIROX KIT 8%	Non-Formulary	Formulary agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separatelyFormulary agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
CILOXAN 0.3% OINTMENT	Non-Formulary	Formulary agent: ciprofloxacin solution
CIMZIA 200 mg/ML SYRINGE KIT	Clinical	Specialty; follow policy on CareSource.com
CINRYZE C1 Esterase Inhibitor (Human) 500 UNIT SOLUTION	Clinical	Required Diagnosis= Routine Prophylaxis Against Hereditary Angioedema
CIPRO HC OTIC SUSPENSION	Non-Formulary	Required 7 day trial of: ciprofloxacin (Cetraxal) 0.2% OTIC Solution or Neomycin-Polymyxin-HC (Cortisporin) 1% Otic Solution THEN 7 day trial of: Ciprodex
CITRACAL MAXIMUM	Non-Formulary	Formulary agent: CALCIUM + D TAB 315 mg-200 UNIT

Drug	Status	Special Instructions
CITRANATAL 90 DHA PACK 90-1-300 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL ASSURE COMBO PACK 35-1-50 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL B-CALM PACK	Non-Formulary	Formulary agents: any formulary prenatal vitamin
CITRANATAL DHA PACK 27-1-50 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL RX TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
CLARAVIS or ACCUTANE 30 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARAVIS, ZENATANE or ACCUTANE 10 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARAVIS, ZENATANE or ACCUTANE 20 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin

Drug	Status	Special Instructions
CLARAVIS, ZENATANE or ACCUTANE 40 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARINEX 0.5 mg/ML (2.5 mg/5 mL)	Non-Formulary	Formulary agents: desloratadine (Clarinex)
CLARINEX-D 12 HOUR TABLET	Non-Formulary	Formulary agents: desloratadine (Clarinex) and pseudoephedrine separately taken together
CLARINEX-D 24 HOUR TABLET	Non-Formulary	Formulary agents: desloratadine reditabs or tablets and pseudoephedrine separately taken together
CLARIS CLARIFYING WASH	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
CLARITIN 10 mg LIQUI-GEL CAPSULE	Non-Formulary	Formulary agent: OTC loratadine
CLARITIN 5 mg REDI-TABLET	Non-Formulary	Formulary agent: CHILD'S CLARITIN 5 mg CHEWABLE tablet
CLENIA EMOLLIENT CREAM	Non-Formulary	Formulary agent: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
CLIMARA PRO PATCH	Step Therapy	Requires trial of: COMBIPATCH, Prempro, Premarin, or FemHRT
CLINDACIN ETZ 1% KIT	Non-Formulary	Formulary agent: clindamycin swab (Cleocin T) 1% pledgets
CLINDACIN PAC 1% KIT	Non-Formulary	Formulary agent: clindamycin swab (Cleocin T) 1% pledgets
CLINDAMYCIN (EVOCLIN) 1% FOAM	Non-Formulary	Formulary agent: clindamycin gel or solution
CLINDAMYCIN, CLINDAMAX (CLEOCIN T, CLINDAGEL) 1% GEL	Non-Formulary	Formulary agent: CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION
CLINDAMYCIN/BENZOYL PEROXIDE (BENZACLIN) GEL 50 gram jar	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 5% GEL (Panoxyl) WITH CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION separately used together
CLINDAMYCIN -BENZOYL PEROXIDE (DUAC) 1-5% GEL	Non-Formulary	Formulary agent: BENZOYL PEROXIDE 5% GEL (Panoxyl) WITH CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION separately used together
CLINDESSE 2% VAGINAL CREAM	Non-Formulary	No longer available on the market

Drug	Status	Special Instructions
CLINPRO 5000, CONTROLRX (PREVIDENT 5000 BOOSTER, PREVIDENT 5000 BOOSTER PLUS) 1.1% PASTE	Non-Formulary	Formulary Agent(s): ControlRx, Denta 5000 Plus, Dentall, SF 5000 Plus (Prevident 5000 Plus) 1.1% Cream
CLOBETASOL (CLOBEX) 0.05% SHAMPOO	Non-Formulary	Formulary agent: CLOBETASOL, CORMAX SCALP (TEMOVATE) 0.05% SOLUTION
CLOBETASOL (CLOBEX) 0.05% TOPICAL LOTION	Non-Formulary	Formulary option: CLOBETASOL (OLUX) 0.05% FOAM
CLOBETASOL AERO (OLUX AERO) 0.05% FOAM	Non-Formulary	Formulary agents: CLOBETASOL (TEMOVATE) 0.05% CREAM, CLOBETASOL (TEMOVATE) 0.05% GEL, CLOBETASOL (TEMOVATE) 0.05% OINTMENT or CLOBETASOL, CORMAX SCALP (TEMOVATE) 0.05% SOLUTION
CLOBETASOL EMULSION (OLUX-E) 0.05% FOAM	Non-Formulary	Formulary option: CLOBETASOL (TEMOVATE) 0.05% CREAM, CLOBETASOL (TEMOVATE) 0.05% GEL, CLOBETASOL (TEMOVATE) 0.05% OINTMENT or CLOBETASOL, CORMAX SCALP (TEMOVATE) 0.05% SOLUTION
CLOBETASOL (CLOBEX) 0.05% SPRAY	Non-Formulary	Formulary agents: clobetasol topical cream, gel, ointment, or solution
CLOCORTOLONE (CLODERM) 0.1% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
CLODAN 0.05% KIT	Non-Formulary	Required trial of: clobetasol, cormax scalp (Temovate) 0.05% solution
Clomiphene (Clomid)	Excluded benefit	
CLONAZEPAM (KLONOPIN) 0.125 mg DISINTEGRATING TABLET	Non-Formulary	Formulary agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 0.25 mg DISINTEGRATING TABLET	Non-Formulary	Formulary agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 0.5 mg DISINTEGRATING TABLET	Non-Formulary	Formulary agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 1 mg DISINTEGRATING TABLET	Non-Formulary	Formulary agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 2 mg DISINTEGRATING TABLET	Non-Formulary	Formulary agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLORPRES 0.2-15 TABLET	Non-Formulary	Formulary agent: clonidine and chlorthalidone separately
CLORPRES 0.3-15 TABLET	Non-Formulary	Formulary agent: clonidine and chlorthalidone separately
CLOZAPINE ODT (FAZACLO ODT) 100 mg	Non-Formulary	Formulary agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 12.5 mg	Non-Formulary	Formulary agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 150 mg	Non-Formulary	Formulary agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 200 mg	Non-Formulary	Formulary agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 25 mg	Non-Formulary	Formulary agent: clozapine
CNL8 NAIL 8 % KIT	Non-Formulary	Formulary agent: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
COCET 650-30 mg TABLET	Non-Formulary	No longer available on the market: use ACETAMINOPHEN-CODEINE #3 tablet

Drug	Status	Special Instructions
COLCHICINE (MITIGARE) 0.6MG CAPSULE	Non-Formulary	*Formulary Agent(s): Colchicine (Colcrys) 0.6mg Tablet
COLESTIPOL (COLESTID) FLAVORED GRANULES	Non-Formulary	Formulary agent: COLESTIPOL tablet
COLESTIPOL (COLESTID) GRANULES	Non-Formulary	Formulary agent: COLESTIPOL tablet
COLESTIPOL (COLESTID) GRANULES PACKET	Non-Formulary	Formulary agent: COLESTIPOL tablet
COLY-MYCIN EAR DROPS	Non-Formulary	Formulary agent: neomycin/hydrocortisone/polymyxin otic
COLYTE/FLAVR SOLUTION 227.1 gM 3785 mL	Non-Formulary	Formulary agent: Colyte with Flavor Packs 4000 mL
COMETRIQ 100 MG DAILY-DOSE	Clinical	Required diagnosis = progressive, metastatic medullary thyroid cancer
COMETRIQ 140 MG DAILY-DOSE	Clinical	Required diagnosis = progressive, metastatic medullary thyroid cancer
COMETRIQ 60 MG DAILY-DOSE	Clinical	Required diagnosis = progressive, metastatic medullary thyroid cancer
COMPLETE-RF PRENATAL	Non-Formulary	Formulary agents: any formulary prenatal vitamin
COMPLETE NATAL DHA 29-1-250 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
CONCEPT DHA CAPSULE 35-1-200 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
CONCERTA 18MG ER TABLET	Non-Formulary	Formulary Agent: methylphenidate ER tablet by Actavis
CONCERTA 27MG ER TABLET	Non-Formulary	Formulary Agent: methylphenidate ER tablet by Actavis
CONCERTA 36MG ER TABLET	Non-Formulary	Formulary Agent: methylphenidate ER tablet by Actavis
CONCERTA 54MG ER TABLET	Non-Formulary	Formulary Agent: methylphenidate ER tablet by Actavis
CONDYLOX 0.5% GEL	Non-Formulary	Formulary agent: podofilox (solution)
CONZIP 100 mg TABLET	Non-Formulary	Formulary agents: tramadol IR or tramadol ER (which requires a PA)
CONZIP 200 mg TABLET	Non-Formulary	Formulary agents: tramadol IR or tramadol ER (which requires a PA)
CONZIP 300 mg TABLET	Non-Formulary	Formulary agents: tramadol IR or tramadol ER (which requires a PA)
COPAXONE 40 mg INJECTION	Clinical	Specialty
COPEGUS TABLET 200 mg	Clinical	Specialty
CORDRAN 0.05% LOTION	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
CORDRAN 4 mcg/SQ CM TAPE	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
CORDRAN SP 0.05% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
COREG CR 10 mg CAPSULE	Non-Formulary	Formulary agent: non-cr carvedilol
COREG CR 20 mg CAPSULE	Non-Formulary	Formulary agent: non-cr carvedilol
COREG CR 40 mg CAPSULE	Non-Formulary	Formulary agent: non-cr carvedilol
COREG CR 80 mg CAPSULE	Non-Formulary	Formulary agent: non-cr carvedilol
CORIFACT KIT	Clinical	Specialty

Drug	Status	Special Instructions
CORLANOR 5MG TABLET	Non-Formulary	Required diagnosis = Worsening heart failure with left ventricular ejection fraction of 35% or less *Sinus rhythm with resting heart rate at least 70 beats per minute *Currently taking or are unable to take a beta-blocker (i.e. carvedilol, labetalol, metoprolol, atenolol, nadolol, propranololm sotalol, or bisoprolol)
CORLANOR 7.5MG TABLET	Non-Formulary	Required diagnosis = Worsening heart failure with left ventricular ejection fraction of 35% or less *Sinus rhythm with resting heart rate at least 70 beats per minute *Currently taking or are unable to take a beta-blocker (i.e. carvedilol, labetalol, metoprolol, atenolol, nadolol, propranololm sotalol, or bisoprolol)
CORTISPORIN 0.5% CREAM	Non-Formulary	Formulary agent: OTC topical cream
CORTISPORIN 1% OINTMENT	Non-Formulary	Formulary agent: OTC triple antibiotic ointment and hydrocortisone separately
CORTISPORIN-TC EAR SUSPENSION, COLY-MYCIN S	Non-Formulary	Formulary agent: neomycin/hydrocortisone/polymyxin otic
COSENTYX 150MG/ML PEN INJECTOR	Non-Formulary	Specialty
COSENTYX 150MG/ML SYRINGE	Non-Formulary	Specialty
COSOPT PF SOLUTION	Non-Formulary	Formulary agent: dorzolamide HCl/timolol Maleate (COSOPT)
COTAB AX 4-20 MG TABLET	Non-Formulary	Formulary agent: CHLORPHENIRAMINE-ACETAMINOPHEN
COVERA-HS ER 180 mg TABLET	Non-Formulary	No longer available on the market
COVERA-HS ER 240 mg TABLET	Non-Formulary	No longer available on the market
CRESEMBA 186MG CAPSULE	Non-Formulary	Formulary Agent(s): itraconazole
CRESTOR 10 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 20 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 40 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 5 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRINONE 4% GEL	Clinical	Formulary agent: medroxyPROGESTERONE acetate (Provera) for a diagnosis of secondary amenorrhea
CRINONE 8% GEL	Non-Formulary	Formulary agent: medroxyPROGESTERONE acetate (Provera) for a diagnosis of secondary amenorrhea
CROMOLYN SODIUM (GASTROCROM) 20MG/ML CONCENTRATE	Clinical	Required diagnosis = diagnosis of mastocytosis Formulary agent: diphenhydramine (Benadryl)
CROMOLYN SODIUM (GASTROCROM) 100 mg/5 mL CONCENTRATE	Clinical	Required diagnosis = diagnosis of mastocytosis Formulary agent: diphenhydramine (Benadryl)
CUVPOSA 1 mg/5 mL SOLUTION	Clinical	Required diagnosis = drooling and inability to swallow glycopyrrolate tablet
CYCLIVERT TABLET 25 mg	Non-Formulary	Formulary agents: meclizine or dimenhydrinate
CYCLOBENZAPRINE (FEXMID) 7.5 mg TABLET	Non-Formulary	Formulary agents: cyclobenzaprine tablet 5 mg and 10 mg

Drug	Status	Special Instructions
CYCLOBENZAPRINE ER (AMRIX) 15 mg CAPSULE	Non-Formulary	Formulary agent: NON-ER cyclobenzaprine tablet
CYCLOBENZAPRINE ER (AMRIX) 30 mg CAPSULE	Non-Formulary	Formulary agent: NON-ER cyclobenzaprine tablet
CYCLOGYL 0.5% EYE DROPS	Non-Formulary	Formulary agent: 1% ATROPINE EYE DROPS
CYCLOMYDRIL EYE DROPS	Non-Formulary	Formulary agent: 1% ATROPINE EYE DROPS/2.5% PHENYLEPHRINE EYE DROPS separately taken together
Cycloserine (SEROMYCIN) 250 mg CAPSULE	Non-Formulary	Formulary agent: rifampin
Cycloset 0.8 mg TABLET	Clinical	Required diagnosis = Type 2 Diabetes (Trials of at least 2 agents Including orals and/or injectables)
CYRAMZA 100MG/10ML VIAL	Clinical	Required diagnosis= Advanced Gastric Cancer or Gastoesphogeal Junction Adenocarcinoma OR metastatic non–small cell lung cancer (NSCLC) in patients with disease progression on or after platinum-based chemotherapy *Prescribed by oncologist
CYRAMZA 500MG/10ML VIAL	Clinical	Required diagnosis= Advanced Gastric Cancer or Gastoesphogeal Junction Adenocarcinoma OR metastatic non–small cell lung cancer (NSCLC) in patients with disease progression on or after platinum-based chemotherapy *Prescribed by oncologist
CYSTADANE POWDER	Clinical	Required diagnosis=Homocystinuria
CYSTAGON 150 mg CAPSULE	Non-Formulary	Formulary agent=cuprimine with a diagnosis of Nephropathic cystinosis
CYSTAGON 50 mg CAPSULE	Non-Formulary	Formulary agent=cuprimine with a diagnosis of Nephropathic cystinosis
CYSTARAN 0.44% SOLUTION	Clinical	Required diagnosis=corneal cystine crystal accumulation in patients with cystinosis
CYTOGAM 2.5 gM/50 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
DAKLINZA 30MG TABLET	Non-Formulary	Specialty; follow policy on CareSource.com.
DAKLINZA 60MG TABLET	Non-Formulary	Specialty; follow policy on CareSource.com.
DALIRESP 500 mcg	Step Therapy	Required diagnosis = Severe COPD *Currently on albuterol (albuterol inhalation, Ventolin, ProAir, Proventil, Combivent, etc) with *30 day trial from two of the following four groups: Symbicort/Dulera/Advair OR Asmanex, Aerospan, Qvar, Flovent, Pulmicort OR Tudorza/Spiriva OR montelukast (Singulair)/Theophylline AND *Still experiencing continuted exacerbations even with the use of other agents
Dallergy 12.5-5 mg Chewables	Non-Formulary	Formulary agents: OTC phenylephrine, chlorpheniramine, or methoscopolamine
DAILY PRENATAL COMBO PACK	Non-Formulary	Formulary agents: any formulary prenatal vitamin
DALLERGY 25-10 mg TABLET	Non-Formulary	Formulary agents: NOHIST OR ACTIFIED
DALVANCE 500MG VIAL	Clinical	*Required 7 day trial of: Vancomycin IV or IV/Oral Zyvox

Drug	Status	Special Instructions
DARAPRIM 25 mg TABLET	Clinical	Requires diagnosis of chemoprophylaxis of malaria due to it not being suitable as a prophylactic agent for travelers, toxoplasmosis (with a trial of a sulfonamide within the past 30 days), or acute malaria (with a trial of a sulfonamide)
DAYTRANA 10 mg/9 HR PATCH	Step Therapy	Requires diagnosis of ADD/ADHD; autism; Asperger's; hyperkinetic syndrome with trials if age under 6 of of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) and if age 6 or older, any combo of: Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), or Methylphenidate SR capsule (Ritalin LA)
DAYTRANA 15 mg/9 HR PATCH	Step Therapy	Requires diagnosis of ADD/ADHD; autism; Asperger's; hyperkinetic syndrome with trials if age under 6 of of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) and if age 6 or older, any combo of: Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), or Methylphenidate SR capsule (Ritalin LA)
DAYTRANA 20 mg/9 HOUR PATCH	Step Therapy	Requires diagnosis of ADD/ADHD; autism; Asperger's; hyperkinetic syndrome with trials if age under 6 of of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) and if age 6 or older, any combo of: Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), or Methylphenidate SR capsule (Ritalin LA)
DAYTRANA 30 mg/9 HOUR PATCH	Step Therapy	Requires diagnosis of ADD/ADHD; autism; Asperger's; hyperkinetic syndrome with trials if age under 6 of of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) and if age 6 or older, any combo of: Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), or Methylphenidate SR capsule (Ritalin LA)
DEFEROXAMINE (DESFERAL) 500 mg INJECTION	Clinical	Specialty
DEFEROXAMINE (DESFERAL) 2GM INJECTION	Clinical	Specialty
DEMECLOCYCLINE (DECLOMYCIN) 150 mg TABLET	Non-Formulary	Formulary agents: minocycline or doxycycline
DEMECLOCYCLINE (DECLOMYCIN) 300 mg TABLET	Non-Formulary	Formulary agents: minocycline or doxycycline
DEMSER 250 mg CAPSULE	Clinical	Required diagnosis = Pheochromocytoma
DENAVIR 1% CREAM	Step Therapy	Required diagnosis = cold sores Required trial of: OTC Abreva
DEPEN 250 mg TITRATAB	Non-Formulary	Formulary agent=cuprimine with a diagnosis of Wilson's Disease, RA, or cystinuria

Drug	Status	Special Instructions
DEPLIN, L-METHYLFOLATE 15 mg CAPSULE	Clinical	Required diagnosis = Anemia OR Required diagnosis = Depression/Anxiety AND Currently on an anti-depressant
DEPLIN, L-METHYLFOLATE 15 mg TABLET	Clinical	Required diagnosis = Anemia OR Required diagnosis = Depression/Anxiety AND Currently on an anti-depressant
DEPLIN, L-METHYLFOLATE 7.5 mg CAPSULE	Clinical	Required diagnosis = Anemia OR Required diagnosis = Depression/Anxiety AND Currently on an anti-depressant
DEPLIN, L-METHYLFOLATE 7.5 mg TABLET	Clinical	Required diagnosis = Anemia OR Required diagnosis = Depression/Anxiety AND Currently on an anti-depressant
DEPO-ESTRADIOL 5 mg/ML INJECTION	Clinical	Required diagnosis = hypoestrogenism/menopause Required trials of both tablet and patches
DEPO-SQ PROVERA 104MG INJECTION	Non-Formulary	Formulary Agent(s): Medroxyprogesterone Acetate (Depo-Provera) IM 150mg/mL Suspension
DERMASORB XM 39% CREAM KIT	Non-Formulary	Formulary Agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
DERMAZENE, HYDROCORTISONE-IODOQUINOL 1-1% CREAM	Non-Formulary	*30 day trial of: OTC Hydrocortisone with OTC anti-fungal (clotrimazole, tolnaftate, miconazole) used separately at the same time
DESLORATADINE (CLARINEX) 2.5 mg REDITABLETS	Non-Formulary	Formulary agents: loratadine, cetirizine or fexofenadine
DESLORATADINE (CLARINEX) 5 mg REDITABLETS	Non-Formulary	Formulary agents: loratadine, cetirizine or fexofenadine
DESLORATADINE (CLARINEX) 5 mg TABLET	Non-Formulary	Formulary agents: loratadine, cetirizine or fexofenadine
DESONATE 0.05% GEL	Non-Formulary	Formulary agents: DESONIDE (DESOWEN) 0.05% CREAM OR OINTMENT
DESONIDE (DESOWEN) 0.05% LOTION	Non-Formulary	Formulary agents: DESONIDE (DESOWEN) 0.05% CREAM OR OINTMENT
DESOWEN 0.05% LOTION KIT	Non-Formulary	Formulary agent: desonide cream or ointment with generic OTC Cetaphil Lotion
DESOXIMETASONE (TOPICORT LP) 0.05% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
DESOXIMETASONE (TOPICORT) 0.05% GEL	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
DESOXIMETASONE (TOPICORT) 0.05% OINTMENT	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
DESOXIMETASONE (TOPICORT) 0.25% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
DESOXIMETASONE (TOPICORT) 0.25% OINTMENT	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.

Drug	Status	Special Instructions
DESVENLAFAXINE ER 100 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
DESVENLAFAXINE ER 50 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
TOLTERODINE ER (DETROL LA) 2 MG CAPSULE	Step Therapy	Formulary agent: tolterodine IR
TOLTERODINE ER (DETROL LA) 4 MG CAPSULE	Step Therapy	Formulary agent: tolterodine IR
DEXCHLORPHENIRAMINE 2 mg/5 mL SYRUP	Non-Formulary	Age 10-11:
DEXILANT DR 30 mg CAPSULE	Non-Formulary	Age Under 18: Omeprazole then Lansoprazole 30mg; Age 18 & Older: Omeprazole, Pantoprazole and then Lansoprazole
DEXILANT DR 60 mg CAPSULE	Non-Formulary	Age Under 18: Omeprazole then Lansoprazole 30mg; Age 18 & Older: Omeprazole, Pantoprazole and then Lansoprazole
DEXPAK 13 DAY 1.5 mg TABLET	Non-Formulary	Age 12-15:
DEXPAK 6 DAY 1.5 mg TABLET	Non-Formulary	FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%
DEXTROAMPHETAMINE (PROCENTRA) 5 mg/5 mL SOLUTION	Non-Formulary	
DEXTROMETHORPHAN SYRUP 15 mg/5 mL	Non-Formulary	Age 16-17:
DIALYVITE 3,000 TABLET	Non-Formulary	CLOBETASOL-E (TEMOVATE E) 0.05%, FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%
DIALYVITE 5000 TABLET	Non-Formulary	
DIALYVITE SUPREME D TABLET	Non-Formulary	Age over 18:

Drug	Status	Special Instructions
DIALYVITE W/ZINC, BIOTIN FORTE W/ZINC 0.8 mg TABLET	Non-Formulary	FLUOCINOLONE 0.01%, TRIAMCINOLONE 0.025%, TRIAMCINOLONE 0.1%, TRIAMCINOLONE 0.5%, FLUTICASONE Propionate (CUTIVATE) 0.005% OINTMENT, DIFLORASONE 0.05%, CLOBETASOL-E (TEMOVATE E) 0.05%, FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1% (Accepted trials but not recommended:MOMETASONE AND ALCLOMETASONE)
DIALYVITE W/ZINC, NEPHPLEX TABLET	Non-Formulary	Formulary agent: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE, BIOTIN FORTE (NEPHRO-VITE) 0.8 mg TABLET
DIALYVITE, VOL-CARE, NEPHRONEX, RENA-VITE (NEPHRO-VITE) TABLET	Non-Formulary	Formulary agent: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE, BIOTIN FORTE (NEPHRO-VITE) 0.8 mg TABLET
DIATX ZN TABLET	Non-Formulary	Formulary agent: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
DICLEGIS 10-10 mg TABLET	Non-Formulary	Formulary agents: OTC DOXYLAMINE (UNISOM) AND PYRIDOXINE (VITAMIN B6) separately
DICLOFENAC (SOLARAZE) 3% GEL	Non-Formulary	Formulary agents: FLUOROURACIL (EFUDEX) 5% CREAM with a diagnosis of Actinic keratoses
DIFFERIN 0.1% LOTION	Non-Formulary	Formulary agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFFERIN 0.3% GEL	Non-Formulary	Formulary agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFFERIN 0.3% GEL PUMP	Non-Formulary	Formulary agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFICID 200 mg TABLET	Non-Formulary	Formulary agents: oral Metronidazole (Flagyl) and oral VANCOMYCIN (Vancocin) for a diagnosis of C.Diff (Clostridium Difficile) Colitis/Diarrhea
DIFIL-G 400 TABLET	Non-Formulary	No longer available on the market
DIHYDROCODEINE COMPOUND CAP (SYNALGOS-DC) CAPSULE 16-356-30 mg	Non-Formulary	Formulary agent: ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE (PANLOR/PANLOR SS) 712.8-60-32 mg TABLET
DILATRATE-SR 40 mg CAPSULE	Non-Formulary	Formulary agent: isosorbide dinitrate
DIPENTUM 250 MG CAPSULE	Step Therapy	Must first try sulfasalazine
DIVIGEL 0.25 mg GEL PACKET	Non-Formulary	Formulary agents: estradiol tablet, patches (Climara) or Alora
DIVIGEL 0.5 mg GEL PACKET	Non-Formulary	Formulary agents: estradiol tablet, patches (Climara) or Alora
DIVIGEL 1 mg GEL PACKET	Non-Formulary	Formulary agents: estradiol tablet, patches (Climara) or Alora
DOMPERIDONE	Clinical	This does not have an FDA approval for use in the US per FDA website.
DONEPEZIL (ARICEPT) 23 mg TABLET	Non-Formulary	Formulary agent: DONEPEZIL (ARICEPT) 5 mg or 10 mg
DONNATAL 16.2 mg TABLET	Non-Formulary	Formulary agent: PHENOBARBITAL 16.2 mg and HYOSCYAMINE 0.125 mg OR 0.375 mg tablet separately

Drug	Status	Special Instructions
DONNATAL 16.2 mg/5 mL ELIXIR	Non-Formulary	Formulary agent: PHENOBARBITAL 20 mg/5 mL ELIXIR and HYOSCYAMINE, Hyosyne 125 mcg/5 mL Elixir separately taken together
DORYX DR 50MG TABLET	Non-Formulary	Formulary Agent(s): Doxycycline Monohydrate 50mg Or 100mg Capsule
DORYX DR 200MG TABLET	Non-Formulary	Formulary Agent(s): Doxycycline Monohydrate 50mg Or 100mg Capsule
DOXYCYCLINE (ORACEA) DR 40MG CAPSULE	Non-Formulary	Formulary Agent: doxycycline
DOXYCYCLINE HYCLATE 20MG TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE 100MG TABLET	Non-Formuarly	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 75MG TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 100MG TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 150MG TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE 50MG CAPSULE	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE HYCLATE 100MG CAPSULE	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE MONOHYDRATE (ADOXA) 150 mg TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE MONOHYDRATE (ADOXA) 75 mg TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE MONOHYDRATE 75MG CAPSULE	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE MONOHYDRATE CAPSULE 150 mg	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
DOXYCYCLINE MONOHYDRATE, AVIDOXY (ADOXA) 100 mg TABLET	Non-Formulary	Formulary Agents: doxycycline monohydrate 50MG & 100MG capsules
Dritho-Crème HP 1% CREAM	Non-Formulary	Formulary agent: CALCIPOTRIENE (DOVONEX) 0.005% CREAM
DRONABINOL (Marinol) 10 mg CAPSULE	Clinical	Required diagnosis = appetite stimulation in AIDS patients or cancer chemotherapy-induced nausea and vomiting
DRONABINOL (Marinol) 2.5 mg CAPSULE	Clinical	Required diagnosis = appetite stimulation in AIDS patients or cancer chemotherapy-induced nausea and vomiting
DRONABINOL (Marinol) 5 mg CAPSULE	Clinical	Required diagnosis = appetite stimulation in AIDS patients or cancer chemotherapy-induced nausea and vomiting
DROXIA 200 mg CAPSULE	Clinical	Required diagnosis = sickle cell anemia
DROXIA 300 mg CAPSULE	Clinical	Required diagnosis = sickle cell anemia
DROXIA 400 mg CAPSULE	Clinical	Required diagnosis = sickle cell anemia
DUAC CS KIT 1-5%	Non-Formulary	No Longer available on market
DUAVEE 0.45-20 MG Tablet	Non-Formulary	Formulary agents: COMBIPATCH, Prempro, PREMARIN, or FemHRT
DUET DHA BALANCED COMBO PACK 27-1-380 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
DUET DHA COMPLETE COMBO PACK 27-1-300 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
DUET DHA COMPLETE COMBO PACK 27-1-430 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
DUEXIS 800/26.6 mg TABLET	Non-Formulary	Formulary agent: famotidine and ibuprofen separately
DUOPA 4.63-20MG/ML SUSPENSION	Non-Formulary	Lower cost agent: carbidopa-levodopa (Sinemet) tablets

Drug	Status	Special Instructions
DURAFLU TABLET 60-20-200-500 mg	Non-Formulary	Formulary agent: MUCINEX DM ER and Acetaminophen separately
DUREZOL 0.05% EYE DROPS	Non-Formulary	Formulary agents: DEXAMETHASONE 0.1% OPHTHALMIC SOLUTION, PREDNISOLONE ACETATE (PRED FORTE, OMNIPRED) 1%, or PREDNISOLONE SODIUM PHOSPHATE 1%
DUTASTERIDE (AVODART) 0.5 mg SOFTGEL	Non-Formulary	Formulary Agent(s): Doxazosin, Terazosin, Tamsulosin, or Prazosin
DUTOPROL 100 mg-12.5 mg	Non-Formulary	Formulary agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DUTOPROL 25 mg-12.5 mg	Non-Formulary	Formulary agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DUTOPROL 50 mg-12.5 mg	Non-Formulary	Formulary agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DYLIX 100 mg/15 mL ELIXIR	Non-Formulary	No longer available on the market
DYMISTA 50/137 mcg	Non-Formulary	Formulary agent: fluticasone (Flonase) AND azelestine (Astelin) separately
DYNACIRC CR 10 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
DYNACIRC CR 5 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
DYRENIUM 100 mg CAPSULE	Non-Formulary	Formulary agents: spironolactone, triamterene-hctz, or amiloride
DYRENIUM 50 mg CAPSULE	Non-Formulary	Formulary agents: spironolactone, triamterene-hctz, or amiloride
DYSPORT	Clinical	Specialty; follow policy on CareSource.com.
ED CHLORPED D PEDIATRIC DROPS	Non-Formulary	Formulary agent: TRIAMINIC COLD-ALLERGY PE LIQUID
ED CYTE F TABLET	Non-Formulary	Formulary agent: FERROUS FUMARATE 324 mg-FOLIC ACID 1 mg-DOCUSATE SODIUM 50 mg separately
EDARBI 40 mg TABLET	Non-Formulary	Formulary agent: losartan (Cozaar) or irbesartan (Avapro)
EDARBI 80 mg TABLET	Non-Formulary	Formulary agent: losartan (Cozaar) or irbesartan (Avapro)
Edarbyclor 40-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
Edarbyclor 40-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
EDECRIN 25 mg TABLET	Non-Formulary	Formulary agents: furosemide or torsemide
EDEX	Excluded benefit	
ED-FLEX CAPSULE	Non-Formulary	Formulary agents: BIPHENOX, BIOGESIC, or DOLOGESIC
EDLUAR 10 mg SL TABLET	Non-Formulary	Formulary agent: non-CR zolpidem
EDLUAR 5 mg SL TABLET	Non-Formulary	Formulary agent: non-CR zolpidem
EFFER-K 10 MEQ TABLET EFFERVESCENT	Non-Formulary	Formulary agent: formulary potassium supplement
EFFER-K 20 MEQ TABLET EFFERVESCENT	Non-Formulary	Formulary agent: formulary potassium supplement

Drug	Status	Special Instructions
ELAPRASE	Clinical	Specialty
ELDERCAP CAPSULE	Non-Formulary	Formulary agent: multivitamin and fish oil separately
ELELYSO INJ 200 UNIT	Clinical	Diagnosis= enzyme replacement therapy for adults with a confirmed diagnosis of type 1 Gaucher disease
ELESTRIN 0.06% GEL	Non-Formulary	* MD Specialty =
ELETONE CREAM	Non-Formulary	*Has member opted out per Facets:
ELIDEL 1% CREAM	Step Therapy	Required Diagnosis= Atopic Dermatitis Or Eczema AND Required 7 Day Trial Of: Tacrolimus (Protopic) 0.1% Or 0.3% Ointment
ELIGARD 22.5 mg SUBQ INJECTION	Clinical	For REAUTHS
ELIGARD 30 mg SUBQ INJECTION	Clinical	*Previously approved on (date) for (length of time)
ELIGARD 45 mg SUBQ INJECTION	Clinical	*diagnosis = enzyme replacement therapy for adults with a confirmed diagnosis of type 1 Gaucher disease
ELIGARD 7.5 mg SUBQ INJECTION	Clinical	Required diagnosis = advanced prostate cancer
ELITE OB DHA SOFTGEL 28-1.25 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
ELITE-OB 400 CAPSULE 35-5-1.2 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
ELOCTATE 250 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 500 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 750 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 1000 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 1500 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 2000 UNIT SOLUTION	Specialty	Specialty
ELOCTATE 3000 UNIT SOLUTION	Specialty	Specialty
EMADINE 0.05% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar) unless patient is pregnant
EMBEDA 20-0.8MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBEDA 30-1.2MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBEDA 50-2MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBEDA 60-2.4MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBEDA 80-3.2MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBEDA 100-4MG ER CAPSULE	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
EMBRACE BLOOD GLUCOSE TEST STRIPS	Non-Formulary	Formulary agents: FreeStyle or Precision products
EMBRACE METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
EMEND 125 mg CAPSULE	Clinical	Required diagnosis= nausea/vomiting due to chemo or surgery Required trial of: formulary agents ondansetron, promethazine, etc
EMEND 40 mg CAPSULE	Clinical	Required diagnosis= nausea/vomiting due to chemo or surgery Required trial of: formulary agents ondansetron, promethazine, etc

Drug	Status	Special Instructions
EMEND 80 mg CAPSULE	Clinical	Required diagnosis= nausea/vomiting due to chemo or surgery Required trial of: formulary agents ondansetron, promethazine, etc
EMEND TRIFOLD PACK (80 mg and 125 mg)	Clinical	Required diagnosis= nausea/vomiting due to chemo or surgery Required trial of: formulary agents ondansetron, promethazine, etc
EMSAM 12 mg/24 HOURS PATCH	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
EMSAM 6 mg/24 HOURS PATCH	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
EMSAM 9 mg/24 HOURS PATCH	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
ENABLEX 15 mg TABLET	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
ENABLEX 7.5 mg TABLET	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
ENBRACE HR 1.5-8.73MG Capsule	Non-Formulary	*Formulary Agent(s): Vinate GT Tablet, Citranatal Harmony Capsule, Taron-BC Tablet, Citranatal Rx Tablet, Completenate Tablet Chew, Vol-Plus Tablet, Prenaplus Tablet, Natelle-EZ Tablet, Or Elite-Ob Caplet
ENBREL 25 mg KIT	Clinical	Specialty; follow policy on CareSource.com
ENBREL 25 mg/0.5 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com
ENBREL 50 mg/ML SURECLICK	Clinical	Specialty; follow policy on CareSource.com
ENBREL 50 mg/ML SYRINGE	Clinical	Specialty; follow policy on CareSource.com
Endometrin (micronized PROGESTERONE) Suppositories	Clinical	Required diagnosis= low PROGESTERONE during pregnancy Requires trial of: First-PROGESTERONE suppositories
ENGERIX-B (HEPATITIS B VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
ENJUVIA 0.3 mg TABLET	Non-Formulary	Formulary agent: Premarin
ENJUVIA 0.45 mg TABLET	Non-Formulary	Formulary agent: Premarin
ENJUVIA 0.625 mg TABLET	Non-Formulary	Formulary agent: Premarin
ENJUVIA 0.9 mg TABLET	Non-Formulary	Formulary agent: Premarin
ENJUVIA 1.25 mg TABLET	Non-Formulary	Formulary agent: Premarin
ENOVARX-LIDOCAINE HCL 5% CREAM	Non-Formulary	Formulary agent: Formulary Lidocaine Product

Drug	Status	Special Instructions
ENOVARX-LIDOCAINE HCL 10% CREAM	Non-Formulary	Formulary agent: Formulary Lidocaine Product
ENTRESTO 24MG-26MG TABLET	Non-Formulary	Formulary Agent(s): Formulary Ace Inhibitor or Formulary ARB Agent
ENTRESTO 49MG-51MG TABLET	Non-Formulary	Formulary Agent(s): Formulary Ace Inhibitor or Formulary ARB Agent
ENTRESTO 97MG-103MG TABLET	Non-Formulary	Formulary Agent(s): Formulary Ace Inhibitor or Formulary ARB Agent
ENTYVIO 300MG VIAL	Non-Formulary	Specialty; follow policy on CareSource.com
ENVARSUS XR 0.75MG TABLET	Non-Formulary	Formulary Agent(s): Tacrolimus (Prograf) 0.5mg Capsule
ENVARSUS XR 1MG TABLET	Non-Formulary	Formulary Agent(s): Tacrolimus (Prograf) 0.5mg Capsule
ENVARSUS XR 4MG TABLET	Non-Formulary	Formulary Agent(s): Tacrolimus (Prograf) 0.5mg Capsule
EPANED 1 mg/ML SOLUTION	Clinical	Formulary agent: ENALAPRIL tablet for those over age 12
EPICERAM	Clinical	Required trial = atopic dermatitis, irritant contact dermatitis, and radiation dermatitis or eczema Required trial of: THERAPLEX, VELVACHOL, NUTRADERM, CETAPHIL, or AVEENO
EPIDUO FORTE 0.3%-2.5% GEL	Non-Formulary	Formulary Agents: benzoyl peroxide gel 2.5% and adapalene gel 0.1%
EPIDUO 0.1%-2.5% GEL	Non-Formulary	Formulary Agents: benzoyl peroxide gel 2.5% and adapalene gel 0.1%
EPIFOAM 1-1%	Non-Formulary	Formulary agent: PRAMOXINE AEROSOL (Proctofoam) 1% with Procto-Pak (PROCTOCORT) 1% CREAM separately
EPINASTINE (ELESTAT) 0.05% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
EPOGEN 10,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
EPOGEN 2,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
EPOGEN 20,000 UNITS/2 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
EPOGEN 20,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
EPOGEN 3,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
EPOGEN 4,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
ERGOLOID MESYLATES 1 mg TABLET	Non-Formulary	Formulary agents: Namenda, generic Aricept, galantamine, generic Exelon
ERGOMAR 2 mg SUBLINGUAL TABLET	Non-Formulary	Formulary agents: propranolol or topiramate for migraine prevention OR sumatriptan or naratriptan for migraine abortion
ERIVEDGE 150 mg CAPSULE	Clinical	Required diagnosis = basal cell carcinoma
ERTACZO 2% CREAM	Non-Formulary	Formulary agents: ketoconazole or clotrimazole for a diagnosis of tinea pedis
ESBRIET 267 MG CAPSULE	Clinical	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
ESOMEPRAZOLE CAP 24.65 mg	Non-Formulary	For Members who are Pregnant or on clopidogrel (Plavix): Formulary agent: pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents: omeprazole 40 mg daily or 20 mg twice a day, then lansoprazole 30 mg Over 18 years old: Formulary agents: omeprazole 40 mg daily or 20 mg twice a day, pantoprazole 40 mg,
ESOMEPRAZOLE CAP 49.3 mg	Non-Formulary	For Members who are Pregnant or on clopidogrel (Plavix): Formulary agent: pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents: omeprazole 40 mg daily or 20 mg twice a day, then lansoprazole 30 mg Over 18 years old: Formulary agents: omeprazole 40 mg daily or 20 mg twice a day, pantoprazole 40 mg,
ESOMEPRAZOLE (NEXIUM) DR 20MG CAP	Non-Formulary	Formulary Agent: Nexium 24HR OTC 20MG Capsules
ESOMEPRAZOLE (NEXIUM) DR 40MG CAP	Non-Formulary	Formulary Agent: Nexium 24HR OTC 20MG Capsules
ESTRADERM 0.05 mg PATCH	Non-Formulary	No longer available on the market
ESTRADERM 0.1 mg PATCH	Non-Formulary	No longer available on the market
ESTRADIOL (MINIVELLE DIS) 0.1 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
ESTRADIOL (MINIVELLE DIS) 0.0375 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
ESTRADIOL (MINIVELLE DIS) 0.05 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
ESTRADIOL (MINIVELLE DIS) 0.075 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
Estradiol Valerate (DELESTROGEN) IM OIL INJECTION	Clinical	Formulary agents: estradiol tablets, patches (Climara) or Alora
ESTRASORB PACKET	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
ESTRING 2 mg VAGINAL RING	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
ESTROGEL 0.6% GEL	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
ETIDRONATE (Didronel) 400 mg TABLET	Non-Formulary	Formulary agent: alendronate
ETIDRONATE 200 mg TABLET	Non-Formulary	Formulary agent: alendronate
EUFLEXXA	Non-Formulary	Specialty; follow policy on CareSource.com. Formulary agents: Supartz & Gel-One
EURAX 10% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
EURAX 10% LOTION	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
EVAMIST 1.53 mg/SPRAY	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
EVZIO 0.4MG/0.4ML INJECTION	Non-Formulary	Requires a one time trial of: NALOXONE 0.4MG/ML SYRINGE, NALOXONE 1MG/ML SYRINGE, NALOXONE 0.4MG/ML VIAL
HYDROMORPHONE ER (EXALGO ER) 8MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROMORPHONE ER (EXALGO ER) 12MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER

Drug	Status	Special Instructions
HYDROMORPHONE ER (EXALGO ER) 16MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROMORPHONE ER (EXALGO ER) 32MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
ERBITUX 2MG/ML VIAL	Clinical	Request Must Go Through Clinical Review
EXELDERM 1% CREAM	Non-Formulary	Required diagnosis = tinea pedis (athlete's foot), tinea cruris, and tinea corporis and tinea versicolor Formulary agents: ketoconazole, clotrimazole, metronidazole
EXELDERM 1% SOLUTION	Non-Formulary	Required diagnosis = tinea pedis (athlete's foot), tinea cruris, and tinea corporis and tinea versicolor Formulary agents: ketoconazole, clotrimazole, metronidazole
EXELON 13.3 mg/24HR PATCH	Clinical	Required trial : RIVASTIGMINE (Exelon) CAPSULE
EXELON 2 mg/ML ORAL SOLUTION	Clinical	Required trial : RIVASTIGMINE (Exelon) CAPSULE
EXELON 4.6 mg/24HR PATCH	Clinical	Required trial : RIVASTIGMINE (Exelon) CAPSULE
EXELON 9.5 mg/24HR PATCH	Clinical	Required trial : RIVASTIGMINE (Exelon) CAPSULE
EXJADE 125 mg TABLET	Clinical	Required diagnosis = Chronic iron overload
EXJADE 250 mg TABLET	Clinical	Required diagnosis = Chronic iron overload
EXJADE 500 mg TABLET	Clinical	Required diagnosis = Chronic iron overload
EXTAVIA 0.3 mg KIT	Clinical	Specialty; follow policy on CareSource.com.
EYLEA INJECTION 2/0.05 mL	Clinical	Specialty; follow policy on CareSource.com.
FABB, TL GARD RX, VIRT-GARD (FOLGARD RX) 1-5.2-25MG TABLET	Non-Formulary	Formulary Agent(s): Folgard OS Or TL G-Fol OS Tablet
FABIOR 0.1% AEROSOL FOAM	Non-Formulary	Required diagnosis = Acne Formulary agent: Tazorac 0.1% cream or gel
FABIOR 0.1% AEROSOL FOAM	Non-Formulary	Required diagnosis = Acne Formulary agent: Tazorac 0.1% cream or gel
FABRAZYME	Clinical	Specialty; follow policy on CareSource.com.
FACTIVE 320 mg TABLET	Non-Formulary	Formulary agent: ciprofloxacin or levofloxacin
FaLessa	Non-Formulary	Use a formulary oral contraceptive
FANAPT 10 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 12 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 1 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 2 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 4 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 6 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FANAPT 8 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)

Drug	Status	Special Instructions
FANAPT TITRATION PACK	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
FARXIGA 10MG TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage) then Invokana
FARXIGA 5MG TABLET	Non-Formulary	Formulary agents: Metformin IR or ER (Glucophage) then Invokana
FARYDAK 10MG CAPSULE	Clinical	Request Must Go Through Clinical Review
FARYDAK 15MG CAPSULE	Clinical	Request Must Go Through Clinical Review
FARYDAK 20MG CAPSULE	Clinical	Request Must Go Through Clinical Review
FEIBA NF 1,750-3,250 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
FEIBA NF 400-650 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
FEIBA NF 651-1,200 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
FEIBA VH IMMUNO 1,750-3,250 UNITS	Specialty	Specialty; follow policy on CareSource.com.
FEIBA VH IMMUNO 400-650 UNITS	Specialty	Specialty; follow policy on CareSource.com.
FEIBA VH IMMUNO 651-1,200 UNITS	Specialty	Specialty; follow policy on CareSource.com.
FEMECAL OB TABLET 22-6-1 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FEMCAP 22MM CERVICAL CAP	Excluded Benefit	
FEMCAP 26MM CERVICAL CAP	Excluded Benefit	
FEMCAP 30MM CERVICAL CAP	Excluded Benefit	
FEM PH 0.9-0.025% VAGINAL GEL	Non-Formulary	Required 14 day trial of: povidone-iodine douch (Summer's Eve) 0.3% solution
FEMRING 0.05 mg VAGINAL RING	Non-Formulary	Formulary agents: Femhrt or Prempro
FEMTRACE 0.45 mg TABLET	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
FEMTRACE 0.9 mg TABLET	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
FEMTRACE 1.8 mg TABLET	Non-Formulary	Formulary agents: estradiol tablets, patches (Climara) or Alora
FENOFIBRIC ACID (TRILIPIX DR) 135 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENOFIBRIC ACID (TRILIPIX DR) 45 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENOGLIDE 120 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENOGLIDE 40 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
Fentanyl Citrate (ACTIQ) 1,200 mcg LOZENGE	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
Fentanyl Citrate (ACTIQ) 400 mcg LOZENGE	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
Fentanyl Citrate (ACTIQ) 600 mcg LOZENGE	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
Fentanyl Citrate (ACTIQ) 800 mcg LOZENGE	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
Fentanyl Citrate (ACTIQ)1,600 mcg LOZENGE	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy

Drug	Status	Special Instructions
FENTANYL CITRATE OTFC 200 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FENTORA 100 mcg BUCCAL TABLET	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FENTORA 200 mcg BUCCAL TABLET	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FENTORA 400 mcg BUCCAL TABLET	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FENTORA 600 mcg BUCCAL TABLET	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FENTORA 800 mcg BUCCAL TABLET	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
FERAHEME IRON INJECTION	Clinical	Required diagnosis = iron deficiency anemia in adults with chronic kidney disease Required trial of: INFED 50 mg/ML VIAL
FERIVA 75-1 MG CAPSULE	Non-Formulary	Formulary agents: FERREX 150 CAP, FERROUS GLUCONATE tablet 240MG, FERROUS FUMARATE tablet 325MG, FERROUS SULFATE tablet 134MG, or SLOW RELEASE IRON 160GM
FERRALET 90 DUAL-IRON 90-1 mg TABLET	Non-Formulary	Formulary agents: Formulary Iron (Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 mg, FERROUS FUMARATE tablet 325 mg , FERROUS SULFATE tablet 134 mg, etc)
FERRAPLUS 90 TABLET	Non-Formulary	Formulary agents: Formulary Iron (Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 mg, FERROUS FUMARATE tablet 325 mg , FERROUS SULFATE tablet 134 mg, etc)
FERREX 150 FORTE PLUS CAPSULE	Non-Formulary	Formulary agent: FERREX 150 PLUS capsule and a B-COMPLEX W/ FOLIC ACID TAB separately
FERREX 28 TABLET	Non-Formulary	Formulary agent: Formulary Iron (Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 mg, FERROUS FUMARATE tablet 325 mg , FERROUS SULFATE tablet 134 mg, etc)
FERRIC GLUCONATE (FERRLECIT) 62.5 mg/5 mL VIAL	Clinical	Required diagnosis = iron deficiency anemia in patients 6 years and older with chronic kidney disease receiving hemodialysis who are receiving supplemental epoetin therapy
FERRIPROX 500 mg TABLET	Clinical	Required diagnosis = Chronic iron overload
FERROGELS FORTE, TRIGELS-F FORTE, HEMATOGEN FORTE 460 (151 FE)-60-0.01-1 mg SOFTGEL	Non-Formulary	Formulary agents: Formulary Iron (Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 mg, FERROUS FUMARATE tablet 325 mg , FERROUS SULFATE tablet 134 mg, etc)
FETZIMA 120 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)

Drug	Status	Special Instructions
FETZIMA 20 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FETZIMA 40 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FETZIMA 80 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FETZIMA TITRATION KIT	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FEXOFENADINE (ALLEGRA) 180 mg TABLET RX	Non-Formulary	Formulary agent: FEXOFENADINE (Allegra) 30 mg or 60 mg tablet OTC
FEXOFENADINE (ALLEGRA) 30 mg TABLET RX	Non-Formulary	Formulary agent: FEXOFENADINE (Allegra) 30 mg tablet OTC
FEXOFENADINE (ALLEGRA) 60 mg TABLET RX	Non-Formulary	Formulary agent: Fexofenadine (Allegra) 60 mg tablet OTC
FENOFIBRATE (FIBRICOR) 105 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENOFIBRATE (FIBRICOR) 35 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
FENTANYL 37.5MCG/HR PATCH	Non-Formulary	Formulary Agent(s): Fentanyl (Duragesic) Patch (12mcg/HR, 25mcg/HR, 50mcg/HR, 75mcg/HR, Or 100mcg/HR)
FENTANYL 62.5MCG/HR PATCH	Non-Formulary	Formulary Agent(s): Fentanyl (Duragesic) Patch (12mcg/HR, 25mcg/HR, 50mcg/HR, 75mcg/HR, Or 100mcg/HR)
FENTANYL 87.5MCG/HR PATCH	Non-Formulary	Formulary Agent(s): Fentanyl (Duragesic) Patch (12mcg/HR, 25mcg/HR, 50mcg/HR, 75mcg/HR, Or 100mcg/HR)
FERIVA 21-7 75-1-175MG TABLET	Non-Formulary	*Formulary Agent(s): Daily Vite With Iron Tablet
FINACEA 15% GEL	Non-Formulary	Formulary agent: Metronidazole topical
FINACEA PLUS KIT	Non-Formulary	Must provide clinical reason supported by chart notes why Finacea 15% gel cannot be used (which also requires a step through metronidazole topical)
FINASTERIDE 1 mg (PROPECIA) TABLET	Excluded benefit	
FIORICET-COD 30-50-325-40 CAPSULE	Non-Formulary	Formulary agent: FIORICET-COD 30-50-325-40 CAPSULE
FIRAZYR 30 mg/3 mL SYRINGE	Clinical	Required diagnosis = acute attacks of hereditary angioedema (HAE) in adults 18 years and older

Drug	Status	Special Instructions
FIRMAGON (DEGARELIX ACETATE) FOR INJECTION 120 mg (BASE EQUIV)	Clinical	Specialty
FIRMAGON (DEGARELIX ACETATE) FOR INJECTION 80 mg (BASE EQUIV)	Clinical	Specialty
FIRST-HYDROCORTISONE 10% GEL	Non-Formulary	Formulary agents: formulary topical hydrocortisone
FIRST-TESTOSTERONE 2% CREAM	Non-Formulary	Required diagnosis = hypogonadism with total testosterone lab value = ≤ 300 ng/dL before treatment Formulary agents: Axiron or Fortesta
FIRST-TESTOSTERONE 2% OINTMENT	Non-Formulary	Required diagnosis = hypogonadism with total testosterone lab value = ≤ 300 ng/dL before treatment Formulary agents: Axiron or Fortesta
FLAGYL ER 750 mg TABLET	Non-Formulary	Formulary agent: Metronidazole 500 mg
FLAREX 0.1% ophthalmic SUSPENSION	Non-Formulary	Formulary agent: FLUOROMETHOLONE, FLUOR-OP (FML LIQUIFLM) 0.1% DROPS
FLEBOGAMMA DIF 5% VIAL	Clinical	Specialty; follow policy on CareSource.com.
FLECTOR 1.3% PATCH	Non-Formulary	Formulary agents: 30 DAY TRIAL OF NSAIDS (celecoxib (Celebrex), naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, Sulindac or piroxicam); AND topical Voltaren Gel for a diagnosis of pain OR Formulary agents: 30 DAY TRIAL OF NSAIDS (celecoxib (Celebrex), naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, Sulindac or piroxicam) for a diagnosis of low back pain
FLOLAN, VELETRI (EPOPROSTENOL SODIUM) FOR INJECTION 0.5MG	Clinical	Specialty; follow policy on CareSource.com.
FLOLAN, VELETRI (EPOPROSTENOL SODIUM) FOR INJECTION 1.5MG	Clinical	Specialty; follow policy on CareSource.com.
FLO-PRED 15 mg/5 mL	Non-Formulary	Formulary agent: prednisolone suspension
FLOVENT DISKUS 50MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*
FLOVENT DISKUS 100MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*
FLOVENT DISKUS 250MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*

Drug	Status	Special Instructions
FLOVENT HFA 44MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*
FLOVENT HFA 110MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*
FLOVENT HFA 220MCG	Non-Formulary	Required diagnosis: Eosinophilic Esophagitis (EoC) OR *30 day trial of: Aerospan or Asmanex *Members 8 y/o and younger will not require a PA*
FLOWTUSS 200-2.5MG/5ML SOLUTION	Non-Formulary	Formulary Agent(s): Guaifenesin-Codeine 200-10MG/5mL Liquid
Fluarix Quad IM Syringe	Non-Formulary	Formulary agents: Afluria, Flulaval, Fluzone split, Fluzone, Fluarix, Fluzone HD, Fluvirin, or Fluvirin PF
FLUCYTOSINE (ANCOBON) 250 mg CAPSULE	Non-Formulary	Required diagnosis= Cryptococcus Meningitis AND Formulary Agent(s): fluconazole OR Required diagnosis= Candida, UTI, Septicemia and Pulmonary AND Formulary Agent(s): fluconazole or ketoconazole
FLUCYTOSINE (ANCOBON) 500 mg CAPSULE	Non-Formulary	Required diagnosis= Cryptococcus Meningitis AND Formulary Agent(s): fluconazole OR Required diagnosis= Candida, UTI, Septicemia and Pulmonary AND Formulary Agent(s): fluconazole or ketoconazole
Flumist Quadrivalent	Non-Formulary	Formulary agents: Afluria, Flulaval, Fluzone split, Fluzone, Fluarix, Fluzone HD, Fluvirin, or Fluvirin PF
FLUOCINOLONE (DERMOTIC) OIL 0.01% EAR DROP	Non-Formulary	Required diagnosis= chronic eczematous external otitis
FLUOCINONIDE (VANOS) 0.1% CREAM	Non-Formulary	Formulary agent: fluocinolone cream
FLUORIDEX DAILY DEFENSE SENSITIVITY RELIEF (PREVIDENT 5000 ENAMEL PROTECT, PREVIDENT 5000 SENSITIVE) 1.1%-5% PASTE	Non-Formulary	Formulary Agent(s): ControlRx, Denta 5000 Plus, Dentall, SF 5000 Plus (Prevident 5000 Plus) 1.1% Cream
FLUOROPLEX 1% CREAM	Non-Formulary	Formulary agent: FLUOROURACIL (EFUDEX) 5% CREAM
FLUOROURACIL (CARAC) 0.5% CREAM	Non-Formulary	Required diagnosis= Actinic Keratosis AND a 14 day trial of imiquimod (Aldara) 5% cream packet
FLUOXETINE 60 mg TABLET	Non-Formulary	Formulary agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)
FLUOXETINE DR (PROZAC) 60 mg CAPSULE	Non-Formulary	Formulary agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)

Drug	Status	Special Instructions
FLUOXETINE DR (PROZAC) 90 mg CAPSULE	Non-Formulary	Formulary agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)
FLUROX, ALTAFLUOR, FLUORESCEIN W/ BENOXINATE 0.25-0.4% OPHTHALMIC SOLUTION	Clinicial	Approved for: use in procedures in which a topical ophthalmic anesthetic agent
FLUTICASONE Propionate (CUTIVATE) 0.05% LOTION	Non-Formulary	Formulary agents: Age 2-11: BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION Age 12-17: BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION, Mometasone (ELOCON) 0.1% LOTION Age 18 and older: BETAMETHASONE DP 0.05% LOTION, BETAMETHASONE VALERATE 0.1% LOTION, Mometasone (ELOCON) 0.1% LOTION, FLUOCINOLONE 0.01% Topical SOLUTION, CLOBETASOL FOAM
Fluvastatin (LESCOL) 20 mg CAPSULE	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
Fluvastatin (LESCOL) 40 mg CAPSULE	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
FLUVOXAMINE SR (LUVOX CR) 100 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FLUVOXAMINE SR (LUVOX CR) 150 mg CAPSULE	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
FML FORTE 0.25% EYE DROPS	Non-Formulary	Formulary agent: FLUOROMETHOLONE, FLUOR-OP (FML LIQUIFLM) 0.1% DROPS
FOCALGIN 90 DHA 90-1-300MG COMBO PACK	Non-Formulary	*Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
FOCALGIN CA 35-1-50MG COMBO PACK	Non-Formulary	*Formulary Agent(s): Vinate GT Tablet, CitraNatal Harmony Capsule, Taron-BC Tablet, CitraNatal Rx Tablet, Completenate Tablet Chew, Vol-Plus Tablet, Prenaplus Tablet, Natelle-EZ Tablet, Or Elite-OB Caplet
FOCALIN XR 25 mg CAPSULE	Step Therapy	Must first try: Age under 6 - off label (need clinicals to support use) and required trial of dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Age 6 and older - trial of Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD),

Drug	Status	Special Instructions
FOCALIN XR 35 mg CAPSULE	Step Therapy	Must first try: Age under 6 - off label (need clinicals to support use) and required trial of dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Age 6 and older - trial of Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD),
FOLAST TABLET 2-2.8-25 mg	Non-Formulary	Formulary agent: folic acid
FOLBEE PLUS TABLET	Non-Formulary	Formulary agent: folic acid
FOLCAP, FOLPLEX, FA-B6-B12 TABLET	Non-Formulary	Formulary agent: folic acid
FOLGARD 2000-800 TABLET	Non-Formulary	Formulary Agent(s): Folgard OS Or TL G-Fol OS Tablet
FOLIVANE-EC CALCIUM DHA COMBO 27-1-250 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
FOLIVANE-OB CAPSULE 85 mg-1 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FOLIVANE-PRX DHA NF CAPSULE 30-1.24-55	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
FOLLISTIM AQ INJECTION 600UNIT	Clinical	Specialty
FOLLISTIM AQ INJECTION 75UNIT	Clinical	Specialty
FOLLISTIM AQ INJECTION 900UNIT	Clinical	Specialty
FORFIVO XL 450 mg TABLET	Non-Formulary	Formulary agents: BUPROPION XL (WELLBUTRIN XL) 150 mg tablet AND BUPROPION XL (WELLBUTRIN XL) 300 mg tablet
FORMALDEHYDE 10% SOLUTION (Lazerformaldehyde)	Non-Formulary	Formulary agent: FORMALDEHYDE 37% SOLUTION
FORTEO 600 mcg/2.4 mL PEN	Clinical	Specialty; follow policy on CareSource.com.
FORTEO SOLUTION 750/3 mL	Clinical	Specialty; follow policy on CareSource.com.
FORTESTA 10 mg GEL PUMP	Clinical	Required diagnosis = hypogonadism with Total Testosterone lab value = ≤ 300 ng/dL before treatment
FOSAMAX 70 mg ORAL SOLUTION	Non-Formulary	Formulary agent: alendronate
FOSAMAX PLUS D 70 mg-2,800 TABLET	Non-Formulary	Formulary agent: alendronate AND OTC vitamin D separately
FOSAMAX PLUS D 70 mg-5,600 TABLET	Non-Formulary	Formulary agent: alendronate AND OTC vitamin D separately
FOSTEUM CAP	Non-Formulary	Formulary agent: VP-GSTN CAP [which requires a trial of OTC Vitamin D (CHOLECALCIFEROL) with OTC ZINC GLUCONATE TAB separately]
FRAGMIN 10,000 UNITS SYRING	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 12,500 UNITS SYRING	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)

Drug	Status	Special Instructions
FRAGMIN 15,000 UNITS SYRING	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 18,000 UNITS SYRING	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 2,500 UNITS SYRINGE	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 25,000 UNITS/ML VIAL	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 5,000 UNITS SYRINGE	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 7,500 UNITS SYRINGE	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRAGMIN 95,000 UNIT SYRINGE	Clinical	Required diagnosis = VTE/ Unstable angina /non-Q wave MI Required trial: oral warfarin or enoxaparin (Lovenox) OR Required diagnosis = DVT Required trial: enoxaparin (Lovenox)
FRESHKOTE EYE DROPS	Non-Formulary	Formulary agent: OTC artificial tears
FROVA 2.5 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
FULYZAQ 125 MG DR TABLET	Clinical	Required diagnosis = HIV/AIDs related Diarrhea
FUMATINIC ER CAPSULE	Non-Formulary	No longer available on the market
FUSION 130-25-30MG CAPSULE	Non-Formulary	*Formulary Agent(s): Vinate GT Tablet, CitraNatal Harmony Capsule, Taron-BC Tablet, CitraNatal Rx Tablet, Completenate Tablet Chew, Vol-Plus Tablet, Prenaplus Tablet, Natelle-EZ Tablet, Or Elite-OB Caplet

Drug	Status	Special Instructions
FYCOMPA 2 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 4 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 6 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 8 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 10 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 12 mg TABLET	Non-Formulary	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
GALZIN 25 mg CAPSULE	Clinical	gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
GALZIN 50 mg CAPSULE	Clinical	Required diagnosis = Wilson's Disease with a trial of cupriine 250 mg capsule
GAMASTAN S/D SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
GAMASTAN S-D VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAGARD LIQUID 10% VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAGARD S-D 10 gM VL W/ST	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
GAMMAGARD S-D 2.5 gM VL W/S	Clinical	Specialty; follow policy on CareSource.com.
GAMMAGARD S-D 5 gM (IGA<1) S	Clinical	Specialty; follow policy on CareSource.com.
GAMMAGARD S-D 5 gM VL W/SET	Clinical	Specialty; follow policy on CareSource.com.
GAMMAKED INJECTION 10 gM/100 mL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAKED INJECTION 1 gM/10 mL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAKED INJECTION 2.5 gM/25 mL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAKED INJECTION 20 gM/200 mL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAKED INJECTION 5 gM/50 mL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAPLEX 10 gM/200 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAPLEX 2.5 gM/50 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMMAPLEX 5 gM/100 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX 10% VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX-C 1 GRAM/10 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX-C 10 GRAM/100 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX-C 2.5 GRAM/25 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX-C 20 GRAM/200 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GAMUNEX-C 5 GRAM/50 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
GANIRELIX AC INJECTION	Clinical	Specialty; follow policy on CareSource.com.
GARDASIL (HPV VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
GATIFLOXACIN (ZYMAXID) 0.5% EYE DROPS	Non-Formulary	Formulary agents: ciprofloxacin or ofloxacin ophthalmic with a diagnosis of conjunctivitis OR a diagnosis of cataract surgery or Corneal ulcer/Keratitis
GATTEX 5 mg KIT	Non-Formulary	Specialty; follow policy on CareSource.com.
GAVILYTE-H AND BISACODYL 5MG-210(G) KIT	Non-Formulary	*Formulary Agent(s): Peg-3350, Gavilyte-G (Golytely)
GAZYVA 25 mg/ML INJECTION	Clinical	Diagnosis = Previously untreated chronic lymphocytic leukemia (CLL) Provider Specialty = Oncologist
GELNIQUE 10% GEL SACHETS	Non-Formulary	Must provide clinical reason supported by chart notes why OXYBUTYNIN, OXYBUTYNIN ER, or OXYBUTYNIN SYRUP cannot be used
GELNIQUE 3% GEL SACHETS	Non-Formulary	Must provide clinical reason supported by chart notes why OXYBUTYNIN, OXYBUTYNIN ER, or OXYBUTYNIN SYRUP cannot be used
GEL-KAM 0.4% GEL	Non-Formulary	Formulary agents: Denta 5000 Plus, SF 5000 Plus (Prevident 5000 Plus) 1.1% Cream
GEL-ONE 10MG/ML	Clinical	Specialty; follow policy on CareSource.com
GEL-ONE 30MG/3ML	Clinical	Specialty; follow policy on CareSource.com

Drug	Status	Special Instructions
GENOTROPIN 12 mg CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN 5 mg CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 0.2 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 0.4 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 0.6 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 0.8 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 1.2 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 1.4 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 1.6 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 1.8 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 1 mg	Clinical	Specialty; follow policy on CareSource.com.
GENOTROPIN MINIQUICK 2 mg	Clinical	Specialty; follow policy on CareSource.com.
GENTIAN VIOLET 2% SOLUTION	Non-Formulary	Formulary agent: Gentian Violet 1% (OTC)
GIAZO 1.1 gM TABLET	Non-Formulary	Formulary agents: BALSALAZIDE (COLAZAL) 750 mg capsule for exclusively for the treatment of mildly to moderately active ulcerative colitis disease in adult males
GILENYA 0.5 mg CAPSULE	Clinical	Specialty; follow policy on CareSource.com.
GILOTRIF 20 mg TABLET	Clinical	Required diagnosis = Metastatic non-small lung cancer - Test results required
GILOTRIF 30 mg TABLET	Clinical	Required diagnosis = Metastatic non-small lung cancer - Test results required
GILOTRIF 40 mg TABLET	Clinical	Required diagnosis = Metastatic non-small lung cancer - Test results required
GLASSIA 1000 mg/50 mL IV SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
GLATOPA (COPAXONE) 20MG SYRINGE	Clinical	Required diagnosis= MS and Prescribed by or in consultation with a Neurologist
GLEEVEC 100 mg TABLET	Clinical	Required diagnosis= Acute lymphoblastic leukemia; Aggressive systemic mastocytosis; Chronic myeloid leukemia; Dermatofibrosarcoma protuberans; GI stromal tumors; Hypereosinophilic syndrome and/or chronic eosinophilic leukemia; or Myelodysplastic/Myeloproliferative diseases
GLEEVEC 400 mg TABLET	Clinical	Required diagnosis= Acute lymphoblastic leukemia; Aggressive systemic mastocytosis; Chronic myeloid leukemia; Dermatofibrosarcoma protuberans; GI stromal tumors; Hypereosinophilic syndrome and/or chronic eosinophilic leukemia; or Myelodysplastic/Myeloproliferative diseases

Drug	Status	Special Instructions
GLUCOSE METER BATTERIES	Bill as DME	
GLUMETZA ER 1,000 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
GLUMETZA ER 500 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
GLYCATE 1.5 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why GLYCOPYRROLATE tablet cannot be used
GLYCINE 1.5% IRRIGATION	Non-Formulary	Formulary agent: Normal Saline
GLYSET 100 mg TABLET	Step Therapy	Requires a 30 day trial of metformin IR or ER (Glucophage or Glucophage XR) unless renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% within the last 90 days
GLYSET 25 mg TABLET	Step Therapy	Requires a 30 day trial of metformin IR or ER (Glucophage or Glucophage XR) unless renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% within the last 90 days
GLYSET 50 mg TABLET	Step Therapy	Requires a 30 day trial of metformin IR or ER (Glucophage or Glucophage XR) unless renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% within the last 90 days
GLYXAMBI 10MG-5MG TABLET	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR) THEN A 60 day trial of: Invokana THEN A 60 day trial of: Tradjenta AND Jardiance taken separately at the same time
GLYXAMBI 25MG-5MG TABLET	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR) THEN A 60 day trial of: Invokana THEN A 60 day trial of: Tradjenta AND Jardiance taken separately at the same time
GONAL-F INJECTION 1050UNIT	Clinical	Specialty
GONAL-F INJECTION 450UNIT	Clinical	Specialty
GONAL-F RFF INJECTION 300UNIT	Clinical	Specialty
GONAL-F RFF INJECTION 450	Clinical	Specialty
GONAL-F RFF INJECTION 75UNIT	Clinical	Specialty
GONAL-F RFF INJECTION 900 UNIT	Clinical	Specialty
GRAFCO (ARZOL) 75-25% SILVER NITRATE APPLICATOR STICKS	Clinical	Required use= cauterization of skin or mucous membranes and for removing warts and granulated tissue
GRALISE 300 mg	Non-Formulary	Formulary agent: gabapentin with a diagnosis of Post Herpetic Neuralgia
GRALISE 600 mg	Non-Formulary	Formulary agent: gabapentin with a diagnosis of Post Herpetic Neuralgia

Drug	Status	Special Instructions
GRALISE Starter Kit 300 mg and 600 mg	Non-Formulary	Must provide clinical reason supported by chart notes why Gralise tablet (requires a PA with diagnosis = PHN and step through gabapentin) cannot be used
GRANIX 300MCG/0.5ML SYRINGE	Clinical	Request Must Go Through Clinical Review
GRANIX 480MCG/0.8ML SYRINGE	Clinical	Request Must Go Through Clinical Review
GRASTEK SUB 2800BAU	Clinical	Required diagnosis = grass pollen-induced allergic rhinitis
GUANIDINE 125 mg TABLET	Non-Formulary	Required diagnosis = Myasthenic syndrome of Eaton-Lambert
GYNAZOLE-1 CREAM	Non-Formulary	Formulary agents: MICONAZOLE NITRATE VAGINAL SUPPOSITORIES, CLOTRIMAZOLE VAGINAL CREAM 1% or 2%, TERCONAZOLE 0.4% or 0.8% CREAM, or TIOCONAZOLE (VAGISTAT-1, MONISTAT-1) 6.5% OINTMENT
HALOBETASOL (ULTRAVATE) 0.05% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
HALOBETASOL (ULTRAVATE) 0.05% OINTMENT	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
HALOG 0.1% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
HALOG 0.1% OINTMENT	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
HARVONI 90-400MG TABLET	Clinical	Request Must Go Through Clinical Review
HAVRIX (HEPATITIS A VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
HC AC/ ALOE, CORTALO (NUZON) 2% GEL	Non-Formulary	Formulary agents: HYDROCORTISONE , PROCTOSOL-HC, Proctozone, Proctocream, Proctocare (Anusol-HC) 2.5% CREAM, HYDROCORTISONE 2.5% LOTION, HYDROCORTISONE 2.5% OINTMENT
HEARING AID BATTERIES	Bill as DME	
HELIDAC THERAPY	Non-Formulary	Will currently approve due to backorder of tetracycline
HELIXATE FS 1,000 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
HELIXATE FS 2,000 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
HELIXATE FS 250 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
HELIXATE FS 3,000 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
HELIXATE FS 500 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
HEMATOGEN FA 200-250 mg SOFTGEL	Non-Formulary	Formulary agents: Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 MG, FERROUS FUMARATE tablet 325 MG , FERROUS SULFATE tablet 134 MG
HEMOFIL M 1,701-2,000 UNITS	Specialty	Specialty; follow policy on CareSource.com.
HEMOFIL M 220-400 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
HEMOFIL M 401-800 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
HEMOFIL M 801-1,700 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
HERCEPTIN 440MG VIAL	Clinical	Required diagnosis= HER2-overexpressing node-positive or node-negative (ER/PR-negative or with one high-risk feature) breast cancer OR diagnosis= Metastatic gastric cancer
HETLIOZ 20 MG	Clinical	Required diagnosis=non-24-hour sleep-wake disorder
HEPAGAM B VIAL	Clinical	Specialty
HIZENTRA 1 GRAM/5 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
HIZENTRA 2 GRAM/10 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
HIZENTRA 20% (200 mg/ML) VIAL	Clinical	Specialty; follow policy on CareSource.com.
HIZENTRA 4 GRAM/20 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
HORIZANT ER TABLET 600 mg	Non-Formulary	Formulary agents for diagnosis of RLS (Restless leg syndrome): gabapentin, ropinirole, or pramipexole
HUMATE-P 1,200 UNIT VWF:RCO	Specialty	Specialty; follow policy on CareSource.com.
HUMATE-P 2,400 UNIT VWF:RCO	Specialty	Specialty; follow policy on CareSource.com.
HUMATE-P 600 UNIT VWF:RCO	Specialty	Specialty; follow policy on CareSource.com.
HUMATROPE 12 mg CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
HUMATROPE 24 mg CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
HUMATROPE 5 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
HUMATROPE 6 mg CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
HUMIRA 20 mg/0.4 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
HUMIRA 40 mg/0.8 mL PEN	Clinical	Specialty; follow policy on CareSource.com.
HUMIRA 40 mg/0.8 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
HYALGAN	Non-Formulary	Specialty; follow policy on CareSource.com. Formulary agents: Supartz & Gel-One
HYCAMTIN 0.25 mg CAPSULE	Clinical	Required diagnosis=relapsed small cell lung cancer
HYCAMTIN 1 mg CAPSULE	Clinical	Required diagnosis=relapsed small cell lung cancer
HYCOFENIX 30-2.5-200MG/5ML SOLUTION	Non-Formulary	Formulary Agent(s): Guaifenesin-Codeine 200-10MG/5mL Liquid
HYDRO 40 AREOSOL FOAM	Non-Formulary	Formulary agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION

Drug	Status	Special Instructions
HYDROCODONE W/ HOMATROPINE (TUSSIGON) TABLET	Non-Formulary	Formulary agent: benzonatate capsule
HYDROCODONE-ACETAMINOPHEN (MAXIDONE) 10-750 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (LORTAB) 10-500 TABLET
HYDROCODONE-ACETAMINOPHEN, VICODIN (XODOL) 5-300 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG
HYDROCODONE-ACETAMINOPHEN, VICODIN ES (XODOL)7.5-300 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 7.5-325 MG
HYDROCODONE-ACETAMINOPHEN, VICODIN HP (XODOL) 10-300 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 10-325 M
HYDROCODONE-CHLORPHENIRAMINE (TUSSIONEX) PENNKINETIC SUSPENSION	Non-Formulary	Formulary agents: Age: 2-6 = off label (can use Dextromethorphan) Age: 6-12 = Dextromethorphan Age over 12 = Dextromethorphan or Benzonatate capsules
HYDROCODONE-IBUPROFEN, (REPREXAIN) 2.5-200 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN 2.5-500 mg
HYDROCODONE-IBUPROFEN, IBUDONE (REPREXAIN) 5-200 mg TABLET	Non-Formulary	Formulary agents: HYDROCODONE-ACETAMINOPHEN (VICODIN, Anexsia, Lortab) 5-500 tablet or HYDROCODONE-ACETAMINOPHEN 5-325 MG (Norco)
HYDROCODONE-IBUPROFEN, REPREXAIN, IBUDONE 10-200 mg TABLET	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN 10-325 MG
HYDROCORTISONE BUTYRATE (LOCOID) 0.1% CREAM	Non-Formulary	Formulary Agent(s): hydrocortisone valerate (Westcort) cream
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE (LOCOID LIPOCREAM) 0.1% CREAM	Non-Formulary	Formulary Agent(s): hydrocortisone valerate (Westcort) cream
HYDROCORTISONE VALERATE (WESTCORT) 0.2% OINTMENT	Non-Formulary	Formulary agent: HYDROCORTISONE VALERATE (WESTCORT) 0.2% CREAM
HYDROGEL GEL	Non-Formulary	Formulary Agent(s): Woun'Dres Wound Dressing
HYDROGESIC, STAGESIC (MARGESIC H) 5-500 mg CAPSULE	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (VICODIN, Anexsia, Lortab) 5-500 MG tablet
HYDROMORPHONE ER (EXALGO ER) 8MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROMORPHONE ER (EXALGO ER) 12MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROMORPHONE ER (EXALGO ER) 16MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROMORPHONE ER (EXALGO ER) 32MG TABLET	Non-Formulary	Formulary agents: Fentanyl Patches, Morphine Sulfate ER (MS Contin), or Oxymorphone ER
HYDROQUINONE 4% CREAM TIME RELEASE (EpiQuin Micro, EpiQuin Micro/Pump)	Excluded benefit	
HYDROQUINONE 4% CREAM (TL HYDROQUINONE, SKIN BLEACHING, REMERGENT HQ, MELQUIN HP, MELPAQUE HP, LUSTRA-ULTRA, LUSTRA, ELDOPAQUE FORTE, ELDOQUIN FORTE)	Excluded benefit	
HYGEL, HYALURONATE GEL (HYLIRA) 0.2% GEL	Clinical	Formulary agents: Supartz or Gel-One
HYLAN INTRA-ARTICULAR INJECTION 8 mg/ML	Clinical	Formulary agents: Supartz or Gel-One

Drug	Status	Special Instructions
HYLATOPIC AREOSOL FOAM	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
HYLATOPIC PLUS CREAM	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
HYLIRA 0.2% LOTION	Clinical	
HYOPHEN (PROSED-DS) TABLET	Non-Formulary	Formulary agents: URELLE tablet, UROGESIC-BLUE or UTRONA-C
HYPERHEP B INJECTION S/D	Clinical	Specialty
HYPERRHO S/D SYRINGE 50 mcg	Clinical	Specialty
IBRANCE 75MG CAPSULE	Clinical	Request Must Go Through Clinical Review
IBRANCE 100MG CAPSULE	Clinical	Request Must Go Through Clinical Review
IBRANCE 125MG CAPSULE	Clinical	Request Must Go Through Clinical Review
ICLUSIG 15 mg TABLET	Clinical	Required diagnosis= Philadelphia chromosome–positive acute lymphoblastic leukemia (Ph+ALL) OR diagnosis = chronic phase, accelerated phase, or blast phase chronic myeloid leukemia (CML) with T3151 mutation with resistance or intolerance to prior therapy (Gleevec, Sprycel, Tasigna)
ICLUSIG 45 mg TABLET	Clinical	Required diagnosis= Philadelphia chromosome–positive acute lymphoblastic leukemia (Ph+ALL) OR diagnosis = chronic phase, accelerated phase, or blast phase chronic myeloid leukemia (CML) with T3151 mutation with resistance or intolerance to prior therapy (Gleevec, Sprycel, Tasigna)
ILARIS FOR INJECTION 180 mg	Clinical	Specialty; follow policy on CareSource.com
ILEVRO 0.3% ophthalmic SUSPENSION	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
ILUVIEN 0.19MG INTRAVITREAL IMPLANT	Clinical	Required diagnosis= Diabetic Macular Edema AND Required trial of: Avastin
IMBRUVICA 140 mg CAPSULE	Clinical	Required diagnosis = MCL (Mantle Cell Lymphoma)
IMIQUIMOD (ALDARA) 5% CREAM PACKET	Clinical	*Dx= Actinic Keratosis OR *Dx= Genital and Perianal Warts (Condyloma Acuminata) OR *Dx= Superficial Basal Cell Carcinoma
IMOVAX, RABAVERT (Rabies Vaccine)	Medical Benefit	Bill on medical benefit and no PA is required; if billed under pharmacy benefit, requires PA with reason why unable to bill under medical benefit
IMPLANON IMPLANT 68 mg	Medical Benefit	Bill on medical benefit and no PA is required
INCRELEX 40 mg/4 mL VIAL	Clinical	Request Must Go Through Clinical Review
INCRUSE ELLIPTA 62.5MCG INHALER	Non-Formulary	Required 30 day trial of: Tudorza
INFANATE BALANCE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
INFANATE PLUS 27-1-260MG CAPSULE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
INFERGEN 15 mcg/0.5 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
INFERGEN 9 mcg/0.3ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
INJECTAFER 750/15 mL INJECTION	Non-Formulary	Formulary agents: Infed or Venofer prescribed by oncologist
INLYTA TABLET 1 mg	Clinical	Required diagnosis= Advanced renal cell cancer
INLYTA TABLET 5 mg	Clinical	Required diagnosis= Advanced renal cell cancer
INNOHEP 20,000 UNIT/ML VIAL	Clinical	Specialty
INNOPRAN XL 120 mg CAPSULE	Non-Formulary	Formulary agent: propranolol SR 120 MG
INNOPRAN XL 80 mg CAPSULE	Non-Formulary	Formulary agent: propranolol SR 80 MG
INOVA 4 and 5% EASY PAD KIT	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, or BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
INOVA 4/1 EASY PAD KIT	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, or BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
INOVA 8 and 5 % EASY PAD KIT	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, or BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
INOVA 8/2 EASY PAD KIT	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, or BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
INTERMEZZO 1.75 mg SUBLINGUAL TABLET	Non-Formulary	Formulary agent: 7 day trial of IR & ER zolpidem
INTERMEZZO 3.5 mg SUBLINGUAL TABLET	Non-Formulary	Formulary agent: 7 day trial of IR & ER zolpidem

Drug	Status	Special Instructions
INTRALIPID	Clinical	Typically TPN and Additives (including vitamins and Intralipids) need to all be billed on the same benefit: If Pharmacy must bill TPN Medical and Additives Pharmacy First
INTRON A 10 MILLION UNIT PEN	Clinical	Specialty
INTRON A 10 MILLION UNIT/ML	Clinical	Specialty
INTRON A 10 MILLION UNITS VIAL	Clinical	Specialty
INTRON A 18 MILLION UNITS VIAL	Clinical	Specialty
INTRON A 3 MILLION UNIT/ML	Clinical	Specialty
INTRON A 5 MILLION UNIT/ML	Clinical	Specialty
INTRON A 50 MILLION UNITS VIAL	Clinical	Specialty
INTRON A 6 MILLION UNIT/ML	Clinical	Specialty
INVEGA TRINZA 273MG SYRINGE	Non-Formulary	Formulary agent: Invega Sustenna syringe
INVEGA TRINZA 410MG SYRINGE	Non-Formulary	Formulary agent: Invega Sustenna syringe
INVEGA TRINZA 546MG SYRINGE	Non-Formulary	Formulary agent: Invega Sustenna syringe
INVEGA TRINZA 819MG SYRINGE	Non-Formulary	Formulary agent: Invega Sustenna syringe
INVOKAMET 50-500MG TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKAMET 50-1000MG TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKAMET 150-500MG TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKAMET 150-1000MG TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKANA 100 mg TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKANA 300 mg TABLET	Step Therapy	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 30 days OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
IOPIDINE 1% EYE DROPS	Non-Formulary	Formulary agent: brimonidine ophthalmic 0.2%

Drug	Status	Special Instructions
IPOL INJECTION (POLIO VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
IQUIX 1.5% EYE DROPS	Non-Formulary	No longer available on the market
IRESSA 250 mg TABLET	Clinical	Required diagnosis=non-small cell lung cancer
IRINOTECAN (CAMPTOSAR) 100 mg/5 mL VIAL	Clinical	Required diagnosis=metastatic carcinoma of the colon or rectum
IRINOTECAN (CAMPTOSAR) 40 mg/2 mL VIAL	Clinical	Required diagnosis=metastatic carcinoma of the colon or rectum
IRINOTECAN 500 mg/25 mL VIAL	Clinical	Required diagnosis=metastatic carcinoma of the colon or rectum
ISOPTO CARBACHOL 1.5% DROPS	Non-Formulary	Formulary agent: PILOCARPINE 1%, 2%, or 4% EYE DROPS
ISOPTO CARBACHOL 3% DROPS	Non-Formulary	Formulary agent: PILOCARPINE 1%, 2%, or 4% EYE DROPS
ISRADIPINE 2.5 mg CAPSULE	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
ISRADIPINE 5 mg CAPSULE	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
ISTALOL 0.5% EYE DROPS	Non-Formulary	Formulary agent: TIMOLOL (TIMOPTIC) 0.5% EYE DROPS or TIMOLOL (TIMOPTIC-XE) 0.5% GEL EYE SOLUTION
ISTODAX INJECTION 10 mg	Clinical	Required diagnosis=Cutaneous T-cell lymphoma (CTCL) OR Peripheral T-cell lymphoma (PTCL) * MD Specialty = Oncology
IVACAFTOR	Clinical	Required diagnosis = Cystic Fibrosis with the G551D mutation
IXINITY 500UNIT VIAL	Clinical	*Dx= Hemophilia B control and Preventation
IXINITY 1,000UNIT VIAL	Clinical	*Dx= Hemophilia B control and Preventation
IXINITY 1,500UNIT VIAL	Clinical	*Dx= Hemophilia B control and Preventation
JADENU 90MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
JADENU 180MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
JADENU 360MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
JAKAFI TABLET 10 mg	Clinical	Required diagnosis= intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis * MD Specialty = Oncology
JAKAFI TABLET 15 mg	Clinical	Required diagnosis= intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis * MD Specialty = Oncology
JAKAFI TABLET 20 mg	Clinical	Required diagnosis= intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis * MD Specialty = Oncology
JAKAFI TABLET 25 mg	Clinical	Required diagnosis= intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis * MD Specialty = Oncology

Drug	Status	Special Instructions
JAKAFI TABLET 5 mg	Clinical	Required diagnosis= intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis, and post-essential thrombocythemia myelofibrosis * MD Specialty = Oncology
JALYN 0.5-0.4 mg CAPSULE	Non-Formulary	Formulary agent: Tamsulosin AND Avodart (which requires 90 days of tamsulosin) used separately taken together
JANUMET 50-1,000 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Jentadueto
JANUMET 50-500 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Jentadueto
JANUMET XR 100-1,000 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Jentadueto
JANUMET XR 50-1,000 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Jentadueto
JANUMET XR 50-500 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Jentadueto
JANUVIA 100 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Tradjenta
JANUVIA 25 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Tradjenta
JANUVIA 50 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Tradjenta
JARDIANCE 10MG TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Invokana
JARDIANCE 25MG TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage ER) THEN Invokana
JENTADUETO 2.5-500MG TABLET	Step Therapy	Formulary agent: metformin IR (Glucophage IR) or metformin ER (Glucophage ER)
JENTADUETO 2.5-850MG TABLET	Step Therapy	Formulary agent: metformin IR (Glucophage IR) or metformin ER (Glucophage ER)

Drug	Status	Special Instructions
JENTADUETO 2.5-1000MG TABLET	Step Therapy	Formulary agent: metformin IR (Glucophage IR) or metformin ER (Glucophage ER)
JETREA 2.5 mg/ML INTRAOCULAR INJECTION	Clinical	Required diagnosis = symptomatic vitreo-macular adhesion (379.27) *Age ≥ 18 yrs old *vitreous adhesion to the macula within a 6-mm central retinal field surrounded by elevation of the posterior vitreous cortex, as seen on optical coherence tomography (OCT) *best-corrected visual acuity of 20/25 or less in the affected eye *Vitreomacular adhesion has been observed over a period of six or more weeks for spontaneous resolution *None of the following: Proliferative diabetic retinopathy, Neovascular age-related macular degeneration, Retinal vascular occlusion, Aphakia, High myopia (more than −8 diopters), Uncontrolled glaucoma, Macular hole greater than 400 µm in diameter, Vitreous opacification, Lenticular or zonular instability, History of retinal detachment in either eye, Prior vitrectomy, Prior laser photocoagulation of the macula, Prior treatment with ocriplasmin; or Treatment with ocular surgery, intravitreal injection, or retinal laser photocoagulation in the previous 3
JUBLIA 10% SOLUTION	Non-Formulary	*90 day trial of: ciclopirox (Penlac, Ciclodan) 8% solution
JUVISYNC 100 mg-10 mg	Non-Formulary	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUVISYNC 100 mg-20 mg	Non-Formulary	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUVISYNC 100 mg-40 mg	Non-Formulary	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUVISYNC 50-10 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUVISYNC 50-20 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUVISYNC 50-40 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Tradjenta (which also requires a PA) cannot be used
JUXTAPID 5MG CAPSULE	Clinical	Request Must Go Through Clinical Review
JUXTAPID 10MG CAPSULE	Clinical	Request Must Go Through Clinical Review
JUXTAPID 20MG CAPSULE	Clinical	Request Must Go Through Clinical Review
JUXTAPID 30MG CAPSULE	Clinical	Request Must Go Through Clinical Review
JUXTAPID 40MG CAPSULE	Clinical	Request Must Go Through Clinical Review
JUXTAPID 60MG CAPSULE	Clinical	Request Must Go Through Clinical Review
KADCYLA 100 mg INJECTION	Non-Formulary	Required diagnosis = HER2 protein overexpression or gene amplification with a trial of Herceptin
KADCYLA 160 mg INJECTION	Non-Formulary	Required diagnosis = HER2 protein overexpression or gene amplification with a trial of Herceptin

Drug	Status	Special Instructions
KALBITOR C1 Esterase Inhibitor (Human) 10 mg/ML SOLUTION	Clinical	Required diagnosis = routine prophylaxis against hereditary angioedema
KALYDECO 150MG TABLET	Clinical	Required Dx= Cystic Fibrosis (CF) in patients age 2 Years and older who have one of the following mutations in the CFTR gene
KAPVAY ER 0.1/0.2 mg TITRATION KIT	Non-Formulary	Must provide a clinical reason supported by chart notes why CLONIDINE SR (KAPVAY ER) 0.1 mg TABLET (which requires a step through Intuniv) cannot be used
KAZANO 12.5-1000 mg TABLET	Non-Formulary	Formulary Agents: metformin IR or ER (Glucophage or Glucophage XR) then Jentadueto
KAZANO 12.5-500 mg TABLET	Non-Formulary	Formulary Agents: metformin IR or ER (Glucophage or Glucophage XR) then Jentadueto
KENALOG AREOSOL SPRAY	Non-Formulary	Formulary agents: topical triamcinolone ointment/cream/lotion
KERAFOAM 30% AREOSOL	Non-Formulary	Formulary agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
KERAFOAM 42 AREOSOL 42%	Non-Formulary	Formulary agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
KEROL AD 45% EMULSION	Non-Formulary	Formulary agent: Urea 40% cream
KERYDIN 5% TOPICAL	Non-Formulary	*90 day trial of: ciclopirox (Penlac, Ciclodan) 8% solution
KETEK 300 mg TABLET	Non-Formulary	Formulary agents: clarithromycin, azithromycin, or erythromycin
KETEK 400 mg TABLET	Non-Formulary	Formulary agents: clarithromycin, azithromycin, or erythromycin
KETOCONAZOLE POWDER	Non-Formulary	Formulary Agent(s): ketoconazole (Kuric) 2% cream
KETODAN, KETOCONAZOLE (EXTINA) 2% FOAM	Non-Formulary	Formulary agents: KETOCONAZOLE (NIZORAL) 2% SHAMPOO or KETOCONAZOLE (KURIC) 2% CREAM
KEYTRUDA 50MG VIAL	Non-Formulary	Request Must Go Through Clinical Review
KEYTRUDA 100MG/4ML VIAL	Non-Formulary	Request Must Go Through Clinical Review
KHEDEZLA 100 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
KHEDEZLA 50 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
KINERET 100 mg/0.67 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
KOATE-DVI INJECTION 1000UNIT	Specialty	Specialty; follow policy on CareSource.com.
KOATE-DVI INJECTION 250UNIT	Specialty	Specialty; follow policy on CareSource.com.
KOATE-DVI INJECTION 500UNIT	Specialty	Specialty; follow policy on CareSource.com.
KOGENATE FS 1,000 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
KOGENATE FS 2,000 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
KOGENATE FS 250 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
KOGENATE FS 3,000 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
KOGENATE FS 500 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
KOMBIGLYZE XR 2.5-1,000 mg TABLET	Non-Formulary	Formulary agent: metformin IR or ER (Glucophage or Glucophage XR) for 30 days then Jentadueto for 60 days
KOMBIGLYZE XR 5-1,000 mg TABLET	Non-Formulary	Formulary agent: metformin IR or ER (Glucophage or Glucophage XR) for 30 days then Jentadueto for 60 days
KOMBIGLYZE XR 5-500 mg TABLET	Non-Formulary	Formulary agent: metformin IR or ER (Glucophage or Glucophage XR) for 30 days then Jentadueto for 60 days
KORLYM 300MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
K-PHOS #2 TABLET	Non-Formulary	Formulary agent: formulary potassium supplement
K-PHOS M.F. TABLET	Non-Formulary	Formulary agent: formulary potassium supplement
K-PHOS ORIGINAL 500 mg TABLET	Non-Formulary	Formulary agent: formulary potassium supplement
KRYSTEXXA INJECTION 8 mg/ML	Clinical	Required diagnosis = Gout with a trial of allopurinol and then Colcrys OR Uloric Prescriber Specialty = Rheumatology
KUVAN 100 mg TABLET	Clinical	Required diagnosis = Hyperphenylalaninemia or PKU (phenylketonuria)
KYNAMRO 200 mg/ML	Clinical	Formulary agents: Simvastatin or Atorvastatin
KYPROLIS 60 mg POWDER FOR INJECTION	Clinical	Required diagnosis = multiple myeloma
LACRISERT 5 mg EYE INSERT	Non-Formulary	Formulary agents: OTC artificial tears
LACTIC ACID 10% LOTION	Non-Formulary	Formulary Agents: Ammonium Lactate, LacLotion, Amlactin, Geri-Hydrolac, AL-12 (Lac-Hydrin,Lac-Hydrin Twelve) 12 % Lotion
LACTOCAL-F	Non-Formulary	Formulary agents: any formulary prenatal vitamin
LAMICTAL ODT STARTER KIT (BLUE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL ODT STARTER KIT (GREEN)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL ODT STARTER KT (ORANGE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL STARTER KIT (BLUE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL STARTER KIT (GREEN)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL STARTER KIT (ORANGE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL XR STARTER KIT (BLUE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMOTRIGINE SR (LAMICTAL XR) tablets cannot be used
LAMICTAL XR STARTER KIT (GREEN)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMOTRIGINE SR (LAMICTAL XR) tablets cannot be used

Drug	Status	Special Instructions
LAMICTAL XR STARTER KIT (ORANGE)	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMOTRIGINE SR (LAMICTAL XR) tablets cannot be used
LAMISIL 125 mg GRANULES PACKETS	Non-Formulary	Formulary agent: GRISEOFULVIN 125 mg/5 mL SUSPENSION
LAMISIL 187.5 mg GRANULES PACKETS	Non-Formulary	Formulary agent: GRISEOFULVIN 125 mg/5 mL SUSPENSION
LAMOTRIGINE ODT (LAMICTAL ODT) 25MG TABLET	Non-Formulary	Formulary Agent: Lamotrigine Tablets
LAMOTRIGINE ODT (LAMICTAL ODT) 50MG TABLET	Non-Formulary	Formulary Agent: Lamotrigine Tablets
LAMOTRIGINE ODT (LAMICTAL ODT) 100MG TABLET	Non-Formulary	Formulary Agent: Lamotrigine Tablets
LAMOTRIGINE ODT (LAMICTAL ODT) 200MG TABLET	Non-Formulary	Formulary Agent: Lamotrigine Tablets
LAMOTRIGINE SR (LAMICTAL XR) 25 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 300 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 50 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LANSOPRAZOLE ODT 15 mg TABLET	Non-Formulary	No longer available on the market
LANSOPRAZOLE ODT 30 mg TABLET	Non-Formulary	No longer available on the market
LARIN FE 1.5/30 TABLET	Non-Formulary	Must use a formulary birth control agent (Most similar: Balziva)
LARIN FE 1/20 TABLET	Non-Formulary	Must use a formulary birth control agent (Most similar: Balziva)
LASTACAFT 0.25% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar) unless patient is pregnant or for a child aged 2 to 3 years
Latisse	Excluded benefit	
LATRIX XM 45% EMULSION	Non-Formulary	Must provide clinical reason supported by chart notes why Urea 40% cream cannot be used
LATRIX, UREA 50% TOPICAL SUSPENSION	Non-Formulary	Must provide clinical reason supported by chart notes why Urea 40% cream cannot be used
LATUDA 120 mg TABLET	Step Therapy	Must have a 60 day trial of one the following generic agents: risperidone, clozapine, olanzapine, quetiapine, OR ziprasidone
LATUDA 20 mg TABLET	Step Therapy	Must have a 60 day trial of one the following generic agents: risperidone, clozapine, olanzapine, quetiapine, OR ziprasidone
LATUDA 40 mg TABLET	Step Therapy	Must have a 60 day trial of one the following generic agents: risperidone, clozapine, olanzapine, quetiapine, OR ziprasidone
LATUDA 60 mg TABLET	Step Therapy	Must have a 60 day trial of one the following generic agents: risperidone, clozapine, olanzapine, quetiapine, OR ziprasidone
LATUDA 80 mg TABLET	Step Therapy	Must have a 60 day trial of one the following generic agents: risperidone, clozapine, olanzapine, quetiapine, OR ziprasidone
LAYOLIS FE, NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE (GENERESS FE) CHEWABLE TABLET	Non-Formulary	Formulary Agent(s): Formulary Birth Control Agent

Drug	Status	Special Instructions
LAZANDA 100MCG SPRAY	Non-Formulary	*Dx = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy AND *30 day trial of: fentanyl (Actiq) lozenge
LAZANDA 400MCG SPRAY	Non-Formulary	*Dx = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy AND *30 day trial of: fentanyl (Actiq) lozenge
LEMTRADA 12MG/1.2ML SOLUTION	Non-Formulary	Request Must Go Through Clinical Review
LENVIMA 10MG/DAY CAPSULE	Clinical	Required Dx = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
LESCOL XL 80 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LETAIRIS 10 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
LETAIRIS 5 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
LEUKINE 250 mcg/ML VIAL	Clinical	Required diagnosis = Acute myelogenous leukemia; transplantation of autologous peripheral blood; Myeloid reconstitution after autologous bone marrow transplantation ; Bone marrow transplantation failure or engraftment delay
LEUKINE 500 mcg/ML VIAL	Clinical	Required diagnosis = Acute myelogenous leukemia; transplantation of autologous peripheral blood; Myeloid reconstitution after autologous bone marrow transplantation ; Bone marrow transplantation failure or engraftment delay
LEUPROLIDE 5MG/ML INJECTION	Clinical	
LEVALBUTEROL (XOPENEX) 0.31 mg/3 mL SOLUTION	Non-Formulary	Formulary agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) 0.63 mg/3 mL SOLUTION	Non-Formulary	Formulary agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) 1.25 mg/3 mL SOLUTION	Non-Formulary	Formulary agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) CONCENTRATED 1.25 mg/0.5 mL	Non-Formulary	Formulary agent: albuterol inhalation solution
LEVAQUIN 25 mg/ML SOLUTION	Non-Formulary	Formulary agent: 2 different manufacturers of generic levofloxacin solution
LEVATOL 20 mg TABLET	Non-Formulary	Formulary agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
LEVEMIR 100 UNITS/ML VIAL	Non-Formulary	Formulary agent: Lantus (trial of 60 days; unless pregnant)
LEVEMIR FLEXPEN 100 UNITS/M	Non-Formulary	Formulary agent: Lantus (trial of 60 days; unless pregnant)
LEVITRA	Excluded benefit	

Drug	Status	Special Instructions
LEVOCETIRIZINE (XYZAL) 2.5 mg/5 mL SOLUTION	Non-Formulary	Formulary agents for Allergies/Allergic Rhinitis: loratadine, cetirizine or fexofenadine Formulary agents for urticaria: loratadine, cetirizine, fexofenadine, diphenhydramine, chlorpheniramine, carbinoxamine or hydroxyzine AND 30 day trial of topicals: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, CLOBETASOL-E (TEMOVATE E) 0.05%, FLUOCINOLONE 0.01%, TRIAMCINOLONE 0.025%, TRIAMCINOLONE 0.1%, TRIAMCINOLONE 0.5%, FLUTICASONE Propionate (CUTIVATE) 0.005% OINTMENT, DIFLORASONE 0.05% (Accepted trials but not recommended:MOMETASONE AND ALCLOMETASONE)
LEVOFLOXACIN 0.5% EYE DROPS	Non-Formulary	Formulary agent: ciprofloxacin or ofloxacin ophthalmic
LEVORPHANOL 2 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR
LEXAPRO 10 mg TABLET DAW	Non-Formulary	Required trial of 2 different manufacturers of generic escitalopram
LEXAPRO 20 mg TABLET DAW	Non-Formulary	Required trial of 2 different manufacturers of generic escitalopram
LEXAPRO 5 mg TABLET DAW	Non-Formulary	Required trial of 2 different manufacturers of generic escitalopram
LEXAPRO 5 mg/5 mL SOLUTION DAW	Non-Formulary	Required trial of 2 different manufacturers of generic escitalopram
LIALDA DR 1.2 gM TABLET	Step Therapy	Must first try: ASACOL HD, DELZICOL or APRISO ER
LIDOCAINE-HYDROCORTISONE RECTAL CREAM KIT 2-2%	Non-Formulary	Must provide a clinical reason supported by chart notes why LIDOCAINE 2% GEL JELLY or VISCOUS SOLUTION WITH HYDROCORTISONE , PROCTOSOL-HC, Proctozone, Proctocream, Proctocare (AnuSOL-HC) 2.5% CREAM separately used together cannot be used
LIDOCAINE-HYDROCORTISONE RECTAL CREAM KIT 3-0.5%	Non-Formulary	Must provide clinical reason supported by chart notes why LIDOCAINE 3% CREAM WITH HYDROCORTISONE 0.5% CREAM separately used together cannot be used
LIDOCAINE-HYDROCORTISONE RECTAL CREAM KIT 3-1%	Non-Formulary	Must provide clinical reason supported by chart notes why LIDOCAINE 3% CREAM WITH HYDROCORTISONE 1% CREAM separately used together cannot be used
LIDOCAINE-HYDROCORTISONE RECTAL GEL KIT 3-2.5%	Non-Formulary	Must provide clinical reason supported by chart notes why LIDOCAINE 3% CREAM WITH HYDROCORTISONE , PROCTOSOL-HC, Proctozone, Proctocream, Proctocare (AnuSOL-HC) 2.5% CREAM separately used togethercannot be used
LIDOCAINE-TETRACAINE (PLIAGLIS) 7-7% CREAM	Non-Formulary	Formulary agent: LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%
LIDOVIR 4-4% OINTMENT	Non-Formulary	Formulary agents: ZOVIRAX 5% OINTMENT and LIDOCAINE 5% OINTMENT separately

Drug	Status	Special Instructions
LIMBREL 250 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
LIMBREL 500 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
LIMBREL 250-50 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
LIMBREL 500-50 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
LIMBREL 525-50 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
LINDANE 1% LOTION	Non-Formulary	Formulary agent: permethrin cream with a diagnosis of scabies
LINDANE 1% SHAMPOO	Non-Formulary	Formulary agents for head lice per age group below: Age 2 months - 2 years old: permethrin Age 2 years - 3 years: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) Age 4 years to 5 years old: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) or spinosad (Natroba) Age 6 years and older: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT),
LINEZOLID (ZYVOX) 2MG/ML IV SOL FOR INJECTION	Non-Formulary	Required Dx = VANCOMYCIN IV-resistant enterococcus (VRE) OR Dx= Pneumonia; Skin & skin structure infections (including but not limited to MRSA)
LINEZOLID (ZYVOX) 600 mg TABLET	Non-Formulary	Formulary agent: Vancomyin IV in-patient or outpatient with a diagnosis of Pneumonia; Skin and Skin structure infections OR a diagnosis of VANCOMYCIN IV -resistant eneterococcus (VRE)

Drug	Status	Special Instructions
LINZESS 145 mcg CAPSULE	Step Therapy	Must first try SMOOTH LAX, POLYETHYLENE GLYCOL, PEG 3350, CLEARLAX, GENTLELAX, PURELAX (MIRALAX), Kristalose, Lactulose, or Senna-S, bisacodyl (accepted but not preferred trial: dicyclomine (Bentyl))
LINZESS 290 mcg CAPSULE	Step Therapy	Must first try SMOOTH LAX, POLYETHYLENE GLYCOL, PEG 3350, CLEARLAX, GENTLELAX, PURELAX (MIRALAX), Kristalose, Lactulose, or Senna-S, bisacodyl (accepted but not preferred trial: dicyclomine (Bentyl))
LIPOFEN 150 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
LIPOFEN 50 mg CAPSULE	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
LIPTRUZET 10-10 mg TABLET	Non-Formulary	Formulary agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-20 mg TABLET	Non-Formulary	Formulary agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-40 mg TABLET	Non-Formulary	Formulary agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-80 mg TABLET	Non-Formulary	Formulary agent: atorvastatin and Zetia separately taken together
LITHOSTAT 250 mg TABLET	Non-Formulary	Required diagnosis=Chronic urea-splitting urinary infection
LIVALO 1 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LIVALO 2 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LIVALO 4 mg TABLET	Non-Formulary	Formulary agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LO LOESTRIN FE 1-10 TABLET	Non-Formulary	Formulary agents: a formulary birth control option (most similar agent=Balziva)
LO MINASTRIN PAK FE CHEWABLE	Non-Formulary	Formulary agents: a formulary birth control option (most similar agent=Balziva)
LOCOID LOTION 0.1%	Non-Formulary	Formulary agent: HYDROCORTISONE BUTYRATE 0.1% CREAM (LOCOID)
CARBIDOPA (LODOSYN) 25 mg TABLET	Non-Formulary	Formulary agent: carbidopa/levodopa (Sinemet)
LONSURF 15-6.14MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
LONSURF 20-8.19MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
LORZONE 375 mg TABLET	Non-Formulary	Formulary agent: chlorzoxazone 250 mg or 500 mg tablet
LORZONE 750 mg TABLET	Non-Formulary	Formulary agent: chlorzoxazone 250 mg or 500 mg tablet
LOSEASONIQUE TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic Camrese Lo, Amethia Lo
LOTEMAX 0.5% EYE DROPS	Non-Formulary	Diagnosis= ophthalmic inflammation requires a trial of PRED MILD 0.12%, PREDNISOLONE ACETATE (PRED FORTE, OMNIPRED) 1%, PREDNISOLONE SODIUM PHOSPHATE 1%, DEXAMETHASONE 0.1%, or FLUOROMETHOLONE, FLUOR-OP (FML LIQUIFLM) 0.1% OPHTHALMIC DROPS Diagnosis = Postoperative Pain requires a clinical reason supported by chart notes why LOTEMAX OPHTHALMIC GEL 0.5% cannot be used
LOTEMAX OPHTHALMIC OINTMENT 0.5%	Non-Formulary	Clinical reason required supported by chart notes why LOTEMAX OPHTHALMIC GEL 0.5% cannot be used
LUCENTIS SOLUTION 0.3 mg	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
LUCENTIS SOLUTION 0.5 mg	Clinical	Specialty; follow policy on CareSource.com.
LUMIGAN 0.01% EYE DROPS	Non-Formulary	Formulary agent: Latanoprost 0.005% EYE DROPS
LUMIZYME	Clinical	Specialty; follow policy on CareSource.com.
ESZOPICLONE (LUNESTA) 1 mg TABLET	Non-Formulary	Formulary agents: zolpidem or zaleplon
ESZOPICLONE (LUNESTA) 2 mg TABLET	Non-Formulary	Formulary agents: zolpidem or zaleplon
ESZOPICLONE (LUNESTA) 3 mg TABLET	Non-Formulary	Formulary agents: zolpidem or zaleplon
LUPANETA KIT 3.75-5MG	Clinical	Formulary agents: Lupron Depot and norethindrone tablets separately used together
LUPRON DEPOT INJECTION KIT 11.25 mg (3 - MONTH)	Clinical	
LUPRON DEPOT INJECTION KIT 22.5 mg (3 - MONTH)	Clinical	
LUPRON DEPOT INJECTION KIT 30 mg (4 - MONTH)	Clinical	
LUPRON DEPOT INJECTION KIT 45 mg (6-MONTH)	Clinical	
LUPRON DEPOT INJECTION KIT 7.5 mg	Clinical	
LUPRON DEPOT INJJ KIT 3.75 mg	Clinical	
LUPRON DEPOT-PED INJECTION KIT 11.25 mg	Clinical	
LUPRON DEPOT-PED INJECTION KIT 11.25 mg (3 - MONTH)	Clinical	
LUPRON DEPOT-PED INJECTION KIT 15 mg	Clinical	
LUPRON DEPOT-PED INJECTION KIT 30 mg (3 - MONTH)	Clinical	
LUPRON DEPOT-PED INJECTION KIT 7.5 mg	Clinical	
LUVERIS INJECTION 75UNIT	Clinical	
LUZU 1% CREAM	Non-Formulary	Formulary agents: Ketoconazole Clotrimazole, Lamisil gel, or Terbinafine cream
LYBREL 90-20 mcg TABLET	Non-Formulary	No longer available on the market
LENVIMA 14MG/DAY CAPSULE	Clinical	Required Dx = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
LENVIMA 20MG/DAY CAPSULE	Clinical	Required Dx = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
LENVIMA 24MG/DAY CAPSULE	Clinical	Required Dx = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
LYNPARZA 50MG CAPSULE	Clinical	Required Dx= Advanced Ovarian Cancer associated with defective BRCA genes

Drug	Status	Special Instructions
LYRICA 100 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 150 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 200 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 20 mg/ML SOLUTION	Non-Formulary	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 225 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide

Drug	Status	Special Instructions
LYRICA 25 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 300 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 50 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 75 mg CAPSULE	Step Therapy	For diagnosis of: fibromyalgia/neuropathy/neuralgia/sciatica, must first try 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
MACUGEN INJECTION 0.3 mg/90 MICROLITER	Clinical	Specialty; follow policy on CareSource.com.
MAGNACET 10 mg-400 mg TABLET	Non-Formulary	Formulary agent: Oxycodone-Acetaminophen (PERCOCET) 10-325 mg tablet
MAGNACET 5 mg-400 mg TABLET	Non-Formulary	Formulary agent: Oxycodone-Acetaminophen (PERCOCET) 5-325 mg tablet

Drug	Status	Special Instructions
MAGNACET 7.5 mg-400 mg TABLET	Non-Formulary	Formulary agent: Oxycodone-Acetaminophen (PERCOCET) 7.5-325 mg tablet
MAGNEBIND 400 RX TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MAKENA 250 mg/ML IMTRAMUSCULAR OIL	Clinical Non-Formulary	Specialty; follow policy on CareSource.com.
MARNATAL-F CAPSULE 60 mg-1 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
MARPLAN 10 mg TABLET	Non-Formulary	Formulary agent: Parnate
MATERNITY VITAMIN 27 mg-1 mg	Non-Formulary	Trial of any Formulary prenatal per tab
MAXARON FORTE CAPSULE	LowerCost	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MAXIDEX 0.1% EYE DROPS	Non-Formulary	Formulary agent: DEXAMETHASONE 0.1% OPHTHALMIC SOLUTION
MAXIFED-G CD TABLET	Non-Formulary	Formulary agent: CHERATUSSIN DAC SYRUP
MAXIFLU CD TABLET	Non-Formulary	Formulary agent: CAPMIST DM tablet and acetaminophen separately
MEBARAL 32 mg TABLET	Non-Formulary	No longer available on the market
MEBARAL 50 mg TABLET	Non-Formulary	No longer available on the market
MEDERMA SPF 30 CREAM	Excluded benefit	
MEDROL 2MG TABLET	Non-Formulary	Formulary agent: methylprednisolone 4MG tablet
MEFENAMIC (Ponstel) 250 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
MEGACE ES 625 mg/5 mL SUSPENSION	Non-Formulary	Formulary agent: MEGESTROL ACETATE (Megace) 40 mg/ml SUSPENSION with a diagnosis of anorexia, cachexia, or an unexplained, significant weight loss
MEKINIST 0.5 mg TABLET	Clinical	Required diagnosis = advanced melanoma that is unresectable (cannot be removed by surgery) or metastatic (late-stage) with BRAF V600E or V600K mutations detected by an FDA approved test as a single agent OR concurrently with Tafinlar (dabrafenib)
MEKINIST 2 mg TABLET	Clinical	Required diagnosis = advanced melanoma that is unresectable (cannot be removed by surgery) or metastatic (late-stage) with BRAF V600E or V600K mutations detected by an FDA approved test as a single agent OR concurrently with Tafinlar (dabrafenib)
Melquin 3% SOLUTION	Excluded benefit	
MENACTRA INJECTION (MENINGITIS VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
M-END DM SYRUP	Non-Formulary	Formulary agent: RESCON-DM SYRUP
M-END PE LIQUID	Non-Formulary	Formulary agent: DIMAPHEN ELIXIR
M-END WC LIQUID	Non-Formulary	Formulary agent: BROMFED SYRUP

Drug	Status	Special Instructions
MENOMUNE A/C/Y/W INJECTION (MENINGITIS VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
MENOPUR INJECTION 75UNIT	Excluded benefit	
MENOSTAR 1 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
MENTAX 1% CREAM	Non-Formulary	Formulary agents: clotrimazole/ketoconazole/miconazole
MENVEO INJECTION (MENINGITIS VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
MESALAMINE (Rowasa) 4 gM/60 mL KIT	Non-Formulary	Must provide clinical reason supported by chart notes why MESALAMINE (Rowasa) 4 gM/60 mL ENEMA cannot be used
METANX, METHYLFOL/ME, FOLTANX RF CAPSULE	Non-Formulary	Formulary agents: METHYLFOL/ME, VITACIRC-B, FOLTANX,L-METHYL-B6 TABLET
METAXALONE (Skelaxin) 800 mg TABLET	Non-Formulary	Formulary agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial but not preferred agent)
METFORMIN ER (FORTAMET) 1,000 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
METFORMIN ER (FORTAMET) 500 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
MethAMPHETAMINE (DESOXYN) 5 mg TABLET	Non-Formulary	Formulary agents for diagnosis of ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome: WITH trials per age group below: Age under 6 Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) Age 6 and older Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
METHITEST 10 mg TABLET	Non-Formulary	Formulary agents: Axiron and Fortesta (both still require a PA also) with a diagnosis of hypogonadism and Total Testosterone lab value = ≤ 300 ng/dL before treatment
METOZOLV ODT 10 mg TABLET	Non-Formulary	Formulary agent: metoclopramide
METOZOLV ODT 5 mg TABLET	Non-Formulary	Formulary agent: metoclopramide
METRONIDAZOLE (METROGEL) 1% TOPICAL GEL (TUBE AND PUMP)	Non-Formulary	Must provide clinical reason supported by chart notes why metronidazole 0.75% topical lotion, cream, or gel cannot be used

Drug	Status	Special Instructions
MICRHOGAM ULTR-FILTERED PLUS 50 mcg	Clinical	Specialty
MICRO-BUMIN TEST KIT	Clinical	Required diagnosis = Need for home albumin in urine testing
MIDAZOLAM 2 mg/ML SYRUP	Clinical	Requires diagnosis of sedation and unable to take tablet form
MILLIPRED 10 mg/5 mL SOLUTION	Non-Formulary	Formulary agent: prednisolone liquid
MILLIPRED 5 mg TABLET	Non-Formulary	Formulary agent: prednisone tablet
MILLIPRED DP 5 mg DOSE PACK 21 COUNT	Non-Formulary	Formulary agent: prednisone tablet
MILLIPRED DP 5 mg DOSE PACK 48 COUNT	Non-Formulary	Formulary agent: prednisone tablet
MINASTRIN 24 FE CHEWABLE TABLET	Non-Formulary	Formulary agent: a formulary birth control agent (Most similar: Balziva)
MINOCYCLINE ER (SOLODYN ER) 135 mg TABLET	Non-Formulary	Formulary agent: minocycline
MINOCYCLINE ER (SOLODYN ER) 45 mg TABLET	Non-Formulary	Formulary agent: minocycline
MINOCYCLINE ER (SOLODYN ER) 90 mg TABLET	Non-Formulary	Formulary agent: minocycline
MINOXIDIL TOPICAL SOLUTION	Excluded benefit	
MIRAPEX ER 0.375 mg TABLET	Non-Formulary	Formulary agent: non-ER pramipexole
MIRAPEX ER 0.75 mg TABLET	Non-Formulary	Formulary agent: non-ER pramipexole
MIRAPEX ER 1.5 mg TABLET	Non-Formulary	Formulary agent: non-ER pramipexole
MIRAPEX ER 3 mg TABLET	Non-Formulary	Formulary agent: non-ER pramipexole
MIRAPEX ER 4.5 mg TABLET	Non-Formulary	Formulary agent: non-ER pramipexole
MIRCERA 50MCG SYRINGE	Non-Formulary	Request Must Go Through Clinical Review
MIRCERA 75MCG SYRINGE	Non-Formulary	Request Must Go Through Clinical Review
MIRCERA 100MCG SYRINGE	Non-Formulary	Request Must Go Through Clinical Review
MIRCERA 200MCG SYRINGE	Non-Formulary	Request Must Go Through Clinical Review
MIRVASO 0.33% GEL	Non-Formulary	Formulary agent: metronidazole 0.75% for a diagnosis of rosacea
MISSION PRENATAL	Non-Formulary	Formulary agents: any formulary prenatal vitamin
MISSION PRENATAL FA	Non-Formulary	Formulary agents: any formulary prenatal vitamin
MISSION PRENATAL HP	Non-Formulary	Formulary agents: any formulary prenatal vitamin
MITOMYCIN 20 mg IV SOLUTION	Clinical	Required diagnosis = Disseminated adenocarcinoma of the stomach or pancreas
MITOMYCIN 40 mg IV SOLUTION	Clinical	Required diagnosis = Disseminated adenocarcinoma of the stomach or pancreas
MITOMYCIN 5 mg IV SOLUTION	Clinical	Required diagnosis = Disseminated adenocarcinoma of the stomach or pancreas
MMR (MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
MODAFINIL (PROVIGIL) 100 mg TABLET	Clinical	Required diagnosis = Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
MODAFINIL (PROVIGIL) 200 mg TABLET	Clinical	Required diagnosis = Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
MODERIBA PAK 1000/DAY	Clinical	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
MODERIBA PAK 1200/DAY	Clinical	Request Must Go Through Clinical Review
MODERIBA PAK 600/DAY	Clinical	Request Must Go Through Clinical Review
MODERIBA PAK 800/DAY	Clinical	Request Must Go Through Clinical Review
MODERIBA TAB 200MG	Clinical	Request Must Go Through Clinical Review
MONOCLATE-P 1,000 UNITS KIT	Specialty	Specialty; follow policy on CareSource.com.
MONOCLATE-P 1,500 UNITS KIT	Specialty	Specialty; follow policy on CareSource.com.
MONONINE 1,000 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
MONUROL 3 gM SACHET	Non-Formulary	Formulary agents: Bactrim, ciprofloxacin, metronidazole or nitrofurantoin
MOTOFEN TABLET	Non-Formulary	Formulary agent: atropine with diphenoxylate (Lomotil)
MOVANTIK 12.5MG TABLET	Non-Formulary	Required 30 day trial of DAILY use of one of the following: Smooth Lax, Polyethylene Glycol, PEG 3350, ClearLax, GentleLax, PureLax (Miralax), Kristalose, Lactulose, Senna-S, or bisacodyl
MOVANTIK 25MG TABLET	Non-Formulary	Required 30 day trial of DAILY use of one of the following: Smooth Lax, Polyethylene Glycol, PEG 3350, ClearLax, GentleLax, PureLax (Miralax), Kristalose, Lactulose, Senna-S, or bisacodyl
MOVIPREP POWDER KIT	Non-Formulary	Formulary Agents: Gavilyte-H or Peg-Prep Kit
MOXATAG ER 775 mg TABLET	Non-Formulary	Formulary agent: amoxicillin 500 mg
MOXEZA 0.5% EYE DROPS	Non-Formulary	Formulary agents: ciprofloxacin or ofloxacin ophthalmic
MOZOBIL INJECTION 24 mg/1.2 mL (20 mg/ML)	Clinical	Required diagnosis = Autologous transplantation in patients with non-Hodgkin lymphoma (NHL) and multiple myeloma who need hematopoietic stem cells mobilization Prescriber Specialty = Oncology
MST 600 TABLET	Non-Formulary	Formulary agent: Mag-Ox
MUCINEX COLD & SINUS	Non-Formulary	Formulary agent: MUCINEX ER 600 MG tablet
MUCINEX COLD-FLU & SORE THROAT	Non-Formulary	Formulary agent: MUCINEX ER 600 MG tablet
MUCINEX FAST-MAX COLD-SINUS	Non-Formulary	Formulary agent: MUCINEX ER 600 MG tablet
MUGARD LIQUID RINSE	Non-Formulary	Required diagnosis = Treating sores and ulcers in the mouth caused by various conditions (eg, radiation, chemotherapy, canker sores, surgery, poorly fitting dentures)
MULTAQ 400 mg TABLET	Non-Formulary	Formulary agents: flecainide, propafenone, sotalol, or digoxin
MULTIGEN CAPELET 70-150-10 mg	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MULTIGEN FOLIC CAPELET 70-150-1 mg	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MULTIGEN PLUS CAPELET 151-60-1 mg	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
Muse	Excluded benefit	
MYDRIACYL 1% EYE DROPS DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic tropicamide
MYKIDZ IRON FL SUSPENSION 10-0.25/2	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MYOBLOC	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
MYORISAN 10 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYORISAN 20 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYORISAN 40 mg CAPSULE	Non-Formulary	Requires trials of 90 days total of each group below either at the same time, separately, or overlapping Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [or previously approved for a similar non-preferrerd topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYOZYME	Clinical	Specialty; follow policy on CareSource.com.
MYRBETRIQ 25 mg	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
MYRBETRIQ 50 mg	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
MYTELASE 10 mg CAPELET	Non-Formulary	Formulary agent: Prostigmin with a diagnosis of myasthenia gravis
NABI-HB INJECTION	Clinical	Specialty
NAFTIFINE (NAFTIN) 1% CREAM	Non-Formulary	Formulary Agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 1% GEL	Non-Formulary	Formulary agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 2% GEL	Non-Formulary	Formulary agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 2% CREAM	Non-Formulary	Formulary agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream

Drug	Status	Special Instructions
NAGLAZYME	Clinical	Specialty; follow policy on CareSource.com.
NALBUPHINE INJECTION	Clinical	Required diagnosis = Pain and an inability to use oral medications with a trial of Formulary oral pain medications
NALFON 200 mg PULVULE	Non-Formulary	This medication has been discontinued-No longer available
NALFON 400 mg CAPSULE	Non-Formulary	Formulary agent: FENOPROFEN 600 MG TABLET
NAMENDA XR 14 mg CAPSULE	Non-Formulary	Formulary agent: memantine hcl (Namenda) tablet
NAMENDA XR 21 MG CAPSULE	Non-Formulary	Formulary agent: memantine hcl (Namenda) tablet
NAMENDA XR 28 MG CAPSULE	Non-Formulary	Formulary agent: memantine hcl (Namenda) tablet
NAMENDA XR 7 MG CAPSULE	Non-Formulary	Formulary agent: memantine hcl (Namenda) tablet
NAMENDA XR TITRATION PACK	Non-Formulary	Formulary agent: memantine hcl (Namenda) Titration Pack
NAMZARIC 14-10MG CAPSULE	Non-Formulary	Required 90 day trial of: Namenda, donepezil (Aricept), galantamine (Razadyne) or rivastigmine (Exelon)
NAMZARIC 28-10MG CAPSULE	Non-Formulary	Required 90 day trial of: Namenda, donepezil (Aricept), galantamine (Razadyne) or rivastigmine (Exelon)
NAPRELAN CR 375 mg TABLET	Non-Formulary	Formulary agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR 500 mg TABLET	Non-Formulary	Formulary agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR 750 mg TABLET	Non-Formulary	Formulary agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR DOSECARD 500-750 mg	Non-Formulary	Must provide clinical reason supported by chart notes why NAPRELAN CR (which require use of - NAPROXEN DR (EC-NAPROSYN) 375 mg tablet or NAPROXEN DR (EC-NAPROSYN) 500 mg tablet) cannot be used
NASACORT OTC ALLERGY 24HR 55MCG SPRAY	Clinical	Formulary Agent(s): triamcinolone (Nasacort AQ) nasal spray
NASCOBAL 500 mcg NASAL SPRAY	Non-Formulary	Formulary agent: OTC cyanocobalamin (b12) AND cyanocobalamine (B12) injection
NASONEX 50 mcg NASAL SPRAY	Non-Formulary	Formulary agents: Age 2-3: 30 day trial of triamcinolone (Nasacort AQ) Age 4-5: 30 day trial of fluticasone (Flonase) or triamcinolone (Nasacort AQ) Age 6 and older: 30 day trial of 2 of the following 3 drugs: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ)
NATACHEW 28-1MG CHEWABLE TABLET	Non-Formulary	Formulary Agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET

Drug	Status	Special Instructions
NATAZIA 28 TABLET	Non-Formulary	Formulary agents: a formulary birth control option
NATELLE-EZ	Non-Formulary	Formulary agents: any formulary prenatal vitamin
NATELLE ONE CAPSULE	Non-Formulary	Formulary agents: a formulary prenatal vitamin option
NATESTO 5.5MG TESTOSTERONE NASAL GEL	Non-Formulary	Required 90 day trial of: Testosterone TD (Fortesta) or Axiron
NATPARA 25MCG/DOSE CARTRIDGE	Non-Formulary	Required diagnosis= hypocalcemia with hypoparathyroidism AND Required 30 day trial of: calcium and vitamin D separately taken together at the same time
NATPARA 50MCG/DOSE CARTRIDGE	Non-Formulary	Required diagnosis= hypocalcemia with hypoparathyroidism AND Required 30 day trial of: calcium and vitamin D separately taken together at the same time
NATPARA 75MCG/DOSE CARTRIDGE	Non-Formulary	Required diagnosis= hypocalcemia with hypoparathyroidism AND Required 30 day trial of: calcium and vitamin D separately taken together at the same time
NATPARA 100MCG/DOSE CARTRIDGE	Non-Formulary	Required diagnosis= hypocalcemia with hypoparathyroidism AND Required 30 day trial of: calcium and vitamin D separately taken together at the same time
NATURE-THROID, WESTHROID 113.75 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 130 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 146.25 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 16.25 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 162.5 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 195 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 260 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 325 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 48.75 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 65 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 81.25 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 97.5 mg TABLET	Non-Formulary	Formulary agent: ARMOUR THYROID tablet
NEBUPENT 300 mg INHALED POWDER	Clinical	Diagnosis of Pneumocystis carinii pneumonia (PCP) in high-risk, HIV-infected patients
NECON 10-11-28 TABLET	Non-Formulary	Formulary agents: a formulary birth control option (most similar agents= Mircette, Kariva, Azurette)
NEEVO DHA GELCAP 27-1.13 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack

Drug	Status	Special Instructions
NEOBENZ MICRO SD 5.5% CREAM	Non-Formulary	Formulary agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)
NEOBENZ MICRO WASH PLUS PACK	Non-Formulary	Formulary agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)
NEO-FRADIN 125 mg/5 mL SOLUTION	Non-Formulary	Formulary agent: metronidazole
NEOSALUS AEROSOL FOAM	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEOSALUS CREAM	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEOSALUS LOTION	Non-Formulary	Formulary agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEO-SYNALAR 0.5-0.025% CREAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each
NEPHPLEX RX TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NEPHROCAPSULE QT TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NEPHRON FA TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NEPHRONEX 1 mg CAPSULE	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NESINA 12.5 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta OR Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
NESINA 25 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta OR Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
NESINA 6.25 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta OR Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
NESTABS ABC TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
NESTABS DHA, NUTRI-TAB OB +DHA, V-NATAL DHA TABLET	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
NESTABS, NUTRI-TAB OB, V-NATAL TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin

Drug	Status	Special Instructions
NEUAC 1.2-5% GEL	Non-Formulary	Requires a trial of: BENZOYL PEROXIDE 5% GEL (Panoxyl) WITH CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION separately used together
NEUAC 1.2-5% KIT	Non-Formulary	Requires a trial of: BENZOYL PEROXIDE 5% GEL (Panoxyl) WITH CLINDAMYCIN, CLINDAMAX (CLEOCIN T) 1% LOTION, CLINDAMYCIN SWAB (CLEOCIN T) 1% PLEDGETS, CLINDAMYCIN PHOSPHATE 1% SOLUTION separately used together
NEULASTA 6 mg/0.6 mL SYRINGE	Clinical	Specialty
NEULASTA DELIVERY KIT 6MG/0.6ML	Clinical	Specialty
NEUMEGA 5 mg VIAL	Clinical	Specialty
NEUPOGEN 300 mcg/0.5 mL SYRINGE	Clinical	Specialty
NEUPOGEN 300 mcg/ML VIAL	Clinical	Specialty
NEUPOGEN 480 mcg/0.8 mL SYRINGE	Clinical	Specialty
NEUPOGEN 480 mcg/1.6 mL VIAL	Clinical	Specialty
NEUPRO PATCH 1 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 2 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 3 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 4 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 6 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 8 mg PER 24 HOUR	Non-Formulary	Formulary agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEVANAC 0.1% DROPTAINER	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
NEUVAXIN 0.0375-5% PATCH	Non-Formulary	Required 30 day trial of: Trixaicin HP, Arthritis Pain, Theragen HP, Capsuleacicin (Zostrix HP) 0.075% cream
NEXA SELECT 29-1.25-337.5 MG CAPSULE	Non-Formulary	Formulary agents: any formulary prenatal vitamin;
NEXAVAR 200 mg TABLET	Clinical	Required diagnosis = Renal Cell Carcinoma, Hepatocellular carcinoma, Thyroid Carcinoma, or progressive differentiated thyroid cancer refractory to radioactive iodine treatment
NEXICLON XR 0.09 mg/ML SUSP	Non-Formulary	No longer available on the market
NEXICLON XR 0.17 mg TABLET	Non-Formulary	No longer available on the market

Drug	Status	Special Instructions
NEXIUM DR 10 mg PACKET	Non-Formulary	For Members who are pregnant or on clopidogrel (Plavix): Formulary agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NEXIUM DR 2.5 mg PACKET	Non-Formulary	For Members who are pregnant or on clopidogrel (Plavix): Formulary agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NEXIUM DR 20 mg PACKET	Non-Formulary	For Members who are pregnant or on clopidogrel (Plavix): Formulary agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NEXIUM DR 40 mg PACKET	Non-Formulary	For Members who are pregnant or on clopidogrel (Plavix): Formulary agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NEXIUM DR 5 mg PACKET	Non-Formulary	For Members who are pregnant or on clopidogrel (Plavix): Formulary agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Formulary agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NIACIN ER (NIASPAN ER) 1,000 mg TABLET	Non-Formulary	Formulary agent: OTC Niacin
NIACIN ER (NIASPAN ER) 500 mg TABLET	Non-Formulary	Formulary agent: OTC Niacin
NIACIN ER (NIASPAN ER) 750 mg TABLET	Non-Formulary	Formulary agent: OTC Niacin

Drug	Status	Special Instructions
NICOMIDE 0.5MG-750MG TABLET	Non-Formulary	Formulary agents: Formulary Acne Topicals and Formulary Multi-Vitamin
NICOTINE 21-14-7MG/24 HR PATCH KIT	Non-Formulary	Requires a trial of: nicotine patches-each strength separately
NICOTROL CARTRIDGE INHALER	Non-Formulary	Formulary agents: nicotine gum, lozenges, or patches
NICOTROL NS 10 mg/ML SPRAY	Non-Formulary	Formulary agents: nicotine gum, lozenges, or patches
NILANDRON 150 mg TABLET	Clinical	Required diagnosis = metastatic prostate cancer
NIMODIPINE (Nimotop) 30 mg CAPSULE	Non-Formulary	Required diagnosis = subarachnoid hemorrhage (SAH)
NISOLDIPINE ER 17 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 20 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 25.5 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 30 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 34 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 40 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 8.5 mg TABLET	Non-Formulary	Formulary agents: amlodipine, felodipine, or nifedipine
Nitromist	Non-Formulary	Formulary agent: NITROGLYCERIN LINGUAL 0.4 mg SPRAY (NitroLingual Spray)
NORDITROPIN NORDIFLEX 30 mg	Clinical	Specialty; follow policy on CareSource.com.
NORDITROPIN NORDIFLEX 5 mg	Clinical	Specialty; follow policy on CareSource.com.
NORDITROPIN NORDIFLX 10 mg	Clinical	Specialty; follow policy on CareSource.com.
NORDITROPIN NORDIFLX 15 mg	Clinical	Specialty; follow policy on CareSource.com.
NORITATE 1% CREAM	Non-Formulary	Formulary agent: METRONIDAZOLE (METROCREAM) 0.75% CREAM
NOROXIN 400 mg TABLET	Non-Formulary	Formulary agents: ciprofloxacin or levofloxacin
NORTHERA 100MG CAPSULE	Non-Formulary	Required diagnosis of: orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure [Parkinson's disease, multiple system atrophy, and pure autonomic failure], dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy
NORTHERA 200MG CAPSULE	Non-Formulary	Required diagnosis of: orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure [Parkinson's disease, multiple system atrophy, and pure autonomic failure], dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy

Drug	Status	Special Instructions
NORTHERA 300MG CAPSULE	Non-Formulary	Required diagnosis of: orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure [Parkinson's disease, multiple system atrophy, and pure autonomic failure], dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy
NOVA MAX TEST STRIPS	Non-Formulary	Formulary agents: FreeStyle or Precision products
NOVAFERRUM PEDIATRIC 10MG/ML DROPS	Non-Formulary	*Formulary Agent(s): Ferrous Sulfate 220mg/5mL Elixir
NOVOSEVEN 1200 mcg INJECTION	Specialty	No longer available on the market
NOVOSEVEN 2400 mcg INJECTION	Specialty	No longer available on the market
NOVOSEVEN RT 1,000 mcg VIAL	Specialty	Specialty; follow policy on CareSource.com.
NOVOSEVEN RT 2,000 mcg VIAL	Specialty	Specialty; follow policy on CareSource.com.
NOVOSEVEN RT 5,000 mcg VIAL	Specialty	Specialty; follow policy on CareSource.com.
NOVOSEVEN RT 8,000 mcg VIAL	Specialty	Specialty; follow policy on CareSource.com.
NOXAFIL 100 mg TABLET	Non-Formulary	Formulary agent: fluconazole
NOXAFIL 40 mg/ML SUSPENSION (200 mg/5 mL)	Non-Formulary	Formulary agent: fluconazole
NPLATE 250 mcg SUBQ SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
NPLATE 500 mcg SUBQ SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
NUCORT 2% LOTION	Non-Formulary	Formulary agent: HYDROCORTISONE 2.5% LOTION
NUCYNTA 100 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA 50 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA 75 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA ER 100 mg TABLET	Non-Formulary	Formulary agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 150 mg TABLET	Non-Formulary	Formulary agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 200 mg TABLET	Non-Formulary	Formulary agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 250 mg TABLET	Non-Formulary	Formulary agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 50 mg TABLET	Non-Formulary	Formulary agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUEDEXTA 20-10 mg CAPSULE	Clinical	Required Diagnosis= Pseudobulbar Affect (PBA) Secondary To Multiple Sclerosis (MS) Or Amyotrophic Lateral Sclerosis (ALS) Or Head/Brain Trauma, Stroke, Or Alzheimer’s Disease *Prescribed By Or Under The Consultation Of A Neurologist
NULOJIX 250MG VIAL	Non-Formulary	Required diagnosis= Prophylaxis of organ rejection in adults receiving a kidney transplant *Used in combination with basiliximab induction, mycophenolate mofetil [MMF], and corticosteroids *Used only in patients who are Epstein-Barr virus (EBV) seropositive

Drug	Status	Special Instructions
NUOX GEL	Non-Formulary	Formulary agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)
NUTROPIN 10 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
NUTROPIN 5 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
NUTROPIN AQ 20 mg/2 mL PEN	Clinical	Specialty; follow policy on CareSource.com.
NUTROPIN AQ 5 mg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
NUTROPIN AQ NUSPIN 5 PEN	Clinical	Specialty; follow policy on CareSource.com.
NUTROPIN AQ PEN CARTRIDGE	Clinical	Specialty; follow policy on CareSource.com.
NUVESSA 1.3% VAGINAL GEL	Non-Formulary	Required trial of: metronidazole 0.75% vaginal gel (Metro-Gel Vaginal)
NUVIGIL 200 mg TABLET	Clinical	Requires a diagnosis of: Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
NUVIGIL 150 mg TABLET	Clinical	Requires a diagnosis of: Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
NUVIGIL 250 mg TABLET	Clinical	Requires a diagnosis of: Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
NUVIGIL 50 mg TABLET	Clinical	Requires a diagnosis of: Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness
NYMALIZE 60 MG/20ML	Clinical	Formulary agent: NIMODIPINE (Nimotop) 30MG CAPSULE
NYSTATIN 50,000,000 ORAL POWDER	Non-Formulary	*Required trial of: nystatin oral tablet
NYSTATIN-TRIAMCINOLONE 0.1units/gm - 0.1% CREAM	Non-Formulary	Formulary agents: nystatin and triamcinolone separately used together
NYSTATIN-TRIAMCINOLONE 0.1units/gm - 0.1% OINTMENT	Non-Formulary	Formulary agents: nystatin and triamcinolone separately used together
O-CAL PRENATAL	Non-Formulary	Formulary agents: any formulary prenatal vitamin
OB COMPLETE CHEWABLE TABLET 20-1-100 mg	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
OB COMPLETE ONE SOFTGEL 40-10-1 mg	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET

Drug	Status	Special Instructions
OB COMPLETE PETITE SOFTGEL	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
OB COMPLETE PREMIER TABLET 30-20-1 mg	Non-Formulary	Formulary agents: formulary prenatal vitamin (Most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
OBREDON 2.5-200MG/5ML SOLUTION	Non-Formulary	Required trial of: guaifenesin-codeine 200-10MG/5mL liquid
OCTAGAM	Clinical	Specialty; follow policy on CareSource.com.
OCTREOTIDE (SANDOSTATIN) 0.05 mg/ML AMPULE	Clinical	Required diagnosis = Acromegaly; Carcinoid tumors; Vasoactive intestinal peptide tumors (VIPomas)
OCTREOTIDE (SANDOSTATIN) 0.1 mg/ML AMPULE	Clinical	Required diagnosis = Acromegaly; Carcinoid tumors; Vasoactive intestinal peptide tumors (VIPomas):
OCTREOTIDE (SANDOSTATIN) 0.2 mg/ML VIAL	Clinical	Required diagnosis = Acromegaly; Carcinoid tumors; Vasoactive intestinal peptide tumors (VIPomas):
OCTREOTIDE (SANDOSTATIN) 0.5 mg/ML AMPULE	Clinical	Required diagnosis = Acromegaly; Carcinoid tumors; Vasoactive intestinal peptide tumors (VIPomas):
OCTREOTIDE (SANDOSTATIN) 1 mg/ML VIAL	Clinical	Required diagnosis = Acromegaly; Carcinoid tumors; Vasoactive intestinal peptide tumors (VIPomas):
ODOMZO 200MG CAPSULE	Non-Formulary	Request Must Go Through Clinical Review
OFEV 100MG CAPSULE	Clinical	Request Must Go Through Clinical Review
OFEV 150MG CAPSULE	Clinical	Request Must Go Through Clinical Review
OFORTA 10 mg TABLET	Clinical	This medication has been discontinued-No longer available
OLANZAPINE ODT (ZYPREXA ZYDIS) 10 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 15 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 20 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 5 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 12-25 mg CAPSULE	Non-Formulary	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 12-50 mg CAPSULE	Non-Formulary	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 3-25 mg CAPSULE	Non-Formulary	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 6-25 mg CAPSULE	Non-Formulary	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used

Drug	Status	Special Instructions
OLANZAPINE/FLUOXETINE (SYMBYAX) 6-50 mg CAPSULE	Non-Formulary	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLEPTRO ER 150 mg TABLET	Non-Formulary	This medication has been discontinued
OLEPTRO ER 300 mg TABLET	Non-Formulary	This medication has been discontinued
OLYSIO 150 mg CAPSULE	Non-Formulary	Request Must Go Through Clinical Review
OMECLAMOX-PAK COMBO PACK	Non-Formulary	Formulary agents: AMOXICILLIN CAP, CLARITHROMYCIN TAB AND OMEPRAZOLE capsule separately
OMEPRAZOLE-BICARB (Zegerid RX) 40-1,100 mg	Non-Formulary	Formulary agents: omeprazole-sodium bicarb 20/1100 mg AND omeprazole 20 mg SEPARATELY taken together
OMNARIS 50 mcg NASAL SPRAY	Non-Formulary	Formulary agents: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) age 6 and older (need to try 2 of 3 agents); fluticasone (Flonase) or triamcinolone (Nasacort AQ) age 4-5; triamcinolone (Nasacort AQ) age 2-3
OMNITROPE 10 mg/1.5 mL CATRIDGE	Clinical	Specialty; follow policy on CareSource.com.
OMNITROPE 5.8 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
OMNITROPE 5 mg/1.5 mL CATRIDGE	Clinical	Specialty; follow policy on CareSource.com.
ONETOUCH AND ONETOUCH ULTRA TEST STRIPS/METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
ONEXTON GEL 1.2-3.75% PUMP	Non-Formulary	*Formulary Agent(s): Benzoyl Peroxide 5% Gel (Panoxyl) With Clindamycin, Clindamax (Cleocin T) 1% Lotion, Clindamycin Swab (Cleocin T) 1% Pledgets, Clindamycin Phosphate 1% Solution Separately Used Together At The Same Time
ONFI 10 mg TABLET	Step Therapy	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or zonisamide or previously approved for Lyrica, Vimpat, Stavzor, Banzel or Potiga
ONFI 2.5 mg/ML SUSPENSION	Step Therapy	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or zonisamide or previously approved for Lyrica, Vimpat, Stavzor, Banzel or Potiga
ONFI 20 mg TABLET	Step Therapy	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or zonisamide or previously approved for Lyrica, Vimpat, Stavzor, Banzel or Potiga

Drug	Status	Special Instructions
ONFI 5 mg TABLET	Step Therapy	Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or zonisamide or previously approved for Lyrica, Vimpat, Stavzor, Banzel or Potiga
ONGLYZA 2.5 mg TABLET	Non-Formulary	Formulary Agent: metformin IR or ER (Glucophage or Glucophage XR) THEN a 60 day trial of Tradjenta
ONGLYZA 5 mg TABLET	Non-Formulary	Formulary Agent: metformin IR or ER (Glucophage or Glucophage XR) THEN a 60 day trial of Tradjenta
ONMEL 200 mg TABLET	Non-Formulary	Formulary agent: itraconazole (Sporanox) capsule with a diagnosis of onychomycosis
ONSOLIS 1,200 mcg SOLUABLE FILM	Clinical	Required diagnosis = for the management of breakthrough cancer pain in patients who are already receiving and are tolerant of opioid therapy
ONSOLIS 200 mcg SOLUABLE FILM	Clinical	Required diagnosis = for the management of breakthrough cancer pain in patients who are already receiving and are tolerant of opioid therapy
ONSOLIS 400 mcg SOLUABLE FILM	Clinical	Required diagnosis = for the management of breakthrough cancer pain in patients who are already receiving and are tolerant of opioid therapy
ONSOLIS 600 mcg SOLUABLE FILM	Clinical	Required diagnosis = for the management of breakthrough cancer pain in patients who are already receiving and are tolerant of opioid therapy
ONSOLIS 800 mcg SOLUABLE FILM	Clinical	Required diagnosis = for the management of breakthrough cancer pain in patients who are already receiving and are tolerant of opioid therapy
OPANA ER 10 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 15 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 20 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 30 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 40 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 5 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPANA ER 7.5 mg CRUSH RESISTANT TABLET	Non-Formulary	Formulary agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPDIVO 40MG/4ML VIAL	Non-Formulary	Request Must Go Through Clinical Review
OPDIVO 100MG/10ML VIAL	Non-Formulary	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
OPIUM TINCTURE 10 mg/ML	Non-Formulary	Formulary agent: loperamide or atropine-diphenoxylate (Lomotil) with a diagnosis of diarrhea
OPSUMIT 10 mg TABLET	Clinical	Required diagnosis = Pulmonary Arterial Hypertension, Age over 18 yrs old, prescribed by pulmonologist and/or cardiologist, WHO Group 1 with NYHA Functional class II or III or IV symptoms AND PAP pressures not adequately controlled using an oral vasodilator (e.g. calcium channel blocker) at maximal doses OR The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge
Oralair Children's Starter Pack 100IR Sublingual Tablet	Non-Formulary	*Dx= Need For Skin Test Or In Vitro Testing For Pollen-Specific IgE Antibodies For Any Of The Five Grass Species And *Formulary Agent(s): Oralair 300IR Sublingual Tablet
Oralair 300IR Sublingual Tablet	Non-Formulary	*Dx= Need For Skin Test Or In Vitro Testing For Pollen-Specific IgE Antibodies For Any Of The Five Grass Species
ORAPRED ODT 10 mg TABLET	Non-Formulary	Formulary agents: prednisone tablet or liquid or methylprednisolone tablet
ORAPRED ODT 15 mg TABLET	Non-Formulary	Formulary agents: prednisone tablet or liquid or methylprednisolone tablet
ORAPRED ODT 30 mg TABLET	Non-Formulary	Formulary agents: prednisone tablet or liquid or methylprednisolone tablet
ORAVIG 50 mg BUCCAL TABLET	Non-Formulary	Formulary agents: oral nystatin tablet or suspension
ORBACTIVE 400MG VIAL	Non-Formulary	Request Must Go Through Clinical Review
ORBIVAN 50-300-40 mg CAPSULE	Non-Formulary	Formulary agent: Butalbital-Acetaminophen-Caffeine (Fioricet) 50-325-40mg Tablet
ORBIVAN CF 50-300 mg TABLET	Non-Formulary	Formulary agent: BUTALBITAL-ACETAMINOPHEN (Phrenilin, Marten tablet) 50-325 MG tablet
ORENCIA 125 mg/1 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
ORENCIA 250 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
ORENITRAM 0.125 MG	Non-Formulary	See Tyvaso Policy on CareSource.com
ORENITRAM 0.25 MG	Non-Formulary	See Tyvaso Policy on CareSource.com
ORENITRAM 1 MG	Non-Formulary	See Tyvaso Policy on CareSource.com
ORENITRAM 2.5 MG	Non-Formulary	See Tyvaso Policy on CareSource.com
ORFADIN 10 mg CAPSULE	Clinical	Required diagnosis =Hereditary tyrosinemia type 1 (HT-1)
ORFADIN 2 mg CAPSULE	Clinical	Required diagnosis =Hereditary tyrosinemia type 1 (HT-1)
ORFADIN 5 mg CAPSULE	Clinical	Required diagnosis =Hereditary tyrosinemia type 1 (HT-1)
ORKAMBI 200MG-125MG TABLET	Clinical	Request Must Go Through Clinical Review
ORLISTAT, ALLI, XENICAL	Excluded benefit	
ORPHENADINRE 30 mg/ML VIAL	Clinical	Requires diagnosis of acute painful musculoskeletal conditions with an inability to use tablet

Drug	Status	Special Instructions
ORPHENADRINE COMPOUND FORTE TABLET 50-770-60	Non-Formulary	Formulary agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial not preferred agent)
ORPHENADRINE COMPOUND TABLET 25-385-30	Non-Formulary	Formulary agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial not preferred agent)
ORTHO TRI-CYCLEN LO TABLET	Non-Formulary	Formulary agents: a formulary birth control option (most similar agents= Tri-Cyclen, TriNessa, Tri-Sprintec)
ORTHOVISC	Non-Formulary	Specialty; follow policy on CareSource.com. Formulary agents: Supartz or Gel-One
OSENI 12.5-15 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSENI 12.5-30 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSENI 12.5-45 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSENI 25-15 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSENI 25-30 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSENI 25-45 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta WITH a 60 day trial of pioglitazone (Actos) unless renal/kidney disease/increased creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
OSMOPREP, VISICOL 1.5 mg TABLET	Non-Formulary	Formulary agents: Gavilyte-H or Peg-Prep Kit

Drug	Status	Special Instructions
OSPHENA 60 mg TABLET	Excluded benefit	
OTEZLA 30MG TABLET	Non-Formulary	Specialty; follow policy on CareSource.com
OTEZLA Starter Pack	Non-Formulary	Specialty; follow policy on CareSource.com
OVIDREL INJECTION 250 mcg/0.5 mL	Excluded benefit	
OXANDROLONE 10 mg TABLET	Clinical	Requires diagnosis = Bone pain with osteoporosis, protein catabolism, or need for weight gain with a trial of megestrol
OXANDROLONE 2.5 mg TABLET	Clinical	Requires diagnosis = Bone pain with osteoporosis, protein catabolism, or need for weight gain with a trial of megestrol
OXAYDO 5MG TABLET	Non-Formulary	Formulary Agent(s): Oxycodone IR Tablet
OXAYDO 7.5MG TABLET	Non-Formulary	Formulary Agent(s): Oxycodone IR Tablet
OXECTA 5 mg TABLET	Non-Formulary	Formulary agent: oxycodone IR tablet
OXECTA 7.5 mg TABLET	Non-Formulary	Formulary agent: oxycodone IR tablet
OXISTAT 1% CREAM	Non-Formulary	Formulary agents: ketoconazole cream, clotrimazole cream, or miconazole cream with a diagnosis of tinea pedis, tinea cruris, tinea corporis, or tinea (pityriasis) versicolor
OXISTAT 1% LOTION	Non-Formulary	Formulary agents: ketoconazole cream, clotrimazole cream, or miconazole cream with a diagnosis of tinea pedis, tinea cruris, tinea corporis, or tinea (pityriasis) versicolor
OXSORALEN 1% LOTION	Clinical	Excluded for cosmetic use
OXSORALEN-ULTRA 10 mg CAPSULE	Non-Formulary	Formulary agent: calcipotriene (Dovonex) with a diagnosis of psoriasis
OXTELLAR XR 150 mg TABLET	Step therapy	Must first try non-SR oxcarbazepine (Trileptal)
OXTELLAR XR 300 mg TABLET	Step therapy	Must first try non-SR oxcarbazepine (Trileptal)
OXTELLAR XR 600 mg TABLET	Step Therapy	Must first try non-SR oxcarbazepine (Trileptal)
OTREXUP 10 MG/0.4 ML AUTO	Non-Formulary	Formulary agent: METHOTREXATE INJECTION
OTREXUP 15 MG/0.4 ML AUTO	Non-Formulary	Formulary agent: METHOTREXATE INJECTION
OTREXUP 20 MG/0.4 ML AUTO	Non-Formulary	Formulary agent: METHOTREXATE INJECTION
OTREXUP 25 MG/0.4 ML AUTO	Non-Formulary	Formulary agent: METHOTREXATE INJECTION
OVACE PLUS 9.8% LOTION	Non-Formulary	Required trial of: sulfacetamide sodium (Klarion) 10% lotion
OVACE PLUS 10% CREAM	Non-Formulary	Required trial of: sulfacetamide sodium (Klarion) 10% lotion
OXYCODONE ER (OXYCONTIN) 10MG TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCODONE ER (OXYCONTIN) 20MG TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCODONE ER (OXYCONTIN) 40MG TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCODONE ER (OXYCONTIN) 80MG TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCODONE-IBUPROFEN 5-400 TABLET	Non-Formulary	Formulary agent: oxycodone/acetaminophen or fentanyl

Drug	Status	Special Instructions
OXYCONTIN 15 mg TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCONTIN 30 mg TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYCONTIN 60 mg TABLET	Clinical	Requires a diagnosis of pain with a 30 day trial of: Fenantyl Patches, Morphine Sulfate ER (MS Contin) or Oxymorphone ER
OXYMORPHONE IR (OPANA) 10 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR
OXYMORPHONE IR (OPANA) 5 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate IR
OXYMORPHONE SR (OPANA ER) 10 mg TABLET	Non-Formulary	Formulary agent: morphine sulfate ER
OXYTROL 3.9 mg/24HR PATCH	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR for men; Oxytrol for Women patch for women
OZURDEX 0.7MG IMPLANT	Clinical	Required diagnosis: Macular edema secondary to branch or central retinal vein occlusion OR Non infectious uveitis affecting the posterior segment of the eye OR Diabetic Macular Edema (DME) for those who are pseudophatic or phatic & scheduled for cataract
PACERONE 100 mg TABLET	Non-Formulary	Formulary agent: amiodarone 200 MG or 400 MG TABLET
PACNEX 7% WASH	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
PACNEX HP 7% CLEANSING PADS	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL

Drug	Status	Special Instructions
PACNEX LP 4.25% CLEANSING PADS	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
PACNEX MX 4.25% CLEANSER	Non-Formulary	Formulary agents: BENZOYL PEROXIDE 2.5% WASH or GEL (PANOXYL), BENZOYL PEROXIDE 4% CLEANSER (PANOXYL), BENZOYL PEROXIDE 5% GEL (PANOXYL), BENZOYL PEROXIDE 5% LOTION, BENZOYL PEROXIDE 3%, 6%, 9% CLEANSER (TRIZ), BENZOYL PEROXIDE 10% Wash (DESQUAM-X/PANOXYL), BENZOYL PEROXIDE 10% GEL (PANOXYL), BENZOYL PEROXIDE 10% LOTION, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
PAIN EASE (GEBAUERS) SPRAY	Clinical	Required diagnosis=Controlling pain associated with injections and certain other procedures such as dialysis
PAIRE OB PLUS DHA COMBO PACK	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PALIPERIDONE ER (INVEGA ER) 1.5MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
PALIPERIDONE ER (INVEGA ER) 3MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
PALIPERIDONE ER (INVEGA ER) 6MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
PALIPERIDONE ER (INVEGA ER) 9MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
PANCREAZE 10,500 UNIT CAPSULE	Non-Formulary	Formulary agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 16,800 UNIT CAPSULE	Non-Formulary	Formulary agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 21,000 UNIT CAPSULE	Non-Formulary	Formulary agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 4,200 UNIT CAPSULE	Non-Formulary	Formulary agents: VIOKACE, Zenpep or ULTRESA
PANDEL 0.1% CREAM	Non-Formulary	Formulary agent: hydrocortisone topical
PANRETIN 0.1% GEL	Clinical	Required diagnosis = Kaposi sarcoma (KS) cutaneous lesions
PARAGARD IUD	Medical Benefit	Bill on our medical benefit; no PA will be required
PAREGORIC 2 mg/5 mL LIQUID	Non-Formulary	Formulary agents: imodium or loperamide
PAROXETINE CR (PAXIL CR) 12.5 mg TABLET	Non-Formulary	Formulary agents: non- CR paroxetine
PAROXETINE CR (PAXIL CR) 25 mg TABLET	Non-Formulary	Formulary agents: non- CR paroxetine
PAROXETINE CR (PAXIL CR) 37.5 mg TABLET	Non-Formulary	Formulary agents: non- CR paroxetine
PASER GRANULES 4 gM PACKET	Non-Formulary	Formulary agent: rifampin
PATADAY 0.2% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
PATANASE 0.6% NASAL SPRAY	Non-Formulary	Formulary agent: azelastine (Astelin)

Drug	Status	Special Instructions
PATANOL 0.1% EYE DROPS	Non-Formulary	Formulary agents: OTC agents with ketotifen AND azelastine (Optivar)
PAZEO 0.7% EYE DROPS	Non-Formulary	* 15 day trial of OTC Ketotifen (Alaway/Claritin Eye Drops/Refresh/RiteAid or CVS Eye Itch Eye Drops (Zaditor)/Wal-Zyr/Zyrtec Eye Drops) AND * 15 day trial of azelastine (Optivar)
PCE 333 mg DISPERTABLET	Non-Formulary	Formulary agent: erythromycin tabs
PCE 500 mg DISPERTABLET	Non-Formulary	Formulary agent: erythromycin tabs
PEDIADERM AF KIT	Non-Formulary	Formulary agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIADERM HC 2% KIT	Non-Formulary	Formulary agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIADERM TA KIT	Non-Formulary	Formulary agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIA-LAX SUP 2.8 gM	Non-Formulary	Formulary agents: GLYCERIN PED SUP 1.2 gM or GLYCERIN SUPPOS 2.1 GM
PEDIPIROX-4 NAIL KIT	Non-Formulary	Formulary agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
PEG 3350 , GAVILYTE-C (COLYTE) WITH FLAVOR PACKETS 4000 mL 240-22.72	Non-Formulary	Must provice clinical reason supported by chart notes why PEG-3350 , GAVILYTE-G (GOLYTELY) cannot be used
PEGASYS 135 mcg/0.5 mL PROCLICK	Clinical	Request Must Go Through Clinical Review
PEGASYS 180 mcg/0.5 mL KIT	Clinical	Request Must Go Through Clinical Review
PEGASYS 180 mcg/0.5 mL PROCLICK	Clinical	Request Must Go Through Clinical Review
PEGASYS 180 mcg/0.5 mL SYRINGE	Clinical	Request Must Go Through Clinical Review
PEGASYS 180 mcg/ML VIAL	Clinical	Request Must Go Through Clinical Review
PEGINTRON 120 mcg KIT	Clinical	Request Must Go Through Clinical Review
PEGINTRON 150 mcg KIT	Clinical	Request Must Go Through Clinical Review
PEGINTRON 50 mcg KIT	Clinical	Request Must Go Through Clinical Review
PEGINTRON 80 mcg KIT	Clinical	Request Must Go Through Clinical Review
PEGINTRON REDIPEN 120 mcg	Clinical	Request Must Go Through Clinical Review
PEGINTRON REDIPEN 150 mcg	Clinical	Request Must Go Through Clinical Review
PEGINTRON REDIPEN 50 mcg	Clinical	Request Must Go Through Clinical Review
PEGINTRON REDIPEN 80 mcg	Clinical	Request Must Go Through Clinical Review
PENNSAID SOLUTION 2% PUMP	Non-Formulary	*Formulary Agent(s): Voltaren 1% Gel
PENTASA 250 mg CAPSULE	Step Therapy	Requires a trial of Asacol HD, Apriso ER, or Delzicol

Drug	Status	Special Instructions
PENTASA 500 mg CAPSULE	Step Therapy	Requires a trial of Asacol HD, Apriso ER, or Delzicol
PENTAZOCINE-ACETAMINOPHEN 25-650 mg	Non-Formulary	Formulary agent: ACETAMINOPHEN-CODEINE
PERFOROMIST 20 mcg/2 mL SOLUTION	Non-Formulary	Formulary agent: Foradil
PERJETA 420MG/14ML VIAL	Clinical	Authorization is required on Medical Benefit Only Required diagnosis= estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer (in combination with trastuzumab and docetaxel)
PERTZYE 16000-57500-60500 Units	Non-Formulary	Formulary agents: Viokace, Zenpep or Ultresa
PERTZYE 8000-28750-30250 Units	Non-Formulary	Formulary agents: Viokace, Zenpep or Ultresa
PEXEVA 10 mg TABLET	Non-Formulary	Formulary agent: non- CR paroxetine
PEXEVA 20 mg TABLET	Non-Formulary	Formulary agent: non- CR paroxetine
PEXEVA 30 mg TABLET	Non-Formulary	Formulary agent: non- CR paroxetine
PEXEVA 40 mg TABLET	Non-Formulary	Formulary agent: non- CR paroxetine
PHENDIMETRAZINE (BONTRIL PDM) 35 mg TABLET	Excluded benefit	
PHENDIMETRAZINE ER 105 mg TABLET	Excluded benefit	
PHENELZINE SULFATE (NARDIL) 15 mg TABLET	Non-Formulary	Formulary agent: Parnate
PHENOXYBENZAMINE HYDROCHLORIDE (DIBENZYLINE) CAPSULE	Non-Formulary	Required Dx= Pheochromocytoma
PHENTERMINE (ADIPEX-P) 37.5 mg CAPSULE	Excluded benefit	
PHENTERMINE (ADIPEX-P) 37.5 mg TABLET	Excluded benefit	
PHENTERMINE 15 mg CAPSULE	Excluded benefit	
PHENTERMINE 30 mg CAPSULE	Excluded benefit	
PHISOHEX 3% CLEANSER	Non-Formulary	Formulary agents: CHLORHEXIDINE GLUCONATE, BETASEPT (HIBICLENS) LIQUID 4% OTC
PHOSLYRA 667 mg/5 mL SOLUTION	Non-Formulary	Formulary agent: calcium acetate (PhosLo)
PHRENILIN FORTE CAPSULE 50-650 mg	Non-Formulary	Formulary agents: BUTALBITAL-ACETAMINOPHEN (Phrenilin, Marten tabs) 50-325 mg tablet
PICATO 0.015% Gel	Non-Formulary	Formulary agents: FLUOROURACIL (EFUDEX) 5% CREAM with a diagnosis of actinic keratoses
PICATO 0.05% Gel	Non-Formulary	Formulary agents: FLUOROURACIL (EFUDEX) 5% CREAM with a diagnosis of actinic keratoses
PILOPINE HS 4% EYE GEL	Non-Formulary	Formulary agent: PILOCARPINE 4% EYE DROPS
PINNACAINE 20% OTIC DROPS	Non-Formulary	Formulary agent: antipyrine-Benzocaine (AURODEX) OTIC SOLUTION
PIOGLITAZONE-GLIMEPIRIDE (DUETACT) 30-2 mg TABLET	Step Therapy	Requires a 30 day trial of metformin IR or ER (Glucophage or Glucophage XR) unless renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
PIOGLITAZONE-GLIMEPIRIDE (DUETACT) 30-4 mg TABLET	Step Therapy	Requires a 30 day trial of metformin IR or ER (Glucophage or Glucophage XR) unless renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days

Drug	Status	Special Instructions
PLEXION CLEANSING CLOTHS	Non-Formulary	Formulary Agent(s): Avar-E LS 10-2% cream, Sulfacetamide Sodium w/ Sulfur Suspension 10-5%, Sulfacetamide Sodium w/ Sulfur lotion 10-5%, Or Sulfacetamide Sodium w/ Sulfur emulsion, Avar cleanser, Rosanil, Prascion 10-5%
PNV-DHA PLUS SOFTGEL 27-1.13 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PNV FE FUM/DOCUSATE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PNV-DHA PLUS SOFTGEL 27-400-1	Non-Formulary	Formulary agents: any formulary prenatal vitamin (most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
PNV-DHA PLUS SOFTGEL 27 mg-400	Non-Formulary	Formulary agents: any formulary prenatal vitamin (most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
PNV-IRON TABLET 29-1.13 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin (most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
PNV-IRON TABLET 29-400-1	Non-Formulary	Formulary agents: any formulary prenatal vitamin (most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
PODIAPN CAPSULE	Non-Formulary	Formulary agents: METHYLFOL/ME, VITACIRC-B, FOLTANX, or L-METHYL-B6 TABLET
POLY IRON PN FORTE TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin (most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
POLYGAM S/D	Clinical	Specialty; follow policy on CareSource.com.
POLY-VI-FLOR FS 0.25MG FILM	Non-Formulary	Formulary Agent(s): Multi-Vit/Fluor, Poly-Vit-Fluor 0.25mg/mL Drops
POLY-VI-FLOR FS 0.5MG FILM	Non-Formulary	Formulary Agent(s): Multi-Vit/Fluor, Poly-Vit-Fluor 0.25mg/mL Drops
POLY-VI-FLOR FS 1MG FILM	Non-Formulary	Formulary Agent(s): Multi-Vit/Fluor, Poly-Vit-Fluor 0.25mg/mL Drops
POLY-VI-FLOR 0.25MG CHEWABLE TABLET	Non-Formulary	Formulary agent: Multivit-Fluor 0.25MG tablet
POLY-VI-FLOR 0.5MG CHEWABLE TABLET	Non-Formulary	Formulary agent: Multivit-Fluor 0.5MG tablet
POLY-VI-FLOR 1MG CHEWABLE TABLET	Non-Formulary	Formulary agent: Multivit-Fluor 1MG tablet
POLY-VI-FLOR W/ IRON 0.5-10MG CHEWABLE TABLET	Non-Formulary	*Required trial of: ESCAVITE , MULTI-VIT/FLUOR/FE (IRON), POLY-VIT/FLUOR/FE (IRON) 0.25MG-10MG/ML

Drug	Status	Special Instructions
POLY-VI-FLOR/IRON 0.25-7 mg/ML SUSPENSION	Non-Formulary	Must provide clinical reason supported by chart notes why MULTI-VIT/FE/FL 0.25-10 mg/ML DROPS, POLYVITS/FE, ESCAVITE be used
POMALYST 1 mg CAPSULE	Clinical	Required diagnosis = relapsed and refractory multiple myeloma
POMALYST 2 mg CAPSULE	Clinical	Required diagnosis = relapsed and refractory multiple myeloma
POMALYST 3 mg CAPSULE	Clinical	Required diagnosis = relapsed and refractory multiple myeloma
POMALYST 4 mg CAPSULE	Clinical	Required diagnosis = relapsed and refractory multiple myeloma
POTABLETA 500 mg	Excluded benefit	
POTASSIUM CL 25 MEQ TABLET EFFERVESCENT	Non-Formulary	Formulary agent: a formulary potassium supplement
POTIGA 200 mg	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
POTIGA 300 mg	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
POTIGA 400 mg	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
POTIGA 50 mg	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
PR NATAL 400 COMBO PACK	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET

Drug	Status	Special Instructions
PR NATAL 400 EC COMBO PACK	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PR NATAL 430 EC COMBO PACK	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PRALUENT PEN-INJECTOR	Non-Formulary	Request Must Go Through Clinical Review
PRALUENT SYRINGE	Non-Formulary	Request Must Go Through Clinical Review
PRANDIMET 1 mg-500 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) unless HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
PRANDIMET 2 mg-500 mg TABLET	Non-Formulary	Formulary agents: metformin IR or ER (Glucophage or Glucophage XR) unless HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
PRASCION FC PAD 10-5% CLOTH	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
PRASCION RA CREAM 10%-5%	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
PREFERA OB TABLET	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PREFERA-OB ONE SOFTGEL	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PREFERA-OB PLUS DHA COMBO Pack 22-6-1-200	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PREFERA-OB PLUS DHA COMBO Pack 28-6-1-203	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PRENACARE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PRENAFIRST	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PRENAISSANCE PLUS, MACNATAL CN DHA 28-1-250 mg CAPSULE	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PRENATAL-1 30-975-200MG CAPSULE	Non-Formulary	Formulary Agent(s): Vinate GT tablet, CitraNatal Harmony capsule, Taron-BC tablet, CitraNatal RX tablet, CompleteNate chewable tablet, Vol-Plus tablet, PrenaPlus tablet, Natelle-EZ tablet, OR Elite-OB caplet
PRENATE DHA SOFTGEL	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack

Drug	Status	Special Instructions
PRENATE ELITE TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PRENATE ENHANCE 28-1-400MG CAPSULE	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PRENATE ESSENTIAL SOFTGEL	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
Prenate AM	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PRENATE MINI TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin *Most Similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PRENATE PIXIE 10-0.6-0.4-200MG CAPSULE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
Prenate Restore	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PRENATE STAR 20-1MG TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PRENEXA CAPSULE 26-1.2-55	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PRENEXA, VEMAVITE, PNV-DHA, FOLCAL DHA CAPSULE 27-1.25-55-300 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PREPOPIK PAK	Non-Formulary	*Required trial within the last 30 days of: Gavilyte-H or Peg-Prep Kit
PREQUE 10 TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
PREVACID SOLUTAB 15 mg TABLET	Non-Formulary	Formulary agents: LANSOPRAZOLE capsule (which can be opened and sprinkled on 1 tablespoonful of applesauce or emptied into 60 mL of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3 mg/ml SUSPENSION
PREVACID SOLUTAB 30 mg TABLET	Non-Formulary	Formulary agents: LANSOPRAZOLE capsule (which can be opened and sprinkled on 1 tablespoonful of applesauce or emptied into 60 mL of apple, orange, or tomato juice) or FIRST-LANSOPRAZOLE 3 mg/ml SUSPENSION
PRIALT 25MCG/ML VIAL	Clinical	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
PRIALT 100MCG/ML VIAL	Clinical	Request Must Go Through Clinical Review
PRIFTIN 150 mg TABLET	Clinical	Required diagnosis=pulmonary tuberculosis
PRIMLEV 10-300 mg TABLET	Non-Formulary	Formulary agent: oxycodone with acetaminophen 10/325 mg
PRIMLEV 5-300 mg TABLET	Non-Formulary	Formulary agent: oxycodone with acetaminophen 5/325 mg
PRIMLEV 7.5-300 mg TABLET	Non-Formulary	Formulary agent: oxycodone with acetaminophen 7.5/325 mg
PRIMSOL 50 mg/5 mL ORAL SOLUTION	Non-Formulary	Formulary agent: trimethoprim tablet
PRISTIQ 25MG TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
PRISTIQ 100 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
PRISTIQ 50 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
PRIVIGEN 10% VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROAIR HFA 90MCG INHALER (8.5GM)	Non-Formulary	Formulary Agent(s): Ventolin HFA Inhaler
PROAIR 90MCG RESPICLICK	Non-Formulary	Formulary Agent(s): Ventolin HFA Inhaler
PROCORT CREAM 1.85-1.15%	Non-Formulary	Formulary agents: PRAMOXINE AEROSOL 1% (Proctofoam) with Procto-Pak (PROCTOCORT) 1% CREAM separately
PROCRIT 10,000 UNITS/ML (20,000 UNITS/2 mL) VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 10,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 2,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 20,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 3,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 4,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCRIT 40,000 UNITS/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCTOCORT 1% CREAM	Non-Formulary	Formulary agents: 2 different manufacturers of generic Procto-Pak (PROCTOCORT) 1% CREAM

Drug	Status	Special Instructions
PROCTOFOAM AREOSOL HC 1-1% FOAM	Clinical	Required diagnosis=Relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses with a trial of HYDROCORTISONE Acetate 1%/Pramoxine Hydrochloride 1% (ANALPRAM-HC) CREAM
PROCYSBI 25 mg CAPSULE	Clinical	Required diagnosis=nephropathic cystinosis
PROCYSBI 75 mg CAPSULE	Clinical	Required diagnosis=nephropathic cystinosis
PRODIGY METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
PRODIGY NO CODE TEST STRIPS	Non-Formulary	Formulary agents: FreeStyle or Precision products
PRODIGY TEST STRIPS	Non-Formulary	Formulary agents: FreeStyle or Precision products
PROFILNINE SD 1,000 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
PROFILNINE SD 1,500 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
PROFILNINE SD 500 UNITS VIAL	Specialty	Specialty; follow policy on CareSource.com.
PROGLYCEM 50 mg/ML ORAL SUSPENSION	Non-Formulary	Required diagnosis=hypoglycemia due to extenuating circumstances
PROLASTIN 1000 mg Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
PROLASTIN 500 mg Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
PROLASTIN-C 1000 mg Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
PROLENSA 0.07% ophthalmic SOLUTION	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
PROLIA	Clinical	Specialty; follow policy on CareSource.com.
PROMACTA 12.5 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
PROMACTA 25 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
PROMACTA 50 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
PROMACTA 75 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
PROPARACAINE 0.5% EYE DROPS	Non-Formulary	Formulary agent: tetracain
PROQUIN XR 500 mg TABLET	Non-Formulary	Formulary agents: ciprofloxacin or levofloxacin
PROTONIX PAK 40 mg SUSPENSION PACKET	Non-Formulary	Formulary agents: omeprazole 40 mg daily or 20 mg twice a day or First-Omeprazole suspension, AND lansoprazole 30 mg or First-Lansoprazole suspension AND a clinical reason why pantoprazole tablets cannot be used
PROVENTIL HFA 90 mcg INHALER	Non-Formulary	Formulary agent: Ventolin
PROVIDA DHA 32-1.25MG CAPSULE	Non-Formulary	*Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
PRUDOXIN (ZONALON) 5% CREAM	Non-Formulary	Formulary agents: OTC topical antihistamine (DIPHENHYDRAMINE HCL CREAM 2%, ANTI-ITCH (BENADRYL) 1% CREAM, or ANTI-ITCH (BENADRYL) 2% CREAM)
PRUMYX CREAM	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
Prutect Emulsion	Non-Formulary	Formulary Agent(s): Woun'Dres Wound Dressing

Drug	Status	Special Instructions
PULMICORT 180 mcg FLEXHALER	Non-Formulary	Required 30 day trial of either: Aerospan or Asmanex
PULMICORT 90 mcg FLEXHALER	Non-Formulary	Required 30 day trial of either: Aerospan or Asmanex
PV Vitamin D 400 Unit tablet	Non-Formulary	Formulary agents: any formulary prenatal vitamin
PYLERA CAPSULE	Non-Formulary	Will currently approve for a diagnosis of H. Pylori due to tetracycline's unavailability
QNASL CHILDREN 40MCG SPRAY	Non-Formulary	Formulary Agents: Age 2-3: triamcinolone (Nasacort AQ) Age 4-5: fluticasone (Flonase) or triamcinolone (Nasacort AQ) Age 6 and older: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) (trial of 2 of 3)
QNASL 80 mcg SPRAY	Non-Formulary	Formulary agents: Age 2-3: triamcinolone (Nasacort AQ) Age 4-5: fluticasone (Flonase) or triamcinolone (Nasacort AQ) Age 6 and older: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) (trial of 2 of 3)
QSYMIA 11.25-69 mg TABLET	Excluded benefit	
QSYMIA 15-92 mg TABLET	Excluded benefit	
QSYMIA 3.75-23 mg TABLET	Excluded benefit	
QSYMIA 7.5-46 mg TABLET	Excluded benefit	
QSYMIA CAPSULE 11.25-69 mg	Excluded benefit	
QSYMIA CAPSULE 15-92 mg	Excluded benefit	
QSYMIA CAPSULE 3.75-23 mg	Excluded benefit	
QSYMIA CAPSULE 7.5-46 mg	Excluded benefit	
QUARTETTE TABLET	Non-Formulary	Formulary agents: any formulary birth control
QUAZEPAM (DORAL) 15 mg TABLET	Non-Formulary	Formulary agents: zolpidem or zaleplon
QUFLORA 0.25MG DROPS	Non-Formulary	Formulary Agents: Multi-Vit/Flur 0.25MG/ML Drops, Poly-Vit/Flur 0.25MG/ML Drops
QUFLORA 0.5MG DROPS	Non-Formulary	Formulary Agents: Multi-Vit/Flur 0.25MG/ML Drops, Poly-Vit/Flur 0.25MG/ML Drops
QUILLIVANT XR 25 mg/5 mL SUSPENSION	Non-Formulary	Required diagnoses: ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome Trials per Ages below Age under 6 - off label (need clinicals to support use) and Trial (90 days total) of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR) OR Clinical reason supported by chart notes why (after a 90 day trial of) the below cannot be used Methylphenidate ER tablet (Concerta), Methylphenidate CD capsule (Metadate CD), Methylphenidate SR capsule (Ritalin LA)
QUINIDINE SULF ER 300 mg TABLET	Non-Formulary	Formulary options: non-ER quinidine

Drug	Status	Special Instructions
QUININE (QUALAQUIN) 324 mg CAPSULE	Non-Formulary	Formulary agent: mefloquine with a diagnosis of malaria OR Formulary agents: ropinirole or pramipexole with a diagnosis of Restless Leg Syndrome
QUIXIN SOLUTION 0.5%	Non-Formulary	Formulary agent: LEVOFLOXACIN 0.5% EYE DROPS
QVAR 40MCG HFA	Non-Formulary	Formulary Agents: Aerospan 80mcg Inhaler or Asmanex 110mcg or 220mcg Twisthaler *Members 8 y/o and younger will not require a PA*
QVAR 80MCG HFA	Non-Formulary	Formulary Agents: Aerospan 80mcg Inhaler or Asmanex 110mcg or 220mcg Twisthaler *Members 8 y/o and younger will not require a PA*
RAGWITEK	Clinical	Required diagnosis=ragweed pollen-induced allergic rhinitis
RAPAFLO 4 mg CAPSULE	Non-Formulary	Formulary agents: tamsulosin, doxazosin, terazosin, or prazosin
RAPAFLO 8 mg CAPSULE	Non-Formulary	Formulary agents: tamsulosin, doxazosin, terazosin, or prazosin
RAPIVAB 200MG/ML INJECTION	Non-Formulary	Required diagnosis: Treatment of acute, uncomplicated influenza in adults who have been symptomatic 2 days or less
RASUVO 7.5MG/0.15ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 10MG/0.2ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 12.5MG/0.25ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 15MG/0.3ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 17.5MG/0.35ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 20MG/0.4ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 22.5MG/0.45ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 25MG/0.5ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 27.5MG/0.55ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RASUVO 30MG/0.6ML AUTO INJECTOR	Non-Formulary	Requires a diagnosis of: RA, pJIA or psoriasis and a trial of: methotrexate injection
RAVICTI 1.1 GM/ML	Clinical	Required diagnosis = urea cycle disorders (UCDs) Requires trial of BUPHENYL 500 mg tablet OR powder
RAYOS 1 mg TABLET	Non-Formulary	Must provide Clinical reason supported by chart notes why the below cannot be used: prednisone tablets
RAYOS 2 mg TABLET	Non-Formulary	Must provide Clinical reason supported by chart notes why the below cannot be used: prednisone tablets
RAYOS 5 mg TABLET	Non-Formulary	Must provide Clinical reason supported by chart notes why the below cannot be used: prednisone tablets
REBETOL 40 mg/ML SOLUTION	Clinical	Specialty
REBIF 22 mcg/0.5 mL SYRINGE	Non-Formulary	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
REBIF 44 mcg/0.5 mL SYRINGE	Non-Formulary	Specialty; follow policy on CareSource.com.
REBIF Rebidose TITRATION PACK	Non-Formulary	Specialty; follow policy on CareSource.com.
REBIF TITRATION PACK	Non-Formulary	Specialty; follow policy on CareSource.com.
RECOMBINATE 1,241-1,800 UNIT	Specialty	Specialty; follow policy on CareSource.com.
RECOMBINATE 1,801-2,400 UNIT	Specialty	Specialty; follow policy on CareSource.com.
RECOMBINATE 220-400 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
RECOMBINATE 401-800 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
RECOMBINATE 801-1,240 UNIT	Specialty	Specialty; follow policy on CareSource.com.
RECOMBIVAX HB (HEPATITIS B VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
RECTIV 0.4% RECTAL OINTMENT	Non-Formulary	Required diagnosis= anal fissures
REGENECARE 2% WOUND GEL	Non-Formulary	Formulary agent: lidocaine
REGIMEX 25 mg TABLET	Excluded benefit	
REGRANEX 0.01% GEL	Clinical	Required diagnosis = Diabetic neuropathic ulcers
RELEEVIA MC 0.0375-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
RELEEVIA ML 4-1% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
RELISTOR 12 mg/0.6 mL INJECTION	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose) has not been sufficient
RELISTOR 12 mg/0.6 mL INJECTION KIT	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose) has not been sufficient
RELISTOR 8 mg/0.4 mL INJECTION	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose) has not been sufficient
RELPAX 20 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan-trial of 2 of 3
RELPAX 40 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan-trial of 2 of 3
RELYYT 0.025-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
REMICADE 100MG VIAL	Clinical	Specialty; follow policy on CareSource.com
REMODULIN 10 mg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
REMODULIN 1 mg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
REMODULIN 2.5 mg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
REMODULIN 5 mg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
RENACIDIN IRRIGATION SOLUTION	Non-Formulary	Required diagnosis = the need for dissolution of renal calculi
RENAGEL 400 mg TABLET	Non-Formulary	Formulary agent: calcium acetate (PhosLo)
RENAGEL 800 mg TABLET	Non-Formulary	Formulary agent: calcium acetate (PhosLo)
RENAX CAPELET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
Renova 0.02% Cream	Excluded benefit	
Renova 0.02% Cream Pump	Excluded benefit	
RENOVO 0.0375-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
RENVELA 0.8G POWDER PACKET	Step Therapy	Requires trial of: calcium acetate (PhosLo)
RENVELA 2.4G POWDER PACKET	Step Therapy	Requires trial of: calcium acetate (PhosLo)
RENVELA 800 mg TABLET	Non-Formulary	Requires trial of: calcium acetate (PhosLo)

Drug	Status	Special Instructions
REPATHA 140MG/ML SURECLICK	Specialty	Request Must Go Through Clinical Review
REPATHA 140MG/ML SURECLICK	Specialty	Request Must Go Through Clinical Review
REPLESTA 14,000UNIT WAFER	Non-Formulary	Formulary agent: OTC Vitamin D3 10,000 unit product
REPLESTA 50,000UNIT WAFER	Non-Formulary	Formulary agent: VITAMIN D2, ERGOCALCIFEROL (DRISDOL) 1.25 mg (50,000 UNIT) CAPSULE or OTC Vitamin D3 50,000 unit product
REPLESTA NX 14,000UNIT WAFER	Non-Formulary	Formulary agent: OTC Vitamin D3 10,000 unit product
REPRONEX INJECTION 75UNIT	Clinical	Specialty
RESCULA 0.15% ophthalmic SOLUTION	Non-Formulary	Formulary agents: Latanoprost (XALATAN) 0.005% EYE DROPS AND TIMOLOL (TIMOPTIC) or TIMOLOL (TIMOPTIC-XE)
RESPAIRE-30 CAPSULE	Non-Formulary	Formulary agents: OTC pseudoephedrine/guaifenesin combos
RESTASIS 0.05% EYE EMULSION	Non-Formulary	Formulary agents: OTC artificial tears
RETISERT 0.59MG IMPANT	Clinical	Required diagnosis = Chronic non-infectious uveitis affecting the posterior segment of the eye
REVATIO 10MG/ML SUSPENSION	Clinical	Specialty; follow policy on CareSource.com.
REVATIO 10 mg/12.5 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
REVLIMID 20 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REVLIMID 10 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REVLIMID 15 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REVLIMID 2.5 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REVLIMID 25 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REVLIMID 5 mg CAPSULE	Clinical	Required diagnosis = Multiple Myeloma
REXULTI 0.25MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
REXULTI 0.5MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)

Drug	Status	Special Instructions
REXULTI 1MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
REXULTI 2MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
REXULTI 3MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
REXULTI 4MG TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
REYATAZ 50MG POWDER PACKET	Non-Formulary	Formulary Agent(s): Reyataz capsule
REZIRA SOLUTION	Non-Formulary	Formulary agent: CHERATUSSIN DAC SYRUP
RHEUMATREX 2.5 mg TABLET	Non-Formulary	Formulary agent: METHOTREXATE 2.5 mg TABLET
RHINARIS NASAL GEL 0.2%	Non-Formulary	Formulary agent: SALINE NASAL GEL
BUDESONIDE (RHINOCORT) AQUA NASAL SPRAY	Non-Formulary	Formulary agents: Age 2-3: 30 day trial of triamcinolone (Nasacort AQ) Age 4-5: 30 day trial of fluticasone (Flonase) or triamcinolone (Nasacort AQ) Age 6 and older: 30 day trial of 2 of the following 3 drugs: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ)
RIASTAP SOLUTION 1 gM (900-1300 mg)	Clinical	Specialty
RIBAPAK 200-400 mg DOSEPACK	Clinical	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
RIBAPAK 400-400 mg DOSEPACK	Clinical	Request Must Go Through Clinical Review
RIBAPAK 400-600 mg DOSEPACK	Clinical	Request Must Go Through Clinical Review
RIBAPAK 600-600 mg DOSEPACK	Clinical	Request Must Go Through Clinical Review
RIBASPHERE 400 mg TABLET	Clinical	Request Must Go Through Clinical Review
RIBASPHERE 600 mg TABLET	Clinical	Request Must Go Through Clinical Review
RIBAVIRIN 200 mg CAPSULE	Clinical	Request Must Go Through Clinical Review
RIBAVIRIN 200 mg TABLET	Clinical	Request Must Go Through Clinical Review
RIFAMATE CAPSULE 300-150 mg	Non-Formulary	Formulary agents: separately rifampin and isoniazid
RIFATER TABLET 120-50-300	Non-Formulary	Formulary agents: separately rifampin and isoniazid and pyrazinamide
RILUZOLE (RILUTEK) 50 mg TABLET	Clinical	Required diagnosis = Amyotrophic lateral sclerosis
RIOMET 500 mg/5 mL LIQUID	Clinical	Required diagnosis=diabetes with a clinical reason why metformin ER tablet cannot be used
RISAMINE (CALMOSEPTINE) 0.44-20.625% OINTMENT	Non-Formulary	Formulary agent: ZINC OXIDE OINT 20%
RISEDRONATE SODIUM (ATELVIA) DR 35 mg TABLET	Non-Formulary	Formulary agent: alendronate
RITALIN LA 10MG CAPSULE	Non-Formulary	Formulary Agent(s): Methylphenidate Capsule SR 24HR (Ritalin LA) 20MG, 30MG, Or 40MG Capsule
RITALIN LA 60MG CAPSULE	Non-Formulary	Formulary Agent(s): Methylphenidate Capsule SR 24HR (Ritalin LA) 20MG, 30MG, Or 40MG Capsule
RITUXAN 10 mg/ML	Clinical	Specialty; follow policy on CareSource.com.
RIXUBUS	Specialty	Required diagnosis=hemophilia B or Factor IX deficiency prescribed by hematologist
ROBAFEN 15MG COUGH CAPSULE	Non-Formulary	Formulary agent: Adult Robitussin Cough Syrup
ROBITUSSIN COUGH-COLD-FLU 6.25-2.5-160 mg/5 mL	Non-Formulary	Formulary agent: ADT ROBITUSSIN COUGH-COLD D LIQUID
ROPINIROLE XL (REQUIP XL) 12 mg TABLET	Non-Formulary	Formulary agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 2 mg TABLET	Non-Formulary	Formulary agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 4 mg TABLET	Non-Formulary	Formulary agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 6 mg TABLET	Non-Formulary	Formulary agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 8 mg TABLET	Non-Formulary	Formulary agent: immediate release ropinirole
ROSADAN 0.75% KIT	Non-Formulary	Formulary agents: metronidazole 0.75% topical lotion, cream, or gel
ROSANIL CLEANSER KIT 10-5%	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
ROSULA 10-4.5% WASH	Non-Formulary	*Formulary Agent(s): Avar-E LS 10-2% Cream, Sulfacetamide Sodium W/ Sulfur Suspension 10-5%, Sulfacetamide Sodium W/ Sulfur Lotion 10-5%, Or Sulfacetamide Sodium W/ Sulfur Emulsion, Avar Cleanser, Rosanil, Or Prascion 10-5%
ROTARIX SUSPENSION (ROTAVIRUS VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.

Drug	Status	Special Instructions
ROTATEQ SOLUTION (ROTAVIRUS VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
ROVIN-A DHA 35 mg iron-1 mg-50 mg-300 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
ROVIN-NV DHA CAPSULE	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ROXICET 5-500 CAPELET	Non-Formulary	Formulary agent: oxycodone/acetaminophen tablet
ROZEREM 8 mg TABLET	Non-Formulary	Formulary agents: zolpidem or zaleplon
RYBIX ODT 50 mg TABLET	Non-Formulary	Formulary agent: tramadol IR 50 mg
RYNATAN PEDIATRIC CHEWABLE 5 mg-4.5 mg	Non-Formulary	No longer available on the market
RYNATAN PEDIATRIC ORAL SUSPENSION 5-4.5 mg/5 mL	Non-Formulary	No longer available on the market
RYTARY 23.75-95MG CAPSULE	Non-Formulary	Required 90 day trial of: carbidopa/levodopa ER (Sinemet CR)
RYTARY 36.25-145MG CAPSULE	Non-Formulary	Required 90 day trial of: carbidopa/levodopa ER (Sinemet CR)
RYTARY 48.75-195MG CAPSULE	Non-Formulary	Required 90 day trial of: carbidopa/levodopa ER (Sinemet CR)
RYTARY 61.25-245MG CAPSULE	Non-Formulary	Required 90 day trial of: carbidopa/levodopa ER (Sinemet CR)
SABRIL 500 mg POWDER PACKET	Non-Formulary	Specialty; follow policy on CareSource.com.
SABRIL 500 mg TABLET	Non-Formulary	Specialty; follow policy on CareSource.com.
SAFYRAL TABLET	Non-Formulary	Formulary agents: a formulary birth control option (most similar agents= Ocella, Zarah and folate separately)
SAIZEN 5 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
SAIZEN 8.8 mg CLICK	Clinical	Specialty; follow policy on CareSource.com.
SAIZEN 8.8 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
SALICYLIC ACID (SALVAX) 6% FOAM	Non-Formulary	Formulary agents: OTC SALICYLIC ACID 6% CREAM, GEL, OR LOTION
SALICYLIC ACID 6% CREAM KIT	Non-Formulary	Formulary agent: OTC SALICYLIC ACID 6% CREAM
SALICYLIC ACID 6% LOTION KIT	Non-Formulary	Formulary agent: OTC SALICYLIC ACID 6% LOTION
SALICYLIC ACID WART REMOVER (VIRASAL) 26% LIQUID FILM	Non-Formulary	Formulary Agent(s): Salicylic Acid 17% Gel Or Liquid
SALKERA 6% FOAM	Non-Formulary	Formulary agents: OTC SALICYLIC ACID 6% CREAM, GEL, OR LOTION
SAMSCA 15 mg TABLET	Clinical	Required diagnosis = Hypervolemic and euvolemic hyponatremia
SAMSCA 30 mg TABLET	Clinical	Required diagnosis = Hypervolemic and euvolemic hyponatremia
SANCUSO 3.1 mg/24 HR PATCH	Non-Formulary	Formulary agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
SAPHRIS 2.5MG SUBLINGUAL TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)

Drug	Status	Special Instructions
SAPHRIS 10 mg TABLET SUBLINGUAL	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
SAPHRIS 5 mg TABLET SUBLINGUAL	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify)
SARAFEM 10 mg TABLET	Non-Formulary	Formulary agent: FLUOXETINE 10 MG TABLET OR CAPSULES
SARAFEM 20 mg TABLET	Non-Formulary	Formulary agent: FLUOXETINE 10 MG TABLET OR CAPSULES
SAVAYSA 15MG TABLET	Non-Formulary	Lower cost agents: Eliquis tablet, fondaparinux (Arixtra) syringe, or Xarelto tablet
SAVAYSA 30MG TABLET	Non-Formulary	Lower cost agents: Eliquis tablet, fondaparinux (Arixtra) syringe, or Xarelto tablet
SAVAYSA 60MG TABLET	Non-Formulary	Lower cost agents: Eliquis tablet, fondaparinux (Arixtra) syringe, or Xarelto tablet
SAVELLA 100 mg TABLET	Non-Formulary	For diagnosis of fibromyalgia, must first try amitriptyline, venlafaxine ER, or gabapentin (must try two)
SAVELLA 12.5 mg TABLET	Non-Formulary	For diagnosis of fibromyalgia, 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule
SAVELLA 25 mg TABLET	Non-Formulary	For diagnosis of fibromyalgia, 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule
SAVELLA 50 mg TABLET	Non-Formulary	For diagnosis of fibromyalgia, 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule
SAVELLA TITRATION PACK	Non-Formulary	Must provide clinical reason supported by chart notes why below cannot be used: Savella tablet (which require a prior authorization for the use of Formulary amitriptyline, venlafaxine ER, or gabapentin)
SAXENDA	Excluded benefit	Excluded benefit
SCALACORT (ALA SCALP) 2% LOTION	Non-Formulary	Formulary agent: HYDROCORTISONE 2.5% LOTION
SCULPTRA 367.5MG INJECTION	Non-Formulary	Required diagnosis: Restoration and/or correction of the signs of facial fat loss (lipoatrophy) in HIV patients
SCOPACE 0.4 mg TABLET	Non-Formulary	This medication has been discontinued-No longer available
SEA OMEGA + D SOFTGEL	Non-Formulary	Formulary agent: OTC Fish Oil
SEA-OMEGA 30 CAPSULE	Non-Formulary	Formulary agent: OTC Fish Oil
SEA-OMEGA 50 CAPSULE	Non-Formulary	Formulary agent: OTC Fish Oil
SEASONALE 0.15-0.03 mg TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic Quasense, Jolessa
SEASONIQUE 0.15-0.03-0.01 TABLET DAW	Non-Formulary	Formulary agents: 2 different manufacturers of generic Camrese, Amethia
SE-CARE CHEWABLE TABLET 40-1 mg	Non-Formulary	Formulary agent: any formulary prenatal vitamin: (Most Similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)

Drug	Status	Special Instructions
SE-CARE CONCEIVE TABLET 30 mg-1 mg	Non-Formulary	Formulary agent: any formulary prenatal vitamin: (Most Similar: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET)
SECONAL SODIUM 100 mg CAPSULE	Non-Formulary	Formulary agent: phenobarbital
SELECT-OB+ PAK DHA 29-1-250 mg CHEWABLE CAPLET	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
SELENIUM SULFIDE 2.25% SHAMPOO FOAM	Non-Formulary	Formulary agent: SELENIUM SULFIDE (SELSUN) 2.5% LOTION/SHAMPOO
SELRX 2.3% SHAMPOO	Non-Formulary	Formulary agent: SELENIUM SULFIDE (SELSUN) 2.5% SHAMPOO
SENSIPAR 30 mg TABLET	Clinical	Required diagnosis = Hypercalcemia in parathyroid carcinoma or Primary/Secondary (due to renal disease, kidney disease) Hyperparathyroidism
SENSIPAR 60 mg TABLET	Clinical	Required diagnosis = Hypercalcemia in parathyroid carcinoma or Primary/Secondary (due to renal disease, kidney disease) Hyperparathyroidism
SENSIPAR 90 mg TABLET	Clinical	Required diagnosis = Hypercalcemia in parathyroid carcinoma or Primary/Secondary (due to renal disease, kidney disease) Hyperparathyroidism
SEROQUEL XR 150 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
SEROQUEL XR 200 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
SEROQUEL XR 300 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)

Drug	Status	Special Instructions
SEROQUEL XR 400 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
SEROQUEL XR 50 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of aripiprazole (Abilify) For depression, in addition to above must currently be on (60 days of claims): escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion (or recently approved for Pristiq, venlafaxine ER tablets, Viibryd, desvenlafaxine ER, fluvoxamine ER (Luvox), or Khedezla)
SEROSTIM 4 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
SEROSTIM 5 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
SEROSTIM 6 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
SE-TAN DHA CAPSULE	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
SE-TAN PLUS CAPSULE	Non-Formulary	Formulary agent: any formulary prenatal vitamin
SETONET PRENATAL VITAMIN	Non-Formulary	Formulary agent: any formulary prenatal vitamin
SETONET-EC PRENATAL VITAMIN	Non-Formulary	Formulary agent: any formulary prenatal vitamin
SIGNIFOR INJECTION 0.3 mg/ML	Clinical	Required diagnosis = treatment of patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option OR Treatment of adult patients with Cushing disease for whom pituitary surgery is not an option or has not been curative
SIGNIFOR INJECTION 0.6 mg/ML	Clinical	Required diagnosis = treatment of patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option OR Treatment of adult patients with Cushing disease for whom pituitary surgery is not an option or has not been curative
SIGNIFOR INJECTION 0.9 mg/ML	Clinical	Required diagnosis = treatment of patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option OR Treatment of adult patients with Cushing disease for whom pituitary surgery is not an option or has not been curative
SILDENAFIL (REVATIO) 20 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
SILENOR 3 mg TABLET	Non-Formulary	Formulary agents: 7 day trial of zolpidem or zaleplon

Drug	Status	Special Instructions
SILENOR 6 mg TABLET	Non-Formulary	Formulary agents: 7 day trial of zolpidem or zaleplon
SIMBRINZA SUSPENSION 1-0.2% DROPS	Non-Formulary	Formulary agent: 30 day trial of BRIMONIDINE 0.2% EYE DROP WITH DORZOLAMIDE (TRUSOPT) 2% EYE DROPS
SIMCOR 1,000-20 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together
SIMCOR 1,000-40 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together
SIMCOR 500-20 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together
SIMCOR 500-40 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together
SIMCOR 750-20 mg TABLET	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together
SIMPONI 100 mg/ML	Non-Formulary	Specialty; follow policy on CareSource.com
SIMPONI 50 mg/0.5 mL	Non-Formulary	Specialty; follow policy on CareSource.com
SIMPONI ARIA 50 mg/4 mL	Non-Formulary	Specialty; follow policy on CareSource.com
SINELEE 0.0375-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
SINELEE 0.05-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
SINUS RELIEF CONGESTION & PAIN 5 mg-325 mg (day)/5 mg-325 mg-2 mg (night)	Non-Formulary	Formulary agent: CHLORPHEN-PHENYLEPHRINE W/ APAP TAB 2-5-325 mg
SIRTURO 100 mg TABLET	Clinical	Required diagnosis = as part of combination therapy in adults (≥18 years) with pulmonary multi-drug resistant tuberculosis
SITAVIG 50MG BUCCAL TABLET	Non-Formulary	Required one time trial of: ACYCLOVIR (ZOVIRAX) 200MG CAPSULE, ACYCLOVIR (ZOVIRAX) 400MG TABLET, OR ACYCLOVIR (ZOVIRAX) 800MG TABLET
SITZMARKS CAPSULE	Clinical	Required diagnosis = Need for use as a diagnostic aid for computed tomography or x-ray examinations of the GI tract
SIVEXTRO 200MG SOLUTION	Clinical	Formulary agents: Vancomyin IV or IV/Oral Zyvox
SIVEXTRO 200MG TABLET	Clinical	Formulary agents: Vancomyin IV or IV/Oral Zyvox
SKELID 200 mg TABLET	Non-Formulary	Formulary agent: alendronate

Drug	Status	Special Instructions
SKLICE	Non-Formulary	Required diagnosis = Head Lice with trials below: Age 2 months up to 2 years old: ACTICIN, PERMETHRIN (ELIMITE) Age 2 years - 3 years: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) Age 4 years to 5 years old: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) or spinosad (Natroba) Age 6 years and older: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT)
SODIUM CHLORIDE 10% VIAL	Non-Formulary	Formulary agent: SODIUM CHLORIDE 3% VIAL
SODIUM SULFACETAMIDE, SEB-PREV, RE 10 WASH, MEXAR (OVACE) 10% WASH	Non-Formulary	Must provide clinical reason supported by chart notes why the below cannot be used: SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SOLAICE 0.05-5% PATCH	Non-Formulary	*30 day trial of: lidocaine (Lidoderm) 5% patch
SOLESTA INJECTION 50-15 mL	Clinical	Specialty
SOLIRIS (ECULIZUMAB) IV SOLUTIONN 10 mg/ML (FOR INFUSION)	Clinical	Specialty
SOLODYN ER 105 mg TABLET	Non-Formulary	Must provide clinical reason why the below cannot be used: MINOCYCLINE ER (SOLODYN ER) tablet (which requires use of minocycline tablet)
SOLODYN ER 115 mg TABLET	Non-Formulary	Must provide clinical reason why the below cannot be used: MINOCYCLINE ER (SOLODYN ER) tablet (which requires use of minocycline tablet)
SOLODYN ER 55 mg TABLET	Non-Formulary	Must provide clinical reason why the below cannot be used: MINOCYCLINE ER (SOLODYN ER) tablet (which requires use of minocycline tablet)
SOLODYN ER 65 mg TABLET	Non-Formulary	Must provide clinical reason why the below cannot be used: MINOCYCLINE ER (SOLODYN ER) tablet (which requires use of minocycline tablet)
SOLODYN ER 80 mg TABLET	Non-Formulary	Must provide clinical reason why the below cannot be used: MINOCYCLINE ER (SOLODYN ER) tablet (which requires use of minocycline tablet)
SOMATULINE INJECTION 120/.5 mL	Clinical	Specialty
SOMATULINE INJECTION 60/0.2 mL	Clinical	Specialty
SOMATULINE INJECTION 90/0.3 mL	Clinical	Specialty
SOMAVERT 10MG VIAL	Clinical	Specialty
SOMAVERT 15MG VIAL	Clinical	Specialty
SOMAVERT 20MG VIAL	Clinical	Specialty

Drug	Status	Special Instructions
SOMAVERT 25MG VIAL	Clinical	Specialty
SOMAVERT 30MG VIAL	Clinical	Specialty
SOMNOTE 500 mg SOFTGEL	Non-Formulary	Discontinued - could make compound with CHLORAL HYDRATE CRYSTALS or use zolpidem or zaleplon
Sonafine Emulsion	Non-Formulary	Formulary Agent(s): Woun'Dres Wound Dressing
SORBITOL 3% UROLOGIC IRRIGATION	Clinical	Required diagnosis= urologic irrigation
SORBITOL 3.3% UROLOGIC SOLUTION	Clinical	Required diagnosis= urologic irrigation
SORILUX 0.005% FOAM	Non-Formulary	Formulary agent: calcipotriene (Dovonex)
SOTRET 10 mg	Non-Formulary	Formulary agents: Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [Or Previously approved for and currently using: Tazorac, Benzamycin, Acanya, Akne-Mycin, or Tretinoin Microsphere] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
SOTRET 20 mg	Non-Formulary	Formulary agents: Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [Or Previously approved for and currently using: Tazorac, Benzamycin, Acanya, Akne-Mycin, or Tretinoin Microsphere] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
SOTRET 30 mg	Non-Formulary	Formulary agents: Topicals: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin), sulfacetamide (Klaron), clindamycin topical (Cleocin T), erythromycin topical, tretinoin cream or gel or adapalene 0.1% gel or cream [Or Previously approved for and currently using: Tazorac, Benzamycin, Acanya, Akne-Mycin, or Tretinoin Microsphere] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
SALICYLIC ACID WART REMOVER (VIRASAL) 27.5% LIQUID FILM	Non-Formulary	Formulary Agent(s): Salicylic Acid 17% Gel Or Liquid
SOTYLIZE 5MG/ML SOLUTION	Non-Formulary	*30 Day Trial Of: Sotalol (Betapace) Tablet
SOVALDI 400 MG TABLET	Clinical	Request Must Go Through Clinical Review
SPECTRACEF 200 mg DOSE PACK	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
SPECTRACEF 400 mg DOSE PACK	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin
SPIRIVA 18MCG HANDIHALER	Non-Formulary	Required diagnosis= COPD Required 30 day trial of: Tudorza Pressair 400mcg/ACT

Drug	Status	Special Instructions
SPIRIVA RESPIMAT 2.5MCG INHALER	Non-Formulary	Required diagnosis= COPD Required 30 day trial of: Tudorza Pressair 400mcg/ACT
SPORANOX 10 mg/ML SOLUTION	Non-Formulary	Formulary agent: fluconazole oral solution
SPRIX 15.75 mg/SPRAY	Clinical	Required diagnosis=moderate to Severe Pain and clinical reason supported by chart notes why the below cannot be used: ketorolac tablet
SPRYCEL 100 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
SPRYCEL 140 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
SPRYCEL 20 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
SPRYCEL 50 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
SPRYCEL 70 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
SPRYCEL 80 mg TABLET	Clinical	Required diagnosis = ALL (Acute Lymphoblastic Leukemia) or Cml (Chronic Myeloid Leukemia)
STAVZOR DR 125 mg CAPSULE	Non-Formulary	Diagnosis = Mania (due to Bipolar disorder) Formulary agent: Valproic acid OR Diagnosis= Migraine Formulary agent: propranolol OR Diagnosis= Seizure or Epilespy Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
STAVZOR DR 250 mg CAPSULE	Non-Formulary	Diagnosis = Mania (due to Bipolar disorder) Formulary agent: Valproic acid OR Diagnosis= Migraine Formulary agent: propranolol OR Diagnosis= Seizure or Epilespy Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide

Drug	Status	Special Instructions
STAVZOR DR 500 mg CAPSULE	Non-Formulary	Diagnosis = Mania (due to Bipolar disorder) Formulary agent: Valproic acid OR Diagnosis= Migraine Formulary agent: propranolol OR Diagnosis= Seizure or Epilespy Formulary agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR) oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
STAXYN 10 mg DISPERSIBLE TABLET	Excluded benefit	
STELARA 45MG/0.5ML INJECTION	Clinical	Specialty; follow policy on CareSource.com
STELARA 90MG/ML INJECTION	Clinical	Specialty; follow policy on CareSource.com
STENDRA 100 MG TABLET	Excluded benefit	
STENDRA 200 MG TABLET	Excluded benefit	
STENDRA 50 MG TABLET	Excluded benefit	
STERILE WATER FOR IRRIGATION	Non-Formulary	Required diagnosis = Need for irrigation
STIOLOTO RESPIMAT 2.5-2.5MCG/ACT MIST INHALER	Non-Formulary	Required diagnosis= Asthma or COPD Formulary Agent(s)= Dulera or Symbicort
STIVARGA 40 mg TABLET	Clinical	Required diagnosis = Metastatic colorectal cancer who have been previously treated with FOLFIRI
STRATTERA 100 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse

Drug	Status	Special Instructions
STRATTERA 10 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
STRATTERA 18 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse

Drug	Status	Special Instructions
STRATTERA 25 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
STRATTERA 40 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse

Drug	Status	Special Instructions
STRATTERA 60 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
STRATTERA 80 mg CAPSULE	Step Therapy	Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below) Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexmethylphenidate (Focalin), dexmethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methlphenidate ER (Concerta), methlphenidate CR (Metadate CD), methlphenidate SR (Ritalin LA), methlphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
STRIANT 30 mg BUCCAL MUCOADHESIVE	Non-Formulary	Required diagnosis = hypogonadism with Total Testosterone lab value = ≤ 300 ng/dL before treatment Formulary agents: Fortesta or Axiron (both still require a PA also)
STRIVERDI RESPIMAT 2.5MCG/ACT	Non-Formulary	Requires a 30 day trial of: Foradil or Serevent
SUBOXONE 12 mg-3 mg SUBLINGUAL FILM	Clinical	Request must go through clinical review
SUBOXONE 2 mg-0.5 mg SUBLINGUAL FILM	Clinical	Request must go through clinical review
SUBOXONE 4 mg-1 mg SUBLINGUAL FILM	Clinical	Request must go through clinical review

Drug	Status	Special Instructions
SUBOXONE 8 mg-2 mg SUBLINGUAL FILM	Clinical	Request must go through clinical review
SUBSYS SPRAY 1600 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 400 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 100 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 1200 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 200 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 600 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUBSYS SPRAY 800 mcg	Clinical	Required diagnosis = breakthrough pain in adults with cancer who are receiving and are tolerant to opioid therapy
SUCLEAR KIT	Non-Formulary	Formulary agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, or PEG-3350/KCL
SUCRAID 8,500 UNITS/ML SOLUTION	Clinical	Required diagnosis= Sucrase deficiency
SODIUM SULFACETAMIDE (OVACE PLUS) 10% LIQUID WASH	Non-Formulary	Required trial of: sulfacetamide sodium (Klarion) 10% lotion
SODIUM SULFACETAMIDE (OVACE PLUS) 10% SHAMPOO	Non-Formulary	Required trial of: sulfacetamide sodium (Klarion) 10% lotion
SODIUM SULFACETAMIDE (OVACE PLUS WASH) 10% LIQUID WASH	Non-Formulary	Required trial of: sulfacetamide sodium (Klarion) 10% lotion
SULFACETAMIDE SODIUM W/ SULFUR (AVAR LS) 10-2% CLEANSER	Non-Formulary	Formulary agent: SULFACETAMIDE SODIUM W/ SULFUR (AVAR-E LS) 10-2% CREAM
SULFACETAMIDE SODIUM W/ SULFUR (CLARIFOAM EF) 10-5% EMOLLIENT FOAM	Non-Formulary	Formulary agents: SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SULFACETAMIDE SODIUM W/ SULFUR (SUMADAN) 9% - 4.5%	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SULFACETAMIDE SODIUM W/ SULFUR (SUMAXIN) CLEANSING PADS 10-4%	Step Therapy	Must first try: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SULFACETAMIDE SODIUM W/ SULFUR WASH PLUS SKIN CLEANSER (SUMADAN KIT) 9% - 4.5%	Non-Formulary	Formulary agents: SULFACETAMIDE SODIUM W/ SULFUR (SUMADAN) 9% - 4.5% (which requires a prior authorization) WITH a formulary skin cleanser used separately at the same time
SULFACETAMIDE SODIUM W/ SULFUR, SULFACLEANS (SUMAXIN TS) 8-4% TOPICAL SUSPENSION	Step Therapy	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%

Drug	Status	Special Instructions
SULFACETAMIDE SODIUM W/ SULFUR, ZENCIA (SUMAXIN) WASH 9-4%	Step Therapy	Must first try: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SULFAMYLON 8.5% CREAM	Non-Formulary	Formulary agent: silver sulfadiazine
SULFAMYLON POWDER PACKET	Non-Formulary	Formulary agent: silver sulfadiazine
SUMAVEL DOSEPRO 6 mg/0.5 mL	Non-Formulary	Formulary agent: sumatriptan injection, tablet AND nasal spray
SUMAXIN CP KIT 10-4%	Non-Formulary	Formulary agents: AVAR-E LS 10-2% CREAM, SULFACETAMIDE SODIUM W/ SULFUR SUSPENSION 10-5%, SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%, OR SULFACETAMIDE SODIUM W/ SULFUR EMULSION, AVAR CLEANSER , ROSANIL, PRASCION 10-5%
SODIUM SULFACETAMIDE WITH SULFUR (PLEXION) 9.8-4.8% CLEANSER	Non-Formulary	Formulary Agent(s): Avar-E LS 10-2% cream, Sulfacetamide Sodium w/ Sulfur Suspension 10-5%, Sulfacetamide Sodium w/ Sulfur lotion 10-5%, Or Sulfacetamide Sodium w/ Sulfur emulsion, Avar cleanser, Rosanil, Prascion 10-5%
SODIUM SULFACETAMIDE WITH SULFUR (PLEXION) 9.8-4.8% CREAM	Non-Formulary	Formulary Agent(s): Avar-E LS 10-2% cream, Sulfacetamide Sodium w/ Sulfur Suspension 10-5%, Sulfacetamide Sodium w/ Sulfur lotion 10-5%, Or Sulfacetamide Sodium w/ Sulfur emulsion, Avar cleanser, Rosanil, Prascion 10-5%
SODIUM SULFACETAMIDE WITH SULFUR (PLEXION) 9.8-4.8% LOTION	Non-Formulary	Formulary Agent(s): Avar-E LS 10-2% cream, Sulfacetamide Sodium w/ Sulfur Suspension 10-5%, Sulfacetamide Sodium w/ Sulfur lotion 10-5%, Or Sulfacetamide Sodium w/ Sulfur emulsion, Avar cleanser, Rosanil, Prascion 10-5%
SUNSCREEN	Non-Covered	
SUPARTZ	Clinical	Specialty; follow policy on CareSource.com.
SUPPRELIN LA	Clinical	Required diagnosis = Central precocious puberty
SUPRAX 100 mg CHEWABLE TABLET	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 500 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 100 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 200 mg CHEWABLE TABLET	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 200 mg/5 mL SUSPENSION	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 400 mg TABLET	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 400 mg CAPSULE	Non-Formulary	Formulary agents: cephalexin, cefuroxime or other formulary cephalosporin.
SUPRENZA 15 mg ODT	Excluded benefit	
SUPRENZA 30 mg ODT	Excluded benefit	
SUPREP BOWEL PREP KIT	Non-Formulary	Formulary agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, COLYTE/FLAVR SOLUTION, or PEG-3350/KCL

Drug	Status	Special Instructions
SUTENT 12.5 mg CAPSULE	Clinical	Required diagnosis = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
SUTENT 25 mg CAPSULE	Clinical	Required diagnosis = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
SUTENT 37.5MG CAPSULE	Clinical	Required diagnosis = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
SUTENT 50 mg CAPSULE	Clinical	Required diagnosis = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
SYLATRON 296MCG KIT	Clinical	Required Dx= Melanoma
SYLATRON 444MCG KIT	Clinical	Required Dx= Melanoma
SYLATRON 888MCG KIT	Clinical	Required Dx= Melanoma
SYMAX DUOTABLET (HYOMAX-DT) 0.375 mg TABLET	Non-Formulary	Formulary agent: hyoscyamine SR 0.375 mg
SYMLIN 0.6 mg/ML VIAL	Step Therapy	Must first try a 60 day trial of Humalog, Novolog or Apidra
SYMLINPEN 120 PEN INJECTOR	Step Therapy	Must first try a 60 day trial of Humalog, Novolog or Apidra
SYMLINPEN 60 PEN INJECTOR	Step Therapy	Must first try a 60 day trial of Humalog, Novolog or Apidra
SYNAGIS 100 mg/1 mL VIAL 2013-2014	Clinical	Specialty; follow policy on CareSource.com.
SYNAGIS 50 mg/0.5 mL VIAL 2013-2014	Clinical	Specialty; follow policy on CareSource.com.
SYNAREL 2 mg/ML NASAL SPRAY	Clinical	Required diagnosis = Endometriosis
Synera Patches	Clinical	Required diagnosis = Local dermal analgesia on intact skin before superficial venous access and superficial dermatologic procedures
SYNERCID 500 mg INJECTION	Non-Formulary	Formulary agent: Vancomyin IV in-patient or outpatient for diagnosis of Skin and Skin structure infections
SYNJARDY 5-500MG TABLET	Non-Formulary	Formulary Agent(s): Metformin IR Or ER And Invokana
SYNJARDY 5-1,000MG TABLET	Non-Formulary	Formulary Agent(s): Metformin IR Or ER And Invokana
SYNJARDY 12.5-500MG TABLET	Non-Formulary	Formulary Agent(s): Metformin IR Or ER And Invokana
SYNJARDY 12.5-1,000MG TABLET	Non-Formulary	Formulary Agent(s): Metformin IR Or ER And Invokana
SYNRIBO 3.5 mg INJECTION	Clinical	Required diagnosis = Philadelphia chromosome–positive acute lymphoblastic leukemia (Ph+ALL) OR chronic phase, accelerated phase, or blast phase chronic myeloid leukemia (CML) with T3151 mutation
SYNVISC	Non-Formulary	Specialty; follow policy on CareSource.com. Formulary agents: Supartz & Gel-One
SYNVISC-ONE	Non-Formulary	Specialty; follow policy on CareSource.com. Formulary agents: Supartz & Gel-One
SYPRINE 250 mg CAPSULE	Non-Formulary	Formulary agent: cupirimine with a diagnosis of Wilson's disease
TABLOID 40 mg TABLET	Clinical	Required diagnosis = Acute nonlymphocytic leukemias

Drug	Status	Special Instructions
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE (TACLONEX) 0.005%/0.064% OINTMENT	Non-Formulary	Formulary agent: calcipotriene (Dovonex)
TACLONEX SCALP 0.005%/0.064% SUSPENSION	Non-Formulary	Formulary agent: CALCIPOTRIENE (DOVONEX) 0.005% SOLUTION
TAFINLAR 50 mg CAPSULE	Clinical	Required diagnosis = BRAFV600E-mutated melanomas that are either nonresectable stage III or stage IV (monotherapy)
TAFINLAR 75 mg CAPSULE	Clinical	Required diagnosis = BRAFV600E-mutated melanomas that are either nonresectable stage III or stage IV (monotherapy)
TANDEM OB CAPSULE 106 mg-1 mg	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
TANZEUM 30MG/0.5ML PEN	Non-Formulary	Requires a 60 day trial of: Byetta, Bydureon or Victoza (which require a 30 day trial of Metformin or Metformin ER)
TANZEUM 50MG/0.5ML PEN	Non-Formulary	Requires a 60 day trial of: Byetta, Bydureon or Victoza (which require a 30 day trial of Metformin or Metformin ER)
TARCEVA 100 mg TABLET	Clinical	Required diagnosis = Pancreatic Cancer
TARCEVA 150 mg TABLET	Clinical	Required diagnosis = Non-Small Cell Lung Cancer
TARCEVA 25 mg TABLET	Clinical	Required diagnosis = Non-Small Cell Lung Cancer OR Pancreatic Cancer
TARGRETIN 1% GEL	Clinical	Required diagnosis = Cutaneous T-cell lymphoma
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 1-240 mg	Non-Formulary	Formulary agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 2-180 mg	Non-Formulary	Formulary agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 2-240 mg	Non-Formulary	Formulary agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 4-240 mg	Non-Formulary	Formulary agent: trandolapril and verapamil separately
TARON EC CALCIUM DHA COMBO 28-1 mg/250 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
TARON-DUO EC COMB PACK	Non-Formulary	Formulary agents: any formulary prenatal vitamin
TARON-EC CAL TABLET 28-1 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin
TARON-PREX PRENATAL DHA CAPSULE 30-1.2-265 mg	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
TASIGNA 150 mg CAPSULE	Clinical	Required diagnosis = Chronic myelogenous leukemia
TASIGNA 200 mg CAPSULE	Clinical	Required diagnosis = Chronic myelogenous leukemia
TAZORAC 0.05% CREAM	Non-Formulary	Formulary agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Formulary agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne

Drug	Status	Special Instructions
TAZORAC 0.05% GEL	Non-Formulary	Formulary agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Formulary agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TAZORAC 0.1% CREAM	Non-Formulary	Formulary agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Formulary agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TAZORAC 0.1% GEL	Non-Formulary	Formulary agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Formulary agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TECFIDERA 120 mg CAPSULE	Clinical	Follow MS Policy on CareSource.com
TECFIDERA 240 mg CAPSULE	Clinical	Follow MS Policy on CareSource.com
TECFIDERA STARTER KIT	Clinical	Follow MS Policy on CareSource.com
TECHNIVIE 12.5-75MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
TEKAMLO 150 mg-10 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
TEKAMLO 150 mg-5 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
TEKAMLO 300 mg-10 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
TEKAMLO 300 mg-5 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately, Amlodipine Besylate-Valsartan (Exforge) or Telmisartan-Amlodipine (Twynsta)
TEKTURNA 150 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
TEKTURNA 300 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
TEKTURNA HCT 150-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try 2 of 4
TEKTURNA HCT 150-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try 2 of 4
TEKTURNA HCT 300-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try 2 of 4
TEKTURNA HCT 300-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try 2 of 4

Drug	Status	Special Instructions
TEMAZEPAM (Restoril) 22.5 mg CAPSULE	Non-Formulary	Formulary agents: temazepam (15 mg and 30 mg)
TEMAZEPAM (Restoril) 7.5 mg CAPSULE	Non-Formulary	Formulary agents: temazepam (15 mg and 30 mg)
TEMOZOLOMIDE (TEMODAR) 100 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TEMOZOLOMIDE (TEMODAR) 140 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TEMOZOLOMIDE (TEMODAR) 180 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TEMOZOLOMIDE (TEMODAR) 20 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TEMOZOLOMIDE (TEMODAR) 250 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TEMOZOLOMIDE (TEMODAR) 5 mg CAPSULE	Clinical	Required diagnosis = Anaplastic astrocytoma; Glioblastoma multiforme
TERSI FOAM 2.25%	Non-Formulary	Formulary agent: SELENIUM SULFIDE (SELSUN) 2.5% LOTION/SHAMPOO
TESTIM 1% (50 MG/5 gM) GEL	Non-Formulary	Formulary agents: Axiron or Fortesta with a diagnosis of hypogonadism and Total Testosterone lab value = ≤ 300 ng/dL before treatment
TESTOPEL (Pellet Implant)	Clinical	Required diagnosis=hypogonadism and Total Testosterone lab value = ≤ 300 ng/dL before treatment and clinical reason why Axiron or Fortesta cannot be used
TESTOSTERONE TD (ANDROGEL) 1% (25 gM) GEL PACKET	Non-Formulary	Formulary Agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = ≤ 300 ng/dL before treatment
Tetrabenazine (Xenazine) 12.5mg Tablet	Clinical	Required diagnosis = Chorea associated with Huntington disease
Tetrabenazine (Xenazine) 25mg Tablet	Clinical	Required diagnosis = Chorea associated with Huntington disease
TEVETEN 400 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
TEVETEN 600 mg TABLET	Non-Formulary	Formulary agents: losartan (Cozaar) or irbesartan (Avapro)
TEVETEN HCT 600-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents
TEVETEN HCT 600-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents
TEV-TROPIN 5 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
TEXACORT 2.5% SOLUTION	Non-Formulary	Formulary agent: hydrocortisone topical
THALITONE 15 mg TABLET	Non-Formulary	Formulary agent: chlorthalidone
THALOMID 100 mg CAPSULE	Clinical	Required diagnosis = Multiple myeloma or Erythema nodosum leprosum
THALOMID 150 mg CAPSULE	Clinical	Required diagnosis = Multiple myeloma or Erythema nodosum leprosum

Drug	Status	Special Instructions
THALOMID 200 mg CAPSULE	Clinical	Required diagnosis = Multiple myeloma or Erythema nodosum leprosum
THALOMID 50 mg CAPSULE	Clinical	Required diagnosis = Multiple myeloma or Erythema nodosum leprosum
THEROBEC TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
THIOLA 100 mg TABLET	Non-Formulary	For prevention of cystine (kidney) stone formation in patients with severe homozygous cystinuria
THRIVITE 19 29-1-25MG TABLET	Non-Formulary	Formulary Agent(s): Any Formulary Prenatal Vitamin
THRIVITE RX 29-1MG TABLET	Non-Formulary	Formulary Agent(s): Any Formulary Prenatal Vitamin
TIMOPTIC 0.25% OCUDOSE DROP	Non-Formulary	Formulary agent: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC-XE) 0.25% GEL EYE SOLUTION
TIMOPTIC 0.5% OCUDOSE DROP	Non-Formulary	Formulary agent: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC-XE) 0.25% GEL EYE SOLUTION
TINIDAZOLE (TINDAMAX) 250MG TABLET	Non-Formulary	Required diagnosis= Amebiasis; Bacterial vaginosis; Giardiasis; Trichomoniasis AND Formulary Agent(s): metronidazole (Flagyl)
TINIDAZOLE (TINDAMAX) 500MG TABLET	Non-Formulary	Required diagnosis= Amebiasis; Bacterial vaginosis; Giardiasis; Trichomoniasis AND Formulary Agent(s): metronidazole (Flagyl)
TIROSINT 100 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 112 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 125 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 137 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 13 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 150 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 25 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 50 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 75 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 88 mcg CAPSULE	Non-Formulary	Formulary agents: levothyroxine, Armour thyroid, or liothyronine
TIZANIDINE (ZANAFLEX) 2 mg CAPSULE	Non-Formulary	Formulary agent: tizanidine tablet
TIZANIDINE (ZANAFLEX) 4 mg CAPSULE	Non-Formulary	Formulary agent: tizanidine tablet
TIZANIDINE (ZANAFLEX) 6 mg CAPSULE	Non-Formulary	Formulary agent: tizanidine tablet
TL-ASSURE + DHA 29 mg iron-1 mg-250 mg	Non-Formulary	Formulary agents: any formulary prenatal vitamin; most similar: Citranatal Harmony

Drug	Status	Special Instructions
TL-FOL, FOLITAB 500 TABLET	Non-Formulary	Formulary agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
Todi Podhaler	Non-Formulary	Formulary agent: TOBRAMYCIN (TOBI) 300 mg/5 mL SOLUTION
TOLCAPONE (TASMAR) 100 mg TABLET	Non-Formulary	Formulary Agent: entacapsuleone (Comtan) tablet
TOLMETIN SODIUM 200 mg TABLET	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
TOLMETIN SODIUM 400 mg CAPSULE	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
TOLMETIN SODIUM 600 mg TABLET	Non-Formulary	Required 30 day trial of one of the following: celecoxib, naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac, or piroxicam
TOPICAINE 4% GEL	Non-Formulary	Formulary agents: LIDOCAINE SOLUTION 4% or ANECREAM, LIDOCREAM, LC-4 LIDOCAINE (LMX 4) 4% CREAM
TOPICORT 0.25% SPRAY	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
TOPIRAMATE ER (QUDEXY XR) 25MG CAPSULE	Non-Formulary	Required diagnosis= Seizures AND Required 30 day trial of: topiramate IR tablets
TOPIRAMATE ER (QUDEXY XR) 50MG CAPSULE	Non-Formulary	Required diagnosis= Seizures AND Required 30 day trial of: topiramate IR tablets
TOPIRAMATE ER (QUDEXY XR) 100MG CAPSULE	Non-Formulary	Required diagnosis= Seizures AND Required 30 day trial of: topiramate IR tablets
TOPIRAMATE ER (QUDEXY XR) 150MG CAPSULE	Non-Formulary	Required diagnosis= Seizures AND Required 30 day trial of: topiramate IR tablets
TOPIRAMATE ER (QUDEXY XR) 200MG CAPSULE	Non-Formulary	Required diagnosis= Seizures AND Required 30 day trial of: topiramate IR tablets
TOUJEO SOLOSTAR 300IU/ML	Non-Formulary	Required 60 day trial of: Lantus
TOVIAZ ER 4 mg TABLET	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
TOVIAZ ER 8 mg TABLET	Non-Formulary	Formulary agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
TPN S9365	Billed as Medical	
TPN S9366	Billed as Medical	
TPN S9367	Billed as Medical	
TPN S9368	Billed as Medical	
TRACLEER 125 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
TRACLEER 62.5 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
TRADJENTA 5MG TABLET	Step Therapy	Formulary agent: metformin IR or metformin ER
TRAMADOL ER (ULTRAM ER) 100 mg TABLET	Non-Formulary	Formulary agent: non-ER tramadol (Ultram)
TRAMADOL ER (ULTRAM ER) 200 mg TABLET	Non-Formulary	Formulary agent: non-ER tramadol (Ultram)
TRAMADOL ER (ULTRAM ER) 300 mg TABLET	Non-Formulary	Formulary agent: non-ER tramadol (Ultram)
TRAMADOL SR (RYZOLT ER) 100 mg TABLET	Non-Formulary	Formulary agent: tramadol ER (Ultram ER)
TRAMADOL SR (RYZOLT ER) 200 mg TABLET	Non-Formulary	Formulary agent: tramadol ER (Ultram ER)
TRAMADOL SR (RYZOLT ER) 300 mg TABLET	Non-Formulary	Formulary agent: tramadol ER (Ultram ER)
TRANEXAMIC ACID (LYSTEDA) 650 mg TABLET	Step Therapy	Must first try medroxyprogesterone
TRAVATAN Z 0.004% EYE DROP	Non-Formulary	Formulary agent: Latanoprost 0.005% EYE DROPS
TRAVOPROST 0.004% EYE DROP	Non-Formulary	Formulary agent: Latanoprost 0.005% EYE DROPS
TRECATOR 250 mg TABLET	Clinical	Required diagnosis = Tuberculosis
TRELSTAR (TRIPTORELIN PAMOATE) FOR IM SUSPENION 11.25 mg	Clinical	Specialty
TRELSTAR (TRIPTORELIN PAMOATE) FOR IM SUSPENION 22.5 mg	Clinical	Specialty
TRELSTAR (TRIPTORELIN PAMOATE) FOR IM SUSPENION 3.75 mg	Clinical	Specialty
TRESIBA FLEXTOUCH 100 UNITS/ML PEN	Non-Formulary	Formulary Agent(s): Lantus
TRESIBA FLEXTOUCH 200 UNITS/ML PEN	Non-Formulary	Formulary Agent(s): Lantus
TRETINOIN EMOLLIENT (REFISSA) (FACIAL WRINKLES) CREAM 0.05%	Excluded benefit	
TRETINOIN MICROSPHERE (RETIN-A MICRO) 0.04% GEL	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETINOIN MICROSPHERE (RETIN-A MICRO) 0.1% GEL	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.01% GEL W/ CLEANSER & MOISTURIZER KIT	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.025% CREAM W/ CLEANSER & MOISTURIZER KIT	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.025% GEL W/ CLEANSER & MOISTURIZER KIT	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.0375% CREAM	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.05% CREAM W/ CLEANSER & MOISTURIZER KIT	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.1% CREAM W/ CLEANSER & MOISTURIZER KIT	Non-Formulary	Formulary agent: tretinoin (RETIN-A) gel or cream
TRETTEN 2000-3125 UNIT INJECTION	Specialty	Specialty
TREXIMET 85-500 mg TABLET	Non-Formulary	Formulary agent: naproxen and sumatriptan separately taken together
TRIAMCINOLONE ACETONIDE (KENALOG) 0.147MG/G AEROSOL SPRAY	Non-Formulary	Formulary Agents: topical triamcinolone ointment/cream/lotion
TRI-TABS DHA COMBO PACK	Non-Formulary	Formulary agents: any formulary prenatal vitamin

Drug	Status	Special Instructions
TRIANEX 0.05% OINTMENT	Non-Formulary	Formulary agents: TRIAMCINOLONE 0.5% OINTMENT or TRIAMCINOLONE 0.1% OINTMENT
TRIAZ 3% FOAMING CLOTHS	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 3% PAD	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 6% FOAMING CLOTHS	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 6% PAD	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 9% FOAMING CLOTHS	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 9% PAD	Non-Formulary	Formulary agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIBENZOR 20-5-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents with AMLODIPINE taken separately at the same time
TRIBENZOR 40-10-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents with AMLODIPINE taken separately at the same time
TRIBENZOR 40-10-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents with AMLODIPINE taken separately at the same time
TRIBENZOR 40-5-12.5 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents with AMLODIPINE taken separately at the same time
TRIBENZOR 40-5-25 mg TABLET	Non-Formulary	Formulary agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents with AMLODIPINE taken separately at the same time
TRICARE PRENATAL DHA ONE SF	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
TRICARE PRENATAL TABLET	Non-Formulary	Formulary agent: any formulary prenatal vitamin
TRICARE PRENATAL COMPLEAT	Non-Formulary	Formulary agent: any formulary prenatal vitamin
TRICITRATES ORAL SOLUTION	Non-Formulary	Formulary agent: citric acid solution
TRIGLIDE 160 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
TRIGLIDE 50 mg TABLET	Non-Formulary	Formulary agent: fenofibrate (Lofibra)
TRI-LUMA CREAM	Clinical	Required diagnosis must be non-cosmetic
TRIMESIS RX, BP FOLINATAL, FOLBECAL TABLET	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
Trimipramine (SURMONTIL) 100 mg CAPSULE	Non-Formulary	Formulary agents: amitriptyline, doxepin, nortriptyline, or clomipramine
TriMix Injection	Excluded benefit	
TRIPHROCAP, RENAL CAPSULE, RENALPREN (NEPHROCAP) SOFTGEL	Non-Formulary	Formulary agent: RENO CAP
TRISTART DHA 31-1-200MG CAPSULE	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack

Drug	Status	Special Instructions
TRIVEEN-ONE CAPSULE	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
TRIVEEN-U	Non-Formulary	Formulary agents: any formulary prenatal vitamin
TROKENDI XR 100 mg CAPSULE	Non-Formulary	Formulary agent: Topiramate IR tablets
TROKENDI XR 200 mg CAPSULE	Non-Formulary	Formulary agent: Topiramate IR tablets
TROKENDI XR 25 mg CAPSULE	Non-Formulary	Formulary agent: Topiramate IR tablets
TROKENDI XR 50 mg CAPSULE	Non-Formulary	Formulary agent: Topiramate IR tablets
TRONOLANE 1%-5% CREAM	Non-Formulary	Formulary agents: HYDROCORTISONE Acetate 1%/Pramoxine Hydrochloride 1% (ANALPRAM-HC) CREAM or PRAMOXINE AEROSOL 1% (PROCTOFOAM)
TRUETRACK or TRUETEST TEST STRIPS/METER	Non-Formulary	Formulary agents: FreeStyle or Precision products
TRULICITY 0.75MG/0.5ML PEN	Non-Formulary	Requires a 60 day trial of: Byetta, Bydureon or Victoza (which require a 30 day trial of Metformin or Metformin ER)
TRULICITY 1.5MG/0.5ML PEN	Non-Formulary	Requires a 60 day trial of: Byetta, Bydureon or Victoza (which require a 30 day trial of Metformin or Metformin ER)
TUSSICAP 10-8 mg	Non-Formulary	Formulary agent: benzonatate capsule
TUSSICAP 5-4 mg	Non-Formulary	Formulary agent: benzonatate capsule
TUZISTRA XR 14.7-2.8MG/5ML SUSPENSION	Non-Formulary	Formulary Agent(s): Dextromethorphan Or Benzonatate Capsule
TWINRIX (HEPATITIS A/HEPATITIS B VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
TYKERB 250 mg TABLET	Clinical	Required diagnosis = Breast Cancer
TYSABRI 300 mg/15 mL IV INJECTION	Clinical	Specialty; follow policy on CareSource.com.
TYVASO 1.74 mg/2.9 mL SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
TYVASO INHALATION REFILL KIT	Clinical	Specialty; follow policy on CareSource.com.
TYVASO INHALATION STARTER KIT	Clinical	Specialty; follow policy on CareSource.com.
TYZINE 0.1% NOSE DROPS	Non-Formulary	Formulary agents: ANEFRIN, 12 HR NASAL, SINUS NASAL, NRS NASAL, NASAL NODRIP (NEO-SYNEPHRINE, AFRIN, DRISTAN) or SM NASAL SPRAY, SM NOSE DROPS (NEO-SYNEPHRINE)
TYZINE 0.1% NOSE SPRAY	Non-Formulary	Formulary agents: ANEFRIN, 12 HR NASAL, SINUS NASAL, NRS NASAL, NASAL NODRIP (NEO-SYNEPHRINE, AFRIN, DRISTAN)or SM NASAL SPRAY, SM NOSE DROPS (NEO-SYNEPHRINE)
TYZINE PEDIATRIC 0.05% DROPS	Non-Formulary	Formulary agents: Little Noses or Afrin Child
UCERIS 2MG FOAM	Non-Formulary	Formulary Agent(s): Budesonide EC (Entocort EC) 3mg Capsule
UCERIS 9 mg TABLET	Non-Formulary	Formulary agents: prednisone, Apriso ER, Asacol HD, Delzicol, or balsalazide (COLAZAL)
U-CORT (CARMOL HC) 1% CREAM	Non-Formulary	Formulary agent: hydrocortisone 1% cream

Drug	Status	Special Instructions
ULESFIA 5% LOTION	Step Therapy	Required diagnosis = Head Lice with trials of: Age 2 months up to 2 years old: ACTICIN, PERMETHRIN (ELIMITE) Age 2 years - 3 years: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) Age 4 years to 5 years old: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT) or spinosad (Natroba) Age 6 years and older: ACTICIN, PERMETHRIN (ELIMITE), permethrin (RID FOAM), PYRETHRINS-PIPERONYL BUTOXIDE, PRONTO PLUS (RID LIQUID), LICE-AID (TEGRIN-LT), LICE KILLING SHAMPOO (PRONTO), STOP LICE KIT (RID COMPLETE KIT)
ULORIC 40 mg TABLET	Step Therapy	Must first try allopurinol
ULORIC 80 mg TABLET	Step Therapy	Must first try allopurinol
ULTIMATECARE ADVANTAGE COMBO	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ULTIMATECARE COMBO PACK	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ULTIMATECARE ONE CAPSULE	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ULTRACIN 0.025% LOTION	Non-Formulary	Formulary Agent(s): Ziks Arthritis Pain Relief 0.025-1.12% Cream
ULTRAVATE X 0.05%-10% CREAM	Non-Formulary	Clinical reason supported by chart notes why the below cannot be used *Halobetasol Cream (which requires PA) with Lactic Acid 5% or 12% OTC
ULTRAVATE X 0.05%-10% OINTMENT	Non-Formulary	Formulary agents:Halobetasol Cream (which requires PA) with Lactic Acid 5% or 12% OTC
UREA 50% EMULSION	Non-Formulary	Formulary agent: Urea 40% cream
UREA (URAMAXIN GT) 45% NAIL GEL	Non-Formulary	Formulary agent: Urea 40% cream
UREA 35% LOTION	Non-Formulary	No longer available on the market
UREA (URAMAXIN) 45% CREAM	Non-Formulary	Required 90 day trial of: Urea, U-Kera, X-Viate 40% cream or Cerovel, X-Viate, Urea-C40, Urea 40% lotion
UREA (URAMAXIN) 45% LOTION	Non-Formulary	Formulary Agent(s): Urea, U-Kera, X-Viate 40% cream or Cerovel, X-Viate, Urea-C40, Urea 40% lotion
UREA 50% NAIL GEL	Non-Formulary	Formulary agent: Urea 40% cream

Drug	Status	Special Instructions
UREA 50% NAILSTIK	Non-Formulary	Formulary agent: Urea 40% cream
UREA 50% OINTMENT	Non-Formulary	Formulary agent: Urea 40% cream
UREA 50% TOPICAL SUSPENSION	Non-Formulary	Formulary agent: Urea 40% cream
URIBEL, URO-MP 118-10-36MG CAPSULE	Non-Formulary	Formulary agents: URELLE tablet, UROGESIC-BLUE or UTRONA-C
UROQID-ACID NO.2 500-500 TABLET	Non-Formulary	Formulary agent: methamine
VAGIFEM 10 mcg VAGINAL TABLET	Clinical	Required diagnosis = atrophic vaginitis Formulary agents = Estradiol tablets, Alora, or Estradiol (Climara) patches
VALCHLOR 0.016% GEL	Clinical	Required diagnosis = The topical treatment of Stage IA and IB mycosis fungoides-type cutaneous T-cell lymphoma with a trial of TARGRETIN 1% GEL
VALTURNA 150-160 mg TABLET	Non-Formulary	Formulary agenta: losartan (Cozaar) or irbesartan (Avapro)
VALTURNA 300-320 mg TABLET	Non-Formulary	Formulary agenta: losartan (Cozaar) or irbesartan (Avapro)
VANAHIST PD 0.625 mg/mL DROP	Non-Formulary	
VANATOL LQ 50-325-40MG/15ML SOLUTION	Non-Formulary	Formulary Agent(s): Butalbital-Acetaminophen-Caffeine 50-325-40mg Capsule Or Tablet
VANCOMYCIN (VANCOCIN) 125 mg CAPSULE	Clinical	Required diagnosis = C.Diff (Clostridium Difficile) Colitis/Diarrhea Requires a 7 day Trial within the last 30 days of: oral Metronidazole (Flagyl)
VANCOMYCIN (VANCOCIN) 250 mg CAPSULE	Clinical	Required diagnosis = C.Diff (Clostridium Difficile) Colitis/Diarrhea Requires a 7 day Trial within the last 30 days of: oral Metronidazole (Flagyl)
VANDETANIB (CAPRELSA) 100 mg TABLET	Clinical	Required diagnosis = Medullary thyroid cancer
VANDETANIB (CAPRELSA) 300 mg TABLET	Clinical	Required diagnosis = Medullary thyroid cancer
Vaniqa Cream	Excluded benefit	
VANOS 0.1% CREAM	Non-Formulary	Formulary agent: fluocinolone cream
VANOXIDE-HC LOT 5-0.5%	Non-Formulary	Formulary agents: BENZOYL PEROXIDE and HYDROCORTISONE separately at the same time
VANTAS KIT 50 mg	Clinical	Specialty
VAQTA (HEPATITIS A VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
VARITHENA FOAM 180MG/18ML	Non-Formulary	Request Must Go Through Clinical Review
VARIVAX (VARICLLEA VACCINE)	Medical Benefit	Bill under the medical benefit. If the member is under the age of 18, the vaccine needs to be billed to the Vaccines for Children Program.
VARUBI 90MG TABLET	Non-Formulary	Request Must Go Through Clinical Review
VASCEPA 1G CAPSULE	Non-Formulary	Formulary agent: OTC Fish Oils or Omega-3 (Lovaza)
Vasculera 630mg Tablet	Excluded Benefit	
VASOLEX, REVINA (XENADERM) OINTMENT	Clinical	Required diagnosis = Wound debridement
VAYACOG 100-19.5-6.5MG CAPSULE	Non-Formulary	Formulary agents: OTC Fish Oils or Omega-3 (Lovaza)
VAYARIN 75-21.5-8.5MG CAPSULE	Non-Formulary	Formulary agents: OTC Fish Oils or Omega-3 (Lovaza)
Vecamyl 2.5 mg	Clinical	Must first try
VECTIBIX 100MG/5ML VIAL	Clinical	Required DX= metastatic colorectal cancer

Drug	Status	Special Instructions
VECTIBIX 20MG/ML VIAL	Clinical	Required DX= metastatic colorectal cancer
VELTIN 1.2%/0.025% Gel	Non-Formulary	Formulary agents: clindamycin topical and tretinoin gel or cream separately
VELPHORO 500MG CHEWABLE TAB	Non-Formulary	Formulary agent: calcium acetate (PhosLo)
VENELEX 87-788MG OINTMENT	Non-Formulary	Formulary Agent(s): Cerave, Cetaphil, Aveeno, Lubriderm (Eucerin), TheraPlex, Velvachol, NutraDerm, Ammonium Lactate, LacLotion, AmLactin, Geri-Hydrolac, AL-12 (LacHydrin, Lac-Hydrin Twelve) lotion
VENLAFAXINE ER 150 mg TABLET	Non-Formulary	Formulary agent: venlafaxine ER capsules or Must first try the following Formulary agent(s): fluoxetine if age 8-11; escitalopram OR fluoxetine if age 12-17; if age 18 years old and older, will require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VENLAFAXINE ER 225 mg TABLET	Non-Formulary	Formulary agent: venlafaxine ER capsules or Must first try the following Formulary agent(s): fluoxetine if age 8-11; escitalopram OR fluoxetine if age 12-17; if age 18 years old and older, will require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VENLAFAXINE ER 37.5 mg TABLET	Non-Formulary	Formulary agent: venlafaxine ER capsules or Must first try the following Formulary agent(s): fluoxetine if age 8-11; escitalopram OR fluoxetine if age 12-17; if age 18 years old and older, will require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VENLAFAXINE ER 75 mg TABLET	Non-Formulary	Formulary agent: venlafaxine ER capsules or Must first try the following Formulary agent(s): fluoxetine if age 8-11; escitalopram OR fluoxetine if age 12-17; if age 18 years old and older, will require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VENTAVIS 10 mcg/1 mL SOLUTION	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
VENTAVIS 20 mcg/1 mL SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
VERAMYST 27.5 mcg NASAL SPRAY	Non-Formulary	Formulary agents: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) age 6 and older (need to try 2 of 3 agents); fluticasone (Flonase) or triamcinolone (Nasacort AQ) age 4-5; triamcinolone (Nasacort AQ) age 2-3
VERAPAMIL CR (VERELAN PM) 100 mg CAPSULE	Non-Formulary	Formulary agent: VERAPAMIL CR (CALAN SR) 120 mg TABLET
VERAPAMIL CR (VERELAN PM) 200 mg CAPSULE	Non-Formulary	Formulary agent: VERAPAMIL CR (CALAN SR) 180 mg TABLET
VERAPAMIL CR (VERELAN PM) 300 mg CAPSULE	Non-Formulary	Formulary agent: VERAPAMIL CR (CALAN SR) 240 mg TABLET
VERDESO 0.05% FOAM	Non-Formulary	Required diagnosis= Atopic Dermatitis (Eczema) AND Must use 2 different formulary corticosteroid agents for 7 days each.
VEREGEN 15% OINTMENT	Clinical	Required diagnosis = External genital and perianal warts Required trial of: Podofilox (Condylox) solution
VERIPRED 20 20 mg/5 mL SOLUTION	Non-Formulary	Formulary agent: prednisolone 15 mg/5 mL solution
VERSACLOZ 50MG/ML SUSPENSION	Non-Formulary	Formulary agent: clozapine tablets
VESICARE 10 mg TABLET	Non-Formulary	Formulary agents: oxybutynin (IR or ER), tolterodine, trospium, or trospium xr
VESICARE 5 mg TABLET	Non-Formulary	Formulary agents: oxybutynin (IR or ER), tolterodine, trospium, or trospium xr
VH ESSENTIALS UTI STICK	Clinical	Required diagnosis = Suspected UTI
VIAGRA	Excluded benefit	
VIBRAMYCIN 50 mg/5 mL SYRUP	Non-Formulary	Formulary agent: VIBRAMYCIN 25 mg/5 mL SUSPENSION
VICTOZA 2-PAK 18 mg/3 mL PEN	Step Therapy	Requires a 30 day trial of: metformin IR or ER (Glucophage or Glucophage XR) unless Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
VICTRELIS 200 mg CAPSULE	Clinical	Request Must Go Through Clinical Review
VIEKIRA PAK 12.5-75-50 & 250MG	Non-Formulary	Request Must Go Through Clinical Review
VIGAMOX 0.5% EYE DROPS	Step Therapy	Required diagnosis = cataract surgery or Corneal ulcer/Keratitis OR Required diagnosis = conjunctivitis Required trial of: ciprofloxacin or ofloxacin ophthalmic
VIIBRYD 10 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)

Drug	Status	Special Instructions
VIIBRYD 20 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
VIIBRYD 40 mg TABLET	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
VIIBRYD TITRATION KIT 10/20/40 mg	Non-Formulary	Formulary Agent(s): Require a trial of at least two of the three antidepressant catergories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules, Venlafaxine tablets) 3) Dopamine Reuptake Blocking Agents (Bupropion SR, Bupropion XL)
VIMIZIM 5MG/5ML INJECTION	Non-Formulary	Required diagnosis = Morquio A Syndrome or mucopolysaccharidosis(MPS) by a pediatiric specialist
VIMOVO 375-20 mg TABLET	Non-Formulary	Formulary Agent(s): Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole Or OTC Nexium 20mg AND Naproxen Separately Taken Together At The Same Time
VIMOVO 500-20 mg TABLET	Non-Formulary	Formulary Agent(s): Omeprazole, Lansoprazole, Pantoprazole, Rabeprazole Or OTC Nexium 20mg AND Naproxen Separately Taken Together At The Same Time
VIMPAT 100 mg TABLET	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
VIMPAT 10 mg/ML SOLUTION	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel

Drug	Status	Special Instructions
VIMPAT 150 mg TABLET	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
VIMPAT 200 mg TABLET	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
VIMPAT 50 mg TABLET	Clinical	Requires diagnosis of Partial-onset seizures in adults and currently on at least one other anti-epileptic (gabapentin, lamotrigine, divalproex (Depakote), levetiracetam (Keppra), levetiracetam er (Keppra XR), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
VIMZIM 5MG/5ML INJECTION	Non-Formulary	Required dx= Morquio A Syndrome or Mucopolysaccharidosis (MPS)
VINATE AZ EXTRA TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VINATE AZ TABLET	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
VINATE DHA RF	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VINATE PN CARE TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VIRAZOLE 6 gM INHLATION SOLUTION	Clinical	Required diagnosis=hospitalized infants and young children with severe lower respiratory tract infection due to respiratory syncytial virus (RSV)
VISUDYNE INJECTION 15 mg (2 mg/ML)	Clinical	Specialty
VITAFOL-NANO TABLET	Non-Formulary	Formulary Agents: any formulary prenatal vitamin
VITAFOL-OB	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VITAFOL ULTRA	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VITAFOL SYRUP	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET

Drug	Status	Special Instructions
VITAFOL-ONE, REAPHIRM, PNV-FIRST CAPSULE	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VITAL-D RX TABLET	Non-Formulary	Formulary agents: any formulary prenatal vitamin
VITAMIN D3 400 UNIT CHEWABLE TABLET	Non-Formulary	Formulary Agent(s): Vitamin D3 tablet
VITAMIN D3 1,000 UNIT CHEWABLE TABLET	Non-Formulary	Formulary Agent(s): Vitamin D3 tablet
VITUZ 5-4 mg SOLUTION	Non-Formulary	Formulary agents: benzonatate capsule or DEXTROMETHORPHAN
VIVAGLOBIN 16% VIAL	Clinical	Specialty
VIVELLE-DOT 0.025 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.0375 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.05 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.075 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.1 mg PATCH	Non-Formulary	Formulary agents: Alora or Estradiol (Climara) patches
VIVOTIF BERNA CAPSULE	Non-Formulary	Required diagnosis = For immunization of adults and children older than 6 years against disease caused by Salmonella typhi
VOL-CARE RX TABLET	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
VOL-NATE TABLET	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
VOPAC 10-2% CREAM KIT	Non-Formulary	Formulary agents: Volataren Gel with LIDOCAINE 2% GEL JELLY, LIDOCAINE CREAM 3%, or LIDOCAINE LOTION 3%
VOPAC 5 5% CREAM	Non-Formulary	Formulary agent: 90 day trial of Volataren Gel
VOPAC GB 5-2-5% CREAM KIT	Non-Formulary	Formulary agents: 90 day trial of Volataren Gel with LIDOCAINE 2% GEL JELLY, LIDOCAINE CREAM 3%, or LIDOCAINE LOTION 3%
VORICONAZOLE (VFEND) 200 mg TABLET	Non-Formulary	Formulary agents: fluconazole or itraconazole with a diagnosis of Candidemia and other Candida infections; Esophageal candidiasis; Invasive aspergillosis OR a diagnosis of Post Transplant aspergillosis prophylaxis or Fungal Meningitis
VORICONAZOLE (VFEND) 40 mg/ML SUSPENSION	Non-Formulary	Formulary agents: fluconazole or itraconazole
VORICONAZOLE (VFEND) 50 mg TABLET	Non-Formulary	Formulary agents: fluconazole or itraconazole with a diagnosis of Candidemia and other Candida infections; Esophageal candidiasis; Invasive aspergillosis OR a diagnosis of Post Transplant aspergillosis prophylaxis or Fungal Meningitis
VOTRIENT 200 mg TABLET	Clinical	Required diagnosis = Renal cell carcinoma, Soft tissue sarcoma

Drug	Status	Special Instructions
VP-GSTN CAP	Non-Formulary	Formulary agent: OTC Vitamin D (CHOLECALCIFEROL) with OTC ZINC GLUCONATE TAB separately
VP-PRECIP CAPSULE (TEARS AGAIN)	Non-Formulary	Formulary agents: ICAPS CAP, ICAPS LUTEIN, PROSIGHT, OCUVITE EYE
VPRIV 400UNIT SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
VUSION OINTMENT	Non-Formulary	Required diagnosis=Diaper Rash
VYTONE GEL	Non-Formulary	Must first try: 30 day trial of OTC Hydrocortisone-Aloe Vera with OTC anti-fungal (Clotrimazole, Tolnafate, Miconazole) used separately at the same time
VYTORIN 10-10 mg TABLET	Non-Formulary	Formulary agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-20 mg TABLET	Non-Formulary	Formulary agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-40 mg TABLET	Non-Formulary	Formulary agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-80 mg TABLET	Non-Formulary	Formulary agents: SIMVASTATIN AND ZETIA separately
WELCHOL 3.75 g PACKET	Non-Formulary	Formulary agents: Cholesytramine or Colestipol with a diagnosis of hyperlipidemia OR Formulary agents: Metformin IR or Metformin ER (Glucophage or Glucophage ER) for a diagnosis of diabetes unless Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days OR Formulary agent: Cholestyramine with a diagnosis of
WELCHOL 625 mg TABLET	Non-Formulary	Formulary agents: Cholesytramine or Colestipol with a diagnosis of hyperlipidemia OR Formulary agents: Metformin IR or Metformin ER (Glucophage or Glucophage ER) for a diagnosis of diabetes unless Renal/kidney disease/Increased Creatinine OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days OR Formulary agent: Cholestyramine with a diagnosis of
WILATE INJECTION 1000-1000 UNIT	Clinical	Specialty
WILATE INJECTION 450-450 UNIT	Clinical	Specialty
WILATE INJECTION 500-500 UNIT	Clinical	Specialty
WILATE INJECTION 900-900 UNIT	Clinical	Specialty
XALKORI CAPSULE 200 mg	Clinical	Required diagnosis = Advanced or metastatic non-small cell lung cancer (NSCLC)
XALKORI CAPSULE 250 mg	Clinical	Required diagnosis = Advanced or metastatic non-small cell lung cancer (NSCLC)
XARTEMIS XR 7.5MG-325 MG	Non-Formulary	Formulary agent: Oxycodone-Acetaminophen (Percocet) 7.5-325 MG Tablet
XELJANZ TAB 5 mg	Non-Formulary	Specialty; follow policy on CareSource.com
CAPECITABINE (XELODA) 150 mg TABLET	Clinical	Required diagnosis = Colorectal or Breast Cancer

Drug	Status	Special Instructions
CAPECITABINE (XELODA) 500 mg TABLET	Clinical	Required diagnosis = Colorectal or Breast Cancer
XEOMIN	Clinical	Specialty; follow policy on CareSource.com.
XERAC AC 6.25%	Non-Formulary	Formulary agents: Drysol or HyperCare
XERESE 5%-1% CREAM	Non-Formulary	Formulary agents: Abreva for a diagnosis of cold sores
XGEVA INJECTION	Clinical	Required diagnosis = Prevention of skeletal-related events from cancer metastatic to bone [Current osteolytic bone lesions or metastases from solid tumors (eg, breast, prostate, and lung cancers)] OR Giant Cell tumor of bone
XIAFLEX 0.9MG INJECTION	Clinical	Specialty
XIBROM 0.09% EYE DROPS	Non-Formulary	Formulary agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
XIFAXAN 200 mg TABLET	Clinical	Required diagnosis = Hepatic Encephalopathy OR IBS/Crohn's with current use of mesalamine (Apriso, Asacol HD, Delzicol, Lialda, Pentasa, Canasa, Rowasa) OR Sulfasalazine AND Trial of: ciprofloxacin or metronidazole
XIFAXAN 550 mg TABLET	Clinical	Required diagnosis = Hepatic Encephalopathy OR IBS/Crohn's with current use of mesalamine (Apriso, Asacol HD, Delzicol, Lialda, Pentasa, Canasa, Rowasa) OR Sulfasalazine AND Trial of: ciprofloxacin or metronidazole
XIGDUO XR 5MG-500MG TABLET	Non-Formulary	Formulary agents: metformin IR THEN Invokana with metformin separately taken together at the same time
XIGDUO XR 5MG-1,000MG TABLET	Non-Formulary	Formulary agents: metformin IR THEN Invokana with metformin separately taken together at the same time
XIGDUO XR 10MG-500MG TABLET	Non-Formulary	Formulary agents: metformin IR THEN Invokana with metformin separately taken together at the same time
XIGDUO XR 10MG-1,000MG TABLET	Non-Formulary	Formulary agents: metformin IR THEN Invokana with metformin separately taken together at the same time
XOFIGO INJECTION 1000 KBQ/ML	Clinical	Required diagnosis = castration-resistant prostate cancer, symptomatic bone metastases, and no known visceral metastatic disease
XOLAIR (OMALIZUMAB)	Clinical	Specialty; follow policy on CareSource.com.
XOLEGEL 2% GEL	Non-Formulary	Formulary agent: ketoconazole cream
XOLOX 10-500 mg TABLET	Non-Formulary	Formulary agent: Oxycodone-Acetaminophen 10-650 mg tablet
XOPENEX HFA 45 mcg INHALER	Non-Formulary	Formulary agents: Ventolin
XTANDI 40 mg CAPSULE	Clinical	Required diagnosis = metastatic castration-resistant prostate cancer

Drug	Status	Special Instructions
XYNTHA 1,000 UNIT KIT	Specialty	Specialty; follow policy on CareSource.com.
XYNTHA 2,000 UNIT KIT	Specialty	Specialty; follow policy on CareSource.com.
XYNTHA 250 UNIT KIT	Specialty	Specialty; follow policy on CareSource.com.
XYNTHA 3,000 UNIT SYRINGE KIT	Specialty	Specialty; follow policy on CareSource.com.
XYNTHA 500 UNIT KIT	Specialty	Specialty; follow policy on CareSource.com.
XYREM 500 mg/ML ORAL SOLUTION	Clinical	Required diagnosis = Narcolepsy/Cataplexy/Sleep Apnea/OSA/ Shift Work/MS related daytime fatigue/Hypersomnia/Excessive Daytime Sleepiness Formulary Agents = Modafinil (Provigil) AND Nuvigil
YERVOY INJECTION 200 mg	Clinical	Request Must Go Through Clinical Review
YERVOY INJECTION 50 mg	Clinical	Request Must Go Through Clinical Review
Yocon (Yohimbine)	Excluded benefit	
ZALTRAP	Clinical	Diagnosis = Metastatic colorectal cancer that is resistant to or has progressed following an oxaliplatin-containing regimen
ZAMICET SOLUTION 10-325/15 mL	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (Lortab) SOLUTION 7.5-500 mg/15 mL
ZARXIO 300MCG/0.5ML SYRINGE	Non-Formulary	Required Diagnosis= Neutropenia Associated With Chemotherapy AND MD Specialty= Oncology Or In Consultation With An Oncologist
ZARXIO 480MCG/0.8ML SYRINGE	Non-Formulary	Required Diagnosis= Neutropenia Associated With Chemotherapy AND MD Specialty= Oncology Or In Consultation With An Oncologist
ZATEAN-CH CAPSULE	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ZATEAN-PN DHA, PNV-DHA, VIRT-PN DHA CAPSULE	Non-Formulary	Formulary Agent(s): CitraNatal DHA 27-1-50mg Combo Pack
ZATEAN-PN PLUS, PNV-OMEGA, VIRT-PN PLUS CAPSULE	Non-Formulary	Formulary agents: VINATE GT tablet, CITRANATAL HARMONY capsule, TARON-BC tablet, CITRANATAL RX tablet, COMPLETENATE tablet CHEW, VOL-PLUS tablet, PRENAPLUS tablet, NATELLE-EZ tablet, or ELITE-OB CAPLET
ZAVESCA 100 mg CAPSULE	Clinical	Specialty; follow policy on CareSource.com.
ZECUITY IONTOPHORETIC 6.5MG/4HR PATCH	Non-Formulary	Formulary Agent(s): Sumatriptan Tablets, Injection AND Nasal Spray
ZEGERID 20-1680 mg POWDER PACKETS	Non-Formulary	Formulary agents: omeprazole capsules or First-omeprazole 2 mg/ml suspension AND lansoprazole capsule or First - lansoprazole 3 mg/ml suspension
ZEGERID 40-1680 mg POWDER PACKETS	Non-Formulary	Formulary agents: omeprazole capsules or First-omeprazole 2 mg/ml suspension AND lansoprazole capsule or First - lansoprazole 3 mg/ml suspension
ZELAPAR 1.25 mg ODT TABLET	Non-Formulary	Formulary agent: selegiline tablet

Drug	Status	Special Instructions
ZEMAIRA 1000 mg SOLUTION Alpha 1-proteinase inhibitor INJECTION	Clinical	Specialty; follow policy on CareSource.com.
ZEMA-PAK 10 DAY 1.5 mg TABLET	Clinical	Formulary agent: dexamethasone tablet
ZENZEDI 2.5 mg TABLET	Non-Formulary	Formulary agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZENZEDI 7.5 mg TABLET	Non-Formulary	Formulary agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZENZEDI 15 mg TABLET	Non-Formulary	Formulary agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZENZEDI 20 mg TABLET	Non-Formulary	Formulary agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZENZEDI 30 mg TABLET	Non-Formulary	Formulary agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZEOSA FE, ZENCHENT FE, WYMZYA FE (FEMCON FE) CHEWABLE TABLET	Non-Formulary	Formulary agent: A formulary birth control agent (Most similar: Balziva and Ferrous Fumarate separately)
ZELBORAF	Clinical	Required diagnosis= 4800 BRAF V600E-mutated metastatic melanoma *MD Specialty = Oncology
ZETIA 10 mg TABLET	Step Therapy	Requires trial of: simvastatin, ATORVASTATIN, or fenofibrate
ZETONNA 37 mcg/ACT	Non-Formulary	Formulary agents: fluticasone (Flonase), flunisolide, or triamcinolone (Nasacort AQ) age 6 and older (need to try 2 of 3 agents); fluticasone (Flonase) or triamcinolone (Nasacort AQ) age 4-5; triamcinolone (Nasacort AQ) age 2-3
ZIANA GEL	Non-Formulary	Formulary agents: CLINDAMYCIN pledgets OR CLINDAMYCIN topical solution AND tretinoin gel or cream
ZIOPTAN 0.0015%	Non-Formulary	Formulary agent: Latanoprost 0.005% EYE DROPS
ZIOPTAN 0.002% Ophthalmic SOLUTION	Non-Formulary	Formulary agent: Latanoprost 0.005% EYE DROPS
ZIPSOR 25 mg CAPSULE	Non-Formulary	Formulary Agents: Diclofenac (Cataflam) tablet, Diclofenac Potassium (Cataflam) tablet, Diclofenac (Voltaren) tablet, and Diclofenac Sodium (Voltaren) tablet
ZIRGAN 0.15% OPHTHALMIC GEL	Clinical	Required diagnosis = acute herpetic keratitis (dendritic ulcers)
Zithranol 1% SHAMPOO	Non-Formulary	Formulary agent: CALCIPOTRIENE (DOVONEX) 0.005% SOLUTION
Zithranol-RR 1.2% CREAM	Non-Formulary	Formulary agent: CALCIPOTRIENE (DOVONEX) 0.005% CREAM
ZOHYDRO ER 10 MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOHYDRO ER 15 MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOHYDRO ER 20 MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOHYDRO ER 30 MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOHYDRO ER 40 MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOHYDRO ER 50MG TABLET	Clinical	Required 30 day trial of: morphine sulfate ER (MS Contin), oxymorphone ER or fentanyl patches
ZOLADEX IMPLANT 10.8 mg	Clinical	Specialty
ZOLADEX IMPLANT 3.6 mg	Clinical	Specialty

Drug	Status	Special Instructions
ZOLEDRONIC ACID (RECLAST) 5 MG/100 mL IV SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
ZOLEDRONIC ACID (ZOMETA) 4 mg/100 mL SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
ZOLEDRONIC ACID (ZOMETA) 4 mg/5 mL CONCENTRATE	Clinical	Specialty; follow policy on CareSource.com.
ZOLINZA 100 mg CAPSULE	Clinical	Required diagnosis = Cutaneous T-cell lymphoma (CTCL)
ZOLMITRIPTAN (ZOMIG) 2.5 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN (ZOMIG) 5 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN ORALLY DISINTEGRATING (ZOMIG ZMT) 2.5 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN ORALLY DISINTEGRATING (ZOMIG ZMT) 5 mg TABLET	Non-Formulary	Formulary agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLPIDEM ER (AMBIEN CR) 12.5 mg TABLET	Non-Formulary	Formulary agent: non-CR zolpidem
ZOLPIDEM ER (AMBIEN CR) 6.25 mg TABLET	Non-Formulary	Formulary agent: non-CR zolpidem
ZOLPIMIST 5 mg ORAL SPRAY	Non-Formulary	Formulary agent: non-CR zolpidem
ZOLVIT 10 mg-300 mg/15 mL SYRUP	Non-Formulary	Formulary agent: HYDROCODONE-ACETAMINOPHEN (Lortab) SOLUTION 7.5-500 mg/15 mL
ZOMIG 2.5 mg NASAL SPRAY	Non-Formulary	Formulary agent: sumatriptan nasal spray
ZOMIG 5 mg NASAL SPRAY	Non-Formulary	Formulary agent: sumatriptan nasal spray
ZONTIVITY 2.08MG TABLET	Non-Formulary	Requires a trial of: clopidogrel (Plavix)
ZORBTIVE 8.8 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
ZORVOLEX 18 mg CAPSULE	Non-Formulary	Formulary agents: diclofenac potassium (Cataflam) tablet and diclofenac sodium (Voltaren) tablet
ZORVOLEX 35 mg CAPSULE	Non-Formulary	Formulary agents: diclofenac potassium (Cataflam) tablet and diclofenac sodium (Voltaren) tablet
ZOSTAVAX INJECTION (Shingles Vaccine)	Clinical	Must be age 60 and older
ZOVIRAX 5% CREAM	Step Therapy	Required diagnosis = cold sores/oral herpes simplex with a trial of Abreva Formulary agent: Acyclovir 5% Ointment
Z-TUSS AC 2MG-9MG/5ML	Non-Formulary	Age 2-6: Off-label (can try Dextromethorphan) Age 6-12: Dextromethorphan Age over 12: Dextromethorphan or Benzonatate Capsule
ZUBSOLV 1.4 mg-0.36 mg SL TABLET	Clinical	Request Must Go Through Clinical Review
ZUBSOLV 5.7 mg-1.4 mg SL TABLET	Clinical	Request Must Go Through Clinical Review

Drug	Status	Special Instructions
ZUBSOLV 8.6MG-2.1MG SL TABLET	Clinical	Request Must Go Through Clinical Review
ZUPLENZ 4 mg SOLUABLE FILM	Non-Formulary	Formulary agent: ONDANSETRON (Zofran) 4 mg tablet or ODTs
ZUPLENZ 8 mg SOLUABLE FILM	Non-Formulary	Formulary agent: ONDANSETRON (Zofran) 8 mg tablet or ODTs
ZYCLARA 2.5% CREAM PUMP	Non-Formulary	*Dx = Actinic Keratosis *Trial of: imiquimod (Aldara) 5% cream packet or fluorouracil (Efudex) 5% cream OR *Dx = Genital and perianal warts *Trial of: imiquimod (Aldara)5% cream packet(which requires a PA)
ZYCLARA 3.75% CREAM	Non-Formulary	*Dx = Actinic Keratosis *Trial of: imiquimod (Aldara) 5% cream packet or fluorouracil (Efudex) 5% cream OR *Dx = Genital and perianal warts *Trial of: imiquimod (Aldara)5% cream packet(which requires a PA)
ZYCLARA 3.75% CREAM PUMP	Non-Formulary	*Dx = Actinic Keratosis *Trial of: imiquimod (Aldara) 5% cream packet or fluorouracil (Efudex) 5% cream OR *Dx = Genital and perianal warts *Trial of: imiquimod (Aldara)5% cream packet(which requires a PA)
ZYDELIG 100MG TABLET	Clinical	*Dx: Relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab OR *Dx: Relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies OR *Dx: Relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic
ZYDELIG 150MG TABLET	Clinical	*Dx: Relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab OR *Dx: Relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies OR *Dx: Relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic
ZYDONE 10-400 mg TABLET	Non-Formulary	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 10/325 mg
ZYDONE 5-400 mg TABLET	Non-Formulary	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 5/325 mg
ZYDONE 7.5-400 mg TABLET	Non-Formulary	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 7.5/325 mg
ZYFLO 600 mg FILMTAB	Non-Formulary	Formulary agent: Montelukast (Singulair)
ZYFLO CR 600 mg TABLET	Non-Formulary	Formulary agent: Montelukast (Singulair)
ZYKADIA 150 MG CAPSULES	Clinical	Required dx= Advanced or metastatic non-small cell lung cancer (NSCLC)

Drug	Status	Special Instructions
ZYLET EYE DROPS	Non-Formulary	Required diagnosis = pre-op use or bacterial infection of the eye Formulary agents: Tobradex or neomycin/polymyxin/dexamethasone ophthalmic
ZYTIGA TABLET 250 mg	Clinical	Required diagnosis = metastatic prostate cancer Prescriber Specialty = Oncology
ZYVOX 100 mg/5 mL SUSPENSION	Non-Formulary	Formulary agent: Vancomyin IV in-patient or outpatient with a diagnosis of Pneumonia; Skin and Skin structure infections OR a diagnosis of VANCOMYCIN IV -resistant eneterococcus (VRE)