



2014 Drugs Requiring Prior Authorization List

7/1/14 Edition

Status	Definition
Clinical	Prior Authorization is required. Please submit Pharmacy Prior Authorization Request Form.
Non-formulary	Use another agent similar to requested agent. Specific indication might be required also.
Step Therapy	An adequate trial of another preferred agent(s) is required before approval.
Specialty	Requires prior authorization. Please submit 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
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 10 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
ABILIFY 15 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)

Drug	Status	Special Instructions
ABILIFY 1 mg/ML SOLUTION	Step Therapy	Requires clinical reason why Abilify tablets cannot be used (Abilify requires a step through quetiapine, risperidone, clozapine, or olanzapine)
ABILIFY 20 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
ABILIFY 2 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
ABILIFY 30 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
ABILIFY 5 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
ABILIFY DISCMELT 10 mg TABLET	Clinical	Required diagnosis=an inability to swallow OR a clinical reason why non-Discmelt Abilify cannot be used
ABILIFY DISCMELT 15 mg TABLET	Clinical	Required diagnosis=an inability to swallow OR a clinical reason why non-Discmelt Abilify cannot be used

Drug	Status	Special Instructions
ABSORICA 10 mg CAPSULE	Lower Cost	<p>Requires trials of 90 days total of each group below either at the same time, separately, or overlapping</p> <p>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-preferred topical agent]</p> <p>AND</p> <p>Orals: minocycline, doxycycline, tetracycline, or erythromycin</p>
ABSORICA 20 mg CAPSULE	Lower Cost	<p>Requires trials of 90 days total of each group below either at the same time, separately, or overlapping</p> <p>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-preferred topical agent]</p> <p>AND</p> <p>Orals: minocycline, doxycycline, tetracycline, or erythromycin</p>
ABSORICA 30 mg CAPSULE	Lower Cost	<p>Requires trials of 90 days total of each group below either at the same time, separately, or overlapping</p> <p>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-preferred topical agent]</p> <p>AND</p> <p>Orals: minocycline, doxycycline, tetracycline, or erythromycin</p>

Drug	Status	Special Instructions
ABSORICA 40 mg CAPSULE	Lower Cost	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-preferred 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
ACAMPROSATE CALCIUM DR (CAMPRAL DR) 333 mg TABLET	Clinical	Required diagnosis = alcoholism
ACANYA GEL PUMP 2.5%-1.2%	Lower Cost	Lower cost agents: BENZOYL PEROXIDE 2.5% GEL AND CLINDAMYCIN, CLINDAMAX (CLEOCIN-T) 1% GEL separately used together
ACCU-CHEK TEST STRIPS/METER	Lower Cost	Lower cost agents: FreeStyle or Precision products
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE (PANLOR/PANLOR SS) 712.8-60-32 mg TABLET	Lower Cost	Lower cost agent: Butalbital-Acetaminophen-Caffeine-Codeine (FIORICET-COD) 30-50-325-40 capsule
ACETAMINOPHEN-ISOMETHEPTENE-DICHLORAL (MIGRAGESIC, NODOLOR, EPIDRIN, [Midrin-however this is discontinued]) CAPSULE 325-65-100 mg	Lower cost	Lower cost agents: BUTALBITAL-ACETAMINOPHEN 50-325 mg tablet (Phrenilin, Marten tabs), Butalbital-Acetaminophen-Caffeine (ESGIC-PLUS) 50-500-40 mg tablet, Butalbital-Acetaminophen-Caffeine (FIORICET) 50-325-40 mg tablet
ACID JELLY	Lower Cost	Lower cost agents: ALIGN, FLORAJEN, FLORA-Q, RESTORA, RISAQUAD, REZYST, or DIFF-STAT (oral probiotics)
ACIPHEX 10 mg SPRINKLE CAPS	Lower Cost	Lower cost agent: RABEPRAZOLE (ACIPHEX EC) 20 MG TABLET

Drug	Status	Special Instructions
ACIPHEX 5 mg SPRINKLE CAPS	Lower Cost	Lower cost agent: RABEPRAZOLE (ACIPHEX EC) 20 MG TABLET
ACITRETIN (SORIATANE) 10 mg CAPSULE	Lower Cost	Lower cost agent: calcipotriene (Dovonex) or previous approval of Enbrel, Humira, or Stelara
ACITRETIN (SORIATANE) 17.5 mg CAPSULE	Lower Cost	Lower cost agent: calcipotriene (Dovonex) or previous approval of Enbrel, Humira, or Stelara
ACITRETIN (SORIATANE) 25 mg CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: any formulary prenatal vitamin
ACTONEL 150 mg TABLET	Lower Cost	Lower cost agent: alendronate
ACTONEL 30 mg TABLET	Lower Cost	Lower cost agent: alendronate
ACTONEL 35 mg TABLET	Lower Cost	Lower cost agent: alendronate
ACTONEL 5 mg TABLET	Lower Cost	Lower cost agent: alendronate
ACTONEL WITH CALCIUM TABLET 35 mg/500 mg	Lower Cost	Lower cost agent: alendronate then Actonel and OTC calcium 500 mg tablet
ACUVAIL 0.45% OPHTH SOLUTION	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
ADACEL, BOOSTRIX, DAPTACEL, INFANRIX, TRIPEDIA (TETANUS 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.
ADAPLENE (DIFFERIN) 0.3% GEL	Lower Cost	Lower cost agent: Adapalene (Differin) 0.1% cream or gel
ADAPLENE (DIFFERIN) 0.3% GEL PUMP	Lower Cost	Lower cost agent: Adapalene (Differin) 0.1% cream or gel
ADASUVE 10MG INHALATION	Lower Cost	Lower cost agents: Abilify tablets (which require a step through: quetiapine, risperidone, clozapine, ziprasadone or olanzapine)

Drug	Status	Special Instructions
ADCIRCA 20 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
ADEMPAS 0.5 mg TABLET	Clinical	<p>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</p> <p>AND</p> <p>PAP pressures not adequately controlled using an oral vasodilator at maximal doses</p> <p>OR</p> <p>The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge</p>
ADEMPAS 1 mg TABLET	Clinical	<p>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</p> <p>AND</p> <p>PAP pressures not adequately controlled using an oral vasodilator at maximal doses</p> <p>OR</p> <p>The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge</p>
ADEMPAS 1.5 mg TABLET	Clinical	<p>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</p> <p>AND</p> <p>PAP pressures not adequately controlled using an oral vasodilator at maximal doses</p> <p>OR</p> <p>The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge</p>

Drug	Status	Special Instructions
ADEMPAS 2 mg TABLET	Clinical	<p>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</p> <p>AND</p> <p>PAP pressures not adequately controlled using an oral vasodilator at maximal doses</p> <p>OR</p> <p>The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge</p>
ADEMPAS 2.5 mg TABLET	Clinical	<p>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</p> <p>AND</p> <p>PAP pressures not adequately controlled using an oral vasodilator at maximal doses</p> <p>OR</p> <p>The member was not vasodilator sensitive as determined by a epoprostenol, adenosine, or inhaled nitric oxide challenge</p>
ADOXA PAK 1/TAB 100 mg	Lower Cost	Lower cost agents: DOXYCYCLINE MONOHYDRATE CAP 100 MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50 mg, DOXYCYCLINE MONOHYDRATE TABLET 50 mg
ADOXA PAK 1/TAB 150 mg	Lower Cost	Lower cost agent: DOXYCYCLINE MONOHYDRATE CAP 100 MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50 mg, DOXYCYCLINE MONOHYDRATE TABLET 50 mg
ADOXA PAK 2/TAB 100 mg	Lower Cost	Lower cost agent: DOXYCYCLINE MONOHYDRATE CAP 100 MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50 mg, DOXYCYCLINE MONOHYDRATE TABLET 50 mg
ADRENALIN 1:1,000 NASAL SOLUTION	Clinical	<p>Required diagnosis = nasal congestion</p> <p>Required trial of: OTC nasal decongestants (examples: ANEFRIN, 12 HR NASAL, SINUS NASAL, NRS NASAL, NASAL NODRIP (NEO-SYNEPHRINE, AFRIN, DRISTAN) or NEO-SYNEPHRINE)</p>
ADASUVE 10MG INHALATION	Lower Cost	Lower cost agent: Abilify tablets (which require a step through: quetiapine, risperidone, clozapine, or olanzapine)

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 1,000 mg-40 mg TABLET	Lower Cost	Lower cost agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 500 mg-20 mg TABLET	Lower Cost	Lower cost agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVICOR 750 mg-20 mg TABLET	Lower Cost	Lower cost agents : lovastatin (Mevacor) with OTC niacin separately AND simvastatin (Zocor) or atorvastatin (Lipitor) with OTC niacin separately
ADVIL 200 mg LIQUI-GEL CAPSULE	Lower Cost	Lower cost agent: IBUPROFEN 200 mg OTC tablet
AEROSPAN 80 mcg INHALER	Lower Cost	Lower cost agents: Flovent, Asmanex, Qvar (must try two)
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 cell astrocytoma
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 cell astrocytoma
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 cell astrocytoma
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 cell astrocytoma
AGGRENOX CAPSULE	Lower Cost	Lower cost agent: aspirin with a diagnosis of transient ischemia of the brain or complete ischemic stroke due to thrombosis
AKNE-MYCIN 2% OINTMENT	Lower Cost	Lower cost agents: ERYTHROMYCIN 2% GEL, ERYTHROMYCIN 2% PLEDGETS, or ERYTHROMYCIN 2% SOLUTION
ALAMAST 0.1% DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar)
ALCORTIN A 1-2-1% GEL	Lower Cost	Lower cost 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%)	Lower Cost	Lower cost agents: OTC hydrocortisone-aloe vera with topical anti-fungal (clotrimazole, terbinafine)
ALDURAZYME	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
ALINIA 100 mg/5 mL SUSPENSION	Clinical	Required diagnosis = diarrhea caused by Giardia lamblia or Cryptosporidium parvum
ALINIA 500 mg TABLET	Clinical	Required diagnosis = diarrhea caused by Giardia lamblia or Cryptosporidium parvum
ALLEGRA 30 mg/5 mL SUSPENSION	Lower Cost	No longer available; use ALLEGRA ALLERGY 30 mg/5 mL SUSPENSION
ALLEGRA ODT 30 mg TABLET	Lower Cost	Lower cost agents: ALLEGRA ALLERGY (OTC) 30 mg tablet OR ALLEGRA ALLERGY 30 mg/5 mL SUSPENSION
ALLFEN CD TABLET	Lower Cost	Lower cost agent: OTC guaifenesin tablet
ALOCRI 2% EYE DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar)
ALOXI 0.25 mg/ML	Clinical	Required diagnosis=Chemotherapy-induced nausea and vomiting or Postoperative nausea and vomiting
ALPHAGAN P 0.1% DROPS	Lower Cost	Lower cost agent: brimonidine ophthalmic 0.2%
ALPHANATE 1,000-400 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
ALPHANATE 1,500-600 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
ALPHANATE 250-100 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
ALPHANATE 500-200 UNIT VIAL	Specialty	Specialty; follow policy on CareSource.com.
ALPHANINE SD INJECTION 1000UNIT	Clinical	Specialty; follow policy on CareSource.com.
ALPHANINE SD INJECTION 1500UNIT	Clinical	Specialty; follow policy on CareSource.com.
ALPHANINE SD INJECTION 500UNIT	Clinical	Specialty; follow policy on CareSource.com.
ALPRAZOLAM (XANAX) 1 mg/ML ORAL CONCENTRATE	Lower Cost	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALPRAZOLAM ER (XANAX ER) 0.5 mg TABLET	Lower Cost	Requires a clinical reason supported by chart notes why alprazolam (non-IR) tablet cannot be used
ALPRAZOLAM ER (XANAX ER) 1 mg TABLET	Lower Cost	Requires a clinical reason supported by chart notes why alprazolam (non-IR) tablet cannot be used
ALPRAZOLAM ER (XANAX ER) 2 mg TABLET	Lower Cost	Requires a clinical reason supported by chart notes why alprazolam (non-IR) tablet cannot be used
ALPRAZOLAM ER (XANAX ER) 3 mg TABLET	Lower Cost	Requires a clinical reason supported by chart notes why alprazolam (non-IR) tablet cannot be used
ALPRAZOLAM ODT (NIRAVAM) 0.25 mg ORALLY DISINTEGRATING TABLET	Lower Cost	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	Lower Cost	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	Lower Cost	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used

Drug	Status	Special Instructions
ALPRAZOLAM ODT (NIRAVAM) 2 mg ORALLY DISINTEGRATING TABLET	Lower Cost	Requires an inability to swallow pills or a clinical reason supported by chart notes why alprazolam tablet cannot be used
ALREX 0.2% EYE DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar)
ALTABAX 1% OINTMENT	Lower Cost	Lower cost agent: mupirocin ointment
ALTOPREV 20 mg TABLET	Lower Cost	Lower cost agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)
ALTOPREV 40 mg TABLET	Lower Cost	Lower cost agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)
ALTOPREV 60 mg TABLET	Lower Cost	Lower cost agents: lovastatin (Mevacor) AND simvastatin (Zocor) OR atorvastatin (Lipitor)
ALVESCO 160 mcg INHALER	Lower Cost	Lower cost agents: Flovent, Asmanex, Qvar (must try two)
ALVESCO 80 mcg INHALER	Lower Cost	Lower cost agents: Flovent, Asmanex, Qvar (must try two)
AMCINONIDE 0.1% CREAM	Lower Cost	Required diagnosis= Atopic Dermatitis (Eczema) Lower cost agents: 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) (must try two)
AMCINONIDE 0.1% LOTION	Lower Cost	Required diagnosis= Atopic Dermatitis (Eczema) 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) (must try two)

Drug	Status	Special Instructions
AMCINONIDE 0.1% OINTMENT	Lower Cost	Required diagnosis= Atopic Dermatitis (Eczema) FLUTICASON 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%, FLUTICASON Propionate (CUTIVATE) 0.005% OINTMENT, DIFLORASON 0.05% (Accepted trials but not recommended:MOMETASONE AND ALCLOMETASONE)
AMETHYST 90-20 mcg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-20 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-40 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 10 mg-80 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-10 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-20 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 2.5 mg-40 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-10 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-20 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-40 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together
AMLODIPINE-ATORVASTATIN (CADUET) 5 mg-80 mg TABLET	Lower Cost	Lower cost agent: amlodipine and atorvastatin separately taken together

Drug	Status	Special Instructions
AMNESTEEM 10 mg TABLET	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMNESTEEM 20 mg TABLET	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMNESTEEM 40 mg TABLET	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
AMOXICILLIN-CLARITHROMYCIN-LANSOPRAZOLE (PREVPAC) PATIENT PACK	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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 300-10-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
AMTURNIDE 300-5-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT) (must try 2 of the 4)
ANABAR CAPLET	Lower Cost	No longer available on the market
ANADROL-50 TABLET	Clinical	Required diagnosis = anemia
ANALPRAM KIT ADVANCED	Lower Cost	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	Lower Cost	No longer available on the market: USE ANDRODERM 2 mg/24HR PATCH
ANDRODERM 2 mg/24HR PATCH	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	No longer available on the market: USE ANDRODERM 4 mg/24HR PATCH
ANDROGEL 1% (25 gM) GEL PACKET	Lower Cost	Lower cost 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% (50 gM) GEL PACKET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
ANDROGEL 1.62% (20.25 mg/1.25 gM) GEL PACKET	Lower Cost	Lower cost agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = \leq 300 ng/dL before treatment
ANDROGEL 1.62% (40.5 mg/2.5 gM) GEL PACKET	Lower Cost	Lower cost agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = \leq 300 ng/dL before treatment
ANDROID (TESTRED) 10 mg CAPSULE	Lower Cost	Lower cost agents = Axiron or Fortesta (both still require a prior authorization) with a diagnosis of hypogonadism and total testosterone lab value = \leq 300 ng/dL before treatment
ANDROXY 10 mg TABLET	Clinical	Required diagnosis = metastatic mammary cancer or hypogonadism Lower cost agents = Axiron or Fortesta (both still require a prior authorization)
ANECREAM, LIDOCREAM (LMX 4 PLUS) KIT 4%	Lower Cost	Lower cost agents: ANECREAM, LIDOCREAM, LC-4 LIDOCAINE (LMX 4) and TRANSPARENT DRESSING separate
ANGELIQ 0.25-0.5 mg TABLET	Lower Cost	Lower cost agents: Femhrt or Prempro
ANGELIQ 0.5 mg-1 mg TABLET	Lower Cost	Lower cost agents: Femhrt or Prempro
ANORO ELLIPTA 62.2-25 MCG/INH	Lower Cost	Lower cost agents: Symbicort, Dulera or Advair (must try two)
FENOFIBRATE (ANTARA) 130 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOFIBRATE (ANTARA) 30 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
ANTARA 43 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
ANTARA 90 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
ANTIVERT 50 mg TABLET	Lower Cost	Lower cost agent: MECLIZINE 12.5 mg OR 25 mg
ANZEMET 100 mg TABLET	Lower Cost	Lower cost agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
ANZEMET 50 mg TABLET	Lower Cost	Lower cost agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
APEXICON E 0.05% CREAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: bupropion XL
APLENZIN ER 348 mg TABLET	Lower Cost	Lower cost agent: bupropion XL
APLENZIN ER 522 mg TABLET	Lower Cost	Lower cost agent: bupropion XL
APOKYN 30 mg/3 mL CARTRIDGE	Lower Cost	Lower cost agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
APRACLONIDINE (IOPIDINE) 0.5% EYE DROPS	Lower Cost	Lower cost agent: brimonidine ophthalmic 0.2%

Drug	Status	Special Instructions
APTIOM 200MG TABLET	Lower Cost	Required Diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 400MG TABLET	Lower Cost	Required diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 600MG TABLET	Lower Cost	Required diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
APTIOM 800MG TABLET	Lower Cost	Required diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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 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.

Drug	Status	Special Instructions
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.
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	Required diagnosis = Cryopyrin-associated periodic syndromes
ARCAPTA NEOHALER 75 mcg	Lower Cost	Lower cost agents: Foradil and Serevent
ARESTIN 1 mg SUBGINGIVAL	Clinical	Required diagnosis = adult periodontitis
ASCENSIA Contour TEST STRIPS/METER	Lower Cost	Lower cost agents: FreeStyle or Precision products
ASTAGRAF XL 0.5 mg CAPSULE	Lower Cost	Lower cost agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
ASTAGRAF XL 1 mg CAPSULE	Lower Cost	Lower cost agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
ASTAGRAF XL 5 mg CAPSULE	Lower Cost	Lower cost agent: Tacrolimus (PROGRAF) 0.5 mg CAPSULE
AZELASTINE (ASTEPRO) 0.15% NASAL SPRAY	Lower Cost	Lower cost agent: azelastine (Astelin) 137 mcg/spray
ATELVIA DR 35 mg TABLET	Lower Cost	Lower cost agent: alendronate
ATGAM 50 mg/ML AMPULE	Clinical	Required diagnosis = Diagnosis of management of allograft rein renal transplant patients or Aplastic anemia
ATOPICLAIR CREAM	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
ATRALIN 0.05% GEL	Lower Cost	Lower cost 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.
AURAX (AURALGAN) 5.5-1.4% OTIC SOLUTION	Lower Cost	Lower cost agent: antipyrine-Benzocaine (AURODEX) OTIC SOLUTION
AURODEX OTIC SOLUTION DAW	Lower Cost	Lower cost agent: Antipyrine-Benzocaine (AURODEX) OTIC SOLUTION

Drug	Status	Special Instructions
Avalide 150-12.5 mg TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
Avalide 300-12.5 mg TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
Avalide 300-25 mg TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic IRBESARTAN/HCTZ (Avalide) 150-12.5 mg tablet
AVANDAMET 2 mg-1,000 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 2 mg-500 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 4 mg-1,000 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDAMET 4 mg-500 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND Pioglitazone/Metformin (ActosPlusMet)
AVANDARYL 4 mg-1 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact)
AVANDARYL 4 mg-2 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDARYL 4 mg-4 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDARYL 8 mg-2 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact)
AVANDARYL 8 mg-4 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND pioglitazone/glimepiride (Duetact))
AVANDIA 2 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND PIOGLITAZONE (ACTOS)
AVANDIA 4 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND PIOGLITAZONE (ACTOS)
AVANDIA 8 mg TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage or Glucophage ER) AND AND PIOGLITAZONE (ACTOS)

Drug	Status	Special Instructions
AVAPRO 150 mg TABLET	Lower Cost	Lower cost agents: 2 different manufacturers of generic irbesartan tablet
AVAPRO 75 mg TABLET	Lower Cost	Lower cost agents: 2 different manufacturers of generic irbesartan tablet
AVAPRO 300 mg TABLET	Lower Cost	Lower cost agents: 2 different manufacturers of generic irbesartan tablet
AVAR 9.5-5% Cleansing Pads	Lower Cost	Lower cost 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% Cleansing Pads	Lower Cost	Lower cost 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%
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	Lower Cost	Lower cost agent: fluconazole oral tablet or miconazole vaginal suppositories
MOXIFLOXACIN (AVELOX) 400 mg TABLET	Step Therapy	Lower cost agent: ciprofloxacin or levofloxacin
MORPHINE SULFATE SR BEADS (AVINZA) 120 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 30 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 45 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 60 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 75 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR BEADS (AVINZA) 90 MG CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
AVODART 0.5 mg SOFTGEL	Lower Cost	Lower cost agents: doxazosin, terazosin, tamsulosin, or prazosin

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.
AXERT 12.5 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of the 3 agents)
AXERT 6.25 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of the 3 agents)
AXID AR 75 mg CAPSULE	Lower Cost	Lower cost 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 = \leq 300 ng/dL before treatment
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 (CMML)
AZASITE 1% EYE DROPS	Lower Cost	Lower cost agents: ciprofloxacin or ofloxacin ophthalmic
AZELEX 20% CREAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
AZILECT 1 mg TABLET	Lower Cost	Lower cost agents: bromocriptine, amantadine, carbidopa/levodopa, pramipexole, ropinirole, selegiline
AZOPT 1% EYE DROPS	Lower Cost	Lower cost agent: DORZOLAMIDE (TRUSOPT) 2% EYE DROPS
AZOR 10-20 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
AZOR 10-40 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
AZOR 5-20 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
AZOR 5-40 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately

Drug	Status	Special Instructions
BANZEL 200 mg TABLET	Step Therapy	Requires trial of: topiramate (Topamax), gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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), 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	Step Therapy	Requires trial of: topiramate (Topamax), gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), phenytoin (Dilantin), VALPROIC ACID (Depakene) or zonisamide or previous approval of Lyrica, Vimpat, Onfi, Stavzor, or Potiga
BAYER CONTOR TEST STRIPS	Lower Cost	Lower cost agents: FreeStyle or Precision products
BEBULIN VH 200-1,200 UINTS	Specialty	Specialty; follow policy on CareSource.com.
BECONASE AQ 0.042% SPRAY	Lower Cost	Lower cost 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
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	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR 40 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR 5 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
BENICAR HCT 20-12.5 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 lower cost agents for 60 days.

Drug	Status	Special Instructions
BENICAR HCT 40-12.5 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 lower cost agents for 60 days. Elig:
BENICAR HCT 40-25 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT). Must try 2 of the 4 lower cost agents for 60 days.
BENLYSTA	Clinical	Specialty; follow policy on CareSource.com.
BENZACLIN 1-5% GEL PUMP and GEL	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
BENZEPRO SC, BENZOYL PEROXIDE (BENZEFOAM ULTRA) 9.8% FOAM	Lower Cost	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
BENZEPRO, BENZOYL PEROXIDE (BENZEFOAM) 5.3% EMOLLIENT FOAM	Lower Cost	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
BENZIQ 5.25% GEL	Lower Cost	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

Drug	Status	Special Instructions
BENZI Q 5.25% WASH	Lower Cost	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
BENZOYL PEROXIDE 7% WASH	Lower Cost	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
BENZOYL PEROXIDE KIT AC (BPO CREAMY KIT) 8%-5%	Lower Cost	Lower cost 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%	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Required diagnosis = cataract surgery or corneal ulcer/keratitis or conjunctivitis Lower cost agents: ciprofloxacin or ofloxacin ophthalmic
BETAMETHASONE DP AUG 0.05% GEL	Lower Cost	Lower cost agents: BETAMETHASONE DP 0.05% CREAM, LOTION OR OINTMENT
BETAMETHASONE VALERATE (LUXIQ) 0.12% FOAM	Lower Cost	Lower cost agents: BETAMETHASONE VALERATE 0.1% CREAM, LOTION, or OINTMENT
BETASERON 0.3 mg KIT	Lower Cost	Specialty; follow policy on CareSource.com.
BETHKIS 300/4 mL NEBULIZING SOLUTION	Lower cost	Lower cost agent: Cayston
BETIMOL 0.25% EYE DROPS	Lower Cost	Lower cost agents: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC) 0.5% EYE DROPS
BETIMOL 0.5% EYE DROPS	Lower Cost	Lower cost agents: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC) 0.5% EYE DROPS

Drug	Status	Special Instructions
BETOPTIC-S 0.25% EYE DROPS	Lower Cost	Lower cost agent: BETAXOLOL 0.5% EYE DROP
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
BIDIL TABLET	Lower Cost	Lower cost agent: isosorbide and hydralazine separately
BINOSTO 70 mg EFFERVESCENT TABLET	Lower Cost	Lower cost agent: alendronate
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
BIVIGAM INJECTION 10%	Clinical	Specialty
BLEPHAMIDE EYE OINTMENT	Lower Cost	Lower cost agent: BLEPHAMIDE, SULFACETAMIDE SODIUM-PREDNISOLONE 10-0.2% EYE DROP SUSPENSION
B-NEXA, PRENAISSANCE NEXT, VP-GGR-B6	Lower Cost	Lower Cost 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.

Drug	Status	Special Instructions
BP CLEANSING (BENZOYL PEROXIDE) LOTION 4%	Lower Cost	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
B-PLEX PLUS TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
BRAVELLE INJECTION 75UNIT	Clinical	Specialty
BREO ELLIPTA 100-25 mcg INHALER	Lower Cost	Lower cost agents: Advair, Symbicort, or Dulera (must try two)
BREVOXYL-4 COMPLETE PACK	Lower Cost	No longer available on the market
BREVOXYL-8 COMPLETE PACK	Lower Cost	No longer available on the market
BRILINTA 90 mg TABLET	Clinical	Required diagnosis = acute coronary syndrome (ACS) or stroke prevention Lower cost agent: clopidogrel (Plavix)
BRIMONIDINE (ALPHAGAN P) 0.15% EYE DROPS	Lower Cost	Lower cost agent: BRIMONIDINE 0.2% EYE DROP
BRINTELLIX 10 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
BRINTELLIX 20 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
BRINTELLIX 5 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)

Drug	Status	Special Instructions
BRISDELLE 7.5 mg CAPSULE	Lower Cost	Requires clinical reason why non- CR paroxetine cannot be used
BROMDAY 0.09% EYE DROPS	Lower Cost	Lower cost agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
BROMFENAC 0.09% EYE DROPS	Lower Cost	Lower cost agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
BROVANA 15 mcg/2 mL SOLUTION	Lower Cost	Lower cost agents: Foradil or Serevent
BUPAP (PROMACET) 50-650 mg TABLET	Lower Cost	No longer available on the market
BUPAP 50-300 mg TABLET	Lower Cost	Lower cost 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	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
BUPRENORPHINE (SUBUTEX) 8 mg SUBLINGUAL TABLET	Clinical	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
BUPRENORPHINE-NALOXONE (SUBOXONE) 2 mg-0.5 mg SUBLINGUAL TABLET	Clinical	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
BUPRENORPHINE-NALOXONE (SUBOXONE) 8 mg-2 mg SUBLINGUAL TABLET	Clinical	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE (FIORICET-COD) 30-50-300-40 CAPSULE	Lower Cost	Lower cost agent: BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE (FIORICET-COD) 30-50-325-40 CAPSULE
BUTISOL SODIUM 30 mg TABLET	Lower Cost	Lower cost agent: phenobarbital
BUTISOL SODIUM 30 mg/5 mL ELIXIR	Lower Cost	Lower cost agent: phenobarbital
BUTISOL SODIUM 50 mg TABLET	Lower Cost	Lower cost agent: phenobarbital
BUTRANS 10 mcg/HR PATCH	Lower Cost	Lower cost agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 15 mcg/HR PATCH	Lower Cost	Lower cost agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 20 mcg/HR PATCH	Lower Cost	Lower cost agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BUTRANS 5 mcg/HR PATCH	Lower Cost	Lower cost agents: oxycodone, hydrocodone/acetaminophen, oxycodone/acetaminophen, hydrocodone/ibuprofen or tramadol
BYDUREON 2 mg WEEKLY INJECTION	Step Therapy	Requires a 60 day trial of: metformin IR or ER (Glucophage or Glucophage XR)

Drug	Status	Special Instructions
BYETTA 10 mcg DOSE PEN	Step Therapy	Requires a 60 day trial of: metformin IR or ER (Glucophage or Glucophage XR)
BYETTA 5 mcg DOSE PEN	Step Therapy	Requires a 60 day trial of: metformin IR or ER (Glucophage or Glucophage XR)
BYSTOLIC 10 mg TABLET	Lower Cost	Lower cost agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 2.5 mg TABLET	Lower Cost	Lower cost agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 20 mg TABLET	Lower Cost	Lower cost agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
BYSTOLIC 5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: calcipotriene (Dovonex)
CAMBIA 50 mg POWDER PACKET	Lower Cost	Lower cost agents: diclofenac (Cataflam) tablet and diclofenac (Voltaren) tablet
CAMPTOSAR 300 mg/15 mL VIAL	Clinical	Required diagnosis = metastatic carcinoma of the colon or rectum
CANDESARTAN (ATACAND) 16 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
CANDESARTAN (ATACAND) 32 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
CANDESARTAN (ATACAND) 4 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
CANDESARTAN (ATACAND) 8 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
CANTIL 25 mg TABLET	Lower Cost	Lower cost agent: glycopyrrolate tablet

Drug	Status	Special Instructions
CAPEX SHAMPOO	Lower Cost	Lower cost agent: ketoconazole shampoo (Nizoral) Required with a diagnosis of seborrhea on scalp OR Lower cost 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 scalp psoriasis
CAPITAL WITH CODEINE SUSPENSION	Lower Cost	Lower cost agent: ACETAMINOPHEN-CODEINE 120 mg/5 mL ELIXIR
CARBAGLU 200 mg DISPER TABLET	Clinical	Required diagnosis = hyperammonemia
CARBIDOPA & LEVODOPA (PARCOPA) 10 mg-100 mg ODT	Lower Cost	Lower cost agent: carbidopa/levodopa non-ODT OR and inability to swallow
CARBIDOPA & LEVODOPA (PARCOPA) 25 mg-100 mg ODT	Lower Cost	Lower cost agent: carbidopa/levodopa non-ODT OR and inability to swallow
CARBINOXAMINE, Arbinoxa (PALGIC) 4 mg TABLET	Lower Cost	Lower cost agents: chlorpheniramine OR diphenhydramine
CARDENE SR 30 mg CAPSULE	Lower Cost	Lower cost agent: non-SR nifedipine
CARDENE SR 45 mg CAPSULE	Lower Cost	Lower cost agent: non-SR nifedipine
CARDENE SR 60 mg CAPSULE	Lower Cost	Lower cost agent: non-SR nifedipine
CARDURA XL 4 mg TABLET	Lower Cost	Lower cost agent: non-XL doxazosin
CARDURA XL 8 mg TABLET	Lower Cost	Lower cost 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	Lower cost	Lower cost 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	Lower Cost	Lower cost agent: carisoprodol 350 mg tablet
CARNITOR SF 100 mg/ML ORAL	Lower Cost	Lower cost agent: levocarnitine (Carnitor) 1000 mg/10 mL (1 gm/10 mL) solution
CAVAN-EC VITAMIN 30-1-440 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony

Drug	Status	Special Instructions
CAVAN-FOLATE DHA COMBO PACK 65-1-250 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CAVAN-HEME OB TABLET 22-6-1 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CAYSTON 75 mg INHAL SOLUTION	Clinical	Required diagnosis = cystic fibrosis
CEDAX 90 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFACLOR 125/5 mL SUSPENSION	Lower Cost	Lower cost agents: CEFACLOR 250 mg and 500 mg CAPSULE
CEFACLOR 250/5 mL SUSPENSION	Lower Cost	Lower cost agents: CEFACLOR 250 mg and 500 mg CAPSULE
CEFACLOR 375/5 mL SUSPENSION	Lower Cost	Lower cost agents: CEFACLOR 250 mg and 500 mg CAPSULE
CEFPODOXIME 100 mg TABLET	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 100 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 200 mg TABLET	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFPODOXIME 50 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFTIBUTEN (CEDAX) 180 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CEFTIBUTEN (CEDAX) 400 mg CAPSULE	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
CELEBREX 100 mg CAPSULE	Step Therapy	Lower cost agents: Age 2-5 Trial of: meloxicam Age 6-17 Trial of: meloxicam, etodolac, or oxaprozin Age 18 and above Trial of: meloxicam, nabumetone, diclofenac, etodolac, or oxaprozin
CELEBREX 200 mg CAPSULE	Step Therapy	Lower cost agents: Age 2-5 Trial of: meloxicam Age 6-17 Trial of: meloxicam, etodolac, or oxaprozin Age 18 and above Trial of: meloxicam, nabumetone, diclofenac, etodolac, or oxaprozin
CELEBREX 400 mg CAPSULE	Step Therapy	Required diagnosis =Ankylosing spondylitis Lower cost agents: Age 2-5 Trial of: meloxicam Age 6-17 Trial of: meloxicam, etodolac, or oxaprozin Age 18 and above Trial of: meloxicam, nabumetone, diclofenac, etodolac, or oxaprozin
CELEBREX 50 mg CAPSULE	Step Therapy	Lower cost agents: Age 2-5 Trial of: meloxicam Age 6-17 Trial of: meloxicam, etodolac, or oxaprozin Age 18 and above Trial of: meloxicam, nabumetone, diclofenac, etodolac, or oxaprozin
CELESTONE 0.6 mg/5 mL SOLUTION	Lower Cost	Lower cost agent: prednisone tablet

Drug	Status	Special Instructions
CENESTIN 0.3 mg TABLET	Lower Cost	Lower cost agent: Premarin
CENESTIN 0.45 mg TABLET	Lower Cost	Lower cost agent: Premarin
CENESTIN 0.625 mg TABLET	Lower Cost	Lower cost agent: Premarin
CENESTIN 0.9 mg TABLET	Lower Cost	Lower cost agent: Premarin
CENESTIN 1.25 mg TABLET	Lower Cost	Lower cost agent: Premarin
CEPHALEXIN (KEFLEX) 750 mg CAPSULE	Lower Cost	Lower cost agent: cephalexin 500 MG capsule
CEPHALEXIN 500 mg TABLET	Lower Cost	Lower cost agent: cephalexin 500 MG capsule
CEREDASE INJECTION 80UNT/ML	Clinical	Specialty
CEREFOLIN NAC CAPELET 600-2-6 mg	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
CEREFOLIN TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: urea 40% cream
CERVARIX (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.
CESAMET 1 mg CAPSULE	Lower Cost	Lower cost agents: ondansetron, meclizine, promethazine, prochlorperazine, or granisetron
CETROTIDE KIT 0.25 mg	Clinical	Specialty
CETROTIDE KIT 3 mg	Clinical	Specialty
CEVIMELINE (EVOXAC) 30 mg CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: ursodiol
CHILD DELSYM COUGH-COLD NIGHT	Lower Cost	Lower cost agent: ROBITUSSIN PEDIATRIC COUGH 7.5MG/5ML
CHILDREN'S MUCINEX 5 mg-10 mg-325 mg-200 mg/10 mL	Lower Cost	Lower cost agent: CHILD'S MUCINEX 100 mg/5 mL LIQUID
CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL INJECTION 10000 UNIT	Clinical	Required diagnosis = hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males prepubertal or cryptorchidism not caused by anatomic obstruction

Drug	Status	Special Instructions
CIALIS 10 mg TABLET	Excluded benefit	
CIALIS 2.5 mg TABLET	Excluded benefit	
CIALIS 20 mg TABLET	Excluded benefit	
CIALIS 5 mg TABLET	Excluded benefit Lower Cost	Excluded benefit except for diagnosis of Benign Prostatic Hypertrophy (BPH) with a trial of doxazosin, terazosin, tamsulosin, or prazosin
CICLOPIROX KIT 8%	Lower Cost	Lower cost agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately Lower cost agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
CILOXAN 0.3% OINTMENT	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: Ciprodex
CIPROFLOXACIN (CETRAXAL) 0.2% EAR SOLUTION	Lower Cost	Lower cost agents: ciprofloxacin ophthalmic or Ciprodex
CITRACAL MAXIMUM	Lower Cost	Lower cost agent: CALCIUM + D TAB 315 mg-200 UNIT
CITRANATAL 90 DHA PACK 90-1-300 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL ASSURE COMBO PACK 35-1-50 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL B-CALM PACK	Lower Cost	Lower cost agents: any formulary prenatal vitamin
CITRANATAL DHA PACK 27-1-50 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CITRANATAL RX TABLET	Lower Cost	Lower cost agents: any formulary prenatal vitamin
CLARAVIS or ACCUTANE 30 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin

Drug	Status	Special Instructions
CLARAVIS, ZENATANE or ACCUTANE 10 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARAVIS, ZENATANE or ACCUTANE 20 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARAVIS, ZENATANE or ACCUTANE 40 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
CLARINEX 0.5 mg/ML (2.5 mg/5 mL)	Lower Cost	Lower cost agents: desloratadine (Clarinet)
CLARINEX-D 12 HOUR TABLET	Lower Cost	Lower cost agents: desloratadine (Clarinet) and pseudoephedrine separately taken together
CLARINEX-D 24 HOUR TABLET	Lower Cost	Lower cost agents: desloratadine reditabs or tablets and pseudoephedrine separately taken together

Drug	Status	Special Instructions
CLARIS CLARIFYING WASH	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: OTC loratadine
CLARITIN 5 mg REDI-TABLET	Lower Cost	Lower cost agent: CHILD'S CLARITIN 5 mg CHEWABLE tablet
CLENIA EMOLLIENT CREAM	Lower Cost	Lower cost 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
CLINDAMYCIN (EVOCLIN) 1% FOAM	Lower Cost	Lower cost agent: clindamycin gel or solution
CLINDAMYCIN, CLINDAMAX (CLEOCIN T, CLINDAGEL) 1% GEL	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	No longer available on the market
CLOBETASOL (CLOBEX) 0.05% SHAMPOO	Lower Cost	Lower cost agent: CLOBETASOL, CORMAX SCALP (TEMOVATE) 0.05% SOLUTION
CLOBETASOL (CLOBEX) 0.05% TOPICAL LOTION	Lower Cost	Lower cost option: CLOBETASOL (OLUX) 0.05% FOAM
CLOBETASOL AERO (OLUX AERO) 0.05% FOAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost option: CLOBETASOL (TEMOVATE) 0.05% CREAM, CLOBETASOL (TEMOVATE) 0.05% GEL, CLOBETASOL (TEMOVATE) 0.05% OINTMENT or CLOBETASOL, CORMAX SCALP (TEMOVATE) 0.05% SOLUTION
CLOBEX 0.05% SPRAY	Lower Cost	Lower cost agents: clobetasol topical cream, gel, ointment, or solution

Drug	Status	Special Instructions
CLOCORTOLONE (CLODERM) 0.1% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>
Clomiphene (Clomid)	Excluded benefit	
CLONAZEPAM (KLONOPIN) 0.125 mg DISINTEGRATING TABLET	Lower Cost	Lower cost agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 0.25 mg DISINTEGRATING TABLET	Lower Cost	Lower cost agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 0.5 mg DISINTEGRATING TABLET	Lower Cost	Lower cost agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 1 mg DISINTEGRATING TABLET	Lower Cost	Lower cost agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLONAZEPAM (KLONOPIN) 2 mg DISINTEGRATING TABLET	Lower Cost	Lower cost agent: CLONAZEPAM tablet unless for use during seizures OR inability to swallow
CLORPRES 0.2-15 TABLET	Lower Cost	Lower cost agent: clonidine and chlorthalidone separately
CLORPRES 0.3-15 TABLET	Lower Cost	Lower cost agent: clonidine and chlorthalidone separately
CLOZAPINE ODT (FAZACLO ODT) 100 mg	Lower Cost	Lower cost agent: clozapine

Drug	Status	Special Instructions
CLOZAPINE ODT (FAZACLO ODT) 12.5 mg	Lower Cost	Lower cost agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 150 mg	Lower Cost	Lower cost agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 200 mg	Lower Cost	Lower cost agent: clozapine
CLOZAPINE ODT (FAZACLO ODT) 25 mg	Lower Cost	Lower cost agent: clozapine
CNL8 NAIL 8 % KIT	Lower Cost	Lower cost agent: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
CO CET 650-30 mg TABLET	Lower Cost	No longer available on the market: use ACETAMINOPHEN-CODEINE #3 tablet
COLCRYS 0.6 mg TABLET	Step Therapy	Requires trial of: allopurinol for gouty attacks, acute gout, gout flares, flares, gout or gout prophylaxis OR a diagnosis of familial Mediterranean fever in adults and children 4 years and older
COLESTIPOL (COLESTID) FLAVORED GRANULES	Lower Cost	Lower cost agent: COLESTIPOL tablet
COLESTIPOL (COLESTID) GRANULES	Lower Cost	Lower cost agent: COLESTIPOL tablet
COLESTIPOL (COLESTID) GRANULES PACKET	Lower Cost	Lower cost agent: COLESTIPOL tablet
COLY-MYCIN EAR DROPS	Lower Cost	Lower cost agent: neomycin/hydrocortisone/polymyxin otic
COLYTE/FLAVR SOLUTION 227.1 gM 3785 mL	Lower Cost	Lower cost 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	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
COMPLETE NATAL DHA 29-1-250 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CONCEPT DHA CAPSULE 35-1-200 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
CONDYLOX 0.5% GEL	Lower Cost	Lower cost agent: podofilox (solution)
CONZIP 100 mg TABLET	Lower Cost	Lower cost agents: tramadol IR or tramadol ER (which requires a PA)
CONZIP 200 mg TABLET	Lower Cost	Lower cost agents: tramadol IR or tramadol ER (which requires a PA)
CONZIP 300 mg TABLET	Lower Cost	Lower cost agents: tramadol IR or tramadol ER (which requires a PA)
COPAXONE 20 mg INJECTION KIT	Clinical	Specialty; follow policy on CareSource.com.
COPAXONE 40 mg INJECTION	Lower Cost	Lower cost agent: Copaxone 20mg Injection Kit
COPEGUS TABLET 200 mg	Clinical	Specialty

Drug	Status	Special Instructions
CORDRAN 0.05% LOTION	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
CORDRAN 4 mcg/SQ CM TAPE	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
CORDRAN SP 0.05% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>
COREG CR 10 mg CAPSULE	Lower Cost	Lower cost agent: non-cr carvedilol
COREG CR 20 mg CAPSULE	Lower Cost	Lower cost agent: non-cr carvedilol
COREG CR 40 mg CAPSULE	Lower Cost	Lower cost agent: non-cr carvedilol
COREG CR 80 mg CAPSULE	Lower Cost	Lower cost agent: non-cr carvedilol
CORIFACT KIT	Clinical	Specialty; follow policy on CareSource.com.
CORTISPORIN 0.5% CREAM	Lower Cost	Lower cost agent: OTC topical cream
CORTISPORIN 1% OINTMENT	Lower Cost	Lower cost agent: OTC triple antibiotic ointment and hydrocortisone separately
CORTISPORIN-TC EAR SUSPENSION, COLY-MYCIN S	Lower Cost	Lower cost agent: neomycin/hydrocortisone/polymyxin otic
COSOPT PF SOLUTION	Lower Cost	Lower cost agent: dorzolamide HCl/timolol Maleate (COSOPT)
COTAB AX 4-20 MG TABLET	Lower Cost	Lower cost agent: CHLORPHENIRAMINE-ACETAMINOPHEN
COVERA-HS ER 180 mg TABLET	Lower Cost	No longer available on the market
COVERA-HS ER 240 mg TABLET	Lower Cost	No longer available on the market
CREON DR 12,000 UNITS CAPSULE	Lower Cost	Lower cost agents: VIOKACE, ZENPEP or ULTRESA
CREON DR 24,000 UNITS CAPSULE	Lower Cost	Lower cost agents: VIOKACE, ZENPEP or ULTRESA
CREON DR 3,000 UNITS CAPSULE	Lower Cost	Lower cost agents: VIOKACE, ZENPEP or ULTRESA
CREON DR 6,000 UNITS CAPSULE	Lower Cost	Lower cost agents: VIOKACE, ZENPEP or ULTRESA
CREON DR 36,000 UNITS CAPSULE	Lower Cost	Lower cost agents: VIOKACE, ZENPEP or ULTRESA

Drug	Status	Special Instructions
CRESTOR 10 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 20 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 40 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRESTOR 5 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
CRINONE 4% GEL	Clinical	Lower cost agent: medroxyPROGESTERONE acetate (Provera) for a diagnosis of secondary amenorrhea
CRINONE 8% GEL	Lower Cost	Lower cost agent: medroxyPROGESTERONE acetate (Provera) for a diagnosis of secondary amenorrhea
CROMOLYN SODIUM (GASTROCROM) 100 mg/5 mL CONCENTRATE	Clinical	Required diagnosis = diagnosis of mastocytosis Lower cost agent: diphenhydramine (Benadryl)
CULTURELLE PAK FOR KIDS(OTC)	Lower Cost	Lower cost agents: preferred probiotics which include but are not limited to: Probiotic Cap by Rugby, Rite Aid, Walgreens, Acidophilus Cap by Mck Sun, Probio Colon Cap OR Rezyst Chew tab, Diff-stat Chew etc OR Florastor Pak Kids
CUVPOSA 1 mg/5 mL SOLUTION	Clinical	Required diagnosis = drooling and inability to swallow glycopyrrolate tablet
CYCLIVERT TABLET 25 mg	Lower Cost	Lower cost agents: meclizine or dimenhydrinate
CYCLOBENZAPRINE (FEXMID) 7.5 mg TABLET	Lower Cost	Lower cost agents: cyclobenzaprine tablet 5 mg and 10 mg
CYCLOBENZAPRINE ER (AMRIX) 15 mg CAPSULE	Lower Cost	Lower cost agent: NON-ER cyclobenzaprine tablet
CYCLOBENZAPRINE ER (AMRIX) 30 mg CAPSULE	Lower Cost	Lower cost agent: NON-ER cyclobenzaprine tablet
CYCLOGYL 0.5% EYE DROPS	Lower Cost	Lower cost agent: 1% ATROPINE EYE DROPS
CYCLOMYDRIL EYE DROPS	Lower Cost	Lower cost agent: 1% ATROPINE EYE DROPS/2.5% PHENYLEPHRINE EYE DROPS separately taken together
Cycloserine (SEROMYCIN) 250 mg CAPSULE	Lower Cost	Lower cost agent: rifampin
Cycloset 0.8 mg TABLET	Clinical	Required diagnosis = Type 2 Diabetes (Trials of at least 2 agents Including orals and/or injectables)
CYSTADANE POWDER	Clinical	Required diagnosis=Homocystinuria
CYSTAGON 150 mg CAPSULE	Lower Cost	Lower cost agent=cuprimine with a diagnosis of Nephropathic cystinosis
CYSTAGON 50 mg CAPSULE	Lower Cost	Lower cost agent=cuprimine with a diagnosis of Nephropathic cystinosis
CYSTARAN 0.44% SOLUTION	Clinical	Required diagnosis=corneal cystine crystal accumulation in patients with cystinosis

Drug	Status	Special Instructions
CYTOGAM 2.5 gM/50 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
DALIRESP 500 mcg	Step Therapy	Requires diagnosis of severe COPD and currently on albuterol and currently on at least two of the following: Advair/Symbicort/Dulera or Qvar/Flovent/Pulmicort/Asmanex/Spiriva or Montelukast (Singulair)/ Theophylline with continued exacerbations
Dallergy 12.5-5 mg Chewables	Lower Cost	Lower cost agents: OTC phenylephrine, chlorpheniramine, or methscopolamine
DAILY PRENATAL COMBO PACK	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
DALLERGY 25-10 mg TABLET	Lower Cost	Lower cost agents: NOHIST OR ACTIFIED
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)

Drug	Status	Special Instructions
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
DEMECLOCYCLINE (DECLOMYCIN) 150 mg TABLET	Lower Cost	Lower cost agents: minocycline or doxycycline
DEMECLOCYCLINE (DECLOMYCIN) 300 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent=cuprimine with a diagnosis of Wilson's Disease, RA, or cystinuria
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 104 mg	Lower Cost	Lower cost agent: MEDROXYPROGESTERONE ACETATE (DEPO- PROVERA) IM SUSP 150 mg/mL
DESLORATADINE (CLARINEX) 2.5 mg REDITABLETS	Lower Cost	Lower cost agents: loratadine, cetirizine or fexofenadine
DESLORATADINE (CLARINEX) 5 mg REDITABLETS	Lower Cost	Lower cost agents: loratadine, cetirizine or fexofenadine
DESLORATADINE (CLARINEX) 5 mg TABLET	Lower Cost	Lower cost agents: loratadine, cetirizine or fexofenadine

Drug	Status	Special Instructions
DESONATE 0.05% GEL	Lower Cost	Lower cost agents: DESONIDE (DESOWEN) 0.05% CREAM OR OINTMENT
DESONIDE (DESOWEN) 0.05% LOTION	Lower Cost	Lower cost agents: DESONIDE (DESOWEN) 0.05% CREAM OR OINTMENT
DESOWEN 0.05% LOTION KIT	Lower Cost	Lower cost agent: desonide cream or ointment with generic OTC Cetaphil Lotion
DESOXIMETASONE (TOPICORT LP) 0.05% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
DESOXIMETASONE (TOPICORT) 0.05% GEL	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2:</p> <p>FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
DESOXIMETASONE (TOPICORT) 0.05% OINTMENT	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
DESOXIMETASONE (TOPICORT) 0.25% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
DESOXIMETASONE (TOPICORT) 0.25% OINTMENT	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>
DESVENLAFAXINE ER 100 mg TABLET	Lower Cost	<p>Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)</p>
DESVENLAFAXINE ER 50 mg TABLET	Lower Cost	<p>Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)</p>
TOLTERODINE ER (DETROL LA) 2 MG CAPSULE	Step Therapy	Lower cost agent: tolterodine IR
TOLTERODINE ER (DETROL LA) 4 MG CAPSULE	Step Therapy	Lower cost agent: tolterodine IR

Drug	Status	Special Instructions
DEXCHLORPHENIRAMINE 2 mg/5 mL SYRUP	Lower Cost	Age 10-11:
DEXILANT DR 30 mg CAPSULE	Lower Cost	Age Under 18: Omeprazole then Lansoprazole 30mg; Age 18 & Older: Omeprazole, Pantoprazole and then Lansoprazole
DEXILANT DR 60 mg CAPSULE	Lower Cost	Age Under 18: Omeprazole then Lansoprazole 30mg; Age 18 & Older: Omeprazole, Pantoprazole and then Lansoprazole
DEXTAK 13 DAY 1.5 mg TABLET	Lower Cost	Age 12-15:
DEXTAK 6 DAY 1.5 mg TABLET	Lower Cost	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	Lower Cost	
DEXTROMETHORPHAN SYRUP 15 mg/5 mL	Lower Cost	Age 16-17:
DIALYVITE 3,000 TABLET	Lower Cost	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	Lower Cost	
DIALYVITE SUPREME D TABLET	Lower Cost	Age over 18:
DIALYVITE W/ZINC, BIOTIN FORTE W/ZINC 0.8 mg TABLET	Lower Cost	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	Lower Cost	Lower cost agent: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE, BIOTIN FORTE (NEPHRO-VITE) 0.8 mg TABLET

Drug	Status	Special Instructions
DIALYVITE, VOL-CARE, NEPHRONEX, RENA-VITE (NEPHRO-VITE) TABLET	Lower Cost	Lower cost agent: DIALYVITE, RENAL TAB, FULL SPECT, RENA-VITE, BIOTIN FORTE (NEPHRO-VITE) 0.8 mg TABLET
DIATX ZN TABLET	Lower Cost	Lower cost agent: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
DICLEGIS 10-10 mg TABLET	Lower Cost	Lower cost agents: OTC DOXYLAMINE (UNISOM) AND PYRIDOXINE (VITAMIN B6) separately
DICLOFENAC (SOLARAZE) 3% GEL	Lower Cost	Lower cost agents: FLUOROURACIL (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of Actinic keratoses
DIFFERIN 0.1% LOTION	Lower Cost	Lower cost agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFFERIN 0.3% GEL	Lower Cost	Lower cost agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFFERIN 0.3% GEL PUMP	Lower Cost	Lower cost agents: adapalene (DIFFERIN) 0.1% CREAM OR GEL
DIFICID 200 mg TABLET	Lower Cost	Lower cost agents: oral Metronidazole (Flagyl) and oral VANCOMYCIN (Vancocin) for a diagnosis of C.Diff (Clostridium Difficile) Colitis/Diarrhea
DIFIL-G 400 TABLET	Lower Cost	No longer available on the market
DIHYDROCODEINE COMPOUND CAP (SYNALGOS-DC) CAPSULE 16-356-30 mg	Lower Cost	Lower cost agent: ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE (PANLOR/PANLOR SS) 712.8-60-32 mg TABLET
DILATRATE-SR 40 mg CAPSULE	Lower Cost	Lower cost agent: isosorbide dinitrate
DILUENT FOR FLOLAN VIAL	Clinical	Specialty; follow policy on CareSource.com.
DIOVAN 160 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
DIOVAN 320 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
DIOVAN 40 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
DIOVAN 80 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
DIPENTUM 250 MG CAPSULE	Step Therapy	Must first try sulfasalazine
DIVIGEL 0.25 mg GEL PACKET	Lower Cost	Lower cost agents: estradiol tablet, patches (Climara) or Alora
DIVIGEL 0.5 mg GEL PACKET	Lower Cost	Lower cost agents: estradiol tablet, patches (Climara) or Alora
DIVIGEL 1 mg GEL PACKET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: DONEPEZIL (ARICEPT) 5 mg or 10 mg
DONNATAL 16.2 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: PHENOBARBITAL 20 mg/5 mL ELIXIR and HYOSCYAMINE, Hyosyne 125 mcg/5 mL Elixir separately taken together
DORYX 200 mg TABLET	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 100 mg TABLET	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 150 mg TABLET	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE HYCLATE DELAYED RELEASE (DORYX) 75 mg TABLET	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE MONOHYDRATE (ADOXA) 150 mg TABLET	Lower Cost	Required diagnosis= Acne Lower cost agents: DOXYCYCLINE MONOHYDRATE capsule 100MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50MG, DOXYCYCLINE MONOHYDRATE TABLET 50MG
DOXYCYCLINE MONOHYDRATE (ADOXA) 75 mg TABLET	Lower Cost	Required diagnosis= Acne Lower cost agents: DOXYCYCLINE MONOHYDRATE capsule 100MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50MG, DOXYCYCLINE MONOHYDRATE TABLET 50MG
DOXYCYCLINE MONOHYDRATE CAPSULE 150 mg	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE MONOHYDRATE CAPSULE 75 mg	Lower Cost	Lower cost agents: DOXYCYCLINE HYCLATE 100 MG CAPSULE, DOXYCYCLINE HYCLATE 100 MG TABLET, DOXYCYCLINE HYCLATE 20 MG TABLET, DOXYCYCLINE HYCLATE 50 MG CAPSULE
DOXYCYCLINE MONOHYDRATE, AVIDOXY (ADOXA) 100 mg TABLET	Lower Cost	Required diagnosis= Acne Lower cost agents: DOXYCYCLINE MONOHYDRATE capsule 100MG, DOXYCYCLINE MONOHYDRATE CAPSULE 50MG, DOXYCYCLINE MONOHYDRATE TABLET 50MG
Dritho-Crème HP 1% CREAM	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
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%	Lower Cost	No Longer available on market
DUAVEE 0.45-20 MG Tablet	Lower Cost	Lower cost agents: COMBIPATCH, Prempro, PREMARIN, or FemHRT
DUET DHA BALANCED COMBO PACK 27-1-380 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
DUET DHA COMPLETE COMBO PACK 27-1-300 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
DUET DHA COMPLETE COMBO PACK 27-1-430 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
DUEXIS 800/26.6 mg TABLET	Lower Cost	Lower cost agent: famotidine and ibuprofen separately
DURAFLU TABLET 60-20-200-500 mg	Lower Cost	Lower cost agent: MUCINEX DM ER and Acetaminophen separately
DUREZOL 0.05% EYE DROPS	Lower Cost	Lower cost agents: DEXAMETHASONE 0.1% OPHTHALMIC SOLUTION, PREDNISOLONE ACETATE (PRED FORTE, OMNIPRED) 1%, or PREDNISOLONE SODIUM PHOSPHATE 1%
DUTOPROL 100 mg-12.5 mg	Lower Cost	Lower cost agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DUTOPROL 25 mg-12.5 mg	Lower Cost	Lower cost agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DUTOPROL 50 mg-12.5 mg	Lower Cost	Lower cost agent: METOPROLOL and HYDROCHLOROTHIAZIDE separately taken together
DYLIX 100 mg/15 mL ELIXIR	Lower Cost	No longer available on the market
DYMISTA 50/137 mcg	Lower Cost	Lower cost agent: fluticasone (Flonase) AND azelestine (Astelin) separately
DYNACIRC CR 10 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
DYNACIRC CR 5 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
DYRENIUM 100 mg CAPSULE	Lower Cost	Lower cost agents: spironolactone, triamterene-hctz, or amiloride
DYRENIUM 50 mg CAPSULE	Lower Cost	Lower cost agents: spironolactone, triamterene-hctz, or amiloride
DYSPORT	Clinical	Specialty; follow policy on CareSource.com.
ED CHLORPED D PEDIATRIC DROPS	Lower Cost	Lower cost agent: TRIAMINIC COLD-ALLERGY PE LIQUID
ED CYTE F TABLET	Lower Cost	Lower cost agent: FERROUS FUMARATE 324 mg-FOLIC ACID 1 mg-DOCUSATE SODIUM 50 mg separately
EDARBI 40 mg TABLET	Lower Cost	Lower cost agent: losartan (Cozaar) or irbesartan (Avapro)
EDARBI 80 mg TABLET	Lower Cost	Lower cost agent: losartan (Cozaar) or irbesartan (Avapro)

Drug	Status	Special Instructions
Edarbyclor 40-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: furosemide or torsemide
EDEX	Excluded benefit	
ED-FLEX CAPSULE	Lower Cost	Lower cost agents: BIPHENOX, BIOGESIC, or DOLOGESIC
EDLUAR 10 mg SL TABLET	Lower Cost	Lower cost agent: non-CR zolpidem
EDLUAR 5 mg SL TABLET	Lower Cost	Lower cost agent: non-CR zolpidem
EFFER-K 10 MEQ TABLET EFFERVESCENT	Lower Cost	Lower cost agent: formulary potassium supplement
EFFER-K 20 MEQ TABLET EFFERVESCENT	Lower Cost	Lower cost agent: formulary potassium supplement
EFFIENT 10 mg TABLET	Lower Cost	Lower cost agents: clopidogrel (Plavix) or warfarin
EFFIENT 5 mg TABLET	Lower Cost	Lower cost agents: clopidogrel (Plavix) or warfarin
ELAPRASE	Clinical	Specialty
ELDERCAP CAPSULE	Lower Cost	Lower cost 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	Lower Cost	* MD Specialty =
ELETONE CREAM	Lower Cost	*Has member opted out per Facets:
ELIDEL 1% CREAM	Step Therapy	
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
ELIQUIS 2.5 mg TABLET	Lower Cost	Lower cost agent: warfarin
ELIQUIS 5 mg TABLET	Lower Cost	Lower cost agent: warfarin
ELITE OB DHA SOFTGEL 28-1.25 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
ELITE-OB 400 CAPSULE 35-5-1.2 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
ELMIRON 100 mg CAPSULE	Lower Cost	Required diagnosis = interstitial cystitis
EMADINE 0.05% EYE DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar) unless patient is pregnant
EMBRACE BLOOD GLUCOSE TEST STRIPS	Lower Cost	Lower cost agents: FreeStyle or Precision products
EMBRACE METER	Lower Cost	Lower cost agents: FreeStyle or Precision products

Drug	Status	Special Instructions
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
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	Lower Cost	Lower cost agents: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
EMSAM 6 mg/24 HOURS PATCH	Lower Cost	Lower cost agents: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
EMSAM 9 mg/24 HOURS PATCH	Lower Cost	Lower cost agents: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
ENABLEX 15 mg TABLET	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
ENABLEX 7.5 mg TABLET	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR
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.
ENJUVA 0.3 mg TABLET	Lower Cost	Lower cost agent: Premarin
ENJUVA 0.45 mg TABLET	Lower Cost	Lower cost agent: Premarin
ENJUVA 0.625 mg TABLET	Lower Cost	Lower cost agent: Premarin
ENJUVA 0.9 mg TABLET	Lower Cost	Lower cost agent: Premarin

Drug	Status	Special Instructions
ENJUVIA 1.25 mg TABLET	Lower Cost	Lower cost agent: Premarin
EPANED 1 mg/ML SOLUTION	Clinical	Lower cost 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 GEL	Lower Cost	Lower cost agents: benzoyl peroxide gel 2.5% and adapalene gel 0.1%
EPIFOAM 1-1%	Lower Cost	Lower cost agent: PRAMOXINE AEROSOL (Proctofoam) 1% with Procto-Pak (PROCTOCORT) 1% CREAM separately
EPINASTINE (ELESTAT) 0.05% EYE DROPS	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: Namenda, generic Aricept, galantamine, generic Exelon
ERGOMAR 2 mg SUBLINGUAL TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: ketoconazole or clotrimazole for a diagnosis of tinea pedis
ESOMEPRAZOLE CAP 24.65 mg	Lower Cost	For Members who are Pregnant or on clopidogrel (Plavix): Lower cost agent: pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Lower cost agents: omeprazole 40 mg daily or 20 mg twice a day, then lansoprazole 30 mg Over 18 years old: Lower cost agents: omeprazole 40 mg daily or 20 mg twice a day, pantoprazole 40 mg, then lansoprazole 30 mg

Drug	Status	Special Instructions
ESOMEPRAZOLE CAP 49.3 mg	Lower Cost	For Members who are Pregnant or on clopidogrel (Plavix): Lower cost agent: pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Lower cost agents: omeprazole 40 mg daily or 20 mg twice a day, then lansoprazole 30 mg Over 18 years old: Lower cost agents: omeprazole 40 mg daily or 20 mg twice a day, pantoprazole 40 mg, then lansoprazole 30 mg
ESTRADERM 0.05 mg PATCH	Lower Cost	No longer available on the market
ESTRADERM 0.1 mg PATCH	Lower Cost	No longer available on the market
Estradiol Valerate (DELESTROGEN) IM OIL INJECTION	Clinical	Lower cost agents: estradiol tablets, patches (Climara) or Alora
ESTRASORB PACKET	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
ESTRING 2 mg VAGINAL RING	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
ESTROGEL 0.6% GEL	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
ETIDRONATE (Didronel) 400 mg TABLET	Lower Cost	Lower cost agent: alendronate
ETIDRONATE 200 mg TABLET	Lower Cost	Lower cost agent: alendronate
EUFLEXXA	Lower Cost	Specialty; follow policy on CareSource.com. Lower cost agents: Supartz & Gel-One

Drug	Status	Special Instructions
EURAX 10% CREAM	Lower Cost	<p>Required diagnosis = Scabies Lower cost agent: Permethrin Cream or Required diagnosis= Actopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, FLUTICASONE (CUTIVATE) 0.05% CREAM, PREDNICARBATE</p>

Drug	Status	Special Instructions
EURAX 10% LOTION	Lower Cost	<p>Required diagnosis = Scabies</p> <p>Lower cost agent: Permethrin Cream or</p> <p>Required diagnosis= Actopic Dermatitis (Eczema)</p> <p>A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2:</p> <p>FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9:</p> <p>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%</p> <p>Age 10-11:</p> <p>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%</p> <p>Age 12-15:</p> <p>FLUOCINONIDE 0.05%, FLUOCINONIDE-E 0.05%, CLOBETASOL (TEMOVATE) 0.05%, PREDNICARBATE (DERMATOP) 0.1% OINTMENT, HYDROCORTISONE 0.1%, HYDROCORTISONE 2.5%, FLUTICASONE</p>
EVAMIST 1.53 mg/SPRAY	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
EXALGO ER 12 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
EXALGO ER 16 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
EXALGO ER 32 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
EXALGO ER 8 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
EXELDERM 1% CREAM	Lower Cost	<p>Required diagnosis = tinea pedis (athlete's foot), tinea cruris, and tinea corporis and tinea versicolor</p> <p>Lower cost agents: ketoconazole, clotrimazole, metronidazole</p>
EXELDERM 1% SOLUTION	Lower Cost	<p>Required diagnosis = tinea pedis (athlete's foot), tinea cruris, and tinea corporis and tinea versicolor</p> <p>Lower cost agents: ketoconazole, clotrimazole, metronidazole</p>
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

Drug	Status	Special Instructions
EXFORGE 10-160 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
EXFORGE 10-320 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
EXFORGE 5-160 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
EXFORGE 5-320 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
EXFORGE HCT 10-160-12.5 mg TABLET	Lower Cost	Lower cost agent: Valsartan/hctz (Diovan HCT) WITH amlodipine separately
EXFORGE HCT 10-160-25 mg TABLET	Lower Cost	Lower cost agent: Valsartan/hctz (Diovan HCT) WITH amlodipine separately
EXFORGE HCT 10-320-25 mg TABLET	Lower Cost	Lower cost agent: Valsartan/hctz (Diovan HCT) WITH amlodipine separately
EXFORGE HCT 5-160-12.5 mg TABLET	Lower Cost	Lower cost agent: Valsartan/hctz (Diovan HCT) WITH amlodipine separately
EXFORGE HCT 5-160-25 mg TABLET	Lower Cost	Lower cost agent: Valsartan/hctz (Diovan HCT) WITH amlodipine separately
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.
FABIOR 0.1% AEROSOL FOAM	Lower Cost	Required diagnosis = Acne Lower cost agent: Tazorac 0.1% cream or gel
FABIOR 0.1% AEROSOL FOAM	Lower Cost	Required diagnosis = Acne Lower cost agent: Tazorac 0.1% cream or gel
FABRAZYME	Clinical	Specialty; follow policy on CareSource.com.
FACTIVE 320 mg TABLET	Lower Cost	Lower cost agent: ciprofloxacin or levofloxacin
FANAPT 10 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT 12 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT 1 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT 2 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT 4 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda

Drug	Status	Special Instructions
FANAPT 6 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT 8 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
FANAPT TITRATION PACK	Step Therapy	Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda (also must provide clinical reason why Fanapt pack is needed over tablets)
FARXIGA 10MG TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage) then Invokana
FARXIGA 5MG TABLET	Lower Cost	Lower cost agents: Metformin IR or ER (Glucophage) then Invokana
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	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FEMRING 0.05 mg VAGINAL RING	Lower Cost	Lower cost agents: Femhrt or Prempro
FEMTRACE 0.45 mg TABLET	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
FEMTRACE 0.9 mg TABLET	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
FEMTRACE 1.8 mg TABLET	Lower Cost	Lower cost agents: estradiol tablets, patches (Climara) or Alora
FENOFIBRATE (TRICOR) 145 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOFIBRATE (TRICOR) 48 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOFIBRIC ACID (TRILIPIX DR) 135 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOFIBRIC ACID (TRILIPIX DR) 45 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOGLIDE 120 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOGLIDE 40 mg TABLET	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
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
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/MI VIAL
FERIVA 75-1 MG CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: FERREX 150 PLUS capsule and a B-COMPLEX W/ FOLIC ACID TAB separately
FERREX 28 TABLET	Lower Cost	Lower cost agent: Formulary Iron (Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 mg, FERROUS FUMARATE tablet 325 mg , FERROUS SULFATE tablet 134 mg, etc)

Drug	Status	Special Instructions
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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: Age: 8-11 years old = Trial of: fluoxetine, Age: 12-17 years old = Trial of: escitalopram or fluoxetine, OR Age: 18 years old and older = Trial of: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
FETZIMA 20 mg CAPSULE	Lower Cost	Lower cost agents: Age: 8-11 years old = Trial of: fluoxetine, Age: 12-17 years old = Trial of: escitalopram or fluoxetine, OR Age: 18 years old and older = Trial of: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
FETZIMA 40 mg CAPSULE	Lower Cost	Lower cost agents: Age: 8-11 years old = Trial of: fluoxetine, Age: 12-17 years old = Trial of: escitalopram or fluoxetine, OR Age: 18 years old and older = Trial of: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
FETZIMA 80 mg CAPSULE	Lower Cost	Lower cost agents: Age: 8-11 years old = Trial of: fluoxetine, Age: 12-17 years old = Trial of: escitalopram or fluoxetine, OR Age: 18 years old and older = Trial of: escitalopram, citalopram, fluoxetine, paroxetine, fluvoxamine, sertraline, venlafaxine tablet, venlafaxine ER capsule or bupropion
FETZIMA TITRATION KIT	Lower Cost	Must provide clinical reason supported by chart notes why FETZIMA tablet (which requires a PA for use of formulary anti-depressants) cannot be used
FEXOFENADINE (ALLEGRA) 180 mg TABLET RX	Lower Cost	Lower cost agent: FEXOFENADINE (Allegra) 30 mg or 60 mg tablet OTC
FEXOFENADINE (ALLEGRA) 30 mg TABLET RX	Lower Cost	Lower cost agent: FEXOFENADINE (Allegra) 30 mg tablet OTC
FEXOFENADINE (ALLEGRA) 60 mg TABLET RX	Lower Cost	Lower cost agent: Fexofenadine (Allegra) 60 mg tablet OTC
FENOFIBRATE (FIBRICOR) 105 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FENOFIBRATE (FIBRICOR) 35 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
FINACEA 15% GEL	Lower Cost	Lower cost agent: Metronidazole topical

Drug	Status	Special Instructions
FINACEA PLUS KIT	Lower Cost	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	Lower Cost	Lower cost 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
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	Lower Cost	Lower cost agents: formulary topical hydrocortisone
FIRST-TESTOSTERONE 2% CREAM	Lower Cost	Required diagnosis = hypogonadism with total testosterone lab value = ≤ 300 ng/dL before treatment Lower cost agents: Axiron or Fortesta
FIRST-TESTOSTERONE 2% OINTMENT	Lower Cost	Required diagnosis = hypogonadism with total testosterone lab value = ≤ 300 ng/dL before treatment Lower cost agents: Axiron or Fortesta
FLAGYL ER 750 mg TABLET	Lower Cost	Lower cost agent: Metronidazole 500 mg
FLAREX 0.1% ophthalmic SUSPENSION	Lower Cost	Lower cost agent: FLUOROMETHOLONE, FLUOR-OP (FML LIQUIFLM) 0.1% DROPS
FLEBOGAMMA DIF 5% VIAL	Clinical	Specialty; follow policy on CareSource.com.
FLECTOR 1.3% PATCH	Lower Cost	Lower cost agents: 30 DAY TRIAL OF NSAIDS (naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, Sulindac or piroxicam); AND topical Voltaren Gel for a diagnosis of pain OR Lower cost agents: 30 DAY TRIAL OF NSAIDS (naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, Sulindac or piroxicam) for a diagnosis of low back pain
FLOLAN (EPOPSTENOL SODIUM) FOR INJECTION 0.5 mg	Clinical	Specialty; follow policy on CareSource.com.
Veletri (EPOPSTENOL SODIUM) FOR INJECTION 0.5 mg and 1.5 mg	Clinical	Specialty; follow policy on CareSource.com.
FLO-PRED 15 mg/5 mL	Lower Cost	Lower cost agent: prednisolone suspension
Fluarix Quad IM Syringe	Lower Cost	Lower cost agents: Afluria, Flulaval, Fluzone split, Fluzone, Fluarix, Fluzone HD, Fluvirin, or Fluvirin PF

Drug	Status	Special Instructions
Flucytosine (ANCOBON) 250 mg CAPSULE	Lower Cost	Lower cost agent: Fluconazole for a diagnosis of Cryptococcus Meningitis OR Lower cost agents: Fluconazole, Ketoconazole for a diagnosis of Candida; UTI, septicemia, and pulmonary
Flucytosine (ANCOBON) 500 mg CAPSULE	Lower Cost	Lower cost agent: Fluconazole for a diagnosis of Cryptococcus Meningitis OR Lower cost agents: Fluconazole, Ketoconazole for a diagnosis of Candida; UTI, septicemia, and pulmonary
Flumist Quadrivalent	Lower Cost	Lower cost agents: Afluria, Flulaval, Fluzone split, Fluzone, Fluarix, Fluzone HD, Fluvirin, or Fluvirin PF
FLUOCINOLONE (DERMOTIC) OIL 0.01% EAR DROP	Lower Cost	Required diagnosis= chronic eczematous external otitis
FLUOCINONIDE (VANOS) 0.1% CREAM	Lower Cost	Lower cost agent: fluocinolone cream
FLUOROPLEX 1% CREAM	Lower Cost	Lower cost agent: FLUOROURACIL (EFUDEX) 5% CREAM
FLUOXETINE 60 mg TABLET	Lower Cost	Lower cost agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)
FLUOXETINE DR (PROZAC) 60 mg CAPSULE	Lower Cost	Lower cost agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)
FLUOXETINE DR (PROZAC) 90 mg CAPSULE	Lower Cost	Lower cost agent: fluoxetine (10 mg, 20 mg, 40 mg, or 20 mg/5 ml soln)
FLUROX, ALTAFLUOR, FLUORESCIN W/ BENOXINATE 0.25-0.4% OPHTHALMIC SOLUTION	Clinical	Approved for: use in procedures in which a topical ophthalmic anesthetic agent
FLUTICASONE Propionate (CUTIVATE) 0.05% LOTION	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
Fluvastatin (LESCOL) 40 mg CAPSULE	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)

Drug	Status	Special Instructions
FLUVOXAMINE SR (LUVOX CR) 100 mg CAPSULE	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
FLUVOXAMINE SR (LUVOX CR) 150 mg CAPSULE	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
FML FORTE 0.25% EYE DROPS	Lower Cost	Lower cost agent: FLUOROMETHOLONE, FLUOR-OP (FML LIQUIFLM) 0.1% DROPS
FOCALIN XR 10 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), Methylphenidate SR capsule (Ritalin LA)
FOCALIN XR 20 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), Methylphenidate SR capsule (Ritalin LA)
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), Methylphenidate SR capsule (Ritalin LA)

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), Methylphenidate SR capsule (Ritalin LA)
FOCALIN XR 5 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), Methylphenidate SR capsule (Ritalin LA)
FOLAST TABLET 2-2.8-25 mg	Lower Cost	Lower cost agent: folic acid
FOLBEE PLUS TABLET	Lower Cost	Lower cost agent: folic acid
FOLCAP, FOLPLEX, FA-B6-B12 TABLET	Lower Cost	Lower cost agent: folic acid
FOLIVANE-EC CALCIUM DHA COMBO 27-1-250 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FOLIVANE-OB CAPSULE 85 mg-1 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FOLIVANE-PRX DHA NF CAPSULE 30-1.24-55	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
FOLLISTIM AQ INJECTION 600UNIT	Clinical	Specialty
FOLLISTIM AQ INJECTION 75UNIT	Clinical	Specialty
FOLLISTIM AQ INJECTION 900UNIT	Clinical	Specialty
FORFIVO XL 450 mg TABLET	Lower Cost	Lower cost agents: BUPROPION XL (WELLBUTRIN XL) 150 mg tablet AND BUPROPION XL (WELLBUTRIN XL) 300 mg tablet
FORMALDEHYDE 10% SOLUTION (Lazerformaldehyde)	Lower Cost	Lower cost 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 = \leq 300 ng/dL before treatment
FOSAMAX 70 mg ORAL SOLUTION	Lower Cost	Lower cost agent: alendronate
FOSAMAX PLUS D 70 mg-2,800 TABLET	Lower Cost	Lower cost agent: alendronate AND OTC vitamin D separately
FOSAMAX PLUS D 70 mg-5,600 TABLET	Lower Cost	Lower cost agent: alendronate AND OTC vitamin D separately

Drug	Status	Special Instructions
FOSTEUM CAP	Lower Cost	Lower cost 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)
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)

Drug	Status	Special Instructions
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)
FRESHKOTE EYE DROPS	Lower Cost	Lower cost agent: OTC artificial tears
FROVA 2.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	No longer available on the market
FUZEON CONVENIENCE KIT	Clinical	Required diagnosis = HIV infection with inability to swallow pills
FYCOMPA 2 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 4 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 6 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 8 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
FYCOMPA 10 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide

Drug	Status	Special Instructions
FYCOMPA 12 mg TABLET	Step	Required diagnosis = Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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.
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.

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agents: ciprofloxacin or ofloxacin ophthalmic with a diagnosis of conjunctivitis OR a diagnosis of cataract surgery or Corneal ulcer/Keratitis
GATTEX 5 mg KIT	Lower Cost	Specialty; follow policy on CareSource.com.
GAZYVA 25 mg/ML INJECTION	Clinical	Diagnosis = Previously untreated chronic lymphocytic leukemia (CLL) Provider Specialty = Oncologist
GELNIQUE 10% GEL SACHETS	Lower Cost	Must provide clinical reason supported by chart notes why OXYBUTYNIN, OXYBUTYNIN ER, or OXYBUTYNIN SYRUP cannot be used
GELNIQUE 3% GEL SACHETS	Lower Cost	Must provide clinical reason supported by chart notes why OXYBUTYNIN, OXYBUTYNIN ER, or OXYBUTYNIN SYRUP cannot be used
GEL-ONE 10MG/ML (3ML)	Clinical	Specialty; follow policy on CareSource.com
GENERESS FE CHEWABLE	Lower Cost	Lower cost agents: a formulary birth control option (most similar agents=Nortrel, Cyclofem, Necon, Alyacen (Ortho-Novum, NORINYL) 1/35-28 tablet
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.

Drug	Status	Special Instructions
GENOTROPIN MINIQUICK 2 mg	Clinical	Specialty; follow policy on CareSource.com.
GENTIAN VIOLET 2% SOLUTION	Lower Cost	Lower cost agent: Gentian Violet 1% (OTC)
GIAZO 1.1 gM TABLET	Lower Cost	Lower cost 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.
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
GLUCOSE METER BATTERIES	Bill as DME	
GLUMETZA ER 1,000 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
GLUMETZA ER 500 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
GLYCATE 1.5 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why GLYCOPYRROLATE tablet cannot be used
GLYCINE 1.5% IRRIGATION	Lower Cost	Lower cost agent: Normal Saline
GLYSET 100 mg TABLET	Step Therapy	Requires a 60 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

Drug	Status	Special Instructions
GLYSET 25 mg TABLET	Step Therapy	Requires a 60 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 60 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
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	Lower Cost	Lower cost agent: gabapentin with a diagnosis of Post Herpetic Neuralgia
GRALISE 600 mg	Lower Cost	Lower cost agent: gabapentin with a diagnosis of Post Herpetic Neuralgia
GRALISE Starter Kit 300 mg and 600 mg	Lower Cost	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 300 mcg/0.5 mL INJECTION	Clinical	Specialty
GRANIX 480 mcg/0.8 mL INJECTION	Clinical	Specialty
GUANIDINE 125 mg TABLET	Lower Cost	Required diagnosis = Myasthenic syndrome of Eaton-Lambert
GYNAZOLE-1 CREAM	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
HALOBETASOL (ULTRAVATE) 0.05% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
HALOBETASOL (ULTRAVATE) 0.05% OINTMENT	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
HALOG 0.1% CREAM	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age</p> <p>under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>

Drug	Status	Special Instructions
HALOG 0.1% OINTMENT	Lower Cost	<p>Required diagnosis= Atopic Dermatitis (Eczema) A Trial= 2 different agents for 14 days each by age group; Age under 2: FLUTICASONE Propionate (CUTIVATE) 0.05% CREAM, PREDNICARBATE (DERMATOP) 0.1% CREAM, BETAMETHASONE DP 0.05%, BETAMETHASONE VALERATE 0.1%, AMCINONIDE 0.1%</p> <p>Age 2-9: 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%</p> <p>Age 10-11: 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%</p> <p>Age 12-15: 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%</p>
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	Lower Cost	Lower cost 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	Lower Cost	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	Lower Cost	Lower cost agents: Examples: FERREX 150 CAP, FERROUS GLUCONATE tablet 240 MG, FERROUS FUMARATE tablet 325 MG , FERROUS SULFATE tablet 134 MG

Drug	Status	Special Instructions
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.
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	Lower Cost	Lower cost 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	Lower Cost	Specialty; follow policy on CareSource.com. Lower cost 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

Drug	Status	Special Instructions
HYDRO 40 AREOSOL FOAM	Lower Cost	Lower cost agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
HYDROCODONE W/ HOMATROPINE (TUSSIGON) TABLET	Lower Cost	Lower cost agent: benzonatate capsule
HYDROCODONE-ACETAMINOPHEN (MAXIDONE) 10-750 mg TABLET	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (LORTAB) 10-500 TABLET
HYDROCODONE-ACETAMINOPHEN, VICODIN (XODOL) 5-300 mg TABLET	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG
HYDROCODONE-ACETAMINOPHEN, VICODIN ES (XODOL) 7.5-300 mg TABLET	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 7.5-325 MG
HYDROCODONE-ACETAMINOPHEN, VICODIN HP (XODOL) 10-300 mg TABLET	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (NORCO) 10-325 M
HYDROCODONE-CHLORPHENIRAMINE (TUSSIONEX) PENNKINETIC SUSPENSION	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN 2.5-500 mg
HYDROCODONE-IBUPROFEN, IBUDONE (REPREXAIN) 5-200 mg TABLET	Lower Cost	Lower cost agents: HYDROCODONE-ACETAMINOPHEN (VICODIN, Anexsia, Lortab) 5-500 tablet or HYDROCODONE-ACETAMINOPHEN 5-325 MG (Norco)
HYDROCODONE-IBUPROFEN, REPREXAIN, IBUDONE 10-200 mg TABLET	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN 10-325 MG
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE (LOCOID LIPOCREAM) 0.1% CREAM	Lower Cost	Lower cost agent: HYDROCORTISONE BUTYRATE 0.1% CREAM (LOCOID)
HYDROCORTISONE VALERATE (WESTCORT) 0.2% OINTMENT	Lower Cost	Lower cost agent: HYDROCORTISONE VALERATE (WESTCORT) 0.2% CREAM
HYDROGESIC, STAGESIC (MARGESIC H) 5-500 mg CAPSULE	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (VICODIN, Anexsia, Lortab) 5-500 MG tablet
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	Lower cost agents: Supartz or Gel-One
HYLAN INTRA-ARTICULAR INJECTION 8 mg/ML	Clinical	Lower cost agents: Supartz or Gel-One

Drug	Status	Special Instructions
HYLATOPIC AREOSOL FOAM	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
HYLATOPIC PLUS CREAM	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
HYLIRA 0.2% LOTION	Clinical	
HYOPHEN (PROSED-DS) TABLET	Lower Cost	Lower cost agents: URELLE tablet, UROGESIC-BLUE or UTRONA-C
HYPERHEP B INJECTION S/D	Clinical	Specialty
HYPERRHO S/D SYRINGE 50 mcg	Clinical	Specialty
IBANDRONATE (BONIVA) 150 mg TABLET	Lower Cost	Lower cost agent: alendronate
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	Required diagnosis=cryopyrin-associated periodic syndromes or Systemic Juvenile Idiopathic Arthritis (SJIA) with a trial of Methotrexate AND Enbrel AND Humira
ILEVRO 0.3% ophthalmic SUSPENSION	Lower Cost	Lower cost agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
IMBRUVICA 140 mg CAPSULE	Clinical	Required diagnosis = MCL (Mantle Cell Lymphoma)
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
INCIVEK	Clinical	Specialty; follow policy on CareSource.com.
INCRELEX 40 mg/4 mL VIAL	Clinical	Specialty; follow policy on CareSource.com.
INFANATE BALANCE	Lower Cost	Lower Cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: propranolol SR 120 MG
INNOPRAN XL 80 mg CAPSULE	Lower Cost	Lower cost agent: propranolol SR 80 MG
INOVA 4 and 5% EASY PAD KIT	Lower Cost	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
INOVA 4/1 EASY PAD KIT	Lower Cost	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
INOVA 8 and 5 % EASY PAD KIT	Lower Cost	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
INOVA 8/2 EASY PAD KIT	Lower Cost	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
INTERMEZZO 1.75 mg SUBLINGUAL TABLET	Lower Cost	Lower cost agent: 7 day trial of IR & ER zolpidem

Drug	Status	Special Instructions
INTERMEZZO 3.5 mg SUBLINGUAL TABLET	Lower Cost	Lower cost agent: 7 day trial of IR & ER zolpidem
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 5 MILLION UNIT/ML	Clinical	Specialty
INTRON A 50 MILLION UNITS VIAL	Clinical	Specialty
INTRON A 6 MILLION UNIT/ML	Clinical	Specialty
INVEGA ER 1.5 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
INVEGA ER 3 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
INVEGA ER 6 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
INVEGA ER 9 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial or Saphris or Latuda
INVOKANA 100 mg TABLET	Step	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 60 days OR HbA1c (Hemoglobin A1c) with a value greater than 7.5% from within the last 90 days
INVOKANA 300 mg TABLET	Step	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) --trial of 60 days OR HbA1c (Hemoglobin A1c) with a value greater than 7.5% from within the last 90 days
IOPIDINE 1% EYE DROPS	Lower Cost	Lower cost agent: brimonidine ophthalmic 0.2%
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	Lower Cost	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

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agent: PILOCARPINE 1%, 2%, or 4% EYE DROPS
ISOPTO CARBACHOL 3% DROPS	Lower Cost	Lower cost agent: PILOCARPINE 1%, 2%, or 4% EYE DROPS
ISRADIPINE 2.5 mg CAPSULE	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
ISRADIPINE 5 mg CAPSULE	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
ISTALOL 0.5% EYE DROPS	Lower Cost	Lower cost 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
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
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	Lower Cost	Lower cost agent: Tamsulosin AND Avodart (which requires 90 days of tamsulosin) used separately taken together

Drug	Status	Special Instructions
JANUMET 50-1,000 mg TABLET	Step Therapy	Requires a 60 day trial of metformin IR or ER (Glucophage or Glucophage XR) OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
JANUMET 50-500 mg TABLET	Step Therapy	Requires a 60 day trial of metformin IR or ER (Glucophage or Glucophage XR) OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
JANUMET XR 100-1,000 mg TABLET	Step Therapy	Requires a 60 day trial of metformin IR or ER (Glucophage or Glucophage XR) OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
JANUMET XR 50-1,000 mg TABLET	Step Therapy	Requires a 60 day trial of metformin IR or ER (Glucophage or Glucophage XR) OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
JANUMET XR 50-500 mg TABLET	Step Therapy	Requires a 60 day trial of metformin IR or ER (Glucophage or Glucophage XR) OR HbA1c (Hemaglobin A1c) with a value greater than 7.5% from within the last 90 days
JANUVIA 100 mg TABLET	Step Therapy	Requires a 60 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
JANUVIA 25 mg TABLET	Step Therapy	Requires a 60 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
JANUVIA 50 mg TABLET	Step Therapy	Requires a 60 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
JENTADUETO 2.5/1000 mg TABLET	Step Therapy	Requires a 60 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
JENTADUETO 2.5/500 mg TABLET	Step Therapy	Requires a 60 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
JENTADUETO 2.5/850 mg TABLET	Step Therapy	Requires a 60 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
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 months *Max one per lifetime
JUVISYNC 100 mg-10 mg	Lower Cost	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately
JUVISYNC 100 mg-20 mg	Lower Cost	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately
JUVISYNC 100 mg-40 mg	Lower Cost	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately
JUVISYNC 50-10 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately
JUVISYNC 50-20 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately

Drug	Status	Special Instructions
JUVISYNC 50-40 MG TABLET	Step Therapy	Must provide clinical reason supported by chart notes why Januvia and simvastatin cannot be used separately
JUXTAPID 10 mg CAPSULE	Clinical	Lower cost agents: Simvastatin or Atorvastatin
JUXTAPID 20 mg CAPSULE	Clinical	Lower cost agents: Simvastatin or Atorvastatin
JUXTAPID 5 mg CAPSULE	Clinical	Specialty; follow policy on CareSource.com.
KADCYLA 100 mg INJECTION	Lower Cost	Required diagnosis = HER2 protein overexpression or gene amplification with a trial of Herceptin
KADCYLA 160 mg INJECTION	Lower Cost	Required diagnosis = HER2 protein overexpression or gene amplification with a trial of Herceptin
KADIAN ER 130 mg CAPSULE	Lower Cost	Lower cost agent: MORPHINE SULFATE ER (generic KADIAN ER) CAPSULE (which requires a clinical reason why unable to use morphine sulfate ER (MS Contin))
KADIAN ER 150 mg CAPSULE	Lower Cost	Lower cost agent: MORPHINE SULFATE ER (generic KADIAN ER) CAPSULE (which requires a clinical reason why unable to use morphine sulfate ER (MS Contin))
KADIAN ER 200 mg CAPSULE	Lower Cost	Lower cost agent: MORPHINE SULFATE ER (generic KADIAN ER) CAPSULE (which requires a clinical reason why unable to use morphine sulfate ER (MS Contin))
KADIAN ER 40 mg CAPSULE	Lower Cost	Lower cost agent: MORPHINE SULFATE ER (generic KADIAN ER) CAPSULE (which requires a clinical reason why unable to use morphine sulfate ER (MS Contin))
KADIAN ER 70 mg CAPSULE	Lower Cost	Lower cost agent: MORPHINE SULFATE ER (generic KADIAN ER) CAPSULE (which requires a clinical reason why unable to use morphine sulfate ER (MS Contin))
KALBITOR C1 Esterase Inhibitor (Human) 10 mg/ML SOLUTION	Clinical	Required diagnosis = routine prophylaxis against hereditary angioedema
KALYDECO 150 mg TABLET	Clinical	Required diagnosis = cystic fibrosis in patients 6 years and older who have a G551D mutation in the CFTR gene
KAPVAY ER 0.1/0.2 mg TITRATION KIT	Lower Cost	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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) then a 60 day trial of Tradjenta or Januvia unless HbA1c (Hemaglobin A1c) with a value greater than 7.5% within the last 90 days
KAZANO 12.5-500 mg TABLET	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) then a 60 day trial of Tradjenta or Januvia unless HbA1c (Hemaglobin A1c) with a value greater than 7.5% within the last 90 days

Drug	Status	Special Instructions
KENALOG AREOSOL SPRAY	Lower Cost	Lower cost agents: topical triamcinolone ointment/cream/lotion
KERAFOAM 30% AREOSOL	Lower Cost	Lower cost agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
KERAFOAM 42 AREOSOL 42%	Lower Cost	Lower cost agents: UREA , U-KERA, X-VIATE 40% CREAM or CEROVEL, X-VIATE, UREA-C40 , UREA 40% LOTION
KEROL AD 45% EMULSION	Lower Cost	Lower cost agent: Urea 40% cream
KETEK 300 mg TABLET	Lower Cost	Lower cost agents: clarithromycin, azithromycin, or erythromycin
KETEK 400 mg TABLET	Lower Cost	Lower cost agents: clarithromycin, azithromycin, or erythromycin
KETODAN, KETOCONAZOLE (EXTINA) 2% FOAM	Lower Cost	Lower cost agents: KETOCONAZOLE (NIZORAL) 2% SHAMPOO or KETOCONAZOLE (KURIC) 2% CREAM
KHEDEZLA 100 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
KHEDEZLA 50 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
KINERET 100 mg/0.67 mL SYRUP	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.
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	Lower Cost	Lower cost agent: metformin IR or ER (Glucophage or Glucophage XR) for 60 days then Jentaduetto or Janumet for 60 days
KOMBIGLYZE XR 5-1,000 mg TABLET	Lower Cost	Lower cost agent: metformin IR or ER (Glucophage or Glucophage XR) for 60 days then Jentaduetto or Janumet for 60 days

Drug	Status	Special Instructions
KOMBIGLYZE XR 5-500 mg TABLET	Lower Cost	Lower cost agent: metformin IR or ER (Glucophage or Glucophage XR) for 60 days then Jentaduetto or Janumet for 60 days
KORLYM 300 mg	Lower Cost	Required diagnosis = Cushing's Syndrome
K-PHOS #2 TABLET	Lower Cost	Lower cost agent: formulary potassium supplement
K-PHOS M.F. TABLET	Lower Cost	Lower cost agent: formulary potassium supplement
K-PHOS ORIGINAL 500 mg TABLET	Lower Cost	Lower cost 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	Lower cost agents: Simvastatin or Atorvastatin
KYPROLIS 60 mg POWDER FOR INJECTION	Clinical	Required diagnosis = multiple myeloma
LACRISERT 5 mg EYE INSERT	Lower Cost	Lower cost agents: OTC ophthalmic drops
LACTOCAL-F	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
LAMICTAL ODT 100 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL ODT 200 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL ODT 25 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL ODT 50 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL ODT STARTER KIT (BLUE)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL ODT STARTER KIT (GREEN)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL ODT STARTER KIT (ORANGE)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets then LAMICTAL ODT tablets cannot be used
LAMICTAL STARTER KIT (BLUE)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL STARTER KIT (GREEN)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL STARTER KIT (ORANGE)	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMICTAL XR STARTER KIT (BLUE)	Lower Cost	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)	Lower Cost	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)	Lower Cost	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	Lower Cost	Lower cost agent: GRISEOFULVIN 125 mg/5 mL SUSPENSION
LAMISIL 187.5 mg GRANULES PACKETS	Lower Cost	Lower cost agent: GRISEOFULVIN 125 mg/5 mL SUSPENSION
LAMOTRIGINE SR (LAMICTAL XR) 100 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 200 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 250 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 25 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 300 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LAMOTRIGINE SR (LAMICTAL XR) 50 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why LAMOTRIGINE tablets cannot be used
LANSOPRAZOLE ODT 15 mg TABLET	Lower Cost	No longer available on the market
LANSOPRAZOLE ODT 30 mg TABLET	Lower Cost	No longer available on the market
LARIN FE 1.5/30 TABLET	Lower Cost	Must use a formulary birth control agent (Most similar: Balziva)
LARIN FE 1/20 TABLET	Lower Cost	Must use a formulary birth control agent (Most similar: Balziva)
LASTACRAFT 0.25% EYE DROPS	Lower Cost	Lower cost 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	Lower Cost	Must provide clinical reason supported by chart notes why Urea 40% cream cannot be used
LATRIX, UREA 50% TOPICAL SUSPENSION	Lower Cost	Must provide clinical reason supported by chart notes why Urea 40% cream cannot be used
LATUDA 120 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
LATUDA 20 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
LATUDA 40 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
LATUDA 60 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine

Drug	Status	Special Instructions
LATUDA 80 mg TABLET	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
LESCOL XL 80 mg TABLET	Lower Cost	Lower cost 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 INJECTION	Clinical	Required diagnosis = Endometriosis /Uterine Fibroids; Precocious Puberty
LEVALBUTEROL (XOPENEX) 0.31 mg/3 mL SOLUTION	Lower Cost	Lower cost agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) 0.63 mg/3 mL SOLUTION	Lower Cost	Lower cost agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) 1.25 mg/3 mL SOLUTION	Lower Cost	Lower cost agent: albuterol inhalation solution
LEVALBUTEROL (XOPENEX) CONCENTRATED 1.25 mg/0.5 mL	Lower Cost	Lower cost agent: albuterol inhalation solution
LEVAQUIN 25 mg/ML SOLUTION	Lower Cost	Lower cost agent: 2 different manufacturers of generic levofloxacin solution
LEVATOL 20 mg TABLET	Lower Cost	Lower cost agents: carvedilol, labetalol, metoprolol, atenolol, nadolol, propranolol, sotalol, or bisoprolol
LEVEMIR 100 UNITS/ML VIAL	Lower Cost	Lower cost agent: Lantus (trial of 60 days; unless pregnant)
LEVEMIR FLEXPEN 100 UNITS/M	Lower Cost	Lower cost agent: Lantus (trial of 60 days; unless pregnant)
LEVETIRACETAM XR (KEPPRA XR) 500 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-XR levetiracetam (Keppra) cannot be used
LEVETIRACETAM XR (KEPPRA XR) 750 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-XR levetiracetam (Keppra) cannot be used
LEVITRA	Excluded benefit	

Drug	Status	Special Instructions
LEVOCETIRIZINE (XYZAL) 2.5 mg/5 mL SOLUTION	Lower Cost	Lower cost agents for Allergies/Allergic Rhinitis: loratadine, cetirizine or fexofenadine Lower cost 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)
LEVOCETIRIZINE (XYZAL) 5 mg TABLET	Lower Cost	Lower cost agents for Allergies/Allergic Rhinitis: loratadine, cetirizine or fexofenadine Lower cost 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	Lower Cost	Lower cost agent: ciprofloxacin or ofloxacin ophthalmic
LEVORPHANOL 2 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR
LEXAPRO 10 mg TABLET DAW	Lower Cost	Required trial of 2 different manufacturers of generic escitalopram
LEXAPRO 20 mg TABLET DAW	Lower Cost	Required trial of 2 different manufacturers of generic escitalopram
LEXAPRO 5 mg TABLET DAW	Lower Cost	Required trial of 2 different manufacturers of generic escitalopram

Drug	Status	Special Instructions
LEXAPRO 5 mg/5 mL SOLUTION DAW	Lower Cost	Required trial of 2 different manufacturers of generic escitalopram
LIALDA DR 1.2 gM TABLET	Lower Cost	Lower cost agents: ASACOL HD, DELZICOL or APRISO ER
LIDOCAINE (LIDODERM) 5% PATCH	Step Therapy	For diagnosis of Low Back Pain, trials of 30 days total of the following: NSAIDS (naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, Sulindac or piroxicam); Muscle Relaxers (cyclobenzaprine, baclofen, methocarbamol, tizanidine tablets (carisoprodol-accepted trial not preferred agent); Pain Relievers (hydrocodone/acetaminophen, oxycodone/acetaminophen, acetaminophen/codeine, fentanyl, morphine, oxycodone, Oxycontin, etc - accepted trials not preferred agents); Tramadol For diagnosis of Osteoarthritis or generalized pain, trials required follow: NSAIDS, Pain Relievers, or Tramadol AND topical lidocaine (If 30 days of orals; topical trial needs to be at least 30 days)Post Herpetic Neuralgia (Neuropathy) For diagnosis of post-hepetic neuralgia, trials required follow: gabapentin AND topical lidocaine
LIDOCAINE-HYDROCORTISONE RECTAL CREAM KIT 2-2%	Lower Cost	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%	Lower Cost	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%	Lower Cost	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%	Lower Cost	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 together cannot be used
LIDOVIR 4-4% OINTMENT	Lower Cost	Lower cost agents: ZOVIRAX 5% OINTMENT and LIDOCAINE 5% OINTMENT separately

Drug	Status	Special Instructions
LIMBREL 250 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
LIMBREL 500 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
LIMBREL 250-50 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
LIMBREL 500-50 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
LIMBREL 525-50 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
LINDANE 1% LOTION	Lower Cost	Lower cost agent: permethrin cream with a diagnosis of scabies
LINDANE 1% SHAMPOO	Lower Cost	<p>Lower cost agents for head lice per age group below:</p> <p>Age 2 months - 2 years old: permethrin</p> <p>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)</p> <p>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)</p> <p>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), spinosad (Natroba) or malathion (Ovide)</p>
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))

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
LIPOFEN 50 mg CAPSULE	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
LIPTRUZET 10-10 mg TABLET	Lower Cost	Lower cost agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-20 mg TABLET	Lower Cost	Lower cost agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-40 mg TABLET	Lower Cost	Lower cost agent: atorvastatin and Zetia separately taken together
LIPTRUZET 10-80 mg TABLET	Lower Cost	Lower cost agent: atorvastatin and Zetia separately taken together
LITHOSTAT 250 mg TABLET	Lower Cost	Required diagnosis=Chronic urea-splitting urinary infection
LIVALO 1 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LIVALO 2 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LIVALO 4 mg TABLET	Lower Cost	Lower cost agents: simvastatin (Zocor) or ATORVASTATIN (Lipitor)
LO LOESTRIN FE 1-10 TABLET	Lower Cost	Lower cost agents: a formulary birth control option (most similar agent=Balziva)
LO MINASTRIN PAK FE CHEWABLE	Lower Cost	Lower cost agents: a formulary birth control option (most similar agent=Balziva)
LOCOID LIPOCREAM 0.1%	Lower Cost	Lower cost agent: HYDROCORTISONE BUTYRATE 0.1% CREAM (LOCOID)
LOCOID LOTION 0.1%	Lower Cost	Lower cost agent: HYDROCORTISONE BUTYRATE 0.1% CREAM (LOCOID)
CARBIDOPA (LODOSYN) 25 mg TABLET	Lower Cost	Lower cost agent: carbidopa/levodopa (Sinemet)
LORTAB 10-300MG/15ML ELIXIR	Lower Cost	Lower cost agent: Hydrocodone-Acetaminophen (Hycet) 7.5MG-325MG/15ML Solution
LORZONE 375 mg TABLET	Lower Cost	Lower cost agent: chlorzoxazone 250 mg or 500 mg tablet
LORZONE 750 mg TABLET	Lower Cost	Lower cost agent: chlorzoxazone 250 mg or 500 mg tablet
LOSEASONIQUE TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic Camrese Lo, Amethia Lo
LOTEMAX 0.5% EYE DROPS	Lower Cost	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

Drug	Status	Special Instructions
LOTEMAX OPHTHALMIC OINTMENT 0.5%	Lower Cost	Clinical reason required supported by chart notes why LOTEMAX OPHTHALMIC GEL 0.5% cannot be used
LOTRONEX 0.5 mg TABLET	Clinical	Required diagnosis = severe diarrhea IBS with a trial of atropine-diphenoxylate (Lomotil) and/or dicyclomine (Bentyl)
LOTRONEX 1 mg TABLET	Clinical	Required diagnosis = severe diarrhea IBS with a trial of atropine-diphenoxylate (Lomotil) and/or dicyclomine (Bentyl)
LOVAZA 1 gM CAPSULE	Lower Cost	Lower cost agents: OTC Fish Oils
LUCENTIS SOLUTION 0.3 mg	Clinical	Specialty; follow policy on CareSource.com.
LUCENTIS SOLUTION 0.5 mg	Clinical	Specialty; follow policy on CareSource.com.
LUMIGAN 0.01% EYE DROPS	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
LUMIGAN 0.03% EYE DROPS	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
LUMIZYME	Clinical	Specialty; follow policy on CareSource.com.
ESZOPICLONE (LUNESTA) 1 mg TABLET	Lower Cost	Lower cost agents: zolpidem or zaleplon
ESZOPICLONE (LUNESTA) 2 mg TABLET	Lower Cost	Lower cost agents: zolpidem or zaleplon
ESZOPICLONE (LUNESTA) 3 mg TABLET	Lower Cost	Lower cost agents: zolpidem or zaleplon
LUPANETA KIT 3.75-5MG	Clinical	Lower cost 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	Lower Cost	Lower cost agents: Ketoconazole Clotrimazole, Lamisil gel, or Terbinafine cream
LYBREL 90-20 mcg TABLET	Lower Cost	No longer available on the market

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), 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), 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), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
LYRICA 20 mg/ML SOLUTION	Lower Cost	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), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide

Drug	Status	Special Instructions
LYRICA 225 mg CAPSULE	Step Therapy	For diagnosis of fibromyalgia, must first try amitriptyline, venlafaxine ER, or gabapentin (must try two). For diagnosis or neuropathy, neuralgia, or sciatica (including neuritis and radiculitis), must first try amitriptyline or gabapentin. For diagnosis of seizure or epilepsy, must first try gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
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), 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), 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), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide

Drug	Status	Special Instructions
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), 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	Lower Cost	Lower cost agent: Oxycodone-Acetaminophen (PERCO CET) 10-325 mg tablet
MAGNACET 5 mg-400 mg TABLET	Lower Cost	Lower cost agent: Oxycodone-Acetaminophen (PERCO CET) 5-325 mg tablet
MAGNACET 7.5 mg-400 mg TABLET	Lower Cost	Lower cost agent: Oxycodone-Acetaminophen (PERCO CET) 7.5-325 mg tablet
MAGNEBIND 400 RX TABLET	Lower Cost	Lower cost 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 Lower Cost	Specialty; follow policy on CareSource.com.
MARNATAL-F CAPSULE 60 mg-1 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
MARPLAN 10 mg TABLET	Lower Cost	Lower cost agent: Parnate
MATERNITY VITAMIN 27 mg-1 mg	Lower Cost	Trial of any lower cost prenatal per tab
MAXAIR AUTOHALER 0.2 mg AEROHALER	Lower Cost	Lower cost agents: ProAir or Ventolin
MAXARON FORTE CAPSULE	LowerCost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
MAXIDEX 0.1% EYE DROPS	Lower Cost	Lower cost agent: DEXAMETHASONE 0.1% OPHTHALMIC SOLUTION
MAXIFED-G CD TABLET	Lower Cost	Lower cost agent: CHERATUSSIN DAC SYRUP
MAXIFLU CD TABLET	Lower Cost	Lower cost agent: CAPMIST DM tablet and acetaminophen separately
MEBARAL 32 mg TABLET	Lower Cost	No longer available on the market
MEBARAL 50 mg TABLET	Lower Cost	No longer available on the market

Drug	Status	Special Instructions
MEFENAMIC (Ponstel) 250 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
MEGACE ES 625 mg/5 mL SUSPENSION	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: RESCON-DM SYRUP
M-END PE LIQUID	Lower Cost	Lower cost agent: DIMAPHEN ELIXIR
M-END WC LIQUID	Lower Cost	Lower cost agent: BROMFED SYRUP
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	Clinical	Specialty
MENOSTAR 1 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
MENTAX 1% CREAM	Lower Cost	Lower cost 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	Lower Cost	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	Lower Cost	Lower cost agents: METHYLFOL/ME, VITACIRC-B, FOLTANX,L-METHYL-B6 TABLET
METAXALONE (Skelaxin) 800 mg TABLET	Lower Cost	Lower cost agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial but not preferred agent)
METFORMIN ER (FORTAMET) 1,000 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used

Drug	Status	Special Instructions
METFORMIN ER (FORTAMET) 500 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why Metformin ER (Glucophage ER) cannot be used
MethAMPHETAMINE (DESOXYN) 5 mg TABLET	Lower Cost	Lower cost 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), dexamethylphenidate (Focalin), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse
METHITEST 10 mg TABLET	Lower Cost	Lower cost 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
METZOZOLV ODT 10 mg TABLET	Lower Cost	Lower cost agent: metoclopramide
METZOZOLV ODT 5 mg TABLET	Lower Cost	Lower cost agent: metoclopramide
METRONIDAZOLE (METROGEL) 1% TOPICAL GEL (TUBE AND PUMP)	Lower Cost	Must provide clinical reason supported by chart notes why metronidazole 0.75% topical lotion, cream, or gel cannot be used
TELMISARTAN (MICARDIS) 20 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TELMISARTAN (MICARDIS) 40 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TELMISARTAN (MICARDIS) 80 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TELMISARTAN-HYDROCHLOROTHIAZIDE (MICARDIS HCT) 40-12.5 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents
TELMISARTAN-HYDROCHLOROTHIAZIDE (MICARDIS HCT) 80-12.5 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents

Drug	Status	Special Instructions
TELMISARTAN-HYDROCHLOROTHIAZIDE (MICARDIS HCT) 80-25 mg TABLET	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try two of four agents
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	Lower Cost	Lower cost agent: prednisolone liquid
MILLIPRED 5 mg TABLET	Lower Cost	Lower cost agent: prednisone tablet
MILLIPRED DP 5 mg DOSE PACK 21 COUNT	Lower Cost	Lower cost agent: prednisone tablet
MILLIPRED DP 5 mg DOSE PACK 48 COUNT	Lower Cost	Lower cost agent: prednisone tablet
MINASTRIN 24 FE CHEWABLE TABLET	Lower Cost	Lower cost agent: a formulary birth control agent (Most similar: Balziva)
MINIVELLE DIS 0.1 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
MINIVELLE DIS 0.0375 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
MINIVELLE DIS 0.05 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
MINIVELLE DIS 0.075 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
MINOCYCLINE ER (SOLODYN ER) 135 mg TABLET	Lower Cost	Lower cost agent: minocycline
MINOCYCLINE ER (SOLODYN ER) 45 mg TABLET	Lower Cost	Lower cost agent: minocycline
MINOCYCLINE ER (SOLODYN ER) 90 mg TABLET	Lower Cost	Lower cost agent: minocycline
MINOXIDIL TOPICAL SOLUTION	Excluded benefit	
MIRAPEX ER 0.375 mg TABLET	Lower Cost	Lower cost agent: non-ER pramipexole
MIRAPEX ER 0.75 mg TABLET	Lower Cost	Lower cost agent: non-ER pramipexole
MIRAPEX ER 1.5 mg TABLET	Lower Cost	Lower cost agent: non-ER pramipexole
MIRAPEX ER 3 mg TABLET	Lower Cost	Lower cost agent: non-ER pramipexole
MIRAPEX ER 4.5 mg TABLET	Lower Cost	Lower cost agent: non-ER pramipexole
MIRVASO 0.33% GEL	Lower Cost	Lower cost agent: metronidazole 0.75% for a diagnosis of rosacea
MISSION PRENATAL	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
MISSION PRENATAL FA	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
MISSION PRENATAL HP	Lower Cost	Lower Cost 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

Drug	Status	Special Instructions
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	To be evaluated with Pegasys or PegIntron for a diagnosis of Hepatitis C (need to know Genotype 1, 2, 3, or 4) * HCV RNA level > 50IU/ml * Also must use Ribavirin instead * MD Specialty = Gastroenterologist of Hepatologist
MODERIBA PAK 1200/DAY	Clinical	To be evaluated with Pegasys or PegIntron for a diagnosis of Hepatitis C (need to know Genotype 1, 2, 3, or 4) * HCV RNA level > 50IU/ml * Also must use Ribavirin instead * MD Specialty = Gastroenterologist of Hepatologist
MODERIBA PAK 600/DAY	Clinical	To be evaluated with Pegasys or PegIntron for a diagnosis of Hepatitis C (need to know Genotype 1, 2, 3, or 4) * HCV RNA level > 50IU/ml * Also must use Ribavirin instead * MD Specialty = Gastroenterologist of Hepatologist
MODERIBA PAK 800/DAY	Clinical	To be evaluated with Pegasys or PegIntron for a diagnosis of Hepatitis C (need to know Genotype 1, 2, 3, or 4) * HCV RNA level > 50IU/ml * Also must use Ribavirin instead * MD Specialty = Gastroenterologist of Hepatologist
MODERIBA TAB 200MG	Clinical	To be evaluated with Pegasys or PegIntron for a diagnosis of Hepatitis C (need to know Genotype 1, 2, 3, or 4) * HCV RNA level > 50IU/ml * Also must use Ribavirin instead * MD Specialty = Gastroenterologist of Hepatologist
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	Lower Cost	Lower cost agents: Bactrim, ciprofloxacin, metronidazole or nitrofurantoin
MORPHINE SULFATE ER (KADIAN ER) 100 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE ER (KADIAN ER) 20 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE ER (KADIAN ER) 30 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE ER (KADIAN ER) 50 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE ER (KADIAN ER) 60 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)

Drug	Status	Special Instructions
MORPHINE SULFATE ER (KADIAN ER) 80 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MORPHINE SULFATE SR (KADIAN ER) 10 mg CAPSULE	Lower Cost	Lower cost agent: morphine sulfate ER (MS Contin)
MOTOFEN TABLET	Lower Cost	Lower cost agent: atropine with diphenoxylate (Lomotil)
MOVIPREP POWDER KIT	Lower Cost	Lower cost agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, or PEG-3350/KCL
MOXATAG ER 775 mg TABLET	Lower Cost	Lower cost agent: amoxicillin 500 mg
MOXEZA 0.5% EYE DROPS	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: Mag-Ox
MUCINEX COLD & SINUS	Lower Cost	Lower cost agent: MUCINEX ER 600 MG tablet
MUCINEX COLD-FLU & SORE THROAT	Lower Cost	Lower cost agent: MUCINEX ER 600 MG tablet
MUCINEX FAST-MAX COLD-SINUS	Lower Cost	Lower cost agent: MUCINEX ER 600 MG tablet
MUGARD LIQUID RINSE	Lower Cost	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	Lower Cost	Lower cost agents: flecainide, propafenone, sotalol, or digoxin
MULTIGEN CAPELET 70-150-10 mg	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: 2 different manufacturers of generic tropicamide
MYKIDZ IRON FL SUSPENSION 10-0.25/2	Lower Cost	Lower cost 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	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYORISAN 20 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYORISAN 40 mg CAPSULE	Lower Cost	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-preferred topical agent] AND Orals: minocycline, doxycycline, tetracycline, or erythromycin
MYOZYME	Clinical	Specialty; follow policy on CareSource.com.
MYRBETRIQ 25 mg	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIMUM, or TROSPIMUM SR
MYRBETRIQ 50 mg	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIMUM, or TROSPIMUM SR
MYTELASE 10 mg CAPELET	Lower Cost	Lower cost agent: Prostigmin with a diagnosis of myasthenia gravis
NABI-HB INJECTION	Clinical	Specialty

Drug	Status	Special Instructions
NAFTIN 1% CREAM	Lower Cost	Lower cost agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 1% GEL	Lower Cost	Lower cost agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 2% GEL	Lower Cost	Lower cost agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
NAFTIN 2% CREAM	Lower Cost	Lower cost agents: ketoconazole, clotrimazole, Lamisil gel, terbinafine cream
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 lower cost oral pain medications
NALFON 200 mg PULVULE	Lower Cost	This medication has been discontinued-No longer available
NALFON 400 mg CAPSULE	Lower Cost	Lower cost agent: FENOPROFEN 600 MG TABLET
NAMENDA XR 14 mg CAPSULE	Lower Cost	Lower cost agent: NAMENDA TABLET
NAMENDA XR 21 MG CAPSULE	Lower Cost	Lower cost agent: NAMENDA TABLET
NAMENDA XR 28 MG CAPSULE	Lower Cost	Lower cost agent: NAMENDA TABLET
NAMENDA XR 7 MG CAPSULE	Lower Cost	Lower cost agent: NAMENDA TABLET
NAMENDA XR TITRATION PACK	Lower Cost	Must provide clinical reason supported by chart notes why NAMENDA TABLET then NAMENDA XR CAPSULE cannot be used
NAPRELAN CR 375 mg TABLET	Lower Cost	Lower cost agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR 500 mg TABLET	Lower Cost	Lower cost agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR 750 mg TABLET	Lower Cost	Lower cost agents: NAPROXEN DR (EC-NAPROSYN) 375 MG tablet or NAPROXEN DR (EC-NAPROSYN) 500 MG tablet
NAPRELAN CR DOSECARD 500-750 mg	Lower Cost	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
NASCOBAL 500 mcg NASAL SPRAY	Lower Cost	Lower cost agent: OTC cyanocobalamin (b12) AND cyanocobalamine (B12) injection
NASONEX 50 mcg NASAL SPRAY	Lower Cost	Lower cost 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)
NATAZIA 28 TABLET	Lower Cost	Lower cost agents: a formulary birth control option
NATELLE-EZ	Lower Cost	Lower Cost agents: any formulary prenatal vitamin

Drug	Status	Special Instructions
NATELLE ONE CAPSULE	Lower Cost	Lower cost agents: a formulary prenatal vitamin option
NATURE-THROID, WESTHROID 113.75 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 130 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 146.25 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 16.25 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 162.5 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 195 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 260 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 325 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 48.75 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 65 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 81.25 mg TABLET	Lower Cost	Lower cost agent: ARMOUR THYROID tablet
NATURE-THROID, WESTHROID 97.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: a formulary birth control option (most similar agents= Mircette, Kariva, Azurette)
NEEVO DHA GELCAP 27-1.13 mg	Lower Cost	Lower cost agents: a formulary prenatal vitamin option
NEOBENZ MICRO SD 5.5% CREAM	Lower Cost	Lower cost agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)
NEOBENZ MICRO WASH PLUS PACK	Lower Cost	Lower cost agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)
NEO-FRADIN 125 mg/5 mL SOLUTION	Lower Cost	Lower cost agent: metronidazole
NEOSALUS AEROSOL FOAM	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEOSALUS CREAM	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEOSALUS LOTION	Lower Cost	Lower cost agents: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
NEPHPLEX RX TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP

Drug	Status	Special Instructions
NEPHROCAPSULE QT TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NEPHRON FA TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NEPHRONEX 1 mg CAPSULE	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
NESINA 12.5 mg TABLET	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) AND requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: any formulary prenatal vitamin
NESTABS DHA, NUTRI-TAB OB +DHA, V-NATAL DHA TABLET	Lower Cost	Lower cost agents: any formulary prenatal vitamin
NESTABS, NUTRI-TAB OB, V-NATAL TABLET	Lower Cost	Lower cost agents: any formulary prenatal vitamin
NEULASTA 6 mg/0.6 mL SYRING	Clinical	Specialty
NEUMEGA 5 mg VIAL	Clinical	Specialty
NEUPOGEN 300 mcg/0.5 mL SYRINGE	Clinical	Specialty
NEUPOGEN 300 mcg/ML VIAL	Clinical	Specialty

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 2 mg PER 24 HOUR	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 3 mg PER 24 HOUR	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 4 mg PER 24 HOUR	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 6 mg PER 24 HOUR	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEUPRO PATCH 8 mg PER 24 HOUR	Lower Cost	Lower cost agents: ropinirole or pramipexole with a diagnosis of restless leg syndrome (RLS) or Parkinson's
NEVANAC 0.1% DROPTAINER	Lower Cost	Lower cost agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
NEXA SELECT 29-1.25-337.5 MG CAPSULE	Lower Cost	Lower Cost 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	Lower Cost	No longer available on the market
NEXICLON XR 0.17 mg TABLET	Lower Cost	No longer available on the market
NEXIUM DR 10 mg PACKET	Lower Cost	For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg

Drug	Status	Special Instructions
NEXIUM DR 2.5 mg PACKET	Lower Cost	<p>For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg</p> <p>Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg</p> <p>Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg</p>
NEXIUM DR 20 mg CAPSULE	Lower Cost	<p>For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg</p> <p>Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg</p> <p>Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg</p>
NEXIUM DR 20 mg PACKET	Lower Cost	<p>For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg</p> <p>Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg</p> <p>Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg</p>
NEXIUM DR 40 mg CAPSULE	Lower Cost	<p>For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg</p> <p>Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg</p> <p>Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg</p>

Drug	Status	Special Instructions
NEXIUM DR 40 mg PACKET	Lower Cost	For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Lower cost 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	Lower Cost	For Members who are pregnant or on clopidogrel (Plavix): Lower cost agent=pantoprazole 40 mg, then lansoprazole 30 mg Under 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , then lansoprazole 30 mg Over 18 years old: Lower cost agents=omeprazole 40 mg once a day or omeprazole 20 mg twice a day , pantoprazole 40 mg, then lansoprazole 30 mg
NEXPLANON IMPLANT 68 mg	Medical Benefit	Bill on medical benefit; no PA will be required
NIACIN ER (NIASPAN ER) 1,000 mg TABLET	Lower Cost	Lower cost agent: OTC Niacin
NIACIN ER (NIASPAN ER) 500 mg TABLET	Lower Cost	Lower cost agent: OTC Niacin
NIACIN ER (NIASPAN ER) 750 mg TABLET	Lower Cost	Lower cost agent: OTC Niacin
NICOTROL CARTRIDGE INHALER	Lower Cost	Lower cost agents: nicotine gum, lozenges, or patches
NICOTROL NS 10 mg/ML SPRAY	Lower Cost	Lower cost agents: nicotine gum, lozenges, or patches
NILANDRON 150 mg TABLET	Clinical	Required diagnosis = metastatic prostate cancer
NIMODIPINE (Nimotop) 30 mg CAPSULE	Lower Cost	Required diagnosis = subarachnoid hemorrhage (SAH)
NISOLDIPINE ER 17 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 20 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 25.5 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 30 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 34 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 40 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
NISOLDIPINE ER 8.5 mg TABLET	Lower Cost	Lower cost agents: amlodipine, felodipine, or nifedipine
Nitromist	Lower Cost	Lower cost agent: NITROGLYCERIN LINGUAL 0.4 mg SPRAY (NitroLingual Spray)

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agent: METRONIDAZOLE (METROCREAM) 0.75% CREAM
NOROXIN 400 mg TABLET	Lower Cost	Lower cost agents: ciprofloxacin or levofloxacin
NORPLANT IUD	Medical Benefit	Bill on our medical benefit; no PA will be required
NOVA MAX TEST STRIPS	Lower Cost	Lower cost agents: FreeStyle or Precision products
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	Lower Cost	Lower cost agent: fluconazole
NOXAFIL 40 mg/ML SUSPENSION (200 mg/5 mL)	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: HYDROCORTISONE 2.5% LOTION
NUCYNTA 100 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA 50 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA 75 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR or oxycodone or oxycodone/APAP
NUCYNTA ER 100 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 150 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 200 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 250 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUCYNTA ER 50 mg TABLET	Lower Cost	Lower cost agents: morphine sulfate ER (MS Contin) or fentanyl patches
NUEDEXTA 20-10 mg CAPSULE	Clinical	Required diagnosis= Pseudobulbar Affect (PBA)
NUOX GEL	Lower Cost	Lower cost agents: benzoyl peroxide 5% or 10%; benzoyl peroxide 4% or 8% liquid (Panoxyl), erythromycin/benzoyl (Benzamycin)

Drug	Status	Special Instructions
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.
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	Lower cost agent: NIMODIPINE (Nimotop) 30MG CAPSULE
NYSTATIN-TRIAMCINOLONE 0.1units/gm - 0.1% CREAM	Lower Cost	Lower cost agents: nystatin and triamcinolone separately used together
NYSTATIN-TRIAMCINOLONE 0.1units/gm - 0.1% OINTMENT	Lower Cost	Lower cost agents: nystatin and triamcinolone separately used together
O-CAL PRENATAL	Lower Cost	Lower cost agents: any formulary prenatal vitamin
OB COMPLETE CHEWABLE TABLET 20-1-100 mg	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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 PETITE SOFTGEL	Lower Cost	Lower cost 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 PREMIER TABLET 30-20-1 mg	Lower Cost	Lower cost 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)
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):
OFORTA 10 mg TABLET	Clinical	This medication has been discontinued-No longer available
OLANZAPINE ODT (ZYPREXA ZYDIS) 10 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 15 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 20 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE ODT (ZYPREXA ZYDIS) 5 mg TABLET	Lower Cost	Must provide clinical reason supported by chart notes why non-ZYDIS Zyprexa cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 12-25 mg CAPSULE	Lower Cost	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	Lower Cost	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	Lower Cost	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	Lower Cost	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLANZAPINE/FLUOXETINE (SYMBYAX) 6-50 mg CAPSULE	Lower Cost	Must provide clinical reason supported by chart notes why fluoxetine/olanzapine(Zyprexa) separately taken together cannot be used
OLEPTRO ER 150 mg TABLET	Lower Cost	This medication has been discontinued
OLEPTRO ER 300 mg TABLET	Lower Cost	This medication has been discontinued

Drug	Status	Special Instructions
OLYSIO 150 mg CAPSULE	Lower Cost	Lower cost agents: Incivek or Victrelis Required info: *Genotype Info *HCV RNA Level *Q80K gent mutation test - For Genotype 1a
OMECLAMOX-PAK COMBO PACK	Lower Cost	Lower cost agents: AMOXICILLIN CAP, CLARITHROMYCIN TAB AND OMEPRAZOLE capsule separately
OMEPRAZOLE-BICARB (Zegerid RX) 40- 1,100 mg	Lower Cost	Lower cost agents: omeprazole-sodium bicarb 20/1100 mg AND omeprazole 20 mg SEPARATELY taken together
OMNARIS 50 mcg NASAL SPRAY	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: FreeStyle or Precision products
ONFI 10 mg TABLET	Step	Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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	Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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	Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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	Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), 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	Lower Cost	Lower cost agent: metformin IR or ER (Glucophage or Glucophage XR) THEN a 60 day trial of Tradjenta or Januvia
ONGLYZA 5 mg TABLET	Lower Cost	Lower cost agent: metformin IR or ER (Glucophage or Glucophage XR) THEN a 60 day trial of Tradjenta or Januvia
ONMEL 200 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))

Drug	Status	Special Instructions
OPANA ER 7.5 mg CRUSH RESISTANT TABLET	Lower Cost	Lower cost agent: OXYMORPHONE SR (OPANA ER) non-crush resistant (which requires a trial of morphine sulfate ER (MS Contin))
OPIUM TINCTURE 10 mg/ML	Lower Cost	Lower cost 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
ORACEA 40 mg CAPSULE	Lower Cost	Lower cost agent: doxycycline
ORAPRED ODT 10 mg TABLET	Lower Cost	Lower cost agents: prednisone tablet or liquid or methylprednisolone tablet
ORAPRED ODT 15 mg TABLET	Lower Cost	Lower cost agents: prednisone tablet or liquid or methylprednisolone tablet
ORAPRED ODT 30 mg TABLET	Lower Cost	Lower cost agents: prednisone tablet or liquid or methylprednisolone tablet
ORAVIG 50 mg BUCCAL TABLET	Lower Cost	Lower cost agents: oral nystatin tablet or suspension
ORBIVAN 50-300-40 mg CAPSULE	Lower Cost	Lower cost agent: Butalbital-Acetaminophen-Caffeine (Fioricet) 50-325-40mg Tablet
ORBIVAN CF 50-300 mg TABLET	Lower Cost	Lower cost 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.
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)
ORLISTAT, ALLI, XENICAL	Excluded benefit	
ORPHENADINRE 30 mg/ML VIAL	Clinical	Requires diagnosis of acute painful musculoskeletal conditions with an inability to use tablet
ORPHENADRINE COMPOUND FORTE TABLET 50-770-60	Lower Cost	Lower cost agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial not preferred agent)
ORPHENADRINE COMPOUND TABLET 25-385-30	Lower Cost	Lower cost agents: cyclobenzaprine, baclofen, methocarbamol, or tizanidine (carisoprodol- accepted trial not preferred agent)

Drug	Status	Special Instructions
ORTHO TRI-CYCLEN LO TABLET	Lower Cost	Lower cost agents: a formulary birth control option (most similar agents= Tri-Cyclen, TriNessa, Tri-Sprintec)
ORTHOVISC	Lower Cost	Specialty; follow policy on CareSource.com. Lower cost agents: Supartz or Gel-One
OSENI 12.5-15 mg TABLET	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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	Lower Cost	Lower cost agents: metformin IR or ER (Glucophage or Glucophage XR) & requires a 60 day trial of Tradjenta or Januvia 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

Drug	Status	Special Instructions
OSMOPREP, VISICOL 1.5 mg TABLET	Lower Cost	Lower cost agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, or PEG-3350/KCL
OSPHENA 60 mg TABLET	Lower Cost	Lower cost agents: estradiol tablets or patches
OVIDREL INJECTION 250 mcg/0.5 mL	Clinical	Specialty
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
OXECTA 5 mg TABLET	Lower Cost	Lower cost agent: oxycodone IR tablet
OXECTA 7.5 mg TABLET	Lower Cost	Lower cost agent: oxycodone IR tablet
OXISTAT 1% CREAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: METHOTREXATE INJECTION
OTREXUP 15 MG/0.4 ML AUTO	Lower Cost	Lower cost agent: METHOTREXATE INJECTION
OTREXUP 20 MG/0.4 ML AUTO	Lower Cost	Lower cost agent: METHOTREXATE INJECTION
OTREXUP 25 MG/0.4 ML AUTO	Lower Cost	Lower cost agent: METHOTREXATE INJECTION
OXYCODONE-IBUPROFEN 5-400 TABLET	Lower Cost	Lower cost agent: oxycodone/acetaminophen or fentanyl
OXYCONTIN 10 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYCONTIN 15 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYCONTIN 20 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYCONTIN 30 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYCONTIN 40 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYCONTIN 60 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches

Drug	Status	Special Instructions
OXYCONTIN 80 mg TABLET	Clinical	Requires a diagnosis of pain with a trial of morphine sulfate ER (MS Contin) or fentanyl patches
OXYMORPHONE IR (OPANA) 10 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR
OXYMORPHONE IR (OPANA) 5 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate IR
OXYMORPHONE SR (OPANA ER) 10 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 7.5 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 15 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 20 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 30 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 40 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYMORPHONE SR (OPANA ER) 5 mg TABLET	Lower Cost	Lower cost agent: morphine sulfate ER
OXYTROL 3.9 mg/24HR PATCH	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIMUM, or TROSPIMUM SR for men; Oxytrol for Women patch for women
PACERONE 100 mg TABLET	Lower Cost	Lower cost agent: amiodarone 200 MG or 400 MG TABLET
PACNEX 7% WASH	Lower Cost	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, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
PACNEX HP 7% CLEANSING PADS	Lower Cost	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, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL

Drug	Status	Special Instructions
PACNEX LP 4.25% CLEANSING PADS	Lower Cost	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, BENZOYL PEROXIDE-ERYTHROMYCIN (BENZAMYCIN) 5-3% GEL
PACNEX MX 4.25% CLEANSER	Lower Cost	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, 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	Lower Cost	Lower cost 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 CAPLE
PANCREAZE 10,500 UNIT CAPSULE	Lower Cost	Lower cost agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 16,800 UNIT CAPSULE	Lower Cost	Lower cost agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 21,000 UNIT CAPSULE	Lower Cost	Lower cost agents: VIOKACE, Zenpep or ULTRESA
PANCREAZE 4,200 UNIT CAPSULE	Lower Cost	Lower cost agents: VIOKACE, Zenpep or ULTRESA
PANDEL 0.1% CREAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: imodium or loperamide
PAROXETINE CR (PAXIL CR) 12.5 mg TABLET	Lower Cost	Lower cost agents: non- CR paroxetine
PAROXETINE CR (PAXIL CR) 25 mg TABLET	Lower Cost	Lower cost agents: non- CR paroxetine
PAROXETINE CR (PAXIL CR) 37.5 mg TABLET	Lower Cost	Lower cost agents: non- CR paroxetine
PASER GRANULES 4 gM PACKET	Lower Cost	Lower cost agent: rifampin
PATADAY 0.2% EYE DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar)
PATANASE 0.6% NASAL SPRAY	Lower Cost	Lower cost agent: azelastine (Astelin)
PATANOL 0.1% EYE DROPS	Lower Cost	Lower cost agents: OTC agents with ketotifen AND azelastine (Optivar)
PCE 333 mg DISPERTABLET	Lower Cost	Lower cost agent: erythromycin tabs

Drug	Status	Special Instructions
PCE 500 mg DISPERTABLET	Lower Cost	Lower cost agent: erythromycin tabs
PEDIADERM AF KIT	Lower Cost	Lower cost agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIADERM HC 2% KIT	Lower Cost	Lower cost agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIADERM TA KIT	Lower Cost	Lower cost agents used separately: hydrocortisone 2% lotion and an emollient lotion or ointment (Cerave; Cetaphil; Aveeno; Lubriderm, Eucerin)
PEDIA-LAX SUP 2.8 gM	Lower Cost	Lower cost agents: GLYCERIN PED SUP 1.2 gM or GLYCERIN SUPPOS 2.1 GM
PEDIPIROX-4 NAIL KIT	Lower Cost	Lower cost agents: CICLOPIROX (Penlac, Ciclodan) 8% SOLUTION AND vitamin E separately
PEG 3350 , GAVILYTE-C (COLYTE) WITH FLAVOR PACKETS 4000 mL 240-22.72	Lower Cost	Must provide clinical reason supported by chart notes why PEG-3350 , GAVILYTE-G (GOLYTELY) cannot be used
PEGASYS 135 mcg/0.5 mL PROCLICK	Clinical	Specialty; follow policy on CareSource.com.
PEGASYS 180 mcg/0.5 mL KIT	Clinical	Specialty; follow policy on CareSource.com.
PEGASYS 180 mcg/0.5 mL PROCLICK	Clinical	Specialty; follow policy on CareSource.com.
PEGASYS 180 mcg/0.5 mL SYRINGE	Clinical	Specialty; follow policy on CareSource.com.
PEGASYS 180 mcg/ML VIAL	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON 120 mcg KIT	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON 150 mcg KIT	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON 50 mcg KIT	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON 80 mcg KIT	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON REDIPEN 120 mcg	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON REDIPEN 150 mcg	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON REDIPEN 50 mcg	Clinical	Specialty; follow policy on CareSource.com.
PEGINTRON REDIPEN 80 mcg	Clinical	Specialty; follow policy on CareSource.com.
PENNSAID 1.5% SOLUTION	Lower Cost	Lower cost agent: VOLTAREN GEL
PENTASA 250 mg CAPSULE	Step Therapy	Requires a trial of Asacol HD, Apriso ER, or Delzicol
PENTASA 500 mg CAPSULE	Step Therapy	Requires a trial of Asacol HD, Apriso ER, or Delzicol

Drug	Status	Special Instructions
PENTAZOCINE-ACETAMINOPHEN 25-650 mg	Lower Cost	Lower cost agent: ACETAMINOPHEN-CODEINE
PERFOROMIST 20 mcg/2 mL SOLUTION	Lower Cost	Lower cost agent: Foradil
PERTZYE 16000-57500-60500 Units	Lower Cost	Lower cost agents: Viokace, Zenpep or Ultresa
PERTZYE 8000-28750-30250 Units	Lower Cost	Lower cost agents: Viokace, Zenpep or Ultresa
PEXEVA 10 mg TABLET	Lower Cost	Lower cost agent: non- CR paroxetine
PEXEVA 20 mg TABLET	Lower Cost	Lower cost agent: non- CR paroxetine
PEXEVA 30 mg TABLET	Lower Cost	Lower cost agent: non- CR paroxetine
PEXEVA 40 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: Parnate
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	Lower Cost	Lower cost agents: CHLORHEXIDINE GLUCONATE, BETASEPT (HIBICLENS) LIQUID 4% OTC
PHOSLYRA 667 mg/5 mL SOLUTION	Lower Cost	Lower cost agent: calcium acetate (PhosLo)
PHRENILIN FORTE CAPSULE 50-650 mg	Lower Cost	Lower cost agents: BUTALBITAL-ACETAMINOPHEN (Phrenilin, Marten tabs) 50-325 mg tablet
PICATO 0.015% Gel	Lower Cost	Lower cost agents: FLUOROURACIL (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of actinic keratoses
PICATO 0.05% Gel	Lower Cost	Lower cost agents: FLUOROURACIL (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of actinic keratoses
PILOPINE HS 4% EYE GEL	Lower Cost	Lower cost agent: PILOCARPINE 4% EYE DROPS
PINNACAINE 20% OTIC DROPS	Lower Cost	Lower cost agent: antipyrine-Benzocaine (AURODEX) OTIC SOLUTION
PIOGLITAZONE-GLIMEPIRIDE (DUETACT) 30-2 mg TABLET	Step Therapy	Requires a 60 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 60 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	Lower Cost	Lower cost 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%
PLEXION SCT CREAM	Lower Cost	Lower cost 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%
PLIAGLIS 7-7% CREAM	Lower Cost	Lower cost agent: LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%
PNV-DHA PLUS SOFTGEL 27-1.13 mg	Lower Cost	Lower cost 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 27-400-1	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: METHYLFOL/ME, VITACIRC-B, FOLTANX, or L-METHYL-B6 TABLET
POLY IRON PN FORTE TABLET	Lower Cost	Lower cost 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)

Drug	Status	Special Instructions
POLYGAM S/D	Clinical	Specialty; follow policy on CareSource.com.
POLY-VI-FLOR/IRON 0.25-7 mg/ML SUSPENSION	Lower Cost	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	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
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	Lower Cost	Lower cost 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 400 EC COMBO PACK	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
PRADAXA 150 mg CAPSULE	Clinical	Lower cost agent: warfarin
PRADAXA 75 mg CAPSULE	Clinical	Lower cost agent: warfarin
PRANDIMET 1 mg-500 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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%	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
PREFERA-OB ONE SOFTGEL	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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 28-6-1-203	Lower Cost	Lower cost 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
PRENACARE	Lower Cost	Lower cost agents: any formulary prenatal vitamin
PRENAFIRST	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
PRENAISSANCE PLUS, MACNATAL CN DHA 28-1-250 mg CAPSULE	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
PRENATE ELITE TABLET	Lower Cost	Lower Cost 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	Lower Cost	Lower cost agents: any formulary prenatal vitamin
PRENATE ESSENTIAL SOFTGEL	Lower Cost	Lower Cost 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	Lower Cost	Lower cost agents: any formulary prenatal vitamin
PRENATE MINI TABLET	Lower Cost	Lower cost 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 Restore	Lower Cost	Lower cost agents: any formulary prenatal vitamin
PRENEXA CAPSULE 26-1.2-55	Lower Cost	Lower Cost 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

Drug	Status	Special Instructions
PRENEXA, VEMAVITE, PNV-DHA, FOLCAL DHA CAPSULE 27-1.25-55-300 mg	Lower Cost	Lower Cost 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
PREPOPIK PAK	Lower Cost	Lower cost agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, or PEG-3350/KCL
PREQUE 10 TABLET	Lower Cost	Lower Cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
PREVIDENT 5000 1.1% DRY MOUTH	Lower Cost	Lower cost agents: OTC saliva substitutes
PRIFTIN 150 mg TABLET	Clinical	Required diagnosis=pulmonary tuberculosis
PRIMLEV 10-300 mg TABLET	Lower Cost	Lower cost agent: oxycodone with acetaminophen 10/325 mg
PRIMLEV 5-300 mg TABLET	Lower Cost	Lower cost agent: oxycodone with acetaminophen 5/325 mg
PRIMLEV 7.5-300 mg TABLET	Lower Cost	Lower cost agent: oxycodone with acetaminophen 7.5/325 mg
PRIMSOL 50 mg/5 mL ORAL SOLUTION	Lower Cost	Lower cost agent: trimethoprim tablet
PRISTIQ 100 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)

Drug	Status	Special Instructions
PRISTIQ 50 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
PRIVIGEN 10% VIAL	Clinical	Specialty; follow policy on CareSource.com.
PROCORT CREAM 1.85-1.15%	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: 2 different manufacturers of generic Procto-Pak (PROCTOCORT) 1% CREAM
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	Lower Cost	Lower cost agents: FreeStyle or Precision products
PRODIGY NO CODE TEST STRIPS	Lower Cost	Lower cost agents: FreeStyle or Precision products
PRODIGY TEST STRIPS	Lower Cost	Lower cost 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	Lower Cost	Required diagnosis=hypoglycemia due to extenuating circumstances

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agent: DICLOFENAC (VOLTAREN) 0.1% EYE DROPS
PROLEUKIN 22 MILLION UNIT VIAL	Clinical	Specialty
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	Lower Cost	Lower cost agent: tetracain
PROQUIN XR 500 mg TABLET	Lower Cost	Lower cost agents: ciprofloxacin or levofloxacin
PROTONIX PAK 40 mg SUSPENSION PACKET	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
PROTOPIC 0.1% OINTMENT	Step Therapy	<p>Required diagnosis = Atopic Dermatitis (Eczema) Trials per age below: 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) OR Required diagnosis = Psoriasis Age under 18 no trial required Age over 18 requires trial of Calcipotriene (Dovonex)</p>
PROTOPIC 0.3% OINTMENT	Step Therapy	<p>Required diagnosis = Atopic Dermatitis (Eczema) Trials per age below: 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) OR Required diagnosis = Psoriasis Age under 18 no trial required Age over 18 requires trial of Calcipotriene (Dovonex)</p>
PROVENTIL HFA 90 mcg INHALER	Lower Cost	Lower cost agents: ProAir or Ventolin
PROVIDA OB CAPSULE	Lower Cost	Lower cost agents: any formulary prenatal vitamin

Drug	Status	Special Instructions
PRUDOXIN (ZONALON) 5% CREAM	Lower Cost	Lower cost agents: OTC topical antihistamine (DIPHENHYDRAMINE HCL CREAM 2%, ANTI-ITCH (BENADRYL) 1% CREAM, or ANTI-ITCH (BENADRYL) 2% CREAM)
PRUMYX CREAM	Lower Cost	Must provide clinical reason supported by chart notes why the below cannot be used: Cerave; Cetaphil; Aveeno; Lubriderm (Eucerin)
PULMICORT 180 mcg FLEXHALER	Lower Cost	Lower cost agents: Flovent, Asmanex, Qvar (must try two)
PULMICORT 90 mcg FLEXHALER	Lower Cost	Lower cost agents: Flovent, Asmanex, Qvar (must try two)
PULMOZYME 1 mg/ML AMPULE	Clinical	Required diagnosis = Cystic Fibrosis
PV Vitamin D 400 Unit tablet	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
PYLERA CAPSULE	Lower Cost	Will currently approve for a diagnosis of H. Pylori due to tetracycline's unavailability
QNASL 80 mcg SPRAY	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: any formulary birth control
QUAZEPAM (DORAL) 15 mg TABLET	Lower Cost	Lower cost agents: zolpidem or zaleplon
QUILLIVANT XR 25 mg/5 mL SUSPENSION	Lower Cost	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	Lower Cost	Lower cost options: non-ER quinidine

Drug	Status	Special Instructions
QUININE (QUALAQUIN) 324 mg CAPSULE	Lower Cost	Lower cost agent: mefloquine with a diagnosis of malaria OR Lower cost agents: ropinirole or pramipexole with a diagnosis of Restless Leg Syndrome
QUIXIN SOLUTION 0.5%	Lower Cost	Lower cost agent: LEVOFLOXACIN 0.5% EYE DROPS
RABEPRAZOLE (ACIPHEX EC) 20 mg TABLET	Lower Cost	Lower cost agents: 30 day trial total of any of the following: Omeprazole, Pantoprazole or Lansoprazole at maximum dosing
RAPAFLO 4 mg CAPSULE	Lower Cost	Lower cost agents: tamsulosin, doxazosin, terazosin, or prazosin
RAPAFLO 8 mg CAPSULE	Lower Cost	Lower cost agents: tamsulosin, doxazosin, terazosin, or prazosin
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	Lower Cost	Must provide Clinical reason supported by chart notes why the below cannot be used: prednisone tablets
RAYOS 2 mg TABLET	Lower Cost	Must provide Clinical reason supported by chart notes why the below cannot be used: prednisone tablets
RAYOS 5 mg TABLET	Lower Cost	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	Lower Cost	Specialty; follow policy on CareSource.com.
REBIF 44 mcg/0.5 mL SYRINGE	Lower Cost	Specialty; follow policy on CareSource.com.
REBIF Rebidose TITRATION PACK	Lower Cost	Specialty; follow policy on CareSource.com.
REBIF TITRATION PACK	Lower Cost	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	Lower Cost	Required diagnosis= anal fissures
REGENECARE 2% WOUND GEL	Lower Cost	Lower cost agent: lidocaine
REGIMEX 25 mg TABLET	Excluded benefit	
REGSPANEX 0.01% GEL	Clinical	Required diagnosis = Diabetic neuropathic ulcers

Drug	Status	Special Instructions
RELISTOR 12 mg/0.6 mL INJECTION	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose, Miralax, or Senna-S) has not been sufficient
RELISTOR 12 mg/0.6 mL INJECTION KIT	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose, Miralax, or Senna-S) has not been sufficient
RELISTOR 8 mg/0.4 mL INJECTION	Clinical	Required diagnosis = Opioid-induced constipation when response to laxative therapy (Lactulose, Miralax, or Senna-S) has not been sufficient
RELPAK 20 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan-trial of 2 of 3
RELPAK 40 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan-trial of 2 of 3
REMICADE 100 mg 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	Lower Cost	Required diagnosis = the need for dissolution of renal calculi
RENAGEL 400 mg TABLET	Lower Cost	Lower cost agent: calcium acetate (PhosLo)
RENAGEL 800 mg TABLET	Lower Cost	Lower cost agent: calcium acetate (PhosLo)
RENAX CAPELET	Lower Cost	Lower cost 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	
RENVELA 0.8 gM POWDER PACKET	Step Therapy	Requires trial of: calcium acetate (PhosLo)
RENVELA 2.4 gM POWDER PACKET	Step Therapy	Requires trial of: calcium acetate (PhosLo)
SEVELAMER(RENVELA) 800 mg TABLET	Step Therapy	Requires trial of: calcium acetate (PhosLo)
REPLESTA 14,000UNIT WAFER	Lower Cost	Lower cost agent: OTC Vitamin D3 10,000 unit product
REPLESTA 50,000UNIT WAFER	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: OTC Vitamin D3 10,000 unit product
REPRONEX INJECTION 75UNIT	Clinical	Specialty
RESCULA 0.15% ophthalmic SOLUTION	Lower Cost	Lower cost agents: Latanoprost (XALATAN) 0.005% EYE DROPS AND TIMOLOL (TIMOPTIC) or TIMOLOL (TIMOPTIC-XE)
RESPIRE-30 CAPSULE	Lower Cost	Lower cost agents: OTC pseudoephedrine/guaifenesin combos

Drug	Status	Special Instructions
RESTASIS 0.05% EYE EMULSION	Lower Cost	Lower cost agents: OTC artificial tears
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
REZIRA SOLUTION	Lower cost	Lower cost agent: CHERATUSSIN DAC SYRUP
RHEUMATREX 2.5 mg TABLET	Lower Cost	Lower cost agent: METHOTREXATE 2.5 mg TABLET
RHINARIS NASAL GEL 0.2%	Lower Cost	Lower cost agent: SALINE NASAL GEL
BUDESONIDE (RHINOCORT) AQUA NASAL SPRAY	Lower Cost	Lower cost 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)
RHOGAM ULTR-FILTERED PLUS 300 mcg	Clinical	Specialty
RHOPHYLAC 300 mcg/2 mL SYRUP	Clinical	Specialty
RIASTAP SOLUTION 1 gM (900-1300 mg)	Clinical	Specialty
RIBAPAK 200-400 mg DOSEPACK	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIBAPAK 400-400 mg DOSEPACK	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype:
RIBAPAK 400-600 mg DOSEPACK	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIBAPAK 600-600 mg DOSEPACK	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIBASPHERE 400 mg TABLET	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIBASPHERE 600 mg TABLET	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIBAVIRIN 200 mg CAPSULE	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype

Drug	Status	Special Instructions
RIBAVIRIN 200 mg TABLET	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype
RIFAMATE CAPSULE 300-150 mg	Lower Cost	Lower cost agents: separately rifampin and isoniazid
RIFATER TABLET 120-50-300	Lower Cost	Lower cost 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 IR or ER tablet cannot be used
RISAMINE (CALMOSEPTINE) 0.44-20.625% OINTMENT	Lower Cost	Lower cost agent: ZINC OXIDE OINT 20%
RITUXAN 10 mg/ML	Clinical	Specialty; follow policy on CareSource.com.
RIXUBUS	Specialty	Required diagnosis=hemophilia B or Factor IX deficiency prescribed by hematologist
ROBITUSSIN COUGH-COLD-FLU 6.25-2.5-160 mg/5 mL	Lower Cost	Lower cost agent: ADT ROBITUSSIN COUGH-COLD D LIQUID
ROPINIROLE XL (REQUIP XL) 12 mg TABLET	Lower Cost	Lower cost agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 2 mg TABLET	Lower Cost	Lower cost agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 4 mg TABLET	Lower Cost	Lower cost agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 6 mg TABLET	Lower Cost	Lower cost agent: immediate release ropinirole
ROPINIROLE XL (REQUIP XL) 8 mg TABLET	Lower Cost	Lower cost agent: immediate release ropinirole
ROSADAN 0.75% KIT	Lower Cost	Lower cost agents: metronidazole 0.75% topical lotion, cream, or gel
ROSANIL CLEANSER KIT 10-5%	Lower Cost	Lower cost 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%
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.
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	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
ROVIN-NV DHA CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: oxycodone/acetaminophen tablet
ROZEREM 8 mg TABLET	Lower Cost	Lower cost agents: zolpidem or zaleplon

Drug	Status	Special Instructions
RYBIX ODT 50 mg TABLET	Lower Cost	Lower cost agent: tramadol IR 50 mg
RYNATAN PEDIATRIC CHEWABLE 5 mg-4.5 mg	Lower Cost	No longer available on the market
RYNATAN PEDIATRIC ORAL SUSPENSION 5-4.5 mg/5 mL	Lower Cost	No longer available on the market
SABRIL 500 mg POWDER PACKET	Lower Cost	Specialty; follow policy on CareSource.com.
SABRIL 500 mg TABLET	Lower Cost	Specialty; follow policy on CareSource.com.
SAFYRAL TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: OTC SALICYLIC ACID 6% CREAM, GEL, OR LOTION
SALICYLIC ACID 6% CREAM KIT	Lower Cost	Lower cost agent: OTC SALICYLIC ACID 6% CREAM
SALICYLIC ACID 6% LOTION KIT	Lower Cost	Lower cost agent: OTC SALICYLIC ACID 6% LOTION
Salicylic Acid Wart Remover (VIRASAL) 27.5%	Lower Cost	Lower cost agent: OTC 17.6% Salicylic Acid
SALKERA 6% FOAM	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: ondansetron, meclizine, promethazine, prochlorperazine, granisetron
SAPHRIS 10 mg TABLET SUBLINGUAL	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
SAPHRIS 5 mg TABLET SUBLINGUAL	Step Therapy	Requires a diagnosis of Bipolar Disorder, Schizophrenia, or Autism with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine
SARAFEM 10 mg TABLET	Lower Cost	Lower cost agent: FLUOXETINE 10 MG TABLET OR CAPSULES
SARAFEM 20 mg TABLET	Lower Cost	Lower cost agent: FLUOXETINE 10 MG TABLET OR CAPSULES
SAVELLA 100 mg TABLET	Lower Cost	For diagnosis of fibromyalgia, must first try amitriptyline, venlafaxine ER, or gabapentin (must try two)
SAVELLA 12.5 mg TABLET	Lower Cost	For diagnosis of fibromyalgia, 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule

Drug	Status	Special Instructions
SAVELLA 25 mg TABLET	Lower Cost	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	Lower Cost	For diagnosis of fibromyalgia, 30 day Trial of: gabapentin at accepted daily doses of 1200mg to 2400mg, amitriptyline, or duloxetine capsule
SAVELLA TITRATION PACK	Lower Cost	Must provide clinical reason supported by chart notes why below cannot be used: Savella tablet (which require a prior authorization for the use of lower cost amitriptyline, venlafaxine ER, or gabapentin)
SCALACORT (ALA SCALP) 2% LOTION	Lower Cost	Lower cost agent: HYDROCORTISONE 2.5% LOTION
SCOPACE 0.4 mg TABLET	Lower Cost	This medication has been discontinued-No longer available
SEA OMEGA + D SOFTGEL	Lower Cost	Lower cost agent: OTC Fish Oil
SEA-OMEGA 30 CAPSULE	Lower Cost	Lower cost agent: OTC Fish Oil
SEA-OMEGA 50 CAPSULE	Lower Cost	Lower cost agent: OTC Fish Oil
SEASONALE 0.15-0.03 mg TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic Quasense, Jolessa
SEASONIQUE 0.15-0.03-0.01 TABLET DAW	Lower Cost	Lower cost agents: 2 different manufacturers of generic Camrese, Amethia
SE-CARE CHEWABLE TABLET 40-1 mg	Lower Cost	Lower cost 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)
SE-CARE CONCEIVE TABLET 30 mg-1 mg	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: phenobarbital
SELECT-OB+ PAK DHA 29-1-250 mg CHEWABLE TABLET	Lower Cost	Lower cost agent: ONE-A-DAY PRENATAL DHA PACK
SELENIUM SULFIDE 2.25% SHAMPOO FOAM	Lower Cost	Lower cost agent: SELENIUM SULFIDE (SELSUN) 2.5% LOTION/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

Drug	Status	Special Instructions
SEROQUEL XR 150 mg TABLET	Step Therapy	<p>*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda</p> <p>*For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)</p>
SEROQUEL XR 200 mg TABLET	Step Therapy	<p>*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda</p> <p>*For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)</p>
SEROQUEL XR 300 mg TABLET	Step Therapy	<p>*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda</p> <p>*For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)</p>
SEROQUEL XR 400 mg TABLET	Step Therapy	<p>*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda</p> <p>*For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)</p>

Drug	Status	Special Instructions
SEROQUEL XR 50 mg TABLET	Step Therapy	*Requires a diagnosis of schizophrenia with a trial of risperidone, olanzapine, clozapine, ziprasidone, or quetiapine then a trial of Saphris or Latuda *For depression, in addition to above must currently be on (90 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, Cymbalta, desvenlafaxine ER, fluvoxamine ER (Luvox), Khedezla, Fetzima or Brintellix)
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	Lower Cost	Lower cost agent: any formulary prenatal vitamin
SE-TAN PLUS CAPSULE	Lower Cost	Lower cost agent: any formulary prenatal vitamin
SETONET PRENATAL VITAMIN	Lower Cost	Lower cost agent: any formulary prenatal vitamin
SETONET-EC PRENATAL VITAMIN	Lower Cost	Lower cost agent: any formulary prenatal vitamin
SIGNIFOR INJECTION 0.3 mg/ML	Clinical	Required diagnosis = adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative
SIGNIFOR INJECTION 0.6 mg/ML	Clinical	Required diagnosis = adult patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative
SIGNIFOR INJECTION 0.9 mg/ML	Clinical	Required diagnosis = adult patients with Cushing's 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	Lower Cost	Lower cost agents: 7 day trial of zolpidem or zaleplon
SILENOR 6 mg TABLET	Lower Cost	Lower cost agents: 7 day trial of zolpidem or zaleplon
SIMBRINZA SUSPENSION 1-0.2% DROPS	Lower Cost	Lower cost agent: 30 day trial of BRIMONIDINE 0.2% EYE DROP WITH DORZOLAMIDE (TRUSOPT) 2% EYE DROPS
SIMCOR 1,000-20 mg TABLET	Lower Cost	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	Lower Cost	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	Lower Cost	Must provide clinical reason supported by chart notes why the below cannot be used: simvastatin (Zocor) and OTC niacin separately taken together

Drug	Status	Special Instructions
SIMCOR 500-40 mg TABLET	Lower Cost	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	Lower Cost	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	Lower Cost	Specialty; follow policy on CareSource.com.
SIMPONI 50 mg/0.5 mL	Lower Cost	Specialty; follow policy on CareSource.com.
SIMPONI ARIA 50 mg/4 mL	Lower Cost	Specialty; follow policy on CareSource.com.
SINUS RELIEF CONGESTION & PAIN 5 mg-325 mg (day)/5 mg-325 mg-2 mg (night)	Lower Cost	Lower cost 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
SITZMARKS CAPSULE	Clinical	Required diagnosis = Need for use as a diagnostic aid for computed tomography or x-ray examinations of the GI tract
SKELID 200 mg TABLET	Lower Cost	Lower cost agent: alendronate
SKLICE	Lower Cost	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), spinosad (Natroba) or malathion (Ovide)
SODIUM CHLORIDE 10% VIAL	Lower Cost	Lower cost agent: SODIUM CHLORIDE 3% VIAL

Drug	Status	Special Instructions
SODIUM FLUORIDE, THERA-FLUR-N, KARIGEL, FLUORIDEX, CAVAREST (PREVIDENT) 1.1% GEL TOOTHPASTE	Lower Cost	Must provide clinical reason supported by chart notes why the below cannot be used: SODIUM FLUORIDE 1.1%, SF 5000 Plus, Denta 5000 Plus, ControlRX, Dentall 1100 cream (PREVIDENT 5000 PLUS CREAM) TOOTHPASTE
SODIUM SULFACETAMIDE, SEB-PREV, RE 10 WASH, MEXAR (OVACE) 10% WASH	Lower Cost	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%
SOLESTA INJECTION 50-15 mL	Clinical	Specialty
SOLIRIS (ECULIZUMAB) IV SOLUTION 10 mg/ML (FOR INFUSION)	Clinical	Specialty
SOLODYN ER 105 mg TABLET	Lower Cost	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	Lower Cost	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	Lower Cost	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	Lower Cost	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	Lower Cost	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 10 mg VIAL	Clinical	Specialty
SOMAVERT 15 mg VIAL	Clinical	Specialty
SOMAVERT 20 mg VIAL	Clinical	Specialty
SOMNOTE 500 mg SOFTGEL	Lower Cost	Discontinued - could make compound with CHLORAL HYDRATE CRYSTALS or use zolpidem or zaleplon
SORBITOL 3% UROLOGIC IRRIGATION	Clinical	Required diagnosis= urologic irrigation
SORBITOL 3.3% UROLOGIC SOLUTION	Clinical	Required diagnosis= urologic irrigation
SORILUX 0.005% FOAM	Lower Cost	Lower cost agent: calcipotriene (Dovonex)

Drug	Status	Special Instructions
SOTRET 10 mg	Lower Cost	Lower cost agents: <u>Topicals:</u> 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 <u>Orals:</u> minocycline, doxycycline, tetracycline, or erythromycin
SOTRET 20 mg	Lower Cost	Lower cost agents: <u>Topicals:</u> 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 <u>Orals:</u> minocycline, doxycycline, tetracycline, or erythromycin
SOTRET 30 mg	Lower Cost	Lower cost agents: <u>Topicals:</u> 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 <u>Orals:</u> minocycline, doxycycline, tetracycline, or erythromycin
SOVALDI 400 MG TABLET	Lower Cost	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype, HCV RNA level, and Fibrosis Level
SPECTRACEF 200 mg DOSE PACK	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
SPECTRACEF 400 mg DOSE PACK	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin
SPORANOX 10 mg/ML SOLUTION	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
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	Lower Cost	Diagnosis = Mania (due to Bipolar disorder) Lower cost agent: Valproic acid OR Diagnosis= Migraine Lower cost agent: propranolol OR Diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
STAVZOR DR 250 mg CAPSULE	Lower Cost	Diagnosis = Mania (due to Bipolar disorder) Lower cost agent: Valproic acid OR Diagnosis= Migraine Lower cost agent: propranolol OR Diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
STAVZOR DR 500 mg CAPSULE	Lower Cost	Diagnosis = Mania (due to Bipolar disorder) Lower cost agent: Valproic acid OR Diagnosis= Migraine Lower cost agent: propranolol OR Diagnosis= Seizure or Epilepsy Lower cost agents: gabapentin, lamotrigine (Lamictal), divalproex (Depakote), levetiracetam (Keppra), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide
STAXYN 10 mg DISPERSIBLE TABLET	Excluded benefit	

Drug	Status	Special Instructions
STELARA (USTEKINUMAB) INJECTION 45 mg/0.5 mL	Clinical	Specialty; follow policy on CareSource.com.
STELARA (USTEKINUMAB) INJECTION 90 mg/ML	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	Lower Cost	Required diagnosis = Need for irrigation
STIMATE 1.5 mg/ML NASAL SPRAY	Clinical	Specialty; follow policy on CareSource.com.
STIVARGA 40 mg TABLET	Clinical	Required diagnosis = Metastatic colorectal cancer who have been previously treated with FOLFIRI
STRATTERA 100 mg CAPSULE	Step Therapy	<p>Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below)</p> <p>Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p> <p>Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p>

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

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

Drug	Status	Special Instructions
STRATTERA 60 mg CAPSULE	Step Therapy	<p>Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below)</p> <p>Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p> <p>Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p>
STRATTERA 80 mg CAPSULE	Step Therapy	<p>Required diagnosis = ADD/ADHD; Autism; Asperger's; Hyperkinetic Syndrome WITH (Trials per age group below)</p> <p>Ages 6-17: Trial of any combo of: Intuniv, dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p> <p>Age 18 and older: Trial of any combo of: dextroamphetamine, dextroamphetamine ER (Dexedrine), dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR), amphetamine salt combo (ADDERALL), dextroamphetamine-amphetamine ER (ADDERALL XR), methylphenidate ER (Concerta), methylphenidate CR (Metadate CD), methylphenidate SR (Ritalin LA), methylphenidate (Methylin, Ritalin), Methylin ER, or Vyvanse</p>
STRIANT 30 mg BUCCAL MUCOADHESIVE	Lower Cost	<p>Required diagnosis = hypogonadism with Total Testosterone lab value = ≤ 300 ng/dL before treatment</p> <p>Lower cost agents: Fortesta or Axiron (both still require a PA also)</p>

Drug	Status	Special Instructions
STROMEKTOL 3 mg TABLET	Clinical	Required diagnosis = Onchocerciasis and Strongyloidiasis of the intestinal tract OR Required diagnosis = Scabies AND Required trial of permethrin cream
SUBOXONE 12 mg-3 mg SUBLINGUAL FILM	Clinical	Required diagnosis = Opioid Dependence Specialty; follow policy on CareSource.com.
SUBOXONE 2 mg-0.5 mg SUBLINGUAL FILM	Clinical	Required diagnosis = Opioid Dependence Specialty; follow policy on CareSource.com.
SUBOXONE 4 mg-1 mg SUBLINGUAL FILM	Clinical	Required diagnosis = Opioid Dependence Specialty; follow policy on CareSource.com.
SUBOXONE 8 mg-2 mg SUBLINGUAL FILM	Clinical	Required diagnosis = Opioid Dependence Specialty; follow policy on CareSource.com.
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	Lower Cost	Lower cost agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, or PEG-3350/KCL
SUCRAID 8,500 UNITS/ML SOLUTION	Clinical	Required diagnosis= Sucrase deficiency
SULFACETAMIDE SODIUM W/ SULFUR (AVAR LS) 10-2% CLEANSER	Lower Cost	Lower cost agent: SULFACETAMIDE SODIUM W/ SULFUR (AVAR-E LS) 10-2% CREAM
SULFACETAMIDE SODIUM W/ SULFUR (CLARIFOAM EF) 10-5% EMOLLIENT FOAM	Lower Cost	Lower cost 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%	Lower Cost	Lower cost 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 (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%	Lower Cost	Lower cost 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	Lower cost 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, 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	Lower Cost	Lower cost agent: silver sulfadiazine
SULFAMYLON POWDER PACKET	Lower Cost	Lower cost agent: silver sulfadiazine
SUMAVEL DOSEPRO 6 mg/0.5 mL	Lower Cost	Lower cost agent: sumatriptan injection, tablet AND nasal spray
SUMAXIN CP KIT 10-4%	Lower Cost	Lower cost 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%
SUNSCREEN	Non-Covered	
SUPARTZ	Clinical	Specialty; follow policy on CareSource.com.
SUPPRELIN LA	Clinical	Required diagnosis = Central precocious puberty
SUPRAX 100 mg CHEWABLE TABLET	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 500 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 100 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 200 mg CHEWABLE TABLET	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 200 mg/5 mL SUSPENSION	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia

Drug	Status	Special Instructions
SUPRAX 400 mg TABLET	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin. Covered for diagnosis of Gonorrhea and/or Chlamydia
SUPRAX 400 mg CAPSULE	Lower Cost	Lower cost agents: cephalexin, cefuroxime or other formulary cephalosporin.
SUPRENZA 15 mg ODT	Excluded benefit	
SUPRENZA 30 mg ODT	Excluded benefit	
SUPREP BOWEL PREP KIT	Lower Cost	Lower cost agents: Golytely, Half-Lytely, TRILYTE, GAVILYTE-N, COLYTE/FLAVR SOLUTION, or PEG-3350/KCL
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 50 mg CAPSULE	Clinical	Required diagnosis = Advanced pancreatic neuroendocrine tumors; Advanced renal cell carcinoma; GI stromal tumor
SYLATRON 296 mcg	Clinical	Required diagnosis = Melanoma
SYLATRON 444 mcg	Clinical	Required diagnosis = Melanoma
SYLATRON 888 mcg	Clinical	Required diagnosis = Melanoma
SYMAX DUOTABLET (HYOMAX-DT) 0.375 mg TABLET	Lower Cost	Lower cost agent: hyoscyamine SR 0.375 mg
SYMLIN 0.6 mg/ML VIAL	Step Therapy	Must first try a 60 day trial of Humalog or Novolog
SYMLINPEN 120 PEN INJECTOR	Step Therapy	Must first try a 60 day trial of Humalog or Novolog
SYMLINPEN 60 PEN INJECTOR	Step Therapy	Must first try a 60 day trial of Humalog or Novolog
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	Lower Cost	Lower cost agent: Vancomycin IV in-patient or outpatient for diagnosis of Skin and Skin structure infections
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	Lower Cost	Specialty; follow policy on CareSource.com. Lower cost agents: Supartz & Gel-One

Drug	Status	Special Instructions
SYNVISC-ONE	Lower Cost	Specialty; follow policy on CareSource.com. Lower cost agents: Supartz & Gel-One
SYPRINE 250 mg CAPSULE	Lower Cost	Lower cost agent: cupirimine with a diagnosis of Wilson's disease
TABLOID 40 mg TABLET	Clinical	Required diagnosis = Acute nonlymphocytic leukemias
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE (TACLONEX) 0.005%/0.064% OINTMENT	Lower Cost	Lower cost agent: calcipotriene (Dovonex)
TACLONEX SCALP 0.005%/0.064% SUSPENSION	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
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
TARGRETIN 75 mg SOFTGEL	Clinical	Required diagnosis = Cutaneous T-cell lymphoma
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 1-240 mg	Lower Cost	Lower cost agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 2-180 mg	Lower Cost	Lower cost agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 2-240 mg	Lower Cost	Lower cost agent: trandolapril and verapamil separately
Tarka ER (TRANDOLAPRIL-VERAPAMIL ER) 4-240 mg	Lower Cost	Lower cost agent: trandolapril and verapamil separately
TARON EC CALCIUM DHA COMBO 28-1 mg/250 mg	Lower Cost	Lower cost agents: any formulary prenatal vitamin
TARON-DUO EC COMB PACK	Lower Cost	Lower cost agents: any formulary prenatal vitamin
TARON-EC CAL TABLET 28-1 mg	Lower Cost	Lower cost agents: any formulary prenatal vitamin
TARON-PREX PRENATAL DHA CAPSULE 30-1.2-265 mg	Lower Cost	Lower cost agents: any formulary prenatal vitamin
TASIGNA 150 mg CAPSULE	Clinical	Required diagnosis = Chronic myelogenous leukemia
TASIGNA 200 mg CAPSULE	Clinical	Required diagnosis = Chronic myelogenous leukemia

Drug	Status	Special Instructions
TASMAR 100 mg TABLET	Lower Cost	Lower cost agent: Comtan
TAZORAC 0.05% CREAM	Lower Cost	Lower cost agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Lower cost agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TAZORAC 0.05% GEL	Lower Cost	Lower cost agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Lower cost agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TAZORAC 0.1% CREAM	Lower Cost	Lower cost agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Lower cost agents: tretinoin cream or gel or adapalene 0.1% gel or cream with a diagnosis of acne
TAZORAC 0.1% GEL	Lower Cost	Lower cost agent: calcipotriene (Dovonex) with a diagnosis of psoriasis OR Lower cost 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
TEKAMLO 150 mg-10 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
TEKAMLO 150 mg-5 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
TEKAMLO 300 mg-10 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
TEKAMLO 300 mg-5 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro) WITH amlodipine separately
TEKTURNA 150 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TEKTURNA 300 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TEKTURNA HCT 150-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
TEKTURNA HCT 300-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: losartan/hctz (Hyzaar), Irbesartan/Hctz (Avalide), valsartan/hctz (Diovan HCT), or candesartan/Hctz (Atacand HCT); must try 2 of 4
TEMAZEPAM (Restoril) 22.5 mg CAPSULE	Lower Cost	Lower cost agents: temazepam (15 mg and 30 mg)
TEMAZEPAM (Restoril) 7.5 mg CAPSULE	Lower Cost	Lower cost 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%	Lower Cost	Lower cost agent: SELENIUM SULFIDE (SELSUN) 2.5% LOTION/SHAMPOO
TESTIM 1% (50 MG/5 gM) GEL	Lower Cost	Lower cost agents: Axiron or Fortesta with a diagnosis of hypogonadism and Total Testosterone lab value = \leq 300 ng/dL before treatment
TESTOPEL (Pellet Implant)	Clinical	Required diagnosis=hypogonadism and Total Testosterone lab value = \leq 300 ng/dL before treatment and clinical reason why Axiron or Fortesta cannot be used
TEVETEN 400 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TEVETEN 600 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
TEVETEN HCT 600-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: hydrocortisone topical
THALITONE 15 mg TABLET	Lower Cost	Lower cost agent: chlorthalidone

Drug	Status	Special Instructions
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
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
THEROPEC TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
THIOLA 100 mg TABLET	Lower Cost	For prevention of cystine (kidney) stone formation in patients with severe homozygous cystinuria
TIMOPTIC 0.25% OCULOSE DROP	Lower Cost	Lower cost agent: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC-XE) 0.25% GEL EYE SOLUTION
TIMOPTIC 0.5% OCULOSE DROP	Lower Cost	Lower cost agent: TIMOLOL (TIMOPTIC) 0.25% EYE DROPS or TIMOLOL (TIMOPTIC-XE) 0.25% GEL EYE SOLUTION
TINIDAZOLE (TINDAMAX) 250 mg TABLET	Lower Cost	Lower cost agent: metronidazole with a diagnosis of Amebiasis; Bacterial vaginosis; Giardiasis; Trichomoniasis
TINIDAZOLE (TINDAMAX) 500 mg TABLET	Lower Cost	Lower cost agent: metronidazole with a diagnosis of Amebiasis; Bacterial vaginosis; Giardiasis; Trichomoniasis
TIROSINT 100 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 112 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 125 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 137 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 13 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 150 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 25 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 50 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 75 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIROSINT 88 mcg CAPSULE	Lower Cost	Lower cost agents: levothyroxine, Armour thyroid, or liothyronine
TIZANIDINE (ZANAFLEX) 2 mg CAPSULE	Lower Cost	Lower cost agent: tizanidine tablet

Drug	Status	Special Instructions
TIZANIDINE (ZANAFLEX) 4 mg CAPSULE	Lower Cost	Lower cost agent: tizanidine tablet
TIZANIDINE (ZANAFLEX) 6 mg CAPSULE	Lower Cost	Lower cost agent: tizanidine tablet
TL GARD, FABB (FOLGARD RX) TABLET	Lower Cost	Lower cost agent: folic acid
TL-ASSURE + DHA 29 mg iron-1 mg-250 mg	Lower Cost	Lower Cost agents: any formulary prenatal vitamin; most similar: Citranatal Harmony
TL-FOL, FOLITAB 500 TABLET	Lower Cost	Lower cost agents: ESSENTIAL ONE DAILY tablet, ONCE DAILY tablet, STRESS FORMULA tablet, THERA-TABS tablet, THEREMS tablet, VICAP FORTE CAP
Todi Podhaler	Lower Cost	Lower cost agent: TOBRAMYCIN (TOBI) 300 mg/5 mL SOLUTION
TOBRAMYCIN (TOBI) 300 mg/5 mL SOLUTION	Clinical	Required diagnosis = Cystic Fibrosis Required trial of: Cayston
TOLMETIN SODIUM 200 mg TABLET	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
TOLMETIN SODIUM 400 mg CAPSULE	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
TOLMETIN SODIUM 600 mg TABLET	Lower Cost	Lower cost agents: naproxen, ibuprofen, flurbiprofen, nabumetone, diclofenac, etodolac, indomethacin, ketoprofen, meloxicam, oxaprozin, sulindac or piroxicam
TOPICAINE 4% GEL	Lower Cost	Lower cost agents: LIDOCAINE SOLUTION 4% or ANECREAM, LIDOCREAM, LC-4 LIDOCAINE (LMX 4) 4% CREAM
TOPICORT 0.25% SPRAY	Lower Cost	Required diagnosis= Atopic Dermatitis (Eczema) Lower cost agents: 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) (Must Try 2 different agents for 14 days each)
TOVIAZ ER 4 mg TABLET	Lower Cost	Lower cost agents: OXYBUTYNIN, OXYBUTYNIN ER, TOLTERODINE, TROSPIUM, or TROSPIUM SR

Drug	Status	Special Instructions
TOVIAZ ER 8 mg TABLET	Lower Cost	Lower cost 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.
TRACLEER 62.5 mg TABLET	Clinical	Specialty; follow policy on CareSource.com.
TRADJENTA 5 mg TABLET	Step Therapy	Requires a 60 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
TRAMADOL ER (ULTRAM ER) 100 mg TABLET	Lower Cost	Lower cost agent: non-ER tramadol (Ultram)
TRAMADOL ER (ULTRAM ER) 200 mg TABLET	Lower Cost	Lower cost agent: non-ER tramadol (Ultram)
TRAMADOL ER (ULTRAM ER) 300 mg TABLET	Lower Cost	Lower cost agent: non-ER tramadol (Ultram)
TRAMADOL SR (RYZOLT ER) 100 mg TABLET	Lower Cost	Lower cost agent: tramadol ER (Ultram ER)
TRAMADOL SR (RYZOLT ER) 200 mg TABLET	Lower Cost	Lower cost agent: tramadol ER (Ultram ER)
TRAMADOL SR (RYZOLT ER) 300 mg TABLET	Lower Cost	Lower cost agent: tramadol ER (Ultram ER)
TRANEXAMIC ACID (LYSTEDA) 650 mg TABLET	Clinical	Required diagnosis = uterine fibroids OR Required diagnosis = Cyclic heavy menstrual bleeding, DUB (Dysfunctional Uterine Bleeding), Menorrhagia, Excessive Bleeding, or Dysmenorrhea And trials per age groups below: Age under 40 years of age: 30 day trial of: formulary oral contraceptives, Nuvaring, Medroxyprogesterone (Provera) or Medroxyprogesterone shot Age 40-50 years of age: 30 day Trial of: Medroxyprogesterone (Provera) or Medroxyprogesterone injection Age over 50 years of age: No trials needed

Drug	Status	Special Instructions
TRAVATAN Z 0.004% EYE DROP	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
TRAVOPROST 0.004% EYE DROP	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
TRECTOR 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
TRETINOIN EMOLLIENT (REFISSA) (FACIAL WRINKLES) CREAM 0.05%	Excluded benefit	
TRETINOIN MICROSPHERE (RETIN-A MICRO) 0.04% GEL	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETINOIN MICROSPHERE (RETIN-A MICRO) 0.1% GEL	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.01% GEL W/ CLEANSER & MOISTURIZER KIT	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.025% CREAM W/ CLEANSER & MOISTURIZER KIT	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.025% GEL W/ CLEANSER & MOISTURIZER KIT	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.0375% CREAM	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.05% CREAM W/ CLEANSER & MOISTURIZER KIT	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETIN-X 0.1% CREAM W/ CLEANSER & MOISTURIZER KIT	Lower Cost	Lower cost agent: tretinoin (RETIN-A) gel or cream
TRETTEN 2000-3125 UNIT INJECTION	Lower Cost	Specialty; follow policy on CareSource.com.
TREXIMET 85-500 mg TABLET	Lower Cost	Lower cost agent: naproxen and sumatriptan separately taken together
TRI-TABS DHA COMBO PACK	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
TRIANEX 0.05% OINTMENT	Lower Cost	Lower cost agents: TRIAMCINOLONE 0.5% OINTMENT or TRIAMCINOLONE 0.1% OINTMENT
TRIAZ 3% FOAMING CLOTHS	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 3% PAD	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 6% FOAMING CLOTHS	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 6% PAD	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 9% FOAMING CLOTHS	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIAZ 9% PAD	Lower Cost	Lower cost agents: Benzoyl Peroxide, Oscion (TRIAZ) 3% CLEANSER
TRIBENZOR 20-5-12.5 mg TABLET	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
TRIBENZOR 40-10-12.5 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: any formulary prenatal vitamin
TRICARE PRENATAL TABLET	Lower Cost	Lower cost agent: any formulary prenatal vitamin
TRICARE PRENATAL COMPLEAT	Lower Cost	Lower cost agent: any formulary prenatal vitamin
TRICITRATES ORAL SOLUTION	Lower Cost	Lower cost agent: citric acid solution
TRIGLIDE 160 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
TRIGLIDE 50 mg TABLET	Lower Cost	Lower cost agent: fenofibrate (Lofibra)
TRI-LUMA CREAM	Clinical	Required diagnosis must be non-cosmetic
TRIMESIS RX, BP FOLINATAL, FOLBECAL TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: amitriptyline, doxepin, nortriptyline, or clomipramine
TriMix Injection	Excluded benefit	
TRIPHROCAP, RENAL CAPSULE, RENALPREN (NEPHROCAP) SOFTGEL	Lower Cost	Lower cost agent: RENO CAP
TRIVEEN-ONE CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
TROKENDI XR 100 mg CAPSULE	Lower Cost	Lower cost agent: Topiramate IR tablets
TROKENDI XR 200 mg CAPSULE	Lower Cost	Lower cost agent: Topiramate IR tablets
TROKENDI XR 25 mg CAPSULE	Lower Cost	Lower cost agent: Topiramate IR tablets
TROKENDI XR 50 mg CAPSULE	Lower Cost	Lower cost agent: Topiramate IR tablets

Drug	Status	Special Instructions
TRONOLANE 1%-5% CREAM	Lower Cost	Lower cost agents: HYDROCORTISONE Acetate 1%/Pramoxine Hydrochloride 1% (ANALPRAM-HC) CREAM or PRAMOXINE AEROSOL 1% (PROCTOFOAM)
TRUETRACK or TRUETEST TEST STRIPS/METER	Lower Cost	Lower cost agents: FreeStyle or Precision products
TUSSICAP 10-8 mg	Lower Cost	Lower cost agent: benzonatate capsule
TUSSICAP 5-4 mg	Lower Cost	Lower cost agent: 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.
TELMISARTAN/AMLODIPINE (TWINSTA) 40-10 mg TABLET	Lower Cost	Lower cost agents: Telmisartan (Micardis) [which requires trials of Losartan (Cozaar) or Irbesartan (Avapro)] and Amlodipine separately taken together
TELMISARTAN/AMLODIPINE (TWINSTA) 40-5 mg TABLET	Lower Cost	Lower cost agents: Telmisartan (Micardis) [which requires trials of Losartan (Cozaar) or Irbesartan (Avapro)] and Amlodipine separately taken together
TELMISARTAN/AMLODIPINE (TWINSTA) 80-10 mg TABLET	Lower Cost	Lower cost agents: Telmisartan (Micardis) [which requires trials of Losartan (Cozaar) or Irbesartan (Avapro)] and Amlodipine separately taken together
TELMISARTAN/AMLODIPINE (TWINSTA) 80-5 mg TABLET	Lower Cost	Lower cost agents: Telmisartan (Micardis) [which requires trials of Losartan (Cozaar) or Irbesartan (Avapro)] and Amlodipine separately taken together
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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: Little Noses or Afrin Child
UCERIS 9 mg TABLET	Lower Cost	Lower cost agents: prednisone, Apriso ER, Asacol HD, Delzicol, or balsalazide (COLAZAL)
U-CORT (CARMOL HC) 1% CREAM	Lower Cost	Lower cost agent: hydrocortisone 1% cream

Drug	Status	Special Instructions
ULESFIA 5% LOTION	Step Therapy	<p>Required diagnosis = Head Lice with trials of:</p> <p>Age 2 months up to 2 years old: ACTICIN, PERMETHRIN (ELIMITE)</p> <p>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)</p> <p>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)</p> <p>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), spinosad (Natroba) or malathion (Ovide)</p>
ULORIC 40 mg TABLET	Step Therapy	Must first try allopurinol
ULORIC 80 mg TABLET	Step Therapy	Must first try allopurinol
ULTIMATECARE ADVANTAGE COMBO	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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
ULTRAVATE X 0.05%-10% CREAM	Lower Cost	<p>Clinical reason supported by chart notes why the below cannot be used</p> <p>*Halobetasol Cream (which requires PA) with Lactic Acid 5% or 12% OTC</p>
ULTRAVATE X 0.05%-10% OINTMENT	Lower Cost	Lower cost agents: Halobetasol Cream (which requires PA) with Lactic Acid 5% or 12% OTC
UREA 50% EMULSION	Lower Cost	Lower cost agent: Urea 40% cream
UREA (URAMAXIN GT) 45% NAIL GEL	Lower Cost	Lower cost agent: Urea 40% cream
UREA 35% LOTION	Lower Cost	No longer available on the market
UREA 50% NAIL GEL	Lower Cost	Lower cost agent: Urea 40% cream
UREA 50% NAILSTIK	Lower Cost	Lower cost agent: Urea 40% cream

Drug	Status	Special Instructions
UREA 50% OINTMENT	Lower Cost	Lower cost agent: Urea 40% cream
UREA 50% TOPICAL SUSPENSION	Lower Cost	Lower cost agent: Urea 40% cream
URIBEL 118 mg	Lower Cost	Lower cost agents: URELLE tablet, UROGESIC-BLUE or UTRONA-C
UROQID-ACID NO.2 500-500 TABLET	Lower Cost	Lower cost agent: methamine
VAGIFEM 10 mcg VAGINAL TABLET	Clinical	Required diagnosis = atrophic vaginitis Lower Cost 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	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
VALTURNA 300-320 mg TABLET	Lower Cost	Lower cost agents: losartan (Cozaar) or irbesartan (Avapro)
VANA HIST PD 0.625 mg/mL DROP	Lower Cost	
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	Lower Cost	Lower cost agent: fluocinolone cream
VANOXIDE-HC LOT 5-0.5%	Lower Cost	Lower cost 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.
VARIVAX (VARICLEA 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.
VASCEPA 1 gM CAPSULE	Lower Cost	Lower cost agent: OTC Fish Oils
VASOLEX, REVINA (XENADERM) OINTMENT	Clinical	Required diagnosis = Wound debridement
Vecamyl 2.5 mg	Clinical	Must first try
VELTIN 1.2%/0.025% Gel	Lower Cost	Lower cost agents: clindamycin topical and tretinoin gel or cream separately
VELPHORO 500MG CHEWABLE TAB	Lower Cost	Lower cost agent: calcium acetate (PhosLo)

Drug	Status	Special Instructions
VENLAFAXINE ER 150 mg TABLET	Lower Cost	Lower cost agent: venlafaxine ER capsules or Must first try the following lower cost 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 categories: 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	Lower Cost	Lower cost agent: venlafaxine ER capsules or Must first try the following lower cost 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 categories: 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	Lower Cost	Lower cost agent: venlafaxine ER capsules or Must first try the following lower cost 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 categories: 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	Lower Cost	Lower cost agent: venlafaxine ER capsules or Must first try the following lower cost 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 categories: 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.
VENTAVIS 20 mcg/1 mL SOLUTION	Clinical	Specialty; follow policy on CareSource.com.

Drug	Status	Special Instructions
VERAMYST 27.5 mcg NASAL SPRAY	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: VERAPAMIL CR (CALAN SR) 120 mg TABLET
VERAPAMIL CR (VERELAN PM) 200 mg CAPSULE	Lower Cost	Lower cost agent: VERAPAMIL CR (CALAN SR) 180 mg TABLET
VERAPAMIL CR (VERELAN PM) 300 mg CAPSULE	Lower Cost	Lower cost agent: VERAPAMIL CR (CALAN SR) 240 mg TABLET
VERDES0 0.05% FOAM	Lower Cost	Required diagnosis= Atopic Dermatitis (Eczema) Lower cost agents: 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) (Must try 2 different agens for 14 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	Lower Cost	Lower cost agent: prednisolone 15 mg/5 mL solution
VERSACLOZ 50MG/ML SUSPENSION	Lower Cost	Lower cost agent: clozapine tablets
VESICARE 10 mg TABLET	Lower Cost	Lower cost agents: oxybutynin (IR or ER), tolterodine, trospium, or trospium xr
VESICARE 5 mg TABLET	Lower Cost	Lower cost agents: oxybutynin (IR or ER), tolterodine, trospium, or trospium xr
V-GO or VGO METER	Clinical	Required diagnosis = Diabetes
VH ESSENTIALS UTI STICK	Clinical	Required diagnosis = Suspected UTI
VIAGRA	Excluded benefit	
VIBRAMYCIN 50 mg/5 mL SYRUP	Lower Cost	Lower cost agent: VIBRAMYCIN 25 mg/5 mL SUSPENSION
VICTOZA 2-PAK 18 mg/3 mL PEN	Step Therapy	Requires a 60 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
VICTRELIS 200 mg CAPSULE	Clinical	Required diagnosis = Hepatitis C (Need to know Genotype 1, 2, 3, or 4) and trial agents vary depending on genotype, and HCV RNA level
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	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VIIBRYD 20 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VIIBRYD 40 mg TABLET	Lower Cost	Must first try the following lower cost 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 categories: 1) SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Fluvoxamine, Sertraline) 2) SNRI (Duloxetine, Venlafaxine ER Capsules) 3) Dopamine Reuptake Blocking Agents (Bupropion, Bupropion SR, Bupropion XL)
VIIBRYD TITRATION KIT 10/20/40 mg	Lower Cost	Must provide clinical reason supported by chart notes why the below cannot be used: VIIBRYD tablet (which requires a PA for use of formulary anti-depressants)
VIMIZIM 5MG/5ML INJECTION	Lower Cost	Required diagnosis = Morquio A Syndrome or mucopolysaccharidosis(MPS) by a pediatric specialist
VIMOVO 375-20 mg TABLET	Lower Cost	Lower cost agent: omeprazole 40 mg daily or 20 mg twice daily, lansoprazole 30 mg, AND pantoprazole 40 mg AND naproxen separately

Drug	Status	Special Instructions
VIMOVO 500-20 mg TABLET	Lower Cost	Lower cost agent: omeprazole 40 mg daily or 20 mg twice daily, lansoprazole 30 mg, AND pantoprazole 40 mg AND naproxen separately
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), 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), oxcarbazepine (Trileptal), carbamazepine (Carbatrol), Phenytoin (Dilantin), topiramate (Topamax), VALPROIC ACID (Depakene) or Zonisamide) or Previously approved for Lyrica, Stavzor, Vimpat, Onfi or Banzel
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), 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), 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), 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	Lower Cost	Required dx= Morquio A Syndrome or Mucopolysaccharidosis (MPS)
VINATE AZ EXTRA TABLET	Lower Cost	Lower cost agents: any formulary prenatal vitamin

Drug	Status	Special Instructions
VINATE AZ TABLET	Lower Cost	Lower cost 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 PN CARE TABLET	Lower Cost	Lower cost 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-OB	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
VITAFOL ULTRA	Lower Cost	Lower Cost agents: any formulary prenatal vitamin
VITAFOL SYRUP	Lower Cost	Lower cost 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
VITAFOL-ONE, REAPHIRM, PNV-FIRST CAPSULE	Lower Cost	Lower cost agents: any formulary prenatal vitamin
VITAL-D RX TABLET	Lower Cost	Lower cost agents: any formulary prenatal vitamin
VITUZ 5-4 mg SOLUTION	Lower Cost	Lower cost agents: benzonatate capsule or DEXTROMETHORPHAN
VIVAGLOBIN 16% VIAL	Clinical	Specialty
VIVELLE-DOT 0.025 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.0375 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.05 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.075 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
VIVELLE-DOT 0.1 mg PATCH	Lower Cost	Lower cost agents: Alora or Estradiol (Climara) patches
VOL-CARE RX TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: Volataren Gel with LIDOCAINE 2% GEL JELLY, LIDOCAINE CREAM 3%, or LIDOCAINE LOTION 3%
VOPAC 5 5% CREAM	Lower Cost	Lower cost agent: 90 day trial of Volataren Gel

Drug	Status	Special Instructions
VOPAC GB 5-2-5% CREAM KIT	Lower Cost	Lower cost agents: 90 day trial of Volataren Gel with LIDOCAINE 2% GEL JELLY, LIDOCAINE CREAM 3%, or LIDOCAINE LOTION 3%
VORICONAZOLE (VFEND) 200 mg TABLET	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: fluconazole or itraconazole
VORICONAZOLE (VFEND) 50 mg TABLET	Lower Cost	Lower cost 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
VP-GSTN CAP	Lower Cost	Lower cost agent: OTC Vitamin D (CHOLECALCIFEROL) with OTC ZINC GLUCONATE TAB separately
VP-PRECIP CAPSULE (TEARS AGAIN)	Lower Cost	Lower cost agents: ICAPS CAP, ICAPS LUTEIN, PROSIGHT, OCUVITE EYE
VPRIV 400UNIT SOLUTION	Clinical	Specialty; follow policy on CareSource.com.
VUSION OINTMENT	Lower Cost	Required diagnosis=Diaper Rash
VYTONE GEL	Lower Cost	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	Lower Cost	Lower cost agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-20 mg TABLET	Lower Cost	Lower cost agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-40 mg TABLET	Lower Cost	Lower cost agents: SIMVASTATIN AND ZETIA separately
VYTORIN 10-80 mg TABLET	Lower Cost	Lower cost agents: SIMVASTATIN AND ZETIA separately
WELCHOL 3.75 g PACKET	Lower Cost	Lower cost agents: Cholestyramine or Colestipol with a diagnosis of hyperlipidemia OR Lower cost 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 Lower cost agent: Cholestyramine with a diagnosis of liver disease

Drug	Status	Special Instructions
WELCHOL 625 mg TABLET	Lower Cost	Lower cost agents: Cholestyramine or Colestipol with a diagnosis of hyperlipidemia OR Lower cost 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 Lower cost agent: Cholestyramine with a diagnosis of liver disease
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
WINRHO SDF 1,500 UNITS VIAL	Clinical	Specialty
WINRHO SDF 15,000 UNITS VIAL	Clinical	Specialty
WINRHO SDF 2,500 UNITS VIAL	Clinical	Specialty
WINRHO SDF 5,000 UNITS VIAL	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)
XARELTO 10 mg TABLET	Clinical	No PA required for up to qty = 35 tabs
XARELTO 15 mg TABLET	Clinical	No PA required for up to qty = 35 tabs
XARELTO 20 mg TABLET	Clinical	Required diagnosis=dvt treatment, nonvalvular a-fib, pulmonary embolism treatment with a trial of warfarin
XARTEMIS XR 7.5MG-325 MG	Lower Cost	Lower cost agent: Oxycodone-Acetaminophen (Percocet) 7.5-325 MG Tablet
XELJANZ TAB 5 mg	Clinical	Required diagnosis = Moderate to Severe Rheumatoid Arthritis Trial of one DMARD AND trial of BOTH Enbrel and Humira AND prescribed by rheumatologist
CAPECITABINE (XELODA) 150 mg TABLET	Clinical	Required diagnosis = Colorectal or Breast Cancer
CAPECITABINE (XELODA) 500 mg TABLET	Clinical	Required diagnosis = Colorectal or Breast Cancer
XENAZINE 12.5 mg TABLET	Clinical	Required diagnosis = Chorea associated with Huntington disease
XENAZINE 25 mg TABLET	Clinical	Required diagnosis = Chorea associated with Huntington disease
XEOMIN	Clinical	Specialty; follow policy on CareSource.com.
XERAC AC 6.25%	Lower Cost	Lower cost agents: Drysol or HyperCare
XERESE 5%-1% CREAM	Lower Cost	Lower cost agents: Abreva for a diagnosis of cold sores

Drug	Status	Special Instructions
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 INJECTION	Clinical	Specialty
XIBROM 0.09% EYE DROPS	Lower Cost	Lower cost 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
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	Lower Cost	Lower cost agent: ketoconazole cream
XOLOX 10-500 mg TABLET	Lower Cost	Lower cost agent: Oxycodone-Acetaminophen 10-650 mg tablet
XOPENEX HFA 45 mcg INHALER	Lower Cost	Lower cost agents: ProAir or Ventolin
XTANDI 40 mg CAPSULE	Clinical	Required diagnosis = metastatic castration-resistant prostate cancer who have previously been treated with docetaxel
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
YERVOY INJECTION 200 mg	Clinical	Required diagnosis = treatment of unresectable or metastatic melanoma
YERVOY INJECTION 50 mg	Clinical	Required diagnosis = treatment of unresectable or metastatic melanoma

Drug	Status	Special Instructions
Yocon (Yohimbine)	Excluded benefit	
ZAFIRLUKAST (ACCOLATE) 10 mg TABLET	Step Therapy	Must first try: Montelukast (Singulair)
ZAFIRLUKAST (ACCOLATE) 20 mg TABLET	Step Therapy	Must first try: Montelukast (Singulair)
ZALTRAP	Clinical	Diagnosis = Metastatic colorectal cancer that is resistant to or has progressed following an oxaliplatin-containing regimen
ZAMICET SOLUTION 10-325/15 mL	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (Lortab) SOLUTION 7.5-500 mg/15 mL
ZATEAN-CH CAPSULE	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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 PLUS, PNV-OMEGA, VIRT-PN PLUS CAPSULE	Lower Cost	Lower cost 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.
ZEGERID 20-1680 mg POWDER PACKETS	Lower Cost	Lower cost 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	Lower Cost	Lower cost 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	Lower Cost	Lower cost agent: selegiline tablet
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	Lower cost agent: dexamethasone tablet
ZENZEDI 2.5 mg TABLET	Lower Cost	Lower cost agents: DEXTROAMPHETAMINE, ZENZEDI 5 mg, 10 mg TABLET
ZENZEDI 7.5 mg TABLET	Lower Cost	Lower cost agents: dextroamphetamine, Zenzedi 5 mg or 10 mg tablet
ZEOSA FE, ZENCHENT FE, WYMZYA FE (FEMCON FE) CHEWABLE TABLET	Lower Cost	Lower cost 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

Drug	Status	Special Instructions
ZETIA 10 mg TABLET	Step Therapy	Requires trial of: simvastatin, ATORVASTATIN, or fenofibrate
ZETONNA 37 mcg/ACT	Lower Cost	Lower cost 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	Lower Cost	Lower cost agents: CLINDAMYCIN pledgets OR CLINDAMYCIN topical solution AND tretinoin gel or cream
ZIOPTAN 0.0015%	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
ZIOPTAN 0.002% Ophthalmic SOLUTION	Lower Cost	Lower cost agent: Latanoprost 0.005% EYE DROPS
ZIPSOR 25 mg CAPSULE	Lower Cost	Lower cost agents: diclofenac (Cataflam) tablet and diclofenac (Voltaren) tablet
ZIRGAN 0.15% OPHTHALMIC GEL	Clinical	Required diagnosis = acute herpetic keratitis (dendritic ulcers)
Zithranol 1% SHAMPOO	Lower Cost	Lower cost agent: CALCIPOTRIENE (DOVONEX) 0.005% SOLUTION
Zithranol-RR 1.2% CREAM	Lower Cost	Lower cost agent: CALCIPOTRIENE (DOVONEX) 0.005% CREAM
ZOXYDRO ER 10 MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOXYDRO ER 15 MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOXYDRO ER 20 MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOXYDRO ER 30 MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOXYDRO ER 40 MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOXYDRO ER 50MG TABLET	Lower Cost	Lower cost agent: Hydrocodone/Acetaminophen product AND clinical need for a product without acetaminophen
ZOLADEX IMPLANT 10.8 mg	Clinical	Specialty
ZOLADEX IMPLANT 3.6 mg	Clinical	Specialty
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.

Drug	Status	Special Instructions
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	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN (ZOMIG) 5 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN ORALLY DISINTEGRATING (ZOMIG ZMT) 2.5 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLMITRIPTAN ORALLY DISINTEGRATING (ZOMIG ZMT) 5 mg TABLET	Lower Cost	Lower cost agents: sumatriptan, naratriptan, or rizatriptan (trial of 2 of 3)
ZOLPIDEM ER (AMBIEN CR) 12.5 mg TABLET	Lower Cost	Lower cost agent: non-CR zolpidem
ZOLPIDEM ER (AMBIEN CR) 6.25 mg TABLET	Lower Cost	Lower cost agent: non-CR zolpidem
ZOLPIMIST 5 mg ORAL SPRAY	Lower Cost	Lower cost agent: non-CR zolpidem
ZOLVIT 10 mg-300 mg/15 mL SYRUP	Lower Cost	Lower cost agent: HYDROCODONE-ACETAMINOPHEN (Lortab) SOLUTION 7.5-500 mg/15 mL
ZOMIG 2.5 mg NASAL SPRAY	Lower Cost	Lower cost agent: sumatriptan nasal spray
ZOMIG 5 mg NASAL SPRAY	Lower Cost	Lower cost agent: sumatriptan nasal spray
ZONATUSS 150 mg CAPSULE	Lower Cost	Lower cost agent: benzonatate capsule
ZORBTIVE 8.8 mg VIAL	Clinical	Specialty; follow policy on CareSource.com.
ZORVOLEX 18 mg CAPSULE	Lower Cost	Lower cost agents: diclofenac (Cataflam) tablet and diclofenac (Voltaren) tablet
ZORVOLEX 35 mg CAPSULE	Lower Cost	Lower cost agents: diclofenac (Cataflam) tablet and diclofenac (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 Lower cost agent: Acyclovir 5% Ointment
Z-TUSS AC 2MG-9MG/5ML	Lower Cost	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	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
ZUBSOLV 5.7 mg-1.4 mg SL TABLET	Clinical	Required diagnosis = opioid dependence Specialty; follow policy on CareSource.com.
ZUPLENZ 4 mg SOLUABLE FILM	Lower Cost	Lower cost agent: ONDANSETRON (Zofran) 4 mg tablet or ODTs

Drug	Status	Special Instructions
ZUPLENZ 8 mg SOLUABLE FILM	Lower Cost	Lower cost agent: ONDANSETRON (Zofran) 8 mg tablet or ODTs
ZYCLARA 2.5% CREAM PUMP	Lower Cost	Lower cost agents: IMIQUIMOD (ALDARA) 5% CREAM PACKET, Fluorouracil (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of actinic keratosis
ZYCLARA 3.75% CREAM	Lower Cost	Lower cost agents: IMIQUIMOD (ALDARA) 5% CREAM PACKET, Fluorouracil (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of actinic keratosis Lower cost agents: IMIQUIMOD (ALDARA) 5% CREAM PACKET (which requires a PA) for a diagnosis of Genital and perianal warts
ZYCLARA 3.75% CREAM PUMP	Lower Cost	Lower cost agents: IMIQUIMOD (ALDARA) 5% CREAM PACKET, Fluorouracil (EFUDEX) 5% CREAM or CARAC CREAM with a diagnosis of actinic keratosis Lower cost agents: IMIQUIMOD (ALDARA) 5% CREAM PACKET (which requires a PA) for a diagnosis of Genital and perianal warts
ZYDONE 10-400 mg TABLET	Lower Cost	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 10/325 mg
ZYDONE 5-400 mg TABLET	Lower Cost	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 5/325 mg
ZYDONE 7.5-400 mg TABLET	Lower Cost	Clinical reason supported by chart notes why the below cannot be used *hydrocodone with acetaminophen 7.5/325 mg
ZYFLO 600 mg FILMTAB	Lower Cost	Lower cost agent: Montelukast (Singulair)
ZYFLO CR 600 mg TABLET	Lower Cost	Lower cost agent: Montelukast (Singulair)
ZYKADIA 150 MG CAPSULES	Clinical	Required dx= Advanced or metastatic non-small cell lung cancer (NSCLC)
ZYLET EYE DROPS	Lower Cost	Required diagnosis = pre-op use or bacterial infection of the eye Lower cost 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	Lower Cost	Lower cost agent: Vancomycin IV in-patient or outpatient with a diagnosis of Pneumonia; Skin and Skin structure infections OR a diagnosis of VANCOMYCIN IV-resistant enterococcus (VRE)
ZYVOX 600 mg TABLET	Lower Cost	Lower cost agent: Vancomycin IV in-patient or outpatient with a diagnosis of Pneumonia; Skin and Skin structure infections OR a diagnosis of VANCOMYCIN IV-resistant enterococcus (VRE)