

## CONCERNING LIST OF MEDICATIONS

The following list provides some examples of medications that may not be eligible for coverage.

MEDICATION	IMPAIRMENT
Aptivus	HIV/AIDS
Aralast	Respiratory Failure
Aranesp	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Aricept	Alzheimer's / Dementia
Atripla	HIV/AIDS
BiDil	CHF
Calcijex	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Calcitriol	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Calcium Acetate	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Cellcept	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Cognex	Alzheimer's/Dementia
Combivir	HIV/AIDS
Complera	HIV/AIDS
Corlanor	CHF
Crixivan	HIV/AIDS
Cytogam	Organ/Tissue Transplant
Didanosine	HIV/AIDS
Donepezil HCL	Alzheimer's / Dementia
Edurant	HIV/AIDS
ElELYso	Congenital Disorders
Entresto	CHF
Epivir	HIV/AIDS Cirrhosis
Epizicom	HIV/AIDS
Eplerenone	CHF
Exelon	Alzheimer's / Dementia
Exondys 51	Muscular Dystrophy
Fortovase	HIV/AIDS
Fosrenol	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Fulyzaq	HIV/AIDS
Fuzeon	HIV/AIDS
Galantamine	Alzheimer's/Dementia

## CONCERNING LIST OF MEDICATIONS (CONTINUED)

The following list provides some examples of medications that may not be eligible for coverage.

MEDICATION	IMPAIRMENT
Hectoral	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Inspira	CHF
Intelence	HIV/AIDS
Invirase	HIV/AIDS
Kaletra	HIV/AIDS
Lucentis	Diabetic Retinopathy
Milrinone	CHF
Myozyme	Congenital Disorders
Namenda	Alzheimer's/ Dementia
Natrecor	CHF
Norvir	HIV/AIDS
Nudexta	Neurological Conditions
Panretin	HIV/AIDS
Phoslo	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Prezista	HIV/AIDS
Pulmozyme	Cystic Fibrosis
Rapumune	Organ/Tissue Transplant
Razadyne	Alzheimer's/ Dementia
Reminyl	Alzheimer's/ Dementia
Renagel	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Renvela	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Retrovir	HIV/AIDS
Reyataz	HIV/AIDS
Rifaximin	Cirrhosis
Rilutek	ALS
Sandimmune	Organ/Tissue Transplant
Selzentry	HIV/AIDS
Simulect	Organ/Tissue Transplant
Sustiva	HIV/AIDS
Telotristat	Carcinoid Syndrome
Trizivir	HIV/AIDS

## CONCERNING LIST OF MEDICATIONS (CONTINUED)

The following list provides some examples of medications that may not be eligible for coverage.

MEDICATION	IMPAIRMENT
Videx	HIV/AIDS
Viracept	HIV/AIDS
Viramune	HIV/AIDS
Xenazine	Huntington's Disease
Xermelo	Carcinoid Syndrome
Zemplar	Kidney Dialysis / Kidney Disease / Failure, Diabetic Nephropathy
Zerit	HIV/AIDS
Zidovudine	HIV/AIDS

## CONCERNING LIST OF MEDICATIONS (CONTINUED)

The following list provides some examples of medications that may not be eligible for preferred coverage.

MEDICATION	IMPAIRMENT	RX FILL WITHIN THIS TIME FRAME OR EVER
Lithium	Bipolar	Ever
Lamictal	Bipolar	Ever
Depakote	Bipolar	Ever
Clozaril	Schizophrenia	Ever
Anoro	COPD	Ever
Interferon	Hepatitis B or Hepatitis C	Ever
Sovaldi	Hepatitis C	Ever
Harvoni	Hepatitis C	Ever
Cogentin	Parkinson's Disease	Ever
Sinemet (Carbidopa-Levodopa)	Parkinson's Disease	Ever
Benlysta (Belimumab)	Lupus	Ever
ReFacto	Hemophilia	Ever
Abilify (Aripiprazole)	Bipolar	Ever
Tracleer	Pulmonary Hypertension	2 Years
Digoxin/Lanoxin	Cardiovascular/ Arrythmia	3 Years
Levemir	Diabetes	3 Years
Humalog	Diabetes	3 Years
Novalog	Diabetes	3 Years
Nitroglycerin/ Nitrostat	Cardiovascular disease	3 Years
Suboxone	Substance Abuse Disorder	3 Years
Naltrexone	Substance Abuse Disorder	3 Years
Revia	Substance Abuse Disorder	3 Years
Antabuse	Alcohol Abuse	3 Years
Campral	Alcohol Abuse	3 years
Ranexa	Cardiovascular Disease	3 Years
Amiodarone	Arrythmia (Cardiovascular)	3 Years
Nimodipine (Nimotop)	Stroke	3 Years
Lantus	Diabetes	3 Years
Herceptin	Cancer	5 Years
Tamoxifen	Cancer	5 Years
Lupron	Cancer	5 Years

## CONCERNING LIST OF MEDICATIONS (CONTINUED)

Many medications are used for multiple impairments or disorders which can make it difficult to determine the reason the prescription was prescribed.

This is a list of medications that may trigger a refer to underwriter or manual decision.

MEDICATION	RX FILL WITHIN THIS TIME FRAME OR EVER
Spironolactone	Ever
Serzone (Nefazodone)	Ever
Zyprexa (Olanzapine)	Ever
Thorazine (Chlorpromazine)	Ever
Imuran (Azathioprine)	Ever
Thalomid (Thalidomide)	Ever
Mercaptopurine (Purinethol)	Ever
Truvada	Ever
Syprine (Trientine)	Ever
Rituxan (Rituximab)	Ever
Zaroxolyn (Metolazone)	Ever
Mestinon (Pyridostigmine)	1 Year
Methadone	3 Years
Osmitrol (Mannitol)	3 Years
Fentanyl	3 Years
Plavix	3 Years
Clopidogrel	3 Years
Thiamine	3 Years
Mexitil (Mexiletine)	3 Years
Femara (Letrozole)	5 Years
Hydrea (Hydroxyurea)	5 Years
Marinol (Dronabinol)	5 Years
Neupogen (Filgrastim)	5 Years
Emend (Aprepitant)	5 Years
Leucovorin	5 Years