

## 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.

<b>Medication Category</b>	<b>1<sup>st</sup> Line Meds (Typically generics)</b>	<b>2<sup>nd</sup> Line Meds</b>
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 Tramadol ER
Gout	allopurinol	Uloric

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