## Progressive Medication Program

For certain medications, coverage requires trial of one or more 1<sup>st</sup> line medications prior to coverage of a 2<sup>nd</sup> line medication. If for medical reasons, you cannot use the 1<sup>st</sup> line medication and require the 2<sup>nd</sup> line medication; your prescriber may request an exception via the prior authorization process. Members who are already controlled on a 2<sup>nd</sup> line medication in the medication categories noted with an (**) will be grandfathered in.

<table>
<thead>
<tr>
<th>Medication Category</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Line Meds (Typically generics)</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Line Meds</th>
</tr>
</thead>
</table>
| Long-Acting Opioid Analgesics | codeine/acetaminophen  
                           hydrocodone/acetaminophen  
                           hydromorphone  
                           morphine  
                           oxycodone  
                           oxycodone/acetaminophen  
                           tramadol | Belbuca  
                           Butrans  
                           Embeda  
                           Fentanyl  
                           Hydromorphone ER  
                           Hyslinga ER  
                           Methadone  
                           Morphine ER  
                           Nucynta ER  
                           Oxycontin  
                           Oxycontin ER  
                           Tramadol ER |
| Gout                      | allopurinol                                                        | Uloric                                         |

*This list of Progressive Medication Programs is subject to change.*

05/01/2019